

HOW TO COLLECT SARS-CoV2 (COVID-19) and Viral RPCR Nasal Pharyngeal (NP) SWABS

Before collecting/ordering a test, determine whether a Viral (RPCR) or a SARS-CoV2 (COVID-19) test only is needed.

[Refer to the lab Test guide](#) for seasonal testing protocol.

Winter Protocol (~Nov 1 – April 1): RPCR includes viral panel plus SARS-CoV2 with 24 hour turn around.
If only SARS-CoV2 is needed (e.g., to repeat an indeterminate result, send a SARS-CoV2 only.

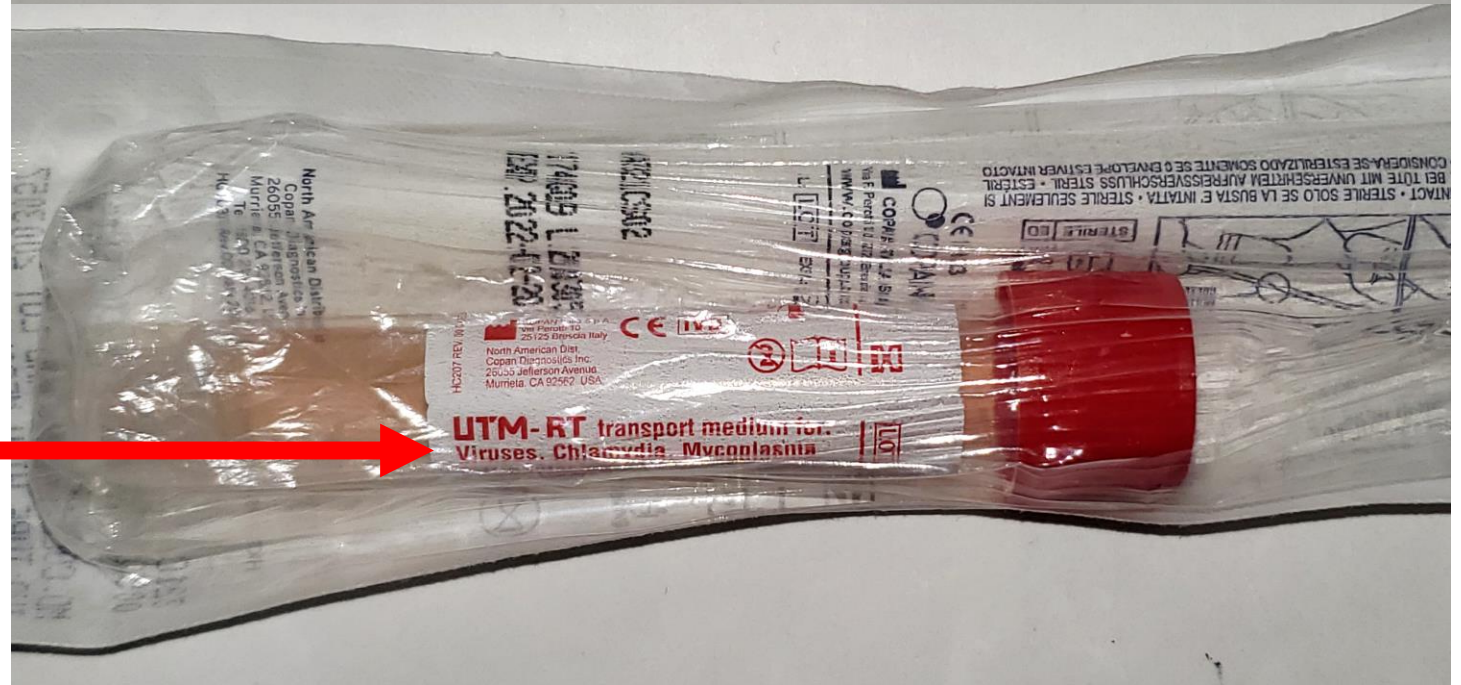
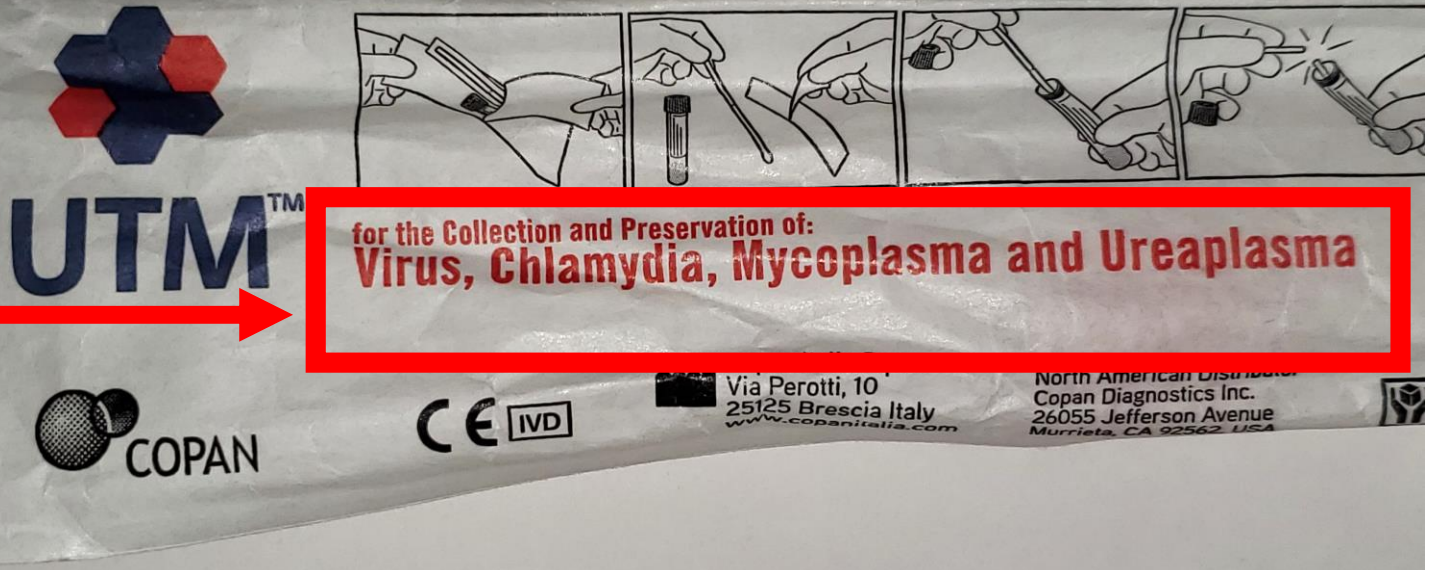
Summer Protocol (~Apr 1 – Nov 1): RPCR will only be done in critical care areas/special populations with out Microbiologist approval. It includes SARS-CoV2, but has a 4 day turn around.

