NSHA INTERDISCIPLINARY CLINICAL
IWK CLINICAL
Care Directive

Title: Asymptomatic Testing for COVID-19
Number: NSHA CD-CL-002
IWK CL-795

Sponsor: NSHA Senior Director, IPPL
NSHA Senior Director, Population and Public Health
IWK Director Nursing and Professional Practice

Approved by: NSHA HAMAC
IWK Policy and Practice Committee

Page: 1 of 12

Approval Date: Aug. 17, 2020
Effective Date: Aug. 18, 2020

Applies to: Regulated Care Providers and Unregulated Care Providers as defined in this care directive

This Care Directive (CD) is for ASYMPOMATIC people requiring testing based on Public Health (PH) and/or other IWK/Nova Scotia Health operational direction.

For Symptomatic persons refer to CD-CL-001, IWK CL-790 Symptomatic Testing for COVID-19

Legend: Provider acronyms used in CD
For definitions refer to Appendix A.

- Registered Nurse (RN)
- Registered Respiratory Therapist (RRT)
- Physiotherapist (PT)
- Licensed Practical Nurse (LPN)
- Advanced Care Paramedic (ACP)
- Unregulated Care Providers (UCP)
- Critical Care Paramedic (CCP)
- Health Care Learner
- Speech Language Pathologist (SLP)
- Medical Laboratory Technologist (MLT)
- Continuing Care Assistant (CCA)
- Care Team Assistant (CTA)
- Emergency Support Aide (ESA)
- Medical Laboratory Assistant (MLA)
- Graduate Nurse (GN)
- Graduate Practical Nurse (GPN)
PURPOSE

This CD provides the conditions Regulated Care Providers (RCPs) and Unregulated Care Providers (UCPs) collect a specimen in a person without COVID-19 symptoms and release, as appropriate.

Do Not Implement this Care Directive when the Following Exclusion Criteria Exists:

- Individuals presenting with COVID-19 related symptoms (see Table 1.) are excluded from this care directive. If symptoms are present refer to CD-CL-001, IWK CL-790 Symptomatic Testing for COVID-19.
- If the patient requires a STAT/Urgent COVID-19 test (GeneXpert):
  - A physician or nurse practitioner order or PH recommendation is required, unless the patient has had a positive POCT result in a Primary Assessment Centre (PAC).

Table 1.

<table>
<thead>
<tr>
<th>COVID-19 Related Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unexplained fever like symptoms: chills or sweats</td>
</tr>
<tr>
<td>• Cough (new or worsening)</td>
</tr>
<tr>
<td>• Sore throat</td>
</tr>
<tr>
<td>• Runny nose/nasal congestion</td>
</tr>
<tr>
<td>• Headache</td>
</tr>
<tr>
<td>• Shortness of breath</td>
</tr>
</tbody>
</table>

POLICY

1. This CD applies to all asymptomatic persons (Adults and Pediatrics).
2. Each setting is responsible to determine the applicability and implementation of this CD. This care directive applies to:
   - PACs/Testing Centres with or without Mobile Drive-through option, including those using Point of Care Testing (POCT).
   - Inpatient Units Nova Scotia Health as per:
     - Nova Scotia Health COVID-19 Risk Assessment
     - Managing Hospitalized “Orange” Patients Requiring an AGMP
     - Outbreak Management (i.e., direction from IPAC)
   - Inpatient Units IWK as per:
     - COVID−19 Risk Assessment for Patients Receiving Healthcare Services within IWK Health
     - Outbreak Management (i.e., direction from IPAC)
   - In-home setting (e.g. Continuing Care, VON)
   - Emergency Departments Nova Scotia Health
- Nova Scotia Health Mental Health and Addictions Inpatient and Outpatient ECT Services
- IWK Mental Health and Addictions Children’s Intensive Services (CIS) and Adolescent Intensive Services (AIS)
- IWK Birth Unit
- Designated Nova Scotia Health Birthing Units using POCT
- Designated Nova Scotia Health Peri-op Units using POCT
- First Nations community settings as identified by First Nations Leadership

3. The provider collecting the specimen is required to self-assess their competency to perform this care directive.
   - RCP refer to COVID-19 Learning Checklist.
   - UCP refer to COVID-19 Learning Checklist for UCPs.

4. This CD must be implemented as follows:

Table 2.

