

Cheatsheet for OTLs:

ABCDEF of specimen collection

A Prepare for specimen collection

1. Patient must wear surgical mask
2. Documents (Person under Investigation/PUI form, Specimen Submission form, NHLS Requisition form) to send with specimen
3. Contact Line List to send to ncov@nicd.ac.za
4. NHLS plastic bag
5. Universal Transport Medium (UTM) swab kit or 2 normal Dry Swabs or 2 Gel swabs
6. Tongue depressor
7. Cooler box with ice packs or fridge (temperature: 2-8°C)
8. Biohazard bag for disposal of non-sharp materials (red plastic)
9. PPE (N95 mask (or surgical mask if N95 unavailable), Gloves, Goggles or visor, Gown or plastic apron, Alcohol-based or other approved hand sanitizer)

B Put on your PPE

1. Wash your hands with soap and water or alcohol-based or other approved hand sanitizer
2. Put on PPE in the following order:
 - N95 mask
 - Gown or apron
 - Visor/goggles
 - Gloves

D How to collect the specimen (Nasopharyngeal Swab)

1. With your PPE on open a sterile swab at the plastic shaft
2. Ask the patient to tilt his/her head back. Estimate the distance from the patient's nose to the ear.
3. Gently insert swab into the nostril and aiming backwards (not upwards) to the nasopharynx/back of nose until a slight resistance is met
4. Rotate 2-3 times and hold in place for 2-3 seconds
5. If resistance is met before fully inserted, remove and try the other nostril
6. Slowly withdraw the swab and put it into the specimen container
7. Break plastic shaft at the break point line (if using a Universal Transport medium) & close the tube
8. DO NOT REMOVE PPE YET, start taking oropharyngeal swab (see E)

E How to collect the specimen (Oropharyngeal swab)

1. With the same PPE on including same gloves, open a second swab
2. Ask the patient to tilt their head back and mouth open
3. Hold the tongue down with a tongue depressor (if patient non-cooperative)
4. Have the patient say "aahh" to elevate the uvula
5. Swab each tonsil first, then the posterior pharynx in a "figure 8" movement
6. Avoid swabbing the soft palate or the tongue with the swab tip as this can induce the gag reflex
7. Place the swab into the same UTM tube with the NPS already in and break off the shaft at the break point (if you are using a dry swab, place them separately each in its own tube)
8. Tightly close the tube
9. Place the closed tube with two swabs, label the specimen and place in the Ziploc bag
10. Place in a refrigerator/cooler box with ice packs at 2-8°C
11. Instruct the patient to put their surgical mask back on.

F Take precaution when removing your PPE to avoid contaminating your hands and face

How to remove the PPE: ASK PATIENT TO PUT THEIR MASK BACK ON AFTER SPECIMEN COLLECTION.

1. After every step, apply alcohol rub on your hands for 30 seconds
2. Gently remove the gloves without causing a snap
3. Remove the gown/apron-DO NOT TOUCH THE FRONT-ask for help if you need it. Unfasten the back ties, pull away the apron from neck and shoulder by touching the inside of the apron only and bring it forward and over the head. Turn it inside out then fold/Roll the gown or apron and throw into the red bio-hazard plastic
4. Remove your visor or goggles then pull your N95 mask/surgical mask with the back strap (do not touch the mask), goggles/visor can be reused if swabbing multiple patients per session.
5. The N95 mask can be reused up to 1 week by the same HCW, unless the mask is wet/ damaged. The mask should be kept in a brown paper bag or brown envelope using gloves to put it in and take it out.
6. The surgical mask can be reused and thrown away at the end of every shift or if contaminated/damp/torn.
7. Wash your hands with soap or use alcohol hand rub after removing PPE
8. Take the specimen with the appropriate documentation to the nearest dedicated clinic/lab.

**WE APPRECIATE
YOUR HARD WORK:**

NICD healthcare workers
helpline **082 883 9920**

MEC tollfree helpline
080 011 1151

SIGNS AND SYMPTOMS OF COVID-19:

Common

- Fever
- Cough (dry/wet)
- Shortness of breath
- Sore throat
- Myalgia (muscle pain)
- Fatigue

Uncommon

- Loss of appetite
- Diarrhoea
- Loss of sense of smell and taste

Sever illness

- Shortness of breath
- Respiratory rate >30 bpm in an adult
- Hypoxemia,
- Chest X-ray with multi-lobar infiltrates or pulmonary Infiltration progressing >50% within 24-48 hours.

MODE OF TRANSMISSION:

- Person to person spread via contact (e.g. shaking a hand of someone who is infected then touching your face)
- Person to surface to person (e.g. fabric/plastic/paper)
- Respiratory droplets from infected person via talking, coughing or sneezing
- *Faeco-oral transmission not yet proven*
- *Airborne and mother to child transmission not yet proven*

INFECTION CONTROL:

Health Care Workers

- All: wash hands regularly, don't touch face
- Triage nurse: surgical mask, >1m away from people
- Consulting HCW: surgical mask, >1m, gloves, apron, visor
- NP/OP swab: N95 mask, gloves, apron, visor/goggles

Patient Under Investigation (Clinic and Hospital)

- Make sure patient has a surgical mask
- Isolate (1-2m between people)

EDUCATE ALL YOUR PATIENTS

- To frequently wash their hands with soap, especially before eating or touching their face (ie. avoid touching nose, eyes and mouth) and cover their mouth and nose with a disposable tissue or flexed elbow when coughing and sneezing
- Avoid sharing utensils and constantly clean surfaces such as tables, chairs, etc
- If they have symptoms and suspect they have COVID-19, to contact their clinic or doctor prior to visiting or to call the Hotline on 0800 029 999; if they are very sick (eg. have shortness of breath) they should go to the hospital

WHO NEEDS TO BE TESTED FOR COVID-19?

In the past 14 days, have you experienced any of the following symptoms?	
PUI	Fever (temperature of >38°C or history of fever)
	Cough
	Shortness of breath or difficult breathing
	Sore throat

WHO IS AT THE HIGHEST RISK OF HAVING COVID-19?

In the past 14 days, have you:	
High Risk	Travelled outside of South Africa to a country with lots of coronavirus, or worked somewhere with a lot of international travellers
	Travelled within South Africa to an area with local transmissions: Gauteng, Western Cape, KwaZulu Natal, Free State
	Had a close contact with someone who is suspected to have COVID-19 or has been diagnosed positive for COVID-19
	Attended/worked at a healthcare facility that has treated patients with COVID-19

PRIORITISE HIGH RISK PATIENTS

CASE MANAGEMENT:

If patient meets the case definition/PUI criteria, they should be tested for COVID-19:

- Upper respiratory tract samples are the most preferred samples- Nasopharyngeal and oropharyngeal swabs
- If the patient has a productive cough- Sputum should be collected but DO NOT INDUCE sputum

Documentation:

- Complete NHLS Requisition form, PUI form, and Specimen Submission form and send all three with sample
- Complete Contact Line List and email to ncov@nicd.ac.za

Mild disease

- SpO2 ≥ 95%
- Respiratory rate < 25 (ages 5-12 < 30)
- Heart rate < 120 (ages 5-12 < 130)
- Temperature 36-39°C
- Normal mental status

Able to safely self-quarantine

- Separate bedroom available for patient to home-quarantine in
- Patient able to contact, and return to, healthcare facility in case of deterioration

Not a high risk of deterioration

- Ages < 65 years
- No cardiac or pulmonary comorbidities
- No other debilitating comorbidities (e.g. cancer)