Send a separate SARS-CoV2 in summer months for timely results/treatment timing)

HOW TO COLLECT SARS-CoV2 and Viral PCR Nasal Pharyngeal (NP) SWABS

Nasopharyngeal (NP) Swabs:

- Obtain specimen collection kit for VIRUS, CHLAMYDIA OR MYCOPLASMA
- **Read package label** and confirm correct specimen kit (VIRUS); expect that brand and color will vary based on high demand for product.
- Be careful not to mix up swab with pink MRSA or white bacterial swabs
- Proper collection method reduces chance of false negative



HOW TO COLLECT SARS-CoV2 TRACHEAL/BAL

Tracheal Aspirate or BAL Samples for SARS-CoV2:

- Order in addition to NP for patients with high degree of suspicion if intubated (review with provider)
- Order as SARS-CoV2 Tracheal Aspirate or BAL (not a “sputum”)
- Collect in regular sputum collection trap (used for C&S)
- If you are unable to obtain sputum, you can instill a small amount of sterile saline
- ***A separate sputum for C&S (bacterial specimen) and RPCR might also be indicated***



UTM Viral Kit

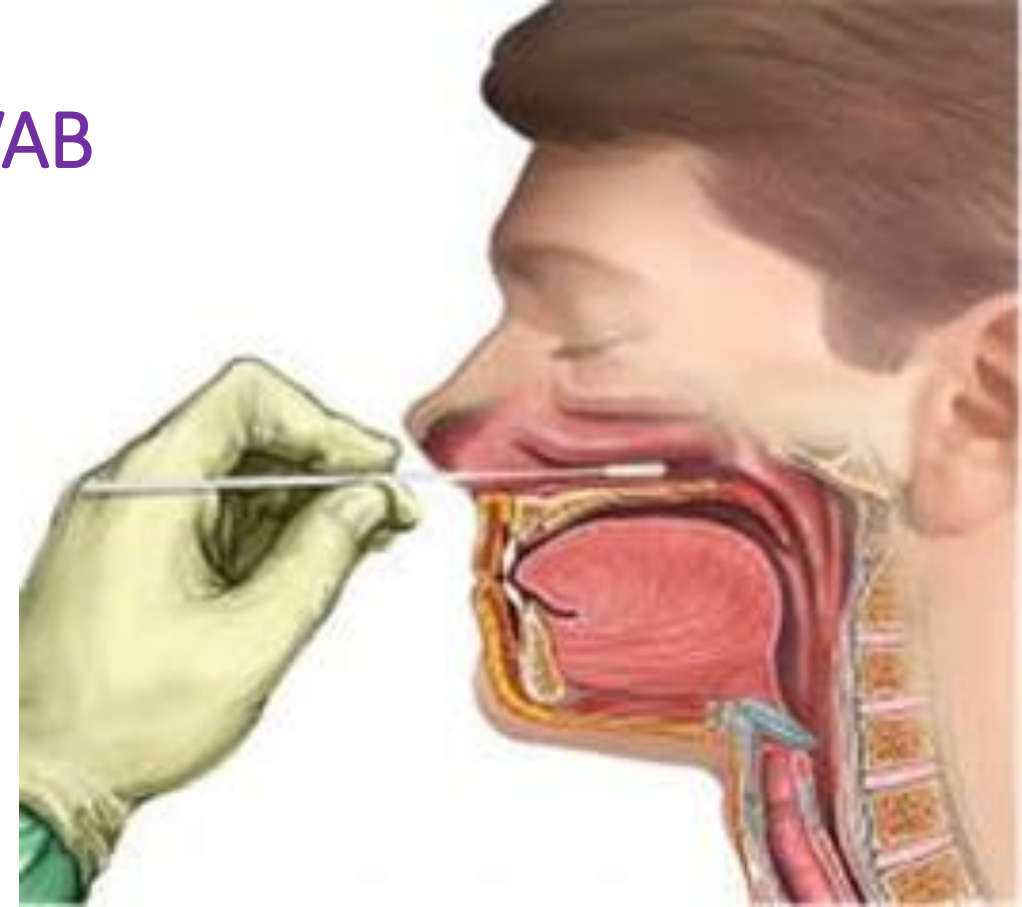


Use for NP (also used for urethral swab for chlamydia)

This one is for oral pharynx if cultured (not routine)

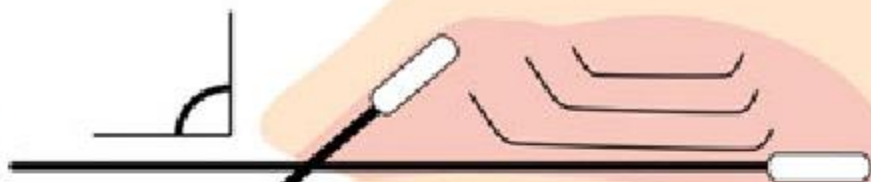
TECHNIQUE FOR COLLECTING VIRAL NP SWAB

1. Don PPE
2. Have patient blow nose/clear nare if possible
3. Position head in neutral position (this may open nasal pathway better than head tilt position)
4. If patient is awake, have them close eyes
5. Insert the **dry** swab through one nostril; insert straight back (not upward)
6. Swab should be inserted half the nare-to-ear distance or until you reach the posterior wall
7. Rotate gently for 5-8 turns, then leave in place for a few seconds
8. Carefully remove without touching nostril