<table>
<thead>
<tr>
<th>Provider Group</th>
<th>Organization</th>
<th>Population</th>
<th>Care Directive Implementation</th>
<th>Collect specimen/Assign</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN, RRT and PT</td>
<td>NSHA/IWK/VON</td>
<td>All ages</td>
<td>Autonomously</td>
<td>Collect specimen/Assign/Interpret POCT result</td>
</tr>
<tr>
<td>ACP/CCP, SLP, Dietitian</td>
<td>NSHA</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Collect specimen/Assign/Interpret POCT result</td>
</tr>
<tr>
<td>LPN</td>
<td>NSHA/IWK/VON</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Collect specimen/Assign/Interpret POCT result</td>
</tr>
<tr>
<td>Graduate Nurse, Graduate Practical Nurse</td>
<td>NSHA</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Collect specimen/Assign/Interpret POCT result</td>
</tr>
<tr>
<td>MLT</td>
<td>NSHA/IWK</td>
<td>All ages</td>
<td>In collaboration with RN, RRT and PT</td>
<td>Collect specimen/Interpret POCT result</td>
</tr>
<tr>
<td>UCP</td>
<td>NSHA/IWK</td>
<td>Six years and older ONLY</td>
<td>In collaboration with regulated provider</td>
<td>Collect specimen/Interpret POCT result</td>
</tr>
<tr>
<td>Health Care Learner</td>
<td>NSHA/IWK</td>
<td>Six years and older ONLY</td>
<td>In collaboration with preceptor</td>
<td>Collect specimen/Interpret POCT result</td>
</tr>
</tbody>
</table>
4.1. Each setting determines the process of collaboration required among health care providers.

5. Collaboration will increase when the asymptomatic individual has unique care needs (ie: age related, inability to understand the swabbing procedure, developmental/cognitive challenges, family/support presence required).

6. The name of the AP must be included on the lab requisition for COVID-19.

6.1. Dr. Robert Strang, Chief Medical Officer of Health is the AP associated with this CD.

**Exception:** All inpatient units and outpatient ECT services: Include the most responsible health care provider (MRHCP) on the lab requisition.

6.2. If referred, include the referring clinician/practitioner on the lab requisition.

6.3. **Exception:** No lab requisition is required for POCT.

**PROCEDURE**

**Specimen Collection**

1. Initiate Routine Practices ([IWK](#) and [NSHA](#)) and the following:

   1.1. For NSHA/VON/First Nations: [NSHA IPC-RP-015 Droplet Precautions](#) and [NSHA IPC-RP-010 Contact Precautions](#).

   1.2. For IWK: [IWK 301.2 Application of Additional Precautions](#)

2. Determine most appropriate method of specimen collection for the practice setting.

**NOTE:**

- Gargle specimen is for use at IWK, Nova Scotia Health, and First Nations sites that have received the training, supplies and leadership direction for implementation.

- Gargle specimen is NOT to be used for specimen collection in pre-surgical patients.

- STAT/Urgent COVID-19 test (GeneXpert®) may only be collected for a positive POCT result in PACs, otherwise it requires a physician or nurse practitioner order, or PH recommendation.

<table>
<thead>
<tr>
<th>Age</th>
<th>Preferred Collection Method</th>
<th>Alternate Collection Method</th>
<th>Excluded Collection Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 years</td>
<td>NP Swab</td>
<td>Throat/Nares Swab</td>
<td>Gargle specimen</td>
</tr>
<tr>
<td>4 -18 years</td>
<td>Gargle specimen*</td>
<td>NP Swab</td>
<td></td>
</tr>
<tr>
<td>19 years</td>
<td>NP Swab</td>
<td>Throat/Nares Swab</td>
<td></td>
</tr>
</tbody>
</table>
**Note:** Gargle specimen for patients age 19 years and older is obtained only when other collection methods are not possible.

*Contraindications to the gargle specimen collection:*

- Those who have eaten/drank/chewed gum/brushed teeth or smoked within one hour prior to test.
- Those who have practiced gargling within two hours of the test.
- Those unable to gargle (more prevalent in children ages 4-6).
- Those with special needs such as autism, developmental delay, intellectual disability or cognitive challenges.
- Those who do not eat by mouth or have swallowing difficulties.
- Those who cannot hold their head up/sit on their own or have history of aspiration issues.

3. Collect specimen.

3.1. NP Swab

- Nasopharyngeal swab collection is the preferred sample choice. For NSHA/First Nations, refer to IPC-SC-001 Nasopharyngeal Swab Collection and Screening for Respiratory Illness and Nasopharyngeal Swab Collection by Unregulated Care Providers. For IWK, refer to local processes.

