

# Specimen collection for COVID-19 in the community health setting

## Specimen collection from patients who are well enough to be managed in the community:

- Limit the number of persons present in the room to the absolute minimum required for the patient's care and support.
- Specimens should be collected using **contact and droplet precautions**. Perform hand hygiene before donning PPE.
- If specimen collection is being done **along with a clinical consultation**:
  - Wear a disposable gown, gloves, eye protection (goggles or face shield), and surgical mask.
  - Use new PPE for each patient.
- If specimen collection is **the only procedure required** (no clinical consultation or examination):
  - Wear gloves, eye protection (goggles or face shield), gown, and surgical mask.
  - Gloves must be changed after each patient.
  - Safety glasses and face shields can be worn during consecutive patients' specimen collections in the same location. If the eye protection is labelled as reusable, it should be cleaned with a detergent/disinfectant wipe in between uses.
  - Gowns can be worn during consecutive patients' specimen collections in the same location. The gown must be changed if it becomes visibly contaminated. It must be removed when leaving the immediate area to avoid contaminating other environments.
  - If surgical masks are in short supply, they can be used for periods up to 4 hours during consecutive patients' specimen collections in the same location. The mask should be discarded if it becomes wet or contaminated and on leaving the room. Take care not to touch the mask while it is on. If the front of the mask is touched, remove and discard it, perform hand hygiene and put on a new one.
- Stand slightly to the side of the patient to avoid exposure to respiratory secretions.
- The national guidelines for COVID-19 testing recommend a **combined throat and bilateral deep nasal swab**. A combined throat and nasopharyngeal swab (NPS) can be collected if preferred. If also testing for other respiratory viruses, an NPS remains the specimen of choice for *Mycoplasma pneumoniae* and *Bordetella pertussis*. For other respiratory viruses a deep nasal swab is adequate.
- A flocked swab is preferred. The swab should be placed in transport media (viral transport medium (VTN) or Liquid Amies) after the sample is collected. See Figures 1A-1C for appropriate swab types.
- **To collect a throat swab:**
  - First swab the tonsillar beds and the back of the throat, avoiding the tongue.
- **To collect a deep nasal swab (from the nasal septum, not just the anterior nares)**
  - Using a pencil grip and while gently rotating the swab, **insert 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.**

- To conserve swabs, **the same swab that has been used to sample the tonsils and back of the throat should be utilised for nasal sampling.** However, if the collection kit comes with two swabs in the same tube, you can use one swab for the throat and one for the nostrils.
- When collecting a sputum specimen from a patient with a productive cough, the patient should stand approximately 2 metres away and turn aside before coughing into the specimen jar. Alternatively, ask the patient to go outside or into another room to produce the specimen.
- All specimens collected should be regarded as potentially infectious.
- At completion of specimen collection, remove gloves and perform hand hygiene, then remove gown (if applicable) and perform hand hygiene again, then remove eyewear (if applicable) and perform hand hygiene again, and finally remove mask (if applicable) and perform hand hygiene again. Taking care not to touch the front of any PPE item when removing it.
- Wearing a new pair of gloves, wipe any contacted surfaces with a combination detergent/disinfectant product. If your PPE includes goggles with a reusable frame, remember to wipe down the frame. Dispose of PPE in a clinical waste bin.
- There is no need to leave the room vacant for 30 minutes after specimen collection.

#### **Sending specimens to pathology:**

- Place specimens for transport in leak proof specimen bags that have a separate sealable pocket for the specimen (plastic biohazard specimen bag), with the patient's label on the specimen container, and a clearly written request form documenting suspected COVID-19.
- Testing will be triaged according to clinical notes on the pathology request slip. Please include as much information as possible about any travel history, contact with confirmed COVID-19 cases, links to high risk settings (e.g. healthcare settings, aged care or other residential care facilities, correctional facilities), as well as the patient's symptoms.
- Send specimens to your preferred pathology provider, via courier if possible. If necessary, patients can be asked to drop off their own specimens at a pathology collection centre. They must be advised to wear a mask.
- Results will generally be available within 1 to 4 days. It is the responsibility of the clinician ordering COVID-19 testing to ensure that the result is followed up and communicated to the patient (if negative) or to CDC (if positive).

#### **Referral of patients for specimen collection:**

- Patients can also be referred to a COVID-19 Testing Clinic, GP Respiratory Clinic, or suitable pathology collection centre for specimen collection. Details of clinics and collection centres that provide COVID-19 testing can be found in the Alert for General Practitioners and Other Community Health Practitioners on the [Chief Health Officer alerts webpage](#).
- If referring a patient to a pathology provider for testing, please ensure the patient has a completed pathology request form.
- When travelling to a COVID-19 Testing Clinic or pathology collection centre for COVID-19 testing the patient must wear a mask and ideally use private transport. If they need to use public transport, rideshare or taxi, they should wear a mask and practice physical distancing.



Figure 1A. Flocked swab with a fine stem with viral transport medium tube

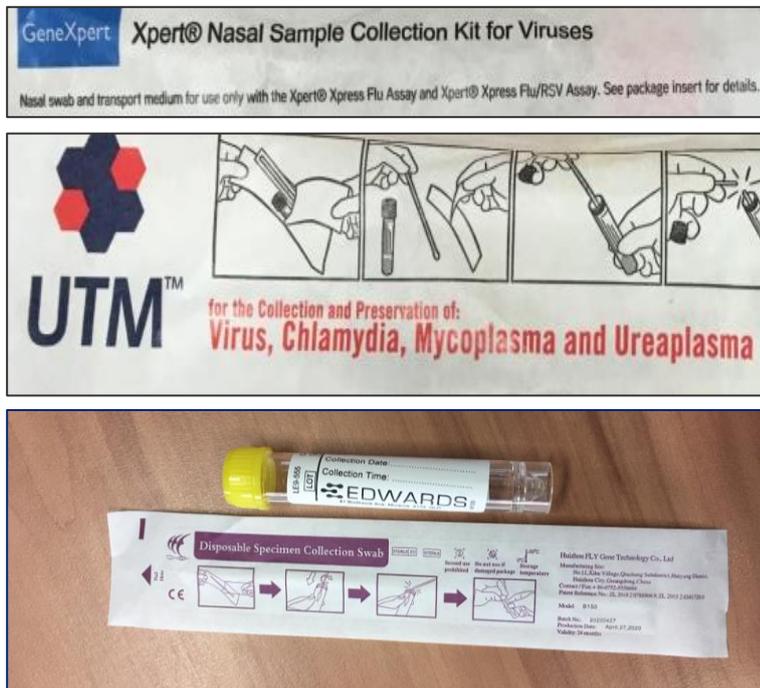


Figure 1B. Nasal flocked swab with medium stem with a viral transport medium tube



Figure 1C. Viral swab with larger stem

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