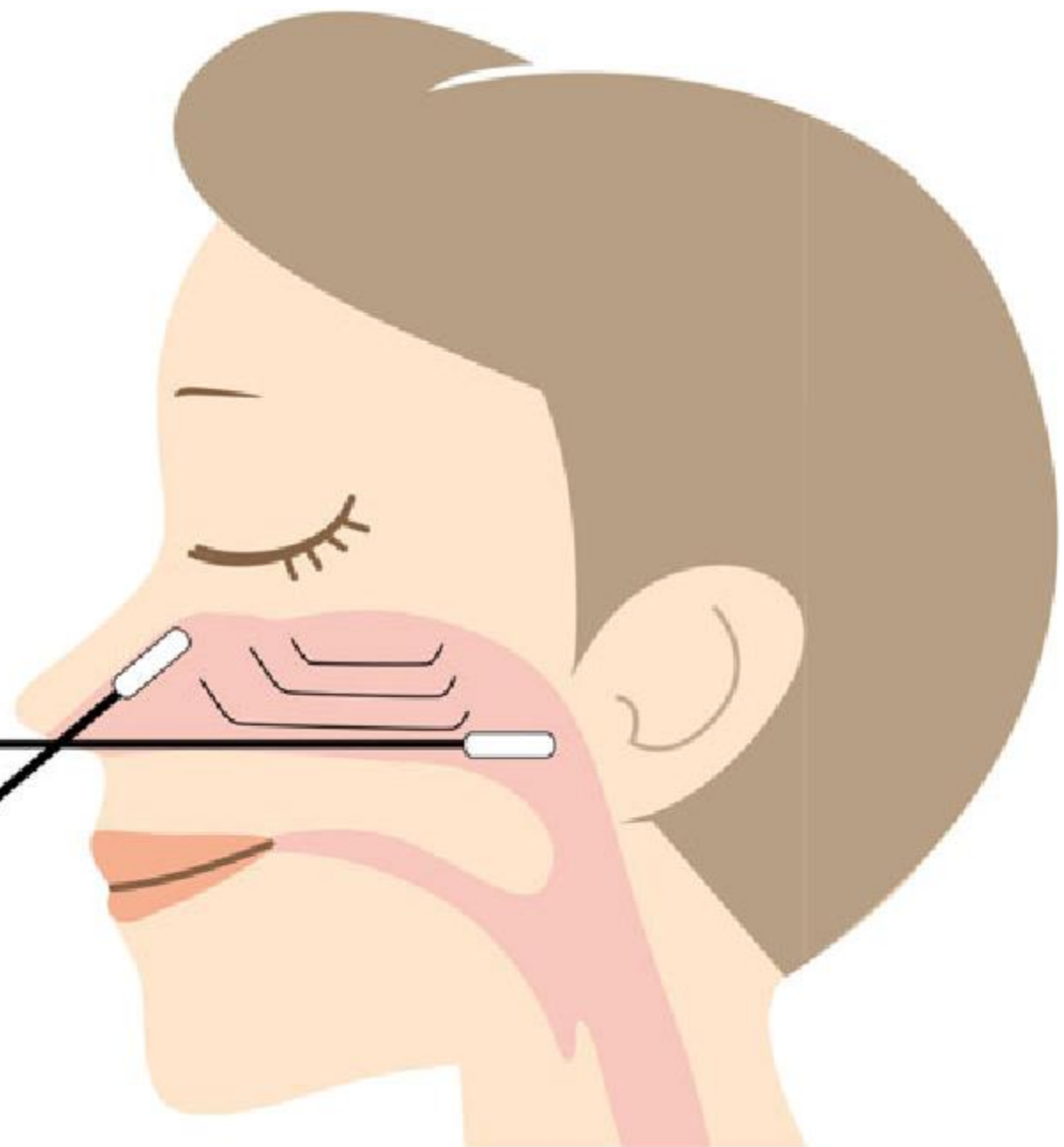
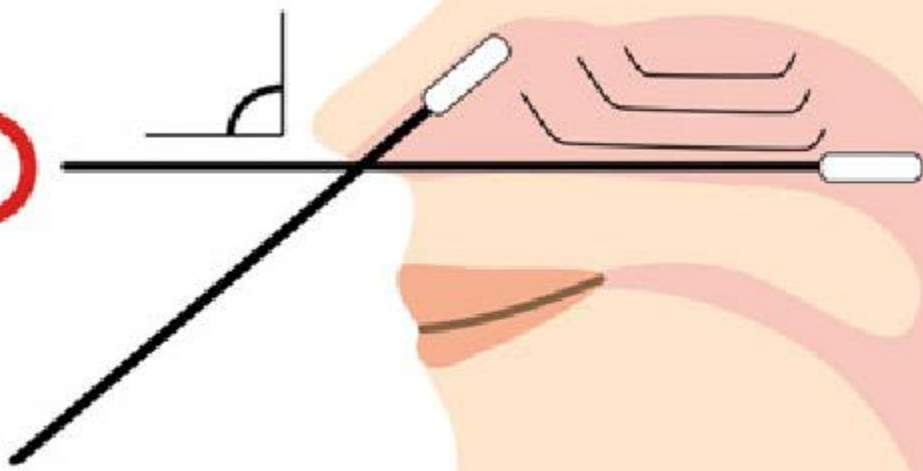


From Ottawa Public Health

Correct angle



Wrong angle



Prepare Specimen for LAB

1. Do not place in biohazardous bag while inside the patient room
2. Confirm correct label is affixed (caution not to mix up with MRSA swab)
3. Have assistant don gloves and prepare biohazard specimen bag *outside room*
4. Assistant holds bag open and visually confirms that label has been affixed
5. Drop specimens into specimen bag; take care not to contaminate exterior of bag or assistant's glove
6. Repeat these steps for all lab specimens
7. **Place VIRAL cultures in separate biohazard bag** to reduce testing delays
8. All microbiology samples (e.g. bacterial cultures) should also be separated from non-microbiology samples
9. Assistant removes gloves and performs hand hygiene