To: All Staff in each Regional Health Authority
From: Public Health Microbiology Laboratory
Re: UPDATED: Swab Collection Kits for COVID-19 virus and other respiratory pathogen testing

The Public Health Microbiology Laboratory (PHML) has received an alternate shipment of transport media (eNAT) with “regular” nasal swabs (NS) INSTEAD of the previously used nasopharyngeal (NP) swabs for ILI (influenza-like illness) and COVID testing.

The “regular” NS swab (1 ML REGULAR) is bigger and meant for sampling the oropharynx and nasal areas only. To enable continued collection of nasopharyngeal specimens, a nasopharyngeal (NP) swab will be distributed with each “1 ML REGULAR” eNAT swab (as shown below “NEW”). The packaging for both swabs differ by only 1 digit as indicated by the arrow in the photo below.

Please note: Sampling the nasopharynx with an NS is NOT recommended, and risks injury.

In situations where the NP swab is not available when using the “1 ML REGULAR” swab, providers are to sample the oropharynx first (i.e. back of the throat) and then the nares, as outlined in the memorandum distributed by PHML on April 16, 2020 (attached). Instructions for both types of collections are attached for your convenience.

Questions related to this memorandum can be directed to the Office of the Director, PHML at 709 777 7233 or email Melissa.skinner@easternhealth.ca. Patient related questions can be directed to the Microbiologist on Call through hospital locating 709 777 6300 or microbiologistoncall@easternhealth.ca
Instructions for Collection of Nasopharyngeal Swab

1. Use a NON-EXPIRED FLOQ swab supplied with the collection transport media.
2. With LEGIBLE PRINTING, label tube as outlined on the first page.
3. Explain the procedure to patient.
4. Collector is to wear PPE as per site Infection Control policy.
5. If the patient has a lot of mucus in the nose, this can interfere with the collection of cells. Either ask the patient to use a tissue to gently clean out visible nasal mucus or clean the nostril yourself with a cotton swab (e.g. Q-Tip).
6. How to estimate the distance to the nasopharynx: Prior to insertion, measure the distance from the corner of the nose to the front of the ear and insert the shaft approximately 2/3 of this length.
7. 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 an insertion of the swab easier.
8. Insert the swab along the medial part of the septum, along the floor of the nose, until it reaches the posterior nares; gentle rotation of the swab may be helpful. (If resistance is encountered, try the other nostril; the patient may have a deviated septum).
9. Allow the swab to sit in place for 5 – 10 seconds.
10. Rotate the swab several times to dislodge the columnar epithelial cells. Note: Insertion of the swab may induce a cough.
11. Withdraw the swab and place it in the collection tube. Break swab shaft along score line. Replace cap securely.
12. Place tube in biohazard bag.
13. Remove gloves and wash hands.
15. Arrange refrigerated transport to the PHML which is open 24/7 to accept specimens.

For a video on collection of an NP swab please see: http://www.youtube.com/watch?v=TFwSefezlHU

TO ORDER SUPPLIES: Call PHML Stores at 777-7123 or 777-6415. Stock #: 138208 for eNAT swab kits.
Instructions for Collection of Oropharyngeal and Nares Swabs

1. Explain the procedure to the patient.
2. When collecting the specimen, wear eye protection, gloves, and a mask. Change gloves and wash your hands between each patient. Partially open the swab package and remove the swab. Do not touch the soft tip or lay the swab down. Have the patient tilt their head backwards, open their mouth, and stick out their tongue. Use a tongue depressor to hold the tongue in place.
3. Hold the swab, placing the thumb and forefinger in the middle of the shaft covering the black score line. Do not hold the shaft below the score line.
4. Without touching the sides of the mouth, use the swab to swab the posterior nasopharynx and the tonsillar arches. Using the same swab ask the patient to tilt his/her head back. Insert the swab approximately 1-2 cm into each nostril. Rotate the swab inside of the nostril for 3 seconds, covering all surfaces. (see diagram)
5. While holding the swab in your hand, unscrew the tube cap (foil top). Do not spill the tube contents. Immediately place the swab not the transport tube so the score line with the top edge of the tube carefully break the shaft. The swab will drop to the bottom of the vial.
6. Discard the top portion of the shaft. Tightly screw the cap on to the tube.
7. Refrigerate immediately.
8. Attach completed requisition and transport to the PHML without delay.

MAKE SURE THE TUBE AND REQUISITION FORM INCLUDE NECESSARY DETAILS INCLUDING:

- Patient’s legal name, date of birth and MCP
- Date and time of collection
- Requesting Physicians or Clinic Name
- NOTE: If the specimen and requisition are not labelled correctly, the specimen will NOT be processed