

Swabbing for COVID-19: Tips for Health Care Providers

Introduction

This tip sheet provides strategies for the Health Care Provider (HCP) to support the child and caregiver by minimizing the discomfort of the swab test. The strategies can also be helpful for other medical procedures, e.g., immunization. The key strategies are categorized as follows:

- ✓ Empathy for the Child
- ✓ Emotional Temperature Check
- ✓ The 5 Rs: Regulate, Review, Rupture, Repair, Recover

Empathy for the Child

Children are living through the COVID-19 pandemic while in their formative years; they will remember and relate memories of their experiences. Be sure to consider:

The developmental stage of the child. Use kid-friendly language and approaches.

The state of distress and apprehension of the child and caregiver upon arriving at the clinic. They see HCPs in gowns/masks/face shields or can hear other children's cries.

Consider the perspectives of the child and caregiver. Is this their first swab? What else is going on in their lives that influence their ability to cope with the stress?

Emotional Temperature Check

The facial expressions, body movements and tone of voice of the child and caregiver provide hints to their stress level. Based on the Neuro-Relational Framework, their state can be categorized into different zones.

Ask yourself: What state is the child in? What state is the caregiver in? What state am I in?

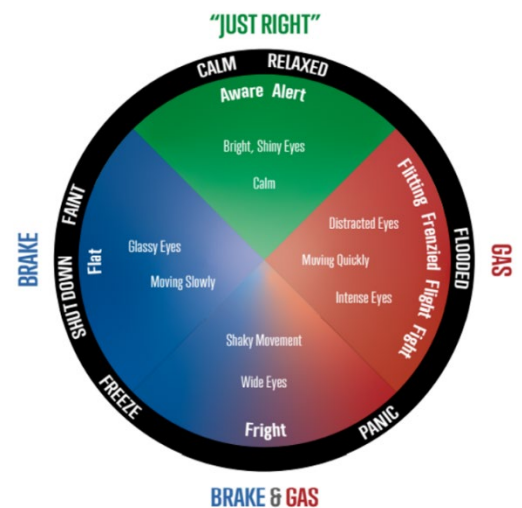
Red: Fight or Flight - crying, yelling; saying "no!"

Blue: Faint or Freeze - flat facial expression, glassy eyes.

Blue-Red: Fright - clingy, hard to engage.

Green: safe state in which the child feels calm, relaxed and interactive.

Red, Blue and Blue-Red: the swab is perceived as a challenge (yells, screams) or threat (nervous, but controlled).



(Lillas and Turnbull, 2009)

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The 5 Rs: Regulate, Review, Rupture, Repair, Recover

Framed as the 5 Rs, the strategies aim to support the child and caregiver as much as possible before, during and after the swab to move them into the Green zone.

Regulate: Build rapport, establish relationship

Prepare your go-to strategies in advance.

Use a calm, steady voice.

Connect Before You Collect: consider child's developmental level and use child-friendly language.

Caregiver can give deep hugs.

Ask child to do deep breathing.

Try distractions: ask what they will do after the swab.

Tell me about your toy.
Let's blow out the candles.

What will you do after this is done?

Review: Make a plan about connecting, positioning, jobs and administering the swab.

Connect

What can you say or ask to connect with the child and caregiver?

Where possible, present choices to the child and caregiver.

Positioning

Caregiver secures the child to minimize movements of the head, arms and legs during the swab.

Use the Teddy Bear hug; older child can sit on own chair.

HCP minimizes touch contact with the child.

Seek help if caregiver needs help to hold the child.

Assign jobs to child and caregiver

Caregiver: position child, give comfort, praise after swab.

Child: hold still and count to five.

What brings you here?

Who goes first?
Throat or NP?
Which nostril?

Holds mom's hand or sit on her lap?

Your job is to....

Rupture: Support through the swabbing procedure

Swab

Show swab and vial: describe what each part does.

Describe expected sensations: ok to sneeze, gag or cough.

Count down.

Don't minimize the discomfort or child's fears.

Share post-swab tips: deep hugs, and strong scents as distractors; words of comfort and praise; planned treat.

NP

- Hold still and hold your breath like you're jumping into the pool.
- Blow air out (like you're getting pool water out).
- Breathe in (to widen nose holes for the swab).
- Hum (as distracting sensation).

Throat

- It's like a Q-tip with a long handle.
- Can I see the back of your throat?
- Oh no, your tongue is trying to hide your throat, what happens when you stick it out?
- I'm going to use a tongue depressor to help me.

The administration of the swab will rupture, or break, the rapport and relationship established earlier.

Take time and care to ensure the swab is completed quickly and successfully.

Child will go in to Red Zone, and that's OK.

This is an uncomfortable procedure and the discomfort cannot be eliminated completely.

The caregiver knows the child best. They take the central role of holding the child and being in their space.

Repair: Re-establish the relationship and regain trust

Consider child's developmental age and interests.

Move out of child's bubble and to the side.

Don't minimize or dismiss their experience or discomfort. Apologize if needed.

Remind the child of their post-swab plan was; a special treat or activity at home.

Give permission for child and caregiver to recover in the cubicle if they want to. There's no need to rush out.

- We're all done – and you did so well!
- Look, I got all your boogers in here.
- I see your eyes watered; that's a good sign, it means I got what I needed for the lab.
- Yeah kiddo, I'm sorry; that was uncomfortable, wasn't it?
- You're brave for coming here today.
- You came in here and you got tested to keep everyone around you safe; so thank you.
- This isn't easy for grown-up, let alone little kids. Kiddo might need extra hugs/cuddles after for how brave they're being.

Recover: Reflect on your practice

Check your own state; practice deep breathing.

What do you need to do to prepare for the next client?

What went well? What do you want to try next time?

Support each other; if you see a really challenging situation, let your colleague know they've done a good job too!

Talk to others at your site to learn and share stories and strategies