

<b>Best Practice Guideline</b>	<b>Viral Respiratory Illness (VRI) Testing</b>
<b>Date</b>	10 September 2024
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## Site Applicability

All Vancouver Coastal Health Sites

## Scope of Practice

RN

RPN

LPN

## Purpose

To outline the process for nurses (RN/RPN/LPN) to perform VRI testing including:

- Nasopharyngeal (NP) Swab
- Swish, Gargle and Spit
- Throat Swab
- Nasal Swab

## Background

Site leadership is responsible for:

- determining operational requirements for VRI testing.
- ensuring adequate testing supplies (e.g. NP swabs/Swish and Gargle kits or equivalent) are stored at the home.
- ensuring Transportation of Dangerous Good (TDG) packaging are stored at the home.
- ensuring nurses receive the appropriate training and supplies to perform this activity and ensure a site-specific workflow is developed to support site-specific details.

Nurses (RN/RPN/LPN) are responsible for:

- Collecting viral swabs.
- Labelling swabs according to outlined requirements.
- Follow [TDG guidance](#) for packaging swabs in preparation for shipping.

## Required Supplies:



1. Personal Protective Equipment (PPE) – Gloves, gown, medical mask, eye protection (safety glasses, goggles, or visor).
2. Alcohol-based hand rub (ABHR).
3. NP swab OR Starplex Container
4. Tissues
5. Garbage receptacle
6. TDG packaging

## Requirements for all Specimen Collection

1. Using a clean hands approach, gather necessary supplies.
2. Perform hand hygiene.
3. Don gown, mask and eye protection and gloves as per [donning](#) procedure.
4. Confirm resident identity using 2 identifiers.
5. Collect swab, see type of collection.
6. Remove PPE following [doffing](#) procedures.
7. Follow labeling requirements (see Labeling Samples below)
8. Package as per [Transport of Dangerous Goods](#).

**Note:** anyone present during test must perform hand hygiene and don PPE as per Droplet/Contact Precautions.

## Procedure for NP Swabs:

Assess resident's ability to participate in the procedure.

1. Explain procedure and obtain verbal informed consent.
2. Ensure resident is in a comfortable position with the head supported.
3. Collect the sample using the [Copan Flocked Swab](#).
4. Follow labeling requirements (see Labeling Samples below)

**Unintended outcomes of NP swabs** may (rarely) include discomfort, pain, and nasopharyngeal bleeding.

- If pain occurs, stop the procedure. Re-attempt using the other nostril. If pain continues consult a physician/nurse practitioner.
- If bleeding occurs, follow Elsevier Clinical Skills for a [nose bleed](#).

## Procedure for Swish, Gargle and Spit

Residents must not eat, drink, vape, smoke, brush their teeth or chew gum **at least 1 hour** before the test.

## Assessment



Assess resident's ability to perform Swish, Gargle and Spit procedure.

Consider whether resident is at risk of aspiration.

Some residents may benefit from a practice run with 5mls of tap water following the procedure outlined below. Note: must wait for 2 hours after practice before taking sample.

**Note:** anyone present during test must perform hand hygiene and don PPE as per Droplet/Contact Precautions.

### Procedure for Swish and Gargle

1. Explain procedure and obtain verbal informed consent.
2. Ensure resident is in a comfortable position.
3. Confirm resident has not eaten, drunk, vaped, smoked, brushed their teeth, or chewed gum for at least one hour or have not perform a 'practice' gargle in the last 2 hours.
4. Provide resident with the C&S container and 5 mL normal saline or tap water in medicine cup.
  - i. **Swish and Gargle Method:** Instruct resident to swish the solution around in mouth for 5 seconds, then tip head back and gargle for 5 seconds. Repeat swish and gargle two more times (30 seconds total)
  - ii. **Swish (Mouth Rinse) Method:** Instruct resident to swish the solution around in mouth for a minimum of 10 seconds aiming for 30 seconds.
5. Instruct resident to spit the solution into the specimen container.
6. Ensure the lid of the container is closed tight.
7. Inspect sample for food debris. If food debris found, redo sample.

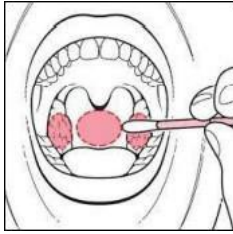
### Procedure for Throat Swab

Assess resident's ability to participate in the procedure and determine whether resident would benefit from having someone else present when performing test e.g. another member of the health care team / essential visitor.

Be aware that residents may gag or vomit. If they gag or vomit, stop the procedure.

1. Using the Copan Flocked Swab (same swab kit as used for NP swabs)
2. Inspect mouth and throat, use flashlight light, if needed
3. Using the plastic shafted swab in the kit, vigorously swab the back of the throat around the tonsillar area.





4. Place the swab into the transport medium and break off the shaft.
5. Ensure the lid of the container is closed tight.
6. Place the top securely on the culture tube.
7. Offer the patient a facial tissue to blow the nose if needed.

### Procedure for Nasal Swab:

A nasal swab could be used when a resident is combative, resistant secondary to cognitive impairment.

Nasal swab is less invasive and may be more readily tolerated. Especially when resident unable to follow direction for swish and gargle.

1. Use the Copan Flocked Swab to collect the sample (same swab kit as used for NP swabs).
2. Ask the resident to occlude each nostril one at a time and exhale.
3. Position the resident with the head back and use a penlight to check the nasal passages for patency. If the resident is in bed, place a pillow behind the residents' shoulders.
4. Carefully insert the swab into the nostril no more than 1.5 cm (0.6 inch). Rotate the swab in a circular manner at least four times, taking approximately 15 seconds to collect as much nasal discharge as possible.
5. Remove the swab without touching the sides of the nose.
6. Immediately insert the swab into the sterile culture tube and push the tip into the liquid medium at the bottom of the tube or follow instructions specific to specimen collection per the organization's practice.
7. Place the top securely on the culture tube.
8. Offer the patient a facial tissue to blow the nose if needed.

**Note:** Type of specimen needs to be CLEARLY labelled on the lab req. and the specimen (e.g., Nasal swab)

### Labelling Samples



Incorrect or incompletely labelled specimens may be rejected by the lab as required by the BC accreditation program. All specimens must be legibly labelled with the following information:

- Three resident identifiers
  - **Legal name, first, middle, and last name**
  - **Birth date**
  - **PHN#**
- Type of Sample (NP swab, gargle or throat/nasal swab)
- MRP – include full name
- Site Name – written out in full i.e. no abbreviations
- Date and time sample obtained

## Transport to Lab

1. Transportation of VRI specimens by vehicle falls under the federal Transportation of Dangerous Goods Act (TDG).
2. Package sample as per TDG. Transport sample to lab as soon as possible to ensure cell integrity.
  - Follow [Transport of Dangerous Goods](#).
  - See [Transportation of Dangerous Goods - Coronavirus \(COVID-19\) Specimen SOP](#)

**Note:** Unrefrigerated samples are stable for 24 hours; refrigerated samples are stable for 72 hours.

## Documentation

Document in your sites usual location for lab tests and lab results.

## References

- [Poster - How To Use Guide: Nasopharyngeal Flocked Swabs and Universal Transport Medium \(UTM\)](#)
- [Transportation of dangerous goods \(vch.ca\)](#)
- [Video – How to perform a Nasopharyngeal Swab \(includes anatomical considerations\)](#)
- [Animated Video – How to perform a throat swab Elsevier Clinical Skills](#)
- [Video Swish, Gargle and Spit/ nasal swab](#)
- [Mouth Rinse / Gargle Test Poster](#)



