Hamilton Health Sciences

AUTHORIZING MECHANISM
Medical Directive

Title: MAC - MD - Collection of Nasopharyngeal or Acceptable Alternative Swab for COVID-19 Testing at Hamilton Health Sciences Medical Directive

Number: 49006

Activation Date: March 16, 2020 **Next review due by:** 2023 09 08

Approved by: MAC **Date:** 2021 09 08

Sponsoring/Contact Person(s): Dr. Dominik Mertz, Medical Director, Infection Prevention and Control; Dr. Kuldeep Sidhu, Chief of Emergency Medicine, ext. 46997; Cindy O'Neill, Manager of Infection Prevention and Control, ext.43534

Order/Description of Procedure:
Authorized Controlled Act: yes X no □ Delegated Controlled Act: yes □ no X
Other: yes □ no X

The purpose of this medical directive is to authorize nursing staff (RN/RPN) at Hamilton Health Sciences (HHS) to collect nasopharyngeal swabs (NPS) or an acceptable alternative swab sample or, if nursing staff are not available, trained individuals may collect an acceptable alternative swab sample to swab for COVID-19 testing for adult and pediatric patients and healthcare workers (HCWs) who meet the criteria for testing.

A nasopharyngeal swab (NPS) is the preferred sample for **symptomatic persons** and anyone with an **exposure to a positive COVID-19 person** and who is being tested as part of contact tracing.

An acceptable alternative swab sample is an oral (buccal)/deep nasal swab for an **asymptomatic person** where NPS is not feasible:

- for persons who require frequent testing (e.g. q3days)
- for children where a NPS is not feasible
- when nursing staff trained to collect a NPS are not available

If any person, **symptomatic or asymptomatic,** refuses the NPS, an acceptable alternative swab - oral (buccal)/deep nasal swab - can be used to collect the sample.

Criteria for COVID Testing:

1. **Individuals presenting to the COVID Assessment Centers requesting testing.**
2. **Asymptomatic patients requiring COVID-19 testing:**
   - Upon commencement of Universal COVID-19 testing for admitted Patients
   - Newborns of positive moms.

- Upon the request of Infection Prevention and Control as part of point prevalence, contact tracing, outbreak management, and repeat COVID-19 testing to confirm active infection within the organization.
- Patients with exposure to COVID in the last 10 days that require an aerosol generating medical procedure (AGMP) to be tested prior to AGMP
- Patients who are COVID exposed in the last 10 days are tested around day 7
- Upon request by a receiving facility for transfers (e.g. long term care facilities (LTCFs)).
- New admits from long-term care facilities and retirement homes.
- New admits to St Peter's Hospital as directed by Infection Control.
- Patients being admitted from localized outbreak: (e.g. LTCFs/retirement homes, group homes, shelters, indigenous reserves, congregate work facilities, production lines)
- Patients admitted to psychiatry units from detention centers or penitentiaries
- Individual who requests to be tested for COVID-19
- During non-low epidemiology, the following asymptomatic patients will also require testing:
    - Prior to patient undergoing an AGMP (and again on day 7 if requiring an ongoing AGMP)
    - Prior to all surgical or procedural care requiring an AGMP or at high risk of conversion
    - Patients admitted from another health care facility (including HHS)
    - Oncology patients prior to treatment with radiation and/or cytotoxic intravenous and/or oral systemic therapy other than hormonal therapies

3. Healthcare workers (includes Physicians) requiring COVID-19 screening:

- Healthcare workers who have been screened by Employee Health, Safety and Wellness Nurses (EHS) and require COVID-19 testing. HCWs who require follow up will be directed by Public Health.

Under this directive, a nurse may collect a nasopharyngeal swab (NPS) or acceptable alternative swab for COVID-19 testing or a trained individual may collect an acceptable alternative swab for COVID-19 testing as outlined in the Laboratory Specimen Collection Protocol.

Investigations

- NPS swab for COVID-19 testing for out-patients, inpatients or HCWs who meet the testing criteria above.
- Acceptable alternative swab – oral (buccal)/deep nasal swab - for COVID-19 testing for out-patients, inpatients or HCWs who meet the testing criteria above.

Procedures

- Obtain swab sample(s) as per instructions for Collection of Nasopharyngeal for COVID-19
- Obtain alternative specimen swab sample as per instructions for Collection of Buccal/deep nasal swab; Video-Collection of Buccal/deep nasal swab video

Authorized by: Dr. Dominik Mertz, Medical Director, Infection Prevention and Control
Sponsoring Physician: Dr. Kuldeep Sidhu, Chief of Emergency Medicine
Approving Physician(s)/Health Professional(s) to Whom this Directive Applies:
All Physicians, Dentists, Midwives with admitting privileges, via Chiefs of Departments,
Dr. F. Vona, Occupational Health Physician

Authorized/Delegated to:

Under the authority of this medical directive, the designated procedures may only be performed by Hamilton Health Sciences (HHS) nurses or trained individuals who have:

1. Successfully completed the education/certification requirements
2. Met the above requirements and have participated in and successfully completed the annual Quality Assurance review package.