3.2. Gargle specimen is **NOT** to be used for specimen collection in pre-surgical patients.

3.2.1. NP swab collection is the collection method of choice for pre-surgical asymptomatic patients of all ages.

3.2.2. Gargle Specimen:

- Refer to Instructions for the Collection of Saline Gargles for COVID-19 and Kids Swish and Gargle Test video.
- If any contraindications, collect an NP swab.
- If gargle not successful (child/youth unable to perform proper technique), collect NP swab or rebook.

3.3. Throat and nares swab collection is the alternate sample choice. Refer to Instructions for the Alternate Collection of a Throat and Nares Swab for COVID-19 (V4; 2020-10-21).

4. Testing using POCT at PACs:

**Note:** POCT is a screening tool and is not diagnostic. A positive result requires follow-up confirmatory PCR testing.

The following patients are **excluded** from POCT at PACs, and must have a confirmatory PCR
test:

- Children under the age of 16
- Currently have symptoms of COVID-19
- Identified as a close contact by PH, asked by PH to get tested
- Present at a high or moderate risk exposure site
- A health care worker who was at an exposure site and recommended by PH or Occupational Health to be tested
- A rotational worker
- Travel outside of Nova Scotia in the last 14 days
- Work in a shelter
- Require testing for pre-surgery, procedure or admission to a health care facility

- For Abbott ID NOW™, refer to Laboratory - Testing - Abbott ID NOW COVID-19 Point-of-Care Test Procedure.
- For BD Veritor™, refer to Laboratory – Testing – BD Veritor™ SARS CoV2 Point-of-Care Antigen Test
- For Abbott Panbio™, refer to Laboratory - Testing - Abbott Panbio™ COVID-19 Point of Care Rapid Antigen Test

4.1. For a positive POCT test result in a PAC:

- Inform patient of positive POCT result,
- Collect a STAT/Urgent COVID-19 test (GeneXpert® - NP swab),
- Notify PH as per local process,
- Provide patient with PH guidance on self-isolation, and
- If patient refuses to have GeneXpert® testing, notify PH of same.

NOTE: If collection supplies are low or unavailable, contact the lab for further direction and refer to the Laboratory Updates on the COVID-19 Hub.

Ordering and Requisition Requirements

5. Complete Microbiology (online or paper) requisition, or

6. If authorized for Meditech Order Entry, follow Ordering and Labeling COVID-19 Samples Using Meditech C/S and IWK procedure as posted.

7. If using web-based registration, follow Ordering COVID-19 Test Using Web-based Form.

8. For student COVID testing sites, follow COVID-19 Student Assessment Centre Testing Process Update.
9. Include the name of the AP/MRHCP; for review and follow-up.
   • Include the ‘copy to’ clinician/practitioner name as appropriate.
   • For approved pre-procedure patients, check the “Pre-op swab: Surgery date_” box on the appropriate lab requisition.
   • Check the “For Home Care/Long Term Care admission” box on the appropriate lab requisition for admission or readmission, if applicable.

10. Ensure the top of the specimen container is tightened. Send specimens promptly to the local laboratory.
   • If not racking specimens, place the specimen requisition in the outside envelope of the specimen bag. If no specimen bag available, Double-bag.
   • For sites or practice settings that rack specimens and/or require off-site transport to the local laboratory, follow Off-Site COVID-19 Specimen Packaging for Transport Procedure and Job Aid - Off Site Viral Swab Packaging.

**NOTE:** For POCT, follow appropriate POCT procedure.

Document

11. No additional documentation required other than as per Ordering and Requisition Requirements.

Release (as appropriate)

