

INFECTION PREVENTION AND CONTROL

Policy and Procedure

Title:	Nasopharyngeal Swab Collection and Screening for Respiratory Illness	Number:	IPC-SC-001
Sponsor:	Senior Director, Quality Improvement, Safety and Patient Relations	Page:	1 of 7
Approved by:	VP, Quality, System Performance and Transformation	Approval Date:	Dec. 31, 2018
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Applies To:	RNs, LPNs, NPs, RRTs, ACPs, Physicians		

TABLE OF CONTENTS

POLICY STATEMENTS	1
GUIDING PRINCIPLES AND VALUES	2
PROCEDURE.....	2
REFERENCES	3
RELATED DOCUMENTS.....	4
APPENDIX A - Definitions	5
APPENDIX B - Nasopharyngeal (NP) Swab Collection	6
District Health Authority (DHA) Policies Being Replaced	7

POLICY STATEMENTS

- An authorized prescriber's order must be obtained for collection of a nasopharyngeal (NP) swab when a Viral Respiratory Illness is suspected. Examples include:
 - Influenza A/B
 - Respiratory syncytial virus (RSV)
 - Adenovirus
 - Human metapneumovirus
 - Parainfluenza

2. A NP swab may be collected by a registered nurse (RN), licensed practical nurse (LPN), nurse practitioner (NP), registered respiratory therapist (RRT), advanced care paramedic (ACP), or physician.
3. Patients with suspected respiratory illness must be placed on [Droplet](#) and [Contact](#) Precautions, in addition to [Routine Practices](#).
4. Refer to policy IPC-CD-001 [Outbreak Management](#) when there are two or more patients with acute respiratory symptoms within 72 hours of each other on the same inpatient unit.

GUIDING PRINCIPLES AND VALUES

1. The ideal specimen for diagnosis of respiratory viruses is a NP swab. Throat swabs are easier to collect, but are much less sensitive.

PROCEDURE

1. Obtain viral collection swab. Check the expiry date.
 - 1.1. Swabs **do not** need to be refrigerated prior to use- stable at room temperature.
 - 1.2. Swabs that are expired will not be processed.
2. Use the swab containing viral transport media to collect the specimen.
 - 2.1. Viral collection kits come with two swabs; choose the smaller caliber swab.
3. Perform [hand hygiene](#).
4. Don personal protective equipment (PPE): Gown, mask with eye protection and gloves (as indicated by a Point of Care Risk assessment and Droplet and Contact Precautions).
5. Explain the procedure to the patient.
6. If nasal mucous is visible, either ask the patient to use tissue to gently clean out the mucous, or clean the nostril with a cotton swab.
 - 6.1. Have the patient perform hand hygiene after using the tissue.

Note: The presence of visible mucous in the nose can interfere with the collection of viruses.

7. Prior to insertion, determine length of insertion of the collection swab.
 - 7.1. Estimate the distance to the nasopharynx:
 - 7.1.1. Measure the distance from the corner of the nose to the front of the ear.
 - 7.2. The collection swab should be inserted **one half to two thirds of this length**. Refer to the diagram in [Appendix B](#).
8. Seat the patient comfortably. Tilt the patient's head back slightly to straighten the passage from the front of the nose to the nasopharynx to make the insertion of the swab easier.
9. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the nasopharynx; gentle rotation of the swab may be helpful.

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Note: if resistance is encountered, try the other nostril. Do **NOT** force.

10. Do not aim the swab upwards; the direction of insertion should be parallel to the palate.
11. Allow the swab to remain in the nostril for 5-10 seconds.
12. Rotate the swab several times to dislodge the columnar epithelial cells.

Note: Insertion of the swab usually induces a cough and tearing of the eye.

13. Withdraw the swab and place in the collection tube. Break the end of the swab in order to seal the tube. Secure the cap tightly.
14. Label the collection tube as per facility policies and place in a specimen bag.
15. On exit of patient room, remove PPE and perform [hand hygiene](#).
16. Complete the microbiology requisition or enter in Meditech Order Entry. Ensure inclusion of the following information:
 - Date and time specimen collected
 - Name of the person who collected the specimen
 - Specimen source: Nasopharyngeal swab
 - The examination requested: Viral detection of respiratory virus
17. **Refrigerate** the swab immediately after the specimen is collected.
18. Arrange for transport to the laboratory as soon as possible to avoid delay in specimen processing.
19. Document the specimen collection in the health record/plan of care.

