

NASOPHARYNGEAL ASPIRATION - CHW PROCEDURE[®]

DOCUMENT SUMMARY/KEY POINTS

- Nasopharyngeal aspiration is an aerosol-generating procedure which may pose infection transmission risks to healthcare workers as well as to nearby patients, staff and carers. The procedure should be performed as far as possible from other patients, ideally in a single room. If this is not possible, the curtains between bed areas should be closed during and for 5 minutes after the procedure
- Nasopharyngeal aspiration (NPA) is performed to detect respiratory pathogens.
- A surgical mask must be worn by staff collecting the NPA
- This procedure should only be performed where there is access to oxygen therapy.
- Specimens for the virology laboratory must be delivered before 1pm Monday to Friday for same day results or 9.30am Saturday (and 9.30am Sundays during winter).
- Results will only be available 'the same day' if specimens reach the Pathology Department by the above times.
- In non-immunosuppressed patients, retesting is rarely clinically indicated
- In the case of an NPA for combined virology and pertussis, **do not** place the specimen into ice but deliver the specimen immediately to the virology laboratory.

CHANGE SUMMARY

- Due for mandatory review – no changes made other than updating links and references.

READ ACKNOWLEDGEMENT

- Clinical Nursing staff or medical staff who collects NPA's should read and acknowledge this procedure document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
Date Effective:	1 st March 2015	Review Period: 3 years
Team Leader:	Clinical Nurse Consultant	Area/Dept: Infection Control

Introduction

Nasopharyngeal aspirates are obtained in order to determine the pathogen responsible for selected respiratory infections, determine treatment, and facilitate appropriate infection control precautions and isolation.

Avian influenza, SARS and influenza infections are mandated as a reportable infection to Public Health Units as per <http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2012-9064.pdf>

- A Reportable Incident Brief (RIB) will be sent to NSW Department of Health on any potential media interests or problems. This is currently the responsibility of the Executive Assistant to the CE.
- The Microbiologist or Infection Control Practitioner will notify the Director of Clinical Operations of identification of any known clusters of respiratory infections. The Director of Clinical Operations will in turn notify the Chief Executive.

Equipment

- Sputum trap FG6 or FG8 (or FG10 for older children)
- Gloves (do not need to be sterile)
- Surgical mask¹
- Goggles
- Biohazard specimen bag with ice (see comment below if testing for Pertussis)
- 5mL normal saline

Procedure

1. Wash hands for one minute to minimise contamination of the specimen.
2. Open packet and tighten lid on sputum trap.
3. Surgical mask must be worn. Don goggles and gloves.
4. Ensure suction is functioning. Attach trap to wall suction unit.
5. Measure the distance from the child's nostril to the nasopharynx which is half the distance from the nostril to the base of the ear. Hold the tube at that point and do not allow the fingers to move.
6. Moisten catheter with normal saline prior to inserting into nasopharyngeal space. If the child has a large amount of nasal secretions this step may not be necessary.
7. Turn suction on at wall.
8. Kink tubing to halt suction and insert the tube along the base of the nostril into the nasopharynx up to the measured point.
9. Release kink in tubing and allow at least 10mm of secretions to accumulate in the base of the trap.
10. Remove catheter from nose, rotating slowly and gently.
11. Clear the catheter with normal saline if necessary, to a maximum of 5mL. Change cap.
12. Turn off suction at wall.
13. Reassure the child and make sure they are comfortable.
14. Remove goggles, mask and gloves and dispose of appropriately.
15. Wash hands.
16. Label specimen, place into wet ice and dispatch to the virology laboratory immediately.
17. Change suction tubing at bedside or label to alert others that the tubing has been used.

Notes

- Specimens for the virology laboratory must be delivered before 1pm Monday to Friday, 9.30am Saturday (and 9.30am Sundays during winter).
- Results will only be available 'the same day' if specimens reach the Pathology Department by the above times.
- Immunosuppressed patients may not clear respiratory virus carriage as rapidly as immune-competent hosts. Retesting 1 week following initial positive NPA may be indicated.

Related information

- CHW Policy: **Pertussis – Management of Patients and Exposed Staff:**
<http://chw.schn.health.nsw.gov.au/o/documents/policies/policies/2006-8339.pdf>

References

1. NSW Health Policy Directive "Infection Control Policy" (PD2007_036):
http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_036.pdf (accessed 24/2/15)
2. NSW Health Information Bulletin "Notification of Infectious Diseases under the Public Health Act 199" (IB2013_010): http://www0.health.nsw.gov.au/policies/ib/2013/pdf/IB2013_010.pdf (accessed 24/2/15)
3. Australian Commission on Safety and Quality in Healthcare "Australian Guidelines for the Prevention and Control of Infection in Healthcare. Australian Government National Health and Medical Research Council 2010

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