Infection Prevention and Control Manual
Interim Policy for Nasopharyngeal and Oropharyngeal Swab Collection (COVID-19)

Nasopharyngeal and/or Oropharyngeal Specimen Collection-COVID-19

Policy

It is the policy of this facility to collect an upper respiratory specimen as recommended by Public Health, in consultation with physician and for employees and residents.

*Consider working with the “local and state health departments to coordinate testing through public health laboratories or work with commercial or clinical laboratories using viral tests granted an Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration”1

Collection of upper respiratory specimens are recommended by CDC for SARS-CoV-2 initial diagnostic testing

Upper respiratory specimens include:

• “A nasopharyngeal (NP) specimen collected by a healthcare provider; or
• An oropharyngeal (OP) specimen collected by a healthcare provider; or
• A nasal mid-turbinate swab collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab); or
• An anterior naris (nasal swab) specimen collected by a healthcare provider or by home or supervised onsite self-collection (using a flocked or spun polyester swab); or
• Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare provider.”2

Note: “The CDC is now recommending collecting only the NP swab, although OP swabs remain an acceptable specimen type.”3

Supplies:

• Gloves
• Gown
• Facemask or N95 Respirator
• Eye Protection (face shield, eye protection that cover sides)
• Use only synthetic fiber swabs with plastic shafts
  o Do not use calcium alginate swabs or swabs with wooden shafts

Procedure (If no specific Public Health directions are provided):

1. Perform Hand Hygiene
2. Gather Supplies
3. Don PPE (gown, N-95 if available or facemask, eye protection, gloves)
4. Close room door
5. Limit only essential employees in room.
6. Nasopharyngeal (NP) swab:
   a. Insert swab into nostril parallel to the palate until you reach resistance. The swab should reach depth equal to the distance from nostrils to outer opening of the ear.
   b. Roll the swab gently and leave the swab in place for several seconds to absorb secretions.
c. Slowly remove swab while rotating the swab.

7. Oropharyngeal (OP) (throat) swab:
   a. Swab the posterior pharynx, rubbing both tonsillar pillars using caution to avoid the tongue.

8. If both NP and OP swabs are collected, they should be combined in a single tube.

9. Place swabs immediately into sterile tubes that contain 2-3 ml of viral transport media, Amies transport medium, or sterile saline, unless using a test designed to analyze a specimen directly (i.e. point of care testing).

10. Remove PPE in proper sequence
11. Perform Hand Hygiene
12. Label Specimen
13. Specimen can be stored at 2-8°C for up to 72 hours after collection.
14. Disinfect room and surfaces with EPA list N disinfectant.

Note: If sending specimen to CDC, follow instructions at: https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html
   a. Label specimen with the resident’s ID number (i.e. medical record number), unique CDC or state generated NCov specimen ID
      i. If there is a delay in shipping, store specimens at -70°C or below.
      ii. Follow Public Health directions for shipping instructions

Reference:

Resource: