

# NORTHERN MANAGED FACILITIES

## COVID-19 Swabbing Training for Managed Isolation and Quarantine Facility Employees

# Introduction



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HEALTH BOARD  
*Te Poari Hawora ā Roke O Te Taitokerau*



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# Welcome

This is the first step on your journey to getting your swabbing certification. You will be asked to:

- work under the supervision and guidance of a Registered Nurse (RN).
- recognise and respond to signs of vulnerability and escalate them appropriately.
- provide person-centered support.
- provide culturally safe and competent care.
- behave ethically and professionally.

Your training will consist of 3 stages;

- This e-learning module on swabbing with a quiz at the end with a requirement to get 100% to achieve this certificate.
- Practical training and practice onsite with an RN
- A practical skills assessment onsite with an RN

Once ALL three stages of training have been completed, you will have;

- the knowledge and skills to carry out swabbing safely under the supervision of a RN.

You also need to know the following to carry out swabbing;

- The use of appropriate Personal Protective Equipment (PPE), with correct donning and doffing techniques which are taught during your induction and practiced regularly.
- How to prepare a returnee for swabbing which we cover here.
- The current Infection Prevention and Control protocols which are found online (Standard Operating Procedures (SOPs)).

Remember to work within the boundaries of your role, the SOPs and our policies and procedures. If you are unsure at any time, ask the Registered Nurse (RN) in charge.

You will be working as part of a team when performing swabbing. **Administration** can be carried out by Wellbeing Coordinator (WBC), Health Care Assistant (HCA) or a Patient Care Assistant (PCA).

Administration Tasks can also include;

- confirming returnee's/staff details,
- documentation and
- bagging samples.

The administrators become the link between the swab tester and the returnee. They will remain in the 'clean area' or at least two meters away from the swab tester during the process.

# Starting Your Shift



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# Step one

Talk to your RN for instructions about testing and how to keep yourself safe.

Find out;

- What location you will be swabbing in (door or swabbing room).
- Who you will be swabbing (staff or returnees)
- What set up is required.

For example; your set up when swabbing in the swabbing room will be different to swabbing at a returnee's doorway.

# Step two

Locate the equipment you will need based on;

- Who (adults, children and/ or those with intellectual disabilities) and
- where you will be swabbing (swabbing room or returnee doorway).



## For returnee swabs, you will need to know;

- where the swab packs are

and

- what type of pack to take
  - nasopharyngeal swab or
  - oropharyngeal and anterior nasal swab



Example of a nasopharyngeal swab



Example of an oropharyngeal and anterior nasal swab

## For staff swabs, you need the same equipment and information.

# Starting the Swabbing Process

Perform Hand Hygiene between each stage

## MANAGED ISOLATION AND QUARANTINE

### Sequence for putting on Personal Protective Equipment (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

Hand hygiene must be performed before putting on PPE

#### 1. GOWN (Long sleeve fluid resistant gown)

- > Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back.
- > Fasten in back of neck and waist.



#### 2. MEDICAL MASK<sup>1</sup> OR N95/P2 RESPIRATOR<sup>2</sup>

- > Secure ties or elastic bands at middle of head and neck
- > Fit flexible band to nose bridge
- > Mould mask to fit snugly to nose, face and chin
- > Fit check respirator and ensure no air leaks around face fit.



#### 3. EYE PROTECTION

- > Place over face and eyes and adjust to fit
- > Straps for goggles or full face shield (if using) should go over head. Adjust to fit as necessary. If using approved safety glasses put on, and ensure they fit comfortably.



#### 4. GLOVES

- > Extend to cover elasticated cuff of gown



#### USE SAFE WORK PRACTICES, ENSURE YOU ARE FAMILIAR WITH PUTTING ON PPE CORRECTLY.

- > Wash/sanitise your hands before putting PPE on, check items for any damage.
- > Change any items if they become damaged or soiled.

1 A medical mask must be either a Type IIR, Level 2 or Level 3 mask.

2 N95/P2 respirator. Only required for maintenance of air conditioning units; aerosol generating procedures or airborne isolation.

# Step one – Don Personal Protective Equipment (PPE)

## Wear appropriate PPE

This includes;

- Regular hand hygiene (between each stage)
- disposable, fluid resistant long-sleeved gown,
- gloves,
- N95/P2 respirator mask and
- eye protection.
- Optional hair covering
- Optional shoe covering



Where available have a buddy check, you have donned PPE correctly.

# Step one - continued

If you are performing swabbing on multiple returnees **change your gloves and perform hand hygiene between each returnee, even if they are in the same bubble.**

This is to stop the spread of the virus between returnees.

## Alcohol handrub hand hygiene technique – for visibly clean hands



The process should take  
15–30 seconds



Images sourced from: <https://www.hse.gov.uk/skin/imagelibrary.htm>

## Step two – Prepare to take the swab

The returnee will be sat in a chair or standing at the door of their room wearing a medical mask.

They should have blown their nose in their room before they opened the door or came down to be tested. This information is found in their Welcome booklet but it is good to remind them.

1. Introduce yourself in a culturally appropriate manner.
2. Using the cellphone, confirm their identity, by scanning their QR Code provided by the administration team.
3. Verbally ask them to confirm the information, scanned from the QR code, displayed on the phone.
4. Explain the swabbing process
  - That it is going to be uncomfortable but not painful due to where the swab sits
  - It will take 15 seconds (10 of these in the nasopharyngeal space)
  - Provide tips on how to make the swabbing process less uncomfortable e.g. breathing through mouth



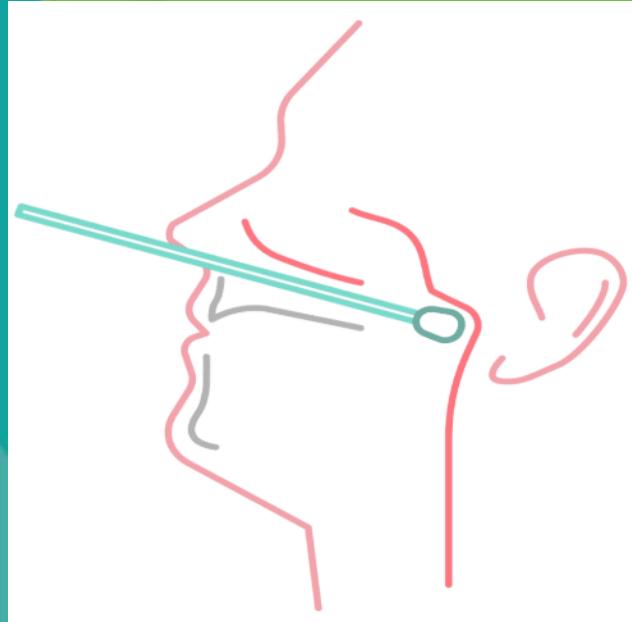
## Step two - continued

### 5. Ask

- if they have any concerns/ fears and work through these if possible/escalate as appropriate.
- what nostril they prefer the swab to be taken from.
- whether they have had any nasal surgeries or injuries.
- if they have a blocked nose or any other nasal blockages.

Signed, written consent will have been received from the returnee on their arrival at the swabbing room on their first visit.

# Nasopharyngeal Swab Procedure



A nasopharyngeal swab, uses swabs with flexible shafts that are placed into a viral transport media (VTM) to obtain the optimal specimen.

It is the preferred collection method for both symptomatic and asymptomatic testing.

# Carrying out the swab - Nasopharyngeal

Position the returnee, seated or standing, with their head tilted back slightly and if possible site their nasal passage to help guide the swab.

**Ask the returnee to pull their mask down, below their nose but still covering their mouth.**

Stand to one side to protect yourself from a possible cough or sneeze.

Using a synthetic fibre-tipped nasopharyngeal swab, insert swab into one nostril, straight back, not upwards, until resistance is felt. For adequate collection the swab tip must extend well beyond the anterior nares until some resistance is met (see diagram).



# Carrying out the swab - Nasopharyngeal continued

Rotate the swab tip **gently** several times across the mucosal surface (nasopharyngeal space) to collect cellular material (10 seconds).

In adults well over two-thirds of the swab will be inserted.

In small children just over half the swab will be inserted.  
Children under 6 months do not need to be swabbed.

If resistance is felt, and the swab is not inserted to the required depth, try the other side. Some people have a deviated septum on one side.

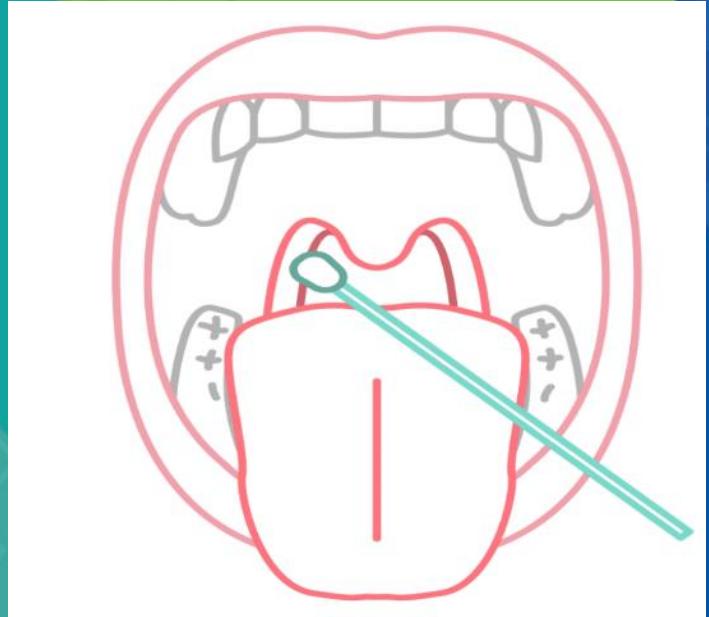
If concerned, refer to a Registered Nurse.

Once swab is taken **ask the returnee to replace their mask over their nose and mouth.**

Let them know they will receive their results via text message from Auckland Regional Public Health Services (ARPHS) in about 24hrs.



# Oropharyngeal and Anterior nasal Swab Procedure



There are special circumstances where an oropharyngeal and anterior nasal swab (using the same single swab) may be considered, instead of the nasopharyngeal swab.

Reasons could include, nasal surgeries or injuries, blocked nose or any other nasal blockages.

These swabs can only be collected if the Auckland Regional Isolation and Quarantine Coordination Centre (ARIQCC) Medical team have given consent.

# Carrying out the swab – Oropharyngeal and anterior nasal

The oropharyngeal swab is taken from the tonsil area in the oropharynx.  
Make sure you use the oropharyngeal swab, not the nasopharyngeal.

Measure the length of the viral oropharyngeal swab into the mouth and oropharynx. This can be done by identifying the line on the swab or by measuring from the corner of the mouth to the top of the ear lobe.

How the line looks on the swab will vary depending on the brand of swab used.

Ask the returnee to pull their mask down to expose their mouth.

Ask the returnee to tip their head against the chair about 1/4 or 45 degrees.



Ask the returnee to open their mouth, stick their tongue out and say 'ahh'. A tongue depressor is used only if needed.



# Carrying out the swab - Oropharyngeal and anterior nasal continued

Slowly and gently insert the viral oropharyngeal swab into the mouth.

The swab should be taken from both sides of the uvula to swab each tonsil and oropharynx. Tonsil, tonsil and oropharynx (approximately 3 seconds at each site). Suggested to leave oropharynx until last due to gag reflex.

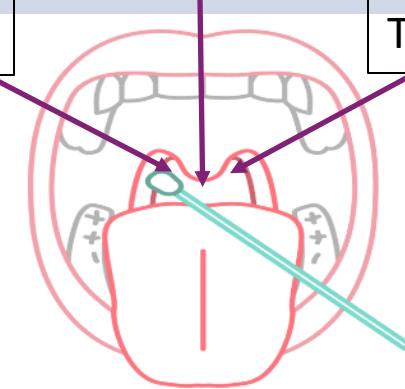
To ensure a good sample is collected do not touch the tongue when removing the swab.



