

# Nasopharyngeal Specimen Collection for COVID-19

Appropriate specimen collection of the upper respiratory tract for patients with or under investigation for COVID-19 is essential. This resource includes both nasopharyngeal and oropharyngeal specimen collection procedures.



## Preparation for Specimen Collection

1. Don all PPE (gown, N95 respirator, face shield/eye protection, and gloves).
2. Explain procedure to patient.
3. Verify patient name and DOB.
4. Position the patient for comfort and safe specimen collection.
5. Offer tissue to patient to blow nose.
6. Inspect nostrils to ensure no obstructions.
7. Prepare equipment area:
  - Disinfect the bedside table with an EPA approved disinfectant wipe.
  - Lay out all supplies on the table in a manner that will help facilitate specimen collection.
  - Perform bend test on the swab.

## Supplies Required to Test for COVID-19

- One specimen collection swab kit
- 2 small specimen biohazard bags
- 2 patient labels
- Sharpie (fine tip)
- EPA approved disinfectant wipes
- Hand sanitizer
- Sharps container
- Flashlight
- Tongue Depressor
- Two (2) prepared labels
  - Prepared label must contain name, DOB, MRN, time/date of collection, specimen source, and initials of specimen collector.
  - One label for the tube and one for the outer bag

## Post Specimen Collection Procedure

1. Disinfect specimen tube with disinfectant wipe.
2. Place patient label on the specimen tube. Ensure it does not obstruct the bottom of the tube.
3. Place tube in their respective specimen bag and seal.
4. Disinfect each specimen bag with disinfectant wipe.
5. Place the specimen bag into the second biohazard bag with a patient label.
6. Perform hand hygiene.
7. Disinfect outer specimen bag.
8. Pass clean bag to HCW outside of room, or doff PPE and exit room with specimen bag.
9. Verify outer bag has a patient label prior to taking the specimen to the lab.
10. The pneumatic tube system may be used for specimen transport.

## Nasopharyngeal Specimen Collection

1. Perform hand hygiene over gloves.
2. Hold swab between your thumb and forefinger with the shaft resting on your middle finger like a pen. Maintain a loose grip to avoid injury due to unnecessary force.
3. Patient's head should be straight forward and not tilted backward. You may place your hand on the back of the patients head in the event the patient inadvertently pulls away from you.
4. Insert the swab into the nostril straight back (NOT upward) in a plane that is perpendicular to the patients face directing it towards the ear lobe. You may have to lift up slightly on the nostril to access the proper trajectory.
5. The swab should travel along the floor of the nose a total of 7cm (2.5 inches) from the nostril. If you meet resistance prior to this distance, you should adjust your trajectory to stay low or try the other nostril.
6. Rotate the swab a few times.
7. Withdraw the swab, and place single swab in container with transport medium.
8. Break off the end of broken swab so cap will close.
9. Dispose of broken tip into sharps container.
10. Tighten cap.

University of Nebraska  
Medical Center



Nebraska  
Medicine