

How to take a nose and throat swab

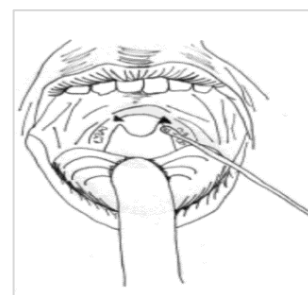
Place a surgical mask on the resident and isolate them in a single room with door closed.

Perform hand hygiene, put on (don) PPE according to current Victorian infection prevention control guidelines

Take a single oropharyngeal and deep nasal swab for multiplex respiratory PCR. To conserve swabs, use the same swab to sample the oropharynx and for deep nose sampling (that is, one swab per patient only).

Throat swab procedure:

- Oropharyngeal (throat):
 - Ask the resident to open his/her mouth and stick out their tongue.
 - Use a wooden spatula to press the tongue downward to the floor of the mouth.
 - Firmly swab both of the tonsillar arches and the posterior nasopharynx, without touching the sides of the mouth.
 - The swab should be thoroughly wet with throat secretions. swab the tonsillar beds and the back of the throat, avoiding the tongue.



Deep nasal swab procedure:

- Deep nasal:
 - Using a pencil grip, gently rotate the swab, while inserting the tip 2-3 cm (or until resistance is met) into the nostril, parallel to the palate, to absorb mucoid secretion.
 - Rotate the swab several times against the nasal wall.
 - Withdraw the swab and repeat the process in the other nostril.
 - Place the swab back into its labelled tube or bottle



After performing the swab:

- Label the tube or bottle containing the swabs with the patient's full name, date of birth, specimen type and date of collection. The accompanying request form should include the residential care facility (RCF) name.
- Remove PPE safely (remove gloves, perform hand hygiene, remove goggles or face shield, gown and mask and perform hand hygiene again).
- Specimens should be **sent on the day of collection**, or at worst, the following day. Refrigerate the specimen until it is sent to the laboratory (do NOT freeze the specimen). Specimens should be packaged in a small, insulated bag/box (with ice bricks) for transport to the pathology laboratory.