Oropharynx

Tonsil

Tonsil



**GOOD:**

- ✓ Back of the throat
- ✓ Tonsils

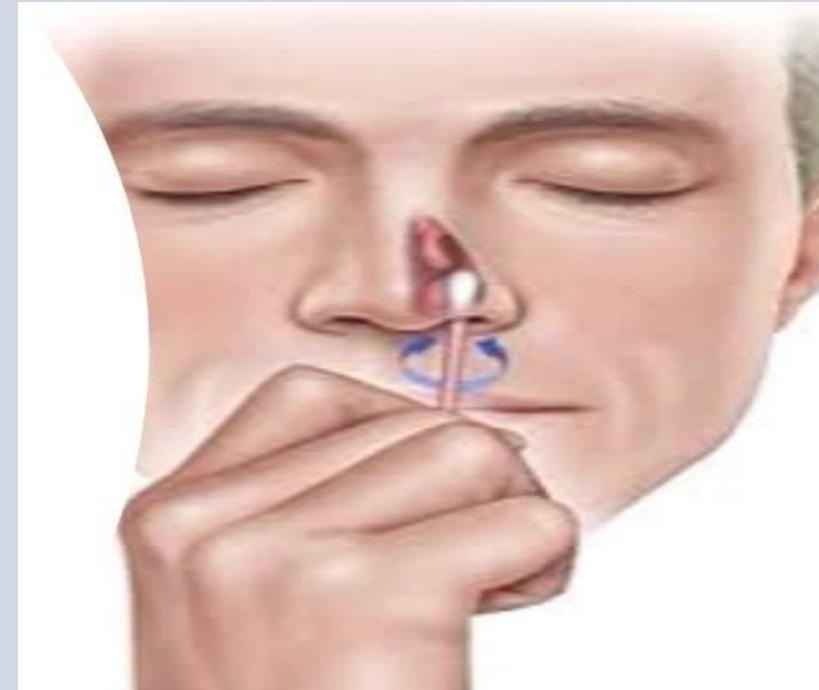
**UNSUITEABLE:**

- ✗ Sides of the mouth
- ✗ Tongue

# Carrying out the swab - Oropharyngeal and anterior nasal continued

Remove the swab from the mouth and continue to collect an anterior nasal swab sample using the same swab.

- Insert the swab into the nasal passage
- This should be inserted until the flocked tip is no longer visible, **not more than 1cm or 1/2 an inch.**
- Once you have placed the swab into the right place, **gently** rotate the swab for 10-15 seconds.
- Repeat this process for the other nostril using the same single swab.



# Securing the Swabs



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# After the swab

- Place the swab into the vial making sure the tip is within the medium at the bottom of the tube.
- Break the swab at the indicated break line
- Twist the vial top to make sure that the swab sample is secured by making sure it is threaded correctly and tightly screwed on.



# After the swab - continued

- Scan the vial ensuring that the information is captured online.
- Place the vial into a stacking tray.
- Let the returnee leave
- Clean chair, remove gloves, perform hand hygiene.
- Apply fresh gloves.
- Start process of swabbing on next person.



# After the swab - continued

- An assistant (catcher) will help you by holding the biohazard bag for each individual specimen.
- Once all the specimens are bagged place them in the chilly bin in day categories/symptomatic and staff.
- Couriers are scheduled and will pick up as per protocol to take them to the laboratories.
- Additional pick up can be arranged through the administration team.



# Ending the process

Perform Hand Hygiene between each stage

**MANAGED ISOLATION  
AND QUARANTINE**

## How to safely remove Personal Protective Equipment (PPE)

Safely remove PPE without contaminating your clothing, skin or mucous membranes with potentially infectious materials. Remove PPE in the following sequence:

- 1. GLOVES**
  - Using a gloved hand, grasp the palmaria of the other gloved hand and peel off first glove
  - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
  - Discard gloves into a waste container
  - Perform hand hygiene
- 2. GOWN**
  - Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
  - Pull gown away from neck and shoulders, touching inside of gown only
  - Turn gown inside out
  - Fold or roll carefully into a bundle and discard into a waste container
  - Perform hand hygiene
- 3. EYE PROTECTION**
  - Remove goggles or face shield from the back by lifting head band or ear pieces
  - If the item is reusable, place in designated receptacle for reprocessing
  - Perform hand hygiene
- 4. MASK**
  - Untie the bottom ties or elastics of mask and remove without touching the front
  - Discard into a lined waste container
  - Perform hand hygiene

**WASH HANDS**  
REMEMBER TO WASH HAND OR USE AN ALCOHOL BASED HAND SANITISER EACH TIME YOU REMOVE AN ITEM OF USED PPE.



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# Once the swabbing process is complete for everyone;

- Assist with cleaning and packing up
- Doff and dispose of PPE correctly
- Re-stock



# Supporting our Tamariki (children)

We are required to take swabs from our tamariki staying in the managed isolation facilities. Swabbing is not a particularly pleasant experience. Our aim is not to traumatisise our tamariki during this process. We can support this;

- Take more time, preferably at either the beginning or end of the swabbing session.
- Use child friendly language
- Provide child friendly pictures and information (found in MS TEAMS)
- Include the whānau (family) in the planning
- Teach the caregivers comfort holds
- Give out “bravery” certificates (found on MS TEAMS)
- Use distraction techniques, such as phones, ipad- make sure the item can be wiped down.
- Children under 6 months do not need a swab.



# Supporting someone with an intellectual disability

There are times where you might need to take a swab from a person with an intellectual disability.

The person with an intellectual disability might have different needs to others.

In the first instance, you can support people with an intellectual disability by:

- taking more time
- using clear and plain language communication
- planning a swabbing session in a way that meets the person's needs
- including whānau or support workers with the returnee's permission
- providing timely information and follow-up with the person and their whānau or supporters
- providing referrals where needed, for example, Medical Doctors, GP services or mental health