

Collection of specimens from suspected cases of COVID-19 disease in community settings

Pre-requisite for testing for COVID-19 disease

- All patients being tested for COVID-19 disease **MUST BE NOTIFIED** to the DOH
- Go to Instructions for [Notification of COVID-19](#) or [submit online](#)

Precautions while performing specimen collection

- For most patients with mild illness in the community, collection of upper respiratory specimens is a lower risk procedure and can be performed using **standard, contact and droplet precautions**
- Personal protective equipment (PPE) is to be worn as per the [Department of Health \(DOH\) WA Clinician Alert for General Practitioners](#)

Specimens to collect

Optimal upper respiratory tract specimens are a bilateral **nasopharyngeal** swab (requires flexible shaft nasopharyngeal swab) **AND** an **oropharyngeal** swab. If flexible shaft swabs are not available, then bilateral **mid-turbinate and oropharyngeal swabs** with a rigid shaft PCR swab should be collected.

Equipment required

- 2 x flexible shaft swabs with Universal Transport Media/Virus Transport Media (if available), **OR**
- 2 x dry rigid shaft PCR swabs (for mid-turbinate swab if flexible shaft swabs not available)
- Wooden tongue depressor

Note 1: Serum for COVID-19 serology is not required for patients not admitted to hospital.

Note 2: If necessary, one swab may be used to collect the nasopharyngeal/oropharyngeal samples and the mid-turbinate/oropharyngeal samples, instead of two swabs.

How to collect nasopharyngeal and oropharyngeal swabs using flexible shaft swabs

1. Perform hand hygiene before donning PPE.
2. Remove the swab from each swab/UTM pack.
3. Stand slightly to the side of the patient to avoid exposure to respiratory secretions, should the patient cough or sneeze.
4. **Nasopharyngeal swab:** Tilt the patient's head back. Gently insert the flexible flocked nasopharyngeal swab into one nostril, then gently insert it along the floor of the nasal cavity parallel to the palate until resistance is encountered. This is approximately half to two-thirds of the distance between the anterior nares and the ear. Rotate gently for 10-15 seconds, then withdraw, and repeat the process in the other nostril with the same swab, to absorb secretions.
5. Place the swab into the UTM container, flocked end first, and snap the shaft at the indicated snapping point, using the rim of the UTM tube for leverage if required.
6. Close the UTM container with the flocked end of the swab inside, discarding the remainder of the shaft.
7. Ensure that the UTM container is closed correctly and is not leaking – the swab is usually slightly bent within the tube.
8. **Oropharyngeal swab:** Ask the patient to open their mouth and stick out their tongue. Use a wooden tongue depressor to press the tongue downwards. Firmly swab the posterior pharynx and the tonsillar arches, rotating the swab twice while holding it against the tonsillar fossa at the side of the pharynx. Withdraw the swab, which should be thoroughly wet with throat secretions.
9. Follow steps 5 – 7 above.

Figure 1: Flocked swab with UTM



Figure 2: Collection of nasopharyngeal swab

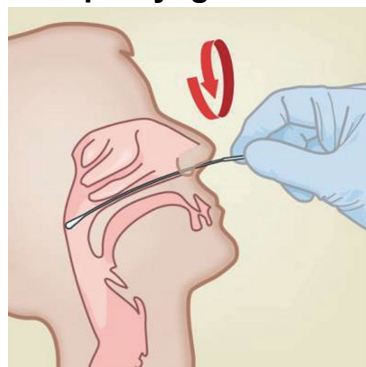
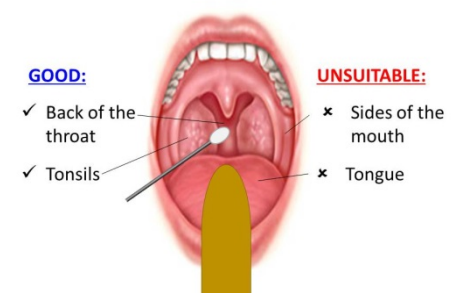


Figure 3: Collection of throat swab



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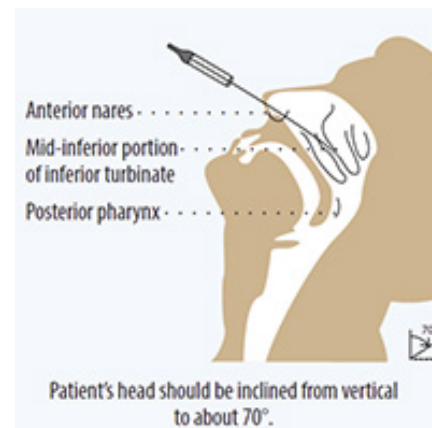
How to collect mid-turbinate swabs using rigid shaft swabs

1. Do not attempt to collect a nasopharyngeal swab with a rigid shaft swab.
2. Tilt the patient's head back to about 70°, and gently insert the swab into one nostril until you feel resistance (figure 5 below). Leave it in place for 10-15 seconds to absorb secretions, then remove and repeat via the other nostril. Place the swab back into its original container.
3. Collect oropharyngeal swab as above.

Figure 4: Dry rigid PCR swab



Figure 5: Collection of mid-turbinate nasal swab



Specimen transport

1. Complete a PathWest Request Form with **travel and symptom details** for the suspected case. Note the samples collected on the form and write 'COVID-19 PCR' on the request form, plus 'respiratory virus PCR' if you require other respiratory virus testing.
2. Label the specimens and place them into the sealed section of a dual compartment biohazard bag. Place the request form in the outer compartment. Do not add any other items to the bag.
3. Send the samples to PathWest as per your usual mechanism.
4. If the testing is considered urgent by yourself or public health, call the Clinical Microbiologist for QEII via SCGH switchboard (08 6383 3333).

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Obtaining results

A result is usually available within **three days of receipt of the sample in the PCR laboratory at PathWest QEII on the SCGH site**. Call the PathWest Call Centre on 13 7284 for results (do not call the laboratory directly).

Please do not ask your patients to call the laboratory for their results as we cannot give results to them.

PLEASE NOTE: COLLECTION OF SAMPLES FROM PATIENTS WITH MODERATE-SEVERE SYMPTOMS

- Please note that it is **NOT** recommended for primary care providers to be collecting lower respiratory tract samples, including sputum samples, from suspected patients with severe symptoms or symptoms suggestive of pneumonia (fever, breathing difficulty, or frequent, severe or productive coughing episodes). It is recommended that these patients should be managed and tested in an Emergency Department.
- See [Coronavirus Disease 2019 \(COVID-19\) CDNA National Guidelines for Public Health Units](#) for instructions for collection in the community setting if referral to hospital for testing of moderate to severely ill patients is not possible. Please note the additional PPE (N95/P2 masks) and other additional precautions are required for this situation.