12. Educate the person as per PH recommendations.
   • Provide Patient Information Sheet if applicable.

13. Release (as appropriate).

REFERENCES


professionals/national-case-definition.html

RELATED DOCUMENTS
Coronavirus Disease (COVID-19)
Novel Coronavirus - lab testing
COVID-19 Sample Collection Kits
NSHA Ordering and Labeling COVID-19 Samples at Primary Assessment Sites
Procedure for Sampling Covid-19 Using HOLOGIC Swabs
Instructions for the alternate collection of Throat and Nares for COVID-19 testing 2020-03-19
In-Home Primary Assessment for COVID-19 - Proposed Process
Intake Process for In-Home COVID-19 Specimen Collection
In-Home Primary Assessment of COVID-19 Associated Document Package
Laboratory - Testing - Abbott ID NOW™ COVID-19 Point-of-Care Test Competency Checklist
Laboratory - Testing - Abbott ID NOW™ COVID-19 Perioperative Testing Algorithm
Laboratory - Testing - Abbott ID NOW™ COVID-19 Point-of-Care Test Procedure
Laboratory - Testing - Abbott ID NOW™ COVID-19 Periop/Labour and Delivery Pilot Testing Log
Laboratory - Testing - Abbott ID NOW™ POCT Order Log
Laboratory - Testing - Abbott ID NOW™ COVID-19 Job Aid
Ordering COVID-19 Test Using Web-based Form
Laboratory - Testing - Abbott Panbio™ COVID-19 Point of Care Antigen Rapid Test Device QC Log
Laboratory - Testing - Abbott Panbio™ COVID-19 Point of Care Antigen Test Competency Checklist
Laboratory - Testing - Abbott Panbio™ COVID-19 Point of Care Rapid Antigen Test
Laboratory - Testing - Abbott Panbio™ COVID-19 Point of Care Rapid Antigen Test Device Log
Laboratory - Testing - BD Veritor™ COVID-19 Antigen Rapid Test Log
Laboratory - Testing - BD Veritor™ Point of Care Antigen Test Competency Checklist
Laboratory - Testing - BD Veritor™ QC and Maintenance Log
Laboratory - Testing - BD Veritor™ SARS CoV2 Point of Care Antigen Test
Laboratory - Testing - BD Veritor™ System Job Aid
Nova Scotia Health COVID-19 Risk Assessment,
Managing Hospitalized “Orange” Patients Requiring an AGMP
Policy Directive
Nasopharyngeal Swab Collection by Unregulated Care Providers
Policies
IWK 501.1 Outbreak Management Policy
## Appendix A: Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authorized Prescriber</strong></td>
<td>A health care professional permitted by legislation, their regulatory college, NSHA/IWK, and practice setting (where applicable) to prescribe medications and treatments. The authority to order medications is not linked to any particular health profession, and may also differ within that health care profession depending upon specific competencies and skills.</td>
</tr>
<tr>
<td><strong>Assignment</strong></td>
<td>Assignment is the allocation of duties (e.g., responsibility for client care, interventions, or specific tasks as part of client care) to individuals whose scope of practice or scope of employment authorizes the performance of these duties. The individual accepting the assignment is accountable for the outcomes of their actions and may perform the interventions independently because they fall within their scope of practice or employment. (NSCN, 2019) Refer to Assignment and Delegation Guideline for Nurses</td>
</tr>
<tr>
<td><strong>Double-bag</strong></td>
<td>If available specimen bag does not have an outer pocket for the Lab requisition then the swab must be double-bagged. The completed swab goes in one bag, sealed and this is placed in a second bag. Lab requisition is placed in the second bag, and sealed. The swab and requisition should never be placed next to each other in one bag</td>
</tr>
<tr>
<td><strong>Graduate Nurse/Graduate Practical Nurse</strong></td>
<td>Newly graduated nurse or graduate from a nursing program outside of Canada who holds a conditional license with a regulatory body.</td>
</tr>
<tr>
<td><strong>Health Care Learner</strong></td>
<td>Enrolled in a regulated health care program.</td>
</tr>
<tr>
<td><strong>Most Responsible Health Care Practitioner (MRHCP)</strong></td>
<td>The physician, clinical associate, or nurse practitioner who has responsibility for directing and coordinating the care and management of an individual patient at a specific point in time.</td>
</tr>
</tbody>
</table>
Regulated Care Provider (RCP)  The practice of a regulated health care provider is set out by legislation. A college, association, board or other entity regulates the practice of the provider in the public interest by setting out the criteria for membership, a process for the investigation/resolution of complaints against members and provides that persons who are not admitted as members may not engage in the scope of practice as defined in the governing statute. A regulated health care provider has a governing statute; a scope of practice as defined in its governing statute; and is guided by standards of practice and a code of ethics.

For the purpose of this Care Directive a regulated care provider includes the following: NSHA/IWK Registered Nurse (RN), Licensed Practice Nurse (LPN), Advanced and Critical Care Paramedics (ACP and CCP), Registered Respiratory Therapist (RRT), Physiotherapist (PT), NSHA Speech Language Pathologist (SLP), NSHA/IWK Medical Laboratory Technologist (MLT), NSHA Dietitian with additional education and training in dysphagia (Government of Nova Scotia, 2012), NSHA Graduate Nurse, NSHA Graduate Practical Nurse, and Victorian Order of Nurses (VON) RN and LPN.

Symptomatic  As per Table 1.

