COLLECTION OF NASAL AND THROAT SWABS FOR RESPIRATORY VIRUS TESTING
July 2011

1. OBTAIN MATERIALS
- Two viral transport swab kits (Virus Transport (VT) tube with swab (usually green top) or Universal Transport Medium (UTM) tube with flock swab – note the UTM tube contains liquid so splashes, spills and leaks in transit must be prevented)
- Personal protective equipment (PPE) for the health care worker (HCW): gown, surgical mask, protective eyewear, gloves; and hand hygiene products

2. PREPARE ROOM
- Need a wall that the patient can rest their head against when patient stands or sits
- HCW needs enough space to be able to stand beside the patient (not in front)
- Hand hygiene: need to have facilities and products eg alcohol-based hand cleanser
- Appropriate waste disposal within arm’s length from where you collect the patient’s specimens

3. PREPARE HEALTHCARE WORKER
- Perform hand hygiene, don PPE according to current NSW Health infection control guidelines for influenza (gown, surgical mask, protective eyewear and gloves)

4. PREPARE PATIENT
- Explain the procedure to the patient
- Place patient with head against a wall (standing or sitting)

5. SPECIMEN COLLECTION (the swabs will be combined for testing)
- Label the VT or UTM tubes with the patient name, date of birth, collection date, specimen site (nose or throat)
  **Nasal swab (collected from the nasal septum, not just the anterior nares)**
  1. Stand at the side of the patient
  2. Ensure the patient’s head is resting against the wall
  3. Place your hand on the patient’s forehead (non-dominant hand) and the thumb at the tip of the nose
  4. Use a viral swab and insert the swab into the closest nostril horizontally, approximately 2–3 cm
  5. Place sideways pressure on the swab in order to collect cells from the midline nasal septum
  6. Rotate the swab twice (2 × 360˚ turns) collecting the epithelial cells (not mucous)
  7. Place swab into the labelled VT or UTM tube (if UTM, fully insert the swab into the tube, snap the swab at the breakpoint, discard the residual shaft) and tighten the cap

  **Throat swab**
  1. Stand at the side of the patient
  2. Ensure the patient’s head is resting against the wall
  3. Place your hand on the patient’s forehead (non-dominant hand)
  4. Ask the patient to open their mouth widely and say ‘argh’
  5. Use a viral swab and insert the swab into mouth avoiding any saliva
  6. Place sideways pressure on the swab in order to collect cells from the tonsillar fossa at the side of the pharynx
  7. Rotate the swab twice (2 × 360˚ turns) collecting the epithelial cells (not mucous)
  8. Place swab into the labelled VT or UTM tube (if UTM, fully insert the swab into the tube, snap the swab at the breakpoint, discard the residual shaft) and tighten the cap

6. REMOVE PPE
- Remove PPE according to current NSW Health infection control guidelines for influenza (gloves, perform hand hygiene, protective eyewear, gown, perform hand hygiene, remove surgical mask)
- Perform hand hygiene

7. SPECIMEN HANDLING AND TRANSPORT
- Handle specimens using standard precautions, store and transport at 2-8°C, transport as Biological Substances Category B (UN 3373); if by air, pack to IATA Packing Instruction 650