

**Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET**



Health
South Eastern Sydney
Local Health District

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NAME OF DOCUMENT	COVID-19 – Collection of upper respiratory swabs for SARS-COV-2 testing in newborn infants
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EXECUTIVE SPONSOR	S Bolisetty (Medical Co-Director Newborn Care Centre); S Wise (Nursing Co-Director Newborn Care Centre)
AUTHOR	S Bolisetty (medical Co-Director)
SUMMARY	To provide guidelines on successful collection of epithelial cells from nose and throat swabs

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COVID-19 – Collection of upper respiratory swabs for SARS-COV-2 testing in newborn infants

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This Clinical Business Rule is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside the Royal Hospital for Women or its reproduction in whole or part, is subject to acknowledgement that it is the property of NCC and is valid and applicable for use at the time of publication. NCC is not responsible for consequences that may develop from the use of this document outside NCC.

1. BACKGROUND

Current testing guidelines for SARS-CoV-2 is a combined nose and throat swab aiming to collect epithelial cells. The indication for a swab should be assessed according to current guidelines and case definitions in NSW Health.

2. RESPONSIBILITIES

Medical and Nursing Staff

3. PROCEDURE

3.1 Equipment

- Pathology request
- Viral swab (with liquid medium)
- NB. Avoid swabs with gel at the bottom of the tube (gel swabs are for bacterial culture only)
- Tongue depressor
- PPE- face mask, gloves, gown and protective eye wear
- Sucrose 25% or breast milk

3.2 Clinical Practice

1. Check the pathology request form for patients details, date of collection, clinical history, name and provider number of medical officer and the test requested – PCR for 'SARVS-CoV-2' or 'COVID19':
 - URGENT – INPATIENT (6-10 hours result) – Refer to educational notes
 - URGENT – RAPID TEST (1.5 hours result) – Refer to educational notes
2. Label viral swab tube with patient details.
3. Perform hand hygiene.
4. Don PPE.
5. Give 25% sucrose or mother's breast milk for pain relief.
6. Ensure infant is in a comfortable and secure position.
7. Moisten swab with sterile sodium chloride 0.9% if required (dry swabs are preferred).
8. Using a tongue depressor, flatten tongue and insert swab.
9. Swab tonsillar beds and back of throat, avoiding tongue.
10. Gently rotate brush tip for 3-5 seconds.
11. Using the same swab, hold with a pencil grip and insert vertically (with infant lying flat) into
 2. one nostril parallel to the palate.
 12. Insert swab to 1 cm or until resistance is met and rotate swab 5 times against the nasal wall.
 13. Repeat the same method for other nostril.
 14. Remove swab and insert into transport medium vial.
 15. Safely remove and dispose of PPE.
 16. Perform hand hygiene.

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17. Double check labeling on swab and sign specimen form before placing in a red specimen bag.
18. If the result is required urgently (within 2 hours), “URGENT – RAPID TEST – APPROVED BY ID/VIROLOGY” must be written prominently on the request form. Include clinical notes stating the reason for urgency (eg. NICU inpatient) along with the name and provider number of the requesting doctor.
19. Hand deliver swab to SEALS laboratory (specimen reception, level 3 Prince of Wales Hospital) and state level of the urgency.
20. Notify Infection Control Clinical Nurse Consultant (Janelle Carlile) to assist with expediting result.

3.3 Educational Notes

- A dry swab is recommended to increase the yield of epithelial cells obtained, but may be quite irritating to neonates. Staff may opt to wet the swab with a small amount of sterile normal saline, although this is not recommended by the laboratory.
- “URGENT – INPATIENT” pathology request at the time of ordering in eMR and on the pathology request form together with clinical notes stating the reason along with the name and provider number of the requesting doctor. The test result will be ready within 6-10 hours.
- “URGENT – RAPID TEST – APPROVED BY ID/VIROLOGY”:
 - Must be discussed with an Infectious Diseases Consultant at Prince of Wales Hospital or the Senior Medical Virologist (contact through switch)
 - Requests for rapid tests must be received with a request form specifically stating: “URGENT – RAPID TEST”
 - Clinical notes stating the reason for the tests (see below):
 - Where urgent initiation of non-invasive ventilation (NIV) is required
 - For urgent organ and tissue donation (donors and recipients)
 - For pregnant women requiring urgent caesarean section
 - The name and department of the Infectious Diseases Physician or Virologist who was consulted and has approved the rapid test
 - Generally expect the rapid test result within 1.5 hours
- Contact the laboratory on 9382 9133 if you have any further questions.

3.4 Abbreviations

Abbreviation	Abbreviation Written in Full		
COVID-19	Coronavirus Disease 2019	PPE	Personal Protective Equipment
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2	PCR	Polymerase Chain Reaction
NCC	Newborn Care Centre		

3.5 References

1. Clinical Excellence Commission. COVID-19 Infection Prevention and Control Manual. <https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/COVID-19/COVID-19-IPAC-manualUse>

4. RELATED BUSINESS RULES AND POLICY DOCUMENTS

- Neonatal Medical LOP – COVID-19: Newborn infants born to women with suspected or confirmed COVID-19

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5. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- For a Culturally and Linguistically Diverse CALD family, notify the nominated cross-cultural health worker during Monday to Friday business hours.
- If the family is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6. IMPLEMENTATION PLAN

This Clinical Business Rule will be distributed to all medical, nursing and midwifery staff via @health email. The Clinical Business Rule will be discussed at ward meetings, education and patient quality and safety meetings. Education will occur through in-services, open forum and local ward implementation strategies to address changes to practice. The staff are asked to respond to an email or sign an audit sheet in their clinical area to acknowledge they have read and understood the Clinical Business Rule. The Clinical Business Rule will be uploaded to the Clinical Business Rule tab on the intranet and staff are informed how to access.

7. RISK RATING

- Low (5 years)

8. NATIONAL STANDARDS

- Standard 3 Preventing and Controlling Infections
- Standard 8 Recognising and Responding to Acute Deterioration

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
September 2020	Primary	E Jozsa (CNE), C Walter (CNS), S Bolisetty (Lead Clinician), B Armstrong (POW Microbiologist)
July 2021	Revision 1	S Bolisetty (Medical Co-Director), H Yu (NSW Health Pathology Registrar [Randwick campus]), S Van Der Jagt (Acting Lactation CNC), S Mathew (Acting CNC), T Schindler (Staff Specialist)
March 2024	Revision 2	S Bolisetty (Medical Co-Director), R Jackson (NE)
21.2.24		Endorsed by RHW SQC