Unregulated Care Provider (UCP)  The practice of UCPs is not set out in or regulated by legislation. UCPs are accountable for their actions (which includes inactions) to their employer through a scope of employment, rather than a regulatory body (e.g., College, Association). Individual UCPs are always accountable for their actions (which includes inaction) and the decisions they make within their scope of employment.

For the purposes of this Care Directive a UCP includes the following care providers, who have successfully completed required education: Continuing Care Assistant (CCA), Care Team Assistant (CTA), Emergency Support Aide (ESA) and NSHA Medical Laboratory Assistant (MLA).

IWK care providers who have successfully completed the required education for: Care Team Assistant (CTA), and IWK Medical Laboratory Assistant (MLA).
## VERSION HISTORY

<table>
<thead>
<tr>
<th>Major Revisions (e.g. Standard 4 year review)</th>
<th>Minor Revisions (e.g. spelling correction, wording changes, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New August 2020</td>
<td>August 20, 2020 Clarifications, added IWK MLT to RCP</td>
</tr>
<tr>
<td>Nov. 30, 2020 Added Health Care Learner, removed case definition, added policy #2- Gargle not to be used, removed exclusion criteria from policy #5 and placed at top of CD.</td>
<td>August 25, 2020 Clarifications, added IWK UCP &amp; IWK list of UCPs to definition, corrected CTA title</td>
</tr>
<tr>
<td>Dec. 1, 2020 Added Gargle box information.</td>
<td>September 1, 2020 Added VON</td>
</tr>
<tr>
<td>Dec. 18, 2020 Removed “Designated” from Emerg setting. Added Stat (GeneXpert) requires order, added MHA and ECT Service to include MRHCP on lab req</td>
<td>September 14, 2020 Added Graduate Nurse and Graduate Practical Nurse. Added Table 1.</td>
</tr>
<tr>
<td>Mar. 27, 2021 Added IWK birth units, designated Nova Scotia Health units (birth and periop) to use Abbott ID NOW screening test. Changed AP to Dr. Strang. Linked ID NOW procedure. (published Apr. 1, 2021)</td>
<td>November 17, 2020 Removal of VON from approval section. Add “Nasal Congestion” to Table 1 to reconcile with Public Health direction.</td>
</tr>
<tr>
<td>Nov. 27, 2020 Added Health Care Learner, removed case definition, added policy statement 2</td>
<td>Nov. 27, 2020 Added Health Care Learner, removed case definition, added policy statement 2</td>
</tr>
<tr>
<td>Dec. 12, 2020 Added two practice settings 2.5, 2.6</td>
<td>Dec. 12, 2020 Added two practice settings 2.5, 2.6</td>
</tr>
<tr>
<td>Jan. 26, 2021 Proc. 2 Clarified when gargle specimen used for patients 19 and older</td>
<td>Jan. 26, 2021 Proc. 2 Clarified when gargle specimen used for patients 19 and older</td>
</tr>
<tr>
<td>April 20, 2021 Added the following:</td>
<td>April 20, 2021 Added the following:</td>
</tr>
<tr>
<td>April 23, 2021 Patient age for specimen collection by a UCP and Health Care Learner changed from 12 years to 6 years and older.</td>
<td>April 23, 2021 Patient age for specimen collection by a UCP and Health Care Learner changed from 12 years to 6 years and older.</td>
</tr>
<tr>
<td>May 13, 2021 Added:</td>
<td>May 13, 2021 Added:</td>
</tr>
<tr>
<td>POCT to PAC, Birthing Units, Peri-op settings.</td>
<td>POCT to PAC, Birthing Units, Peri-op settings.</td>
</tr>
<tr>
<td>POCT procedures/supporting documents.</td>
<td>POCT procedures/supporting documents.</td>
</tr>
<tr>
<td>Inpatient units to settings (using Risk Assessment)</td>
<td>Inpatient units to settings (using Risk Assessment)</td>
</tr>
<tr>
<td>POCT exclusion criteria</td>
<td>POCT exclusion criteria</td>
</tr>
<tr>
<td>Process for follow-up for positive POCT result,</td>
<td>Process for follow-up for positive POCT result,</td>
</tr>
<tr>
<td>Date</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>May 18, 2021</td>
<td>Added Inpatient Units to include MRHCP on the lab req, not Dr. Strang. Added lab supporting document links for POCT machines.</td>
</tr>
<tr>
<td>May 25, 2021</td>
<td>Added First Nations to settings and document links to support inpatient units (Policy 2). Added “interpret POCT result” to Table 2</td>
</tr>
</tbody>
</table>