Personal protective equipment for collection of naso/oropharyngeal or conjunctiva specimens

December 2024

This guidance is based on infection prevention and control best practice with regards to Standard and Transmission-based Precautions¹.

The wearing of PPE is to mitigate infectious risk posed to the healthcare worker during close proximity when collecting a nasopharyngeal, oropharyngeal, nasal or conjunctiva specimens for polymerase chain reaction (PCR) or rapid antigen testing (RAT).

Sessional PPE: In most circumstances sessional use of facial PPE is recommended although changed if damp or contaminated eq N95/P2 respirator, eye protection.

Gloves should be changed between patients and hand hygiene performed.

If avian influenza is suspected PPE should be removed carefully in a designated doffing area and hand hygiene performed.

| - P2/N95 particulate respirator - Stand slightly to the side of perso | Action | Minimum PPE | General advice |
|--|--------------|--|--|
| multiple or singular PCR or RAT tests - Gloves (changed after swab taken) - Hand hygiene performed when donning and doffing PPE. -Disposable gown if avian influenza is suspected, or if a risk of blood and body fluid exposure exist. - Eye protection - Gloves (changed after swab taken) - Advise person to pull mask down just under their nose) while swab being performed. - NB. Keep mask in place if conjunctiva swab - Use a well-ventilated space, - Room should not require stand down if mask worn by patient as | singular PCR | Gloves (changed after swab taken) Hand hygiene performed when donning and doffing PPE. -Disposable gown if avian influenza is suspected, or if a risk of blood and | (not directly in front of them) when taking the swab Advise person to pull mask down to just under their nose) while swab being performed. NB. Keep mask in place if conjunctiva swab Use a well-ventilated space, Room should not require stand down if mask worn by patient as above, and equipment and surfaces |

¹ See information on Standard and Transmission-based Precautions: <u>Infection prevention and control</u>

Instructions on specimen collection

This guidance provides additional information on how to take nasopharyngeal swabs, and oropharyngeal and anterior nasal specimens for COVID-19.

A **nasopharyngeal swab** (use swabs with flexible shafts) placed into a viral transport media (VTM) will obtain the <u>optimal</u> specimen and is the <u>preferred</u> collection method for both symptomatic and asymptomatic testing due to its higher sensitivity in detecting the virus. An **oropharyngeal** with an **anterior nasal swab** (use swabs with more rigid shafts) may be <u>considered</u> for use by health practitioners as an alternate swab if someone is experiencing problems receiving the nasopharyngeal swab.

The swab manufacturer may vary by region – please consult with your local pathology provider as to which swab type to use.

Preferred Option - Nasopharyngeal Collection

Instructions for symptomatic and asymptomatic testing performed by a trained healthcare provider.

- 1. Wash or sanitise hands using an alcohol- based hand sanitiser.
- 2. Put on P2/N95 particulate respirator and eye protection. (And gown if avian influenza suspected)
- 3. Using a synthetic fibre-tipped flexible shaft nasopharyngeal swab, insert swab into one nostril.
- 4. For adequate collection the swab tip must extend well beyond the anterior nares until some resistance is met –(see diagram 1).
- 5. Rotate the swab several times to collect cellular material from the mucosal surface.
- 6. Break swab into the VTM provided. Ensure there is no leakage.
- 7. Label specimen correctly including patients full name, date of birth, NHI number and collection time and date.
- 8. Wash or sanitise hands again.

Alternative Option – Oropharyngeal (Throat) and Anterior Nasal

Instructions for collecting combined oropharyngeal and nasal specimen for symptomatic and asymptomatic testing performed by a trained healthcare provider.

Follow steps 1 and 2 as above.

- 1. Push tongue down and out the way using a tongue depressor.
- 2. Rub swab over the posterior pharynx and bilateral tonsillar pillars.
- 3. Rub swab over both tonsillar pillars and posterior oropharynx and avoid touching the tongue, teeth, and gums.
- 4. Using same swab, insert (approx. lcm) into the anterior nares (rotate swab severe the other nostril.
- 5. Place swab, tip first, into the transport tube provided.
- Label specimen correctly including patients full name, date of birth, NHI number and collection time and date. Wash or sanitise hands again.

For information on conjunctiva swab taking see CDC quide here.