REFERENCES

Legislative Acts

Health Protection Act, Statutes of Nova Scotia (2004, c. 4). Retrieved from the Nova Scotia Legislature website
<http://nslegislature.ca/sites/default/files/legc/statutes/health%20protection.pdf>

Other

Health Canada. (2017). *Canada immunization guide chapter on influenza and statement on seasonal influenza vaccine for 2017-2018*. Retrieved from
<http://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-statement-seasonal-influenza-vaccine-2017-2018.html>

LaPierre, D., Hatchette, T. & Mailman, T. (2009, April 28). *Procedure for nasopharyngeal swabs and aspirates* [Video file]. Retrieved from
<http://www.youtube.com/watch?v=TFwSefezIHU>

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Provincial Public Health Laboratory Network of Nova Scotia. (2017). *Provincial microbiology user's manual PPHLN-M0008-02*. Retrieved from <http://intra.nshealth.ca/ipc/Hot%20Topics%20and%20Resources%20for%20Staff/provincial-microbiology-users-manual.pdf>

Public Health Agency of Canada. (2010). *Guidance: Infection prevention and control measures for health care workers in acute care and long-term care settings. Seasonal influenza*. Retrieved from <http://www.phac-aspc.gc.ca/nois-sinp/guide/ac-sa-eng.php>

RELATED DOCUMENTS

Policies

[IPC-RP-005 Routine Practices](#)

[IPC-RP-015 Droplet Precautions](#)

[IPC-RP-010 Contact Precautions](#)

[IPC-RP-020 Hand Hygiene](#)

Patient Teaching Pamphlet

NSHA Patient and Family Guide (2017). [Cold and Flu Season: Taking Care While You're in the Hospital](#)

Appendices

[Appendix A - Definitions](#)

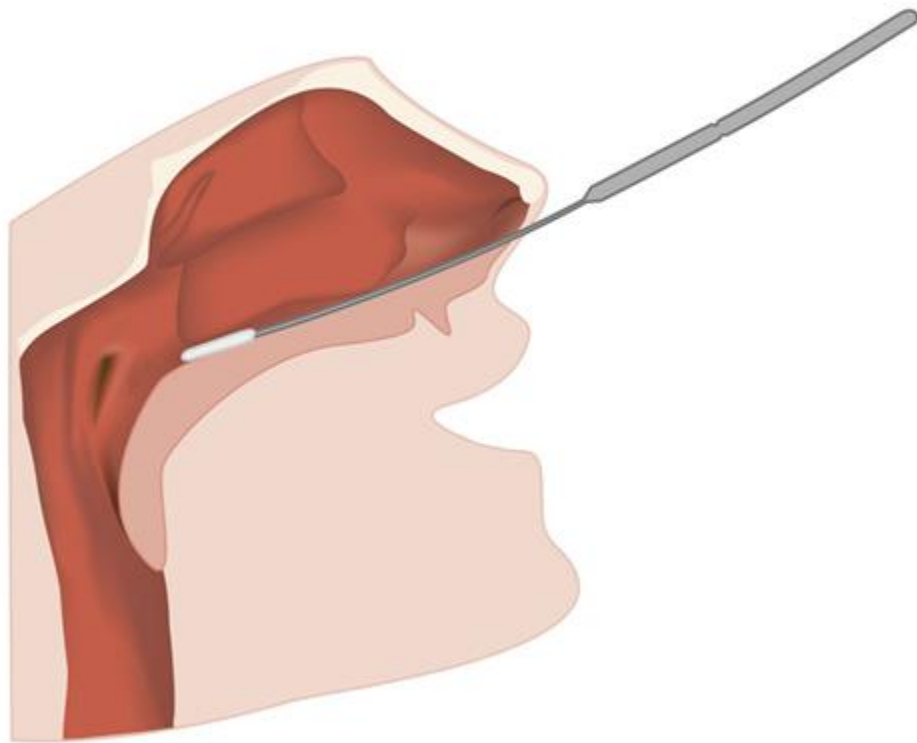
[Appendix B - Nasopharyngeal \(NP\) Swab Collection](#)

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APPENDIX A - Definitions

- Authorized Prescriber** A healthcare provider authorized by legislation to prescribe drugs and other health products. In Nova Scotia, Authorized Prescribers include nurse practitioners, physicians, dentists, midwives, optometrists and pharmacists. (*Medication Guidelines for Registered Nurses*, 2011).
- Cluster** A group of similar things or people positioned closely together (Oxford Online Dictionary, 2018).
A cluster in a hospital environment is generally referring to 2-3 patients with similar illness presentations, located in the same room or on the same unit within a specific time period.
- Viral Respiratory Illness** Viral infections commonly affect the upper or lower respiratory tract. Viral respiratory illness symptoms can include: Fever/chills, headache, myalgia (muscle aches), arthralgia (joint pain), sore throat, cough and exhaustion.

APPENDIX B - Nasopharyngeal (NP) Swab Collection



District Health Authority (DHA) Policies Being Replaced

CBDHA IC-III-310 Influenza

CDHA IC 09-004 Nasopharyngeal Swabs, Collection of Respiratory Viruses

GASHA IC 2-60 Respiratory Illness Screening

SSH IC-210-013 Care Directive: Sentinel Swabbing for Influenza and Other Respiratory Pathogens

SWH 1209.0 Prevention of Influenza Like Illness (ILI)

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
NEW 2018-12-31	