

Swabbing protocol

for care homes (nursing and residential) and supported living centres

If a patient is symptomatic for COVID-19 in a care home (nursing or residential) or a supported living centre a swab should be taken.

Residential homes and supported living centres

Residential homes and supported living centres generally have no on-site nursing staff, so a district nurse or other trained healthcare worker from their local Trust should undertake swabbing.

Nursing homes

Nursing homes should be able to undertake swabbing using the recommended PPE.

Nursing homes need to have a supply of swabs or easy access (same day) to swabs for COVID-19 testing and the appropriate forms to accompany swabbing from their local hospital laboratory.

Full information must be provided on the form and it should be clearly marked “nursing home”.

Nursing homes must arrange for the swabs to be delivered to the local hospital laboratory (as advised by the Trust).

Nursing homes must have the appropriate supply of PPE to undertake this task otherwise it will have to be undertaken by a district nurse or other trained healthcare worker.

Trusts

Trusts must facilitate a request from a care home or supported living centre for swabbing and have a single point of contact (either telephone or e-mail) that is communicated to all homes and supported living centres in their locality.

If a district nurse or other trained healthcare worker needs to be deployed to take a swab, the home or centre should be given a rough estimate of when they will attend.

The district nurse/healthcare worker will be responsible for ensuring the swab is delivered to the laboratory.

The Trust should advise nursing homes taking their own swabs where they are to be delivered to for testing.

Results

Results of swabbing are phoned through to the home by the laboratory in their local Trust.

The Trust puts the results on NIECR.

Staff in the home are responsible for notifying the resident's GP in the case of a positive result.

If patients are acutely unwell the GP should be contacted.

Collection of nose and throat swab for COVID-19

NB: **Sputum** has been proven to be much more sensitive and therefore if available please send this with the nasopharyngeal and throat swab.

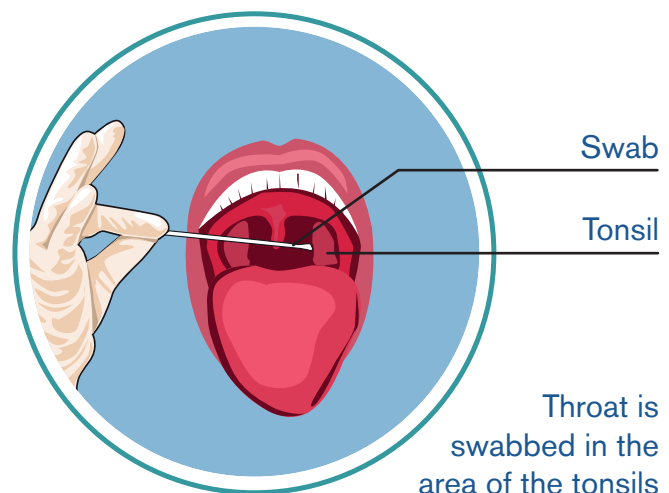
1. Prior to swabbing prepare all the necessary equipment as follows :

- PPE
- Swabs – dry swabs/flu swabs (gel/charcoal swab can be used however DO NOT PUT INTO GEL/CHARCOAL CONTAINER – cut off tip into universal container)
- Containers – universal containers/flu ENAT bottles (blue)
- ***Pre label the universal container/bottle and form***
- Sterile disposable scissors
- Cloth or wipes and appropriate disinfectant
- Specimen bags and hazard label
- UN3373 transport container

Put your PPE on outside the patient's room. Only take the swabs, container and scissors into the patient's room – the laboratory (virology) form, cleaning materials, packaging and UN3373 container should all remain outside.

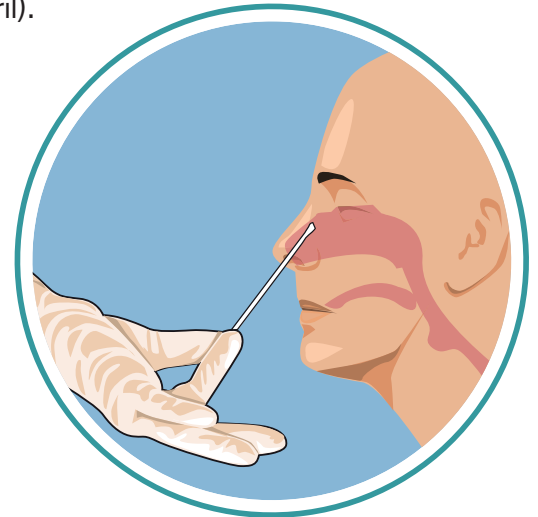
2. Obtaining a throat swab

- Position the patient to ensure maximum visibility of the tonsillar bed.
- Ask the patient to tilt their head back and open their mouth wide.
- Ask the patient (if possible) to resist gagging and closing the mouth while the swab touches this area.
- Quickly but gently rub the swab along the back of the throat, behind the uvula (posterior pharynx) and over the tonsillar areas on both sides of the throat.
- Remove the swab gently without touching the teeth, gums, or tongue.
- Without contaminating the swab, CUT the swab stick and place in a dry universal container.



3. Obtaining a nasopharyngeal swab (the same swab can be used for both throat and nasopharynx)

- Carefully insert the swab 2cms into the anterior nare (nostril).
- Sweep upwards towards the top of the nostril.
- Rotate the swab against the mucosa (10-20 times) using the 'tear drop' technique; swab up one side, twist, and swab down the other side.
- Repeat the procedure with the same swab in the other nostril.
- Without contaminating the swab, CUT the swab stick and place in a dry universal container.



If there is a second person available outside the room, pass the specimen to them to package. They should be wearing gloves and a plastic apron. If another person is not available then remove your PPE when you leave the room and put on fresh gloves and apron before packaging the specimen for delivery to the laboratory.

Packaging

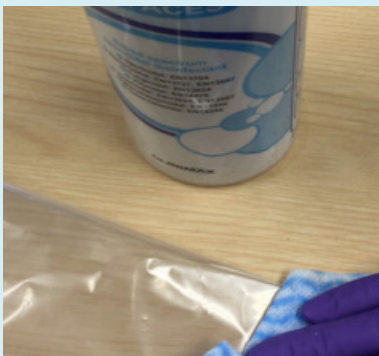
The appearance of packaging supplied may differ slightly between Trust areas but the same principles apply to their usage.



1. Ensure lids are secure. Decontaminate outside of containers using a cloth dampened with Difficil-S, Actichlor 1/1000ppm or 70% alcohol. Ensure no moisture remains which might be mistaken for leakage of specimen.



2. Place inside 1st specimen bag.



3. Decontaminate outside of the bag. Compress excess air out of sample bag.



4. Place inside 2nd bag with specific Virology form.



5. Place Hazard Group 3 label on outside of bag.

Samples MUST be transported to the Lab in a UN3373 transport container

Link to Swabbing Protocol video: www.pha.site/SwabTest

NB If there is visible leakage within the specimen bag, it must not be transported by any member of staff. Report this to the person in charge of the ward/care home/clinical area and dispose of as clinical waste.

Specimens must never be carried unprotected in the open hand or given to other members of staff in this way.



Public Health Agency
 12-22 Linenhall Street, Belfast BT2 8BS.
 Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

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