Indications:

The nurse or trained individual will only implement the directives for patients/individuals under investigation for COVID-19 at HHS who:

1. Meet the specific indications in the directive
2. Provide patient or Substitute Decision Maker (SDM) consent to specimen collection

Contraindications:

The directives will not be implemented if:

- The patient/individual or SDM does not consent (i.e. opposes or resists the collection of specimen(s)). In this case, the MRP will be consulted.
- The staff member was not referred by EHS

Process for Implementing the Procedure:

On assessment:

The nurse or trained individual will:

- Confirm that the patient/staff/individual meets criteria for COVID-19 testing
- Confirm that the staff member was referred by EHS
- Obtain a single NPS swab or an acceptable alternative swab for COVID-19 investigation.
- For a NPS, the swab must have an 80 mm breakpoint and the Viral Transport Tube has a clear liquid labelled McMaster Molecular Medium. A red cap UTM Viral Transport Tube with pink-orange liquid is also acceptable.
- For the alternative acceptable swab (combined oral (buccal)/deep nasal swab), the swab is a larger flocked swab with an 80 mm breakpoint. Use the same Viral Transport Tube as a NPS.
- Complete the electronic requisition for the appropriate swab in Meditech test order **COVID19** and send to the Virology Laboratory for testing.

Any questions or clarification related to the required tests should be directed to Infection Prevention and Control.

COVID-19 Testing:

Risk groups that meet criteria listed above.

Documentation/Communication Requirements for Medical Directives

The nurse/ICP or trained individual implementing the medical directive will:

1. Document the patient care order for the specimens to be collected and sign "**as per Medical Directive #49006**" followed by printed name, signature and designation.
2. Ensure requisitions are completed as required, and specimens are identified clearly.
3. For patients: Document in the patient's medical record the specimens that have been collected "**as per Medical Directive #49006**", the reasons for the specimen collection, any relevant patient responses, and any precautions initiated.
4. For staff: Document in the staff's medical record that the specimens have been collected **"as per Medical Directive #49006",** the reasons for the specimen collection, any relevant patient responses, and any precautions initiated.
5. For other individuals document on the Public Health requisition **"as per Medical Directive #49006"**

Quality Monitoring Processes:

The following processes will be used to maintain appropriate implementation of the directive and guide action if inappropriate, unanticipated and/or untoward outcomes result:

- Anyone who identifies any inappropriate, untoward or unanticipated outcomes resulting from implementation will immediately notify the Clinical Manager or delegate. The Clinical Manager, in collaboration with a sponsoring/authorizing physician may will immediately trigger an ad hoc review as per the Authorizing Mechanisms Protocol.
- This medical directive will be reviewed in 1 year and then every 2 years in accordance with the AMPDM - Authorizing Mechanisms Protocol.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, staff cannot perform these procedures under authority of the directive and must obtain direct patient-specific orders for the procedure(s) until it is renewed. Program and Medical Directors or designates will notify staff of any hold on the directive.
- The nurses or trained individuals will be re-authorized to implement the directive upon and in accordance with renewal of the directive.
- Failure to successfully complete any designated re-authorization processes means the nurse/trained individual can no longer implement the directive.
- Ten chart audits will be completed annually to validate the quality and competency of the use of this directive.
- The nurses/trained individuals implementing the directive will review the contents initially and biennially with each renewal. Education and competency assessment will be validated by the Clinical Manager or delegate.

Developed and Agreed to by:

Dr. Dominik Mertz, Medical Director, Infection Prevention and Control; Dr. Kuldeep Sidhu, Chief of Emergency Medicine; Dr. Smita Halder, Medical Advisory Committee Chair; Cindy O'Neill, MLT,ART,CIC, Manager of Infection Prevention and Control program, Deb Wilson, Manager of Health Safety and Wellness, Susan Fuciarelli, Director of Health Safety and Wellness, Dr. F. Vona, Occupational Health

Physician; Carrie-Lynn Meyer, Clinical Manager

Resources/References:

1. Legislation and Regulation; RHPA: Scope of Practice, Controlled Acts Model
4. College of Physicians and Surgeons of Ontario- Delegation of Controlled Acts
5. Provincial Infectious Disease Advisory Committee (PIDAC) Best Practices for Routine Practices and
6. College of Nurses of Ontario (2020) Authorizing Mechanisms
7. College of Nurses of Ontario (2018) Directives

Related Policies and Procedures:

AMPDM - Authorizing Mechanisms Protocol
IC- Additional Precautions
HRLMP - LCCP - 08-310-010 Minimum Requisition Requirements
HRLMP - LCCP - 08-315-005 Patient Identification For Specimen Collection