

ADDENDUM 3 SPECIMEN COLLECTION COVID-19

Specimen collection poses a risk of aerosol production. Airborne precautions in addition to contact and droplet precautions should be implemented. Try to limit exposure. It is recommended that the person attending to the patient should collect the specimen. All specimens must be handled as potentially infectious.

Good quality specimens (e.g. containing sufficient cells and secretions), the appropriate packing and transport (e.g. keep the virus viable and detectable) is essential. Ensure specimens are stored correctly, at the right temperature (2-8°C in a cooler box with ice packs) whilst awaiting for transport to the laboratory. Specimens have to be send as soon as possible.

COLLECTION OF NASO/OROPHARYNGEAL SWABS FOR RESPIRATORY VIRUS DETECTION

TOPIC	ACTION				
Step 1: Equipment and	Specimen submission form and case investigation form				
material	Nasopharyngeal (NP) and oropharyngeal (OP) flocked swab				
	Tube containing universal transport medium (UTM)				
	Tongue depressor				
	Gloves				
	N95 respirator (fit tested)				
	Goggles				
	Biohazard bag for disposal of non-sharp materials				
	Tissue for patient to wipe nose after sample collection				
	 Alcohol handrub for use by both the patient (after cleaning their nose) and healthcare worker 				
	Cooler box and cooled ice packs				
	Ziploc plastic specimen bag				
Step 2: Record	Complete all three documents				
keeping	Place the specimen submission form into the Ziploc specimen bag				
	Label the tube of universal transport media (UTM) and other samples with the patient's name and date of birth				
Step 3: Collection of nasopharyngeal swab (NP swab)	Don a gown, eye protection, a pair of gloves, and an N95 respirator (size according to fit testing and a seal check performed), prior to entering the room				
	Open a sterile flocked swab at the plastic shaft				
	Ask the patient to tilt his/her head back. Estimate the distance from the patient's nose to the ear: This is how far the swab should be inserted				

	Gently insert swab into the nostril and back (not upwards) into the nasopharynx until a slight resistance is met			
	Rotate swab 2-3 times and hold in place for 2-3 seconds			
	If resistance is met remove and try another nostril			
	Slowly withdraw swab and without touching it, put it into a UTM			
	Break plastic shaft at the break point line and close the tube			
Step 4: Collection of oropharyngeal swab (OP swab)	Keeping the same pair of gloves on, and holding the UTM with the nasopharyngeal swab in, take a second flocked swab and open it at the plastic shaft			
	Ask the patient to tilt their head back and open mouth wide			
	Hold the tongue down with a tongue depressor			
	Have the patient say "aahh" to elevate the uvula			
	Swab each tonsil first, then the posterior pharynx in a "figure 8" movement			
	Avoid swabbing the soft palate and do not touch the tongue with the swab tip as this procedure can induce the gag reflex.			
	Place the swab into the same UTM tube with the NPS already in and break off the shaft at the break point line			
	Tightly close the tube			
	Place the closed tube with two swabs in the Ziploc specimen bag			
	Remove gloves and N95 respirator			
	Perform hand hygiene			
Diagram: How to collect a NPS (left) and a OPS (right)	Incisors Soft palate Uhrula Tonsil			
Step 5: Transport of	Ensure the cooler box and ice packs stay at 2-8 °C			
specimens	Transport to NICD if permission obtained to send it			
	Mark: Suspected COVID-19 CRDM and send to the following address: NHLS/NICD, Centre for Respiratory Disease and Meningitis (CRDM)			
	Lower North Wing, SAVP building 1 Modderfontein Rd, Sandringham,			
	Johannesburg, 2131 The private labs will send the specimens to the NICD			
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TYPE OF SPECIMENS THAT CAN BE COLLECTED FOR DIAGNOSIS OF COVID-19 AND TRANSPORT REQUIREMENTS

This is applicable for symptomatic patients and after consultation with the NICD Hotline.

SPECIMEN TYPE	COLLECTION MATERIALS	STORAGE AND TRANSPORT	COMMENT
Sputum*	Deep cough sputum in sterile leak proof container	 Refrigerate and courier at 2-8°C up to 48 hours If >48 hours freeze at -70°C and courier on dry ice 	This is the preferred sample, but need to ensure the material is from the lower respiratory tract.
Bronchoalveolar lavage*	2-3 ml in sterile leak proof container	 Refrigerate and courier at 2-8°C up to 48 hours If >48 hours freeze at -70°C and courier on dry ice 	There may be some dilution of virus, but still a worthwhile specimen.
(Endo)tracheal or nasopharyngeal aspirate*	2-3 ml in sterile leak proof container	 Refrigerate and courier at 2-8°C up to 48 hours If >48 hours freeze at -70°C and courier on dry ice 	
Nasopharyngeal and oropharyngeal swab	Dacron or nylon flocked swab in Universal Transport Medium (UTM) in a sterile leak proof container	 Refrigerate at 2-8°C up to 5 days If >5 days freeze at -70°C and courier on dry ice 	Nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load.
Lung tissue from biopsy	Sterile container with saline	 Refrigerate and courier at 2-8°C up to 48 hours If >48 hours freeze at -70°C and courier on dry ice 	

^{*}Aerosol-generating procedures may pose an infection risk for healthcare workers.

ENSURE THAT THE FOLLOWING DOCUMENTS ACCOMPANY THE SPECIMEN(S):

The referred document are accessible on the NICD Website https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/ and on the Mediclinic intranet at the following link: https://intranet/communities/ClinicalServices/IPC/Guidelines/Forms/CoronaView.aspx

- 1. Patient under investigation (PUI) form: Request for 2019-nCoV Testing
- 2. Centre for Respiratory Diseases and Meningitis: Specimen Submission Form
- 3. Covid-19 Contact Monitoring Register
- 4. Notifiable Medical Condition Form

Scan the completed forms and e-mail it to the COVID-19 e-mail address to notify Mediclinic Corporate Office and the following addresses at the NICD: covid.NMCmediclinic@Mediclinic.co.za and ncov@nicd.ac.za