

Asymptomatic Resident Testing FAQ

Swabbing of asymptomatic residents and staff in Long Term Care (LTC) and Designated Supportive Living 4/4D (SL4/4D) is being completed across Alberta in non-previous outbreak sites. The intent is to assist with a better understanding of COVID-19 in these settings, and to potentially identify individuals who may be asymptomatic or in the pre-symptomatic phase of COVID-19 in order to further limit spread of this infection. This is an entirely voluntary process.

Many questions have arisen and this document is intended to address some of the more common of these questions.

General

1. Who is coordinating with the provincial lab to ensure they have capacity aligned with Zone swabbing plans?

The Provincial Team, based on the submission of Zone plans.

2. What is the time frame for swabbing to be completed?

Swabbing should be completed by the end of June 2020.

Consents

3. How do we navigate a community where we expect there will be culturally driven refusals?

Consent must be obtained. Staff, residents and decision makers can decline.

4. What happens if a significant number of the staff are not swabbed, is this a requirement for staff to work in the site, how persistent are we supposed to be?

This is an entirely voluntary process. There is no requirement for staff to be swabbed. Whether or not they are swabbed has no impact on ability to work, unless the swab is positive.

5. Will AHS provide us with a consent form, so we can get the residents' consent before we get swabbed? Can we have a consent form to send to the office of the Public Guardian?

A resident/family information sheet has been developed and an AHS consent form is attached should sites not have their own. The same consent form may be used for the Public Guardian's Office.

6. Can you advise as to whether we are able to proceed with verbal consent or if it needs to be written? Could it be via e-mail?

The consent may be either written or verbal. If verbal, it needs to be documented in the chart. The AHS consent form also includes a section for verbal consent. If it is via e-mail, the email has to be encrypted to comply with AHS policy.

7. If a family gives consent to do the swab but the client/resident refuses to comply – what do we do?

Although consent has been given, an individual may still refuse to have the swab collected. Because this is a voluntary process, this refusal may be respected.

Requisitions

8. How do I obtain needed requisitions?

Requisitions are Zone specific. The most current version of the requisition can be downloaded and printed at each site:

- 21598 [COVID-19 Test Requisition \(North Zone\)](#)
- 21597 [COVID-19 Test Requisition \(Edmonton Zone\)](#)
- 21600 [COVID-19 Test Requisition \(Central Zone\)](#)
- 21596 [COVID-19 Test Requisition \(Calgary Zone\)](#)
- 21599 [COVID-19 Test Requisition \(South Zone\)](#)

9. When completing the requisition, do we put in our outbreak number and who will be the ordering physician?

There is no outbreak number associated with asymptomatic swabbing. Each site has a unique identifying number which will be found on the back of the Zone specific form. The ordering physician is the MOH for the Zone, except in South Zone where a different mechanism has been put in place for some residents.

Obtaining Swabs

10. How do we go about obtaining the swabs – do we use regular ordering process or will they just be delivered?

Swabs must be ordered and are available through the following mechanisms:

For Calgary and Edmonton Zones:

LTC and SL4/4D sites can request their supplies by completing the form found at the below link and faxing it in to the number on the top of the form as appropriate. Sites must provide the facility name on the form, clear details of their location, making sure to indicate they are a congregate living facility, and the quantity of swabs and medium on hand.

<https://www.albertahealthservices.ca/assets/wf/plab/wf-provlab-specimen-collection-kit-order-form.pdf>

For North, Central and South Zones:

Follow routine established processes for requesting specimen collection supplies. Otherwise, contact your local Alberta Precision Laboratory.

11. What type of swab – Nasopharyngeal (NP) or throat (APIMA) swab? For residents that are not able to cooperate for a throat swab, can a NP be used? Can sites identify these residents in advance?

Recommendations are to use throat swabs for most individuals and NP swabs for individuals where throat swabs would be difficult to obtain (e.g. some cognitively impaired clients/residents, others). We recommend ordering sufficient NP swabs for these individuals. **Note: NP swabs are more limited than throat swabs so we encourage that they not be over-ordered.**

Who Gets Tested

12. Does the swabbing include daily family visitors?

No. However, essential services persons as per [CMOH Order 23-2020](#) would be included if they are on the site regularly.

13. While this is for LTC and DSL4/4D sites, do we also swab DSL 3 and independent living clients in shared locations? What about if different levels of care are geographically separated? What about where the staff is moving between levels of care?

If they are truly mixed, e.g. rooms interspersed, shared common space, etc., non-LTC/DSL4/4D residents would also be swabbed. If they are geographically separated units, only LTC and DSL4/4D residents would be swabbed. Even though staff may work between units.

14. Will Private Supportive Living (PSL) clients be included?

No. PSL residents are not included at this time.

15. We continue to be told these swabs are a point in time test only; why swab everyone now? This seems to be a huge workload and waste of supplies for a single point in time test.

The intent of the point in time swabbing across LTC and DSL4/4D is to better understand the behavior of the virus in order to help us to protect those most susceptible to morbidity and mortality from COVID-19. It is also intended to help identify those who may be asymptomatic or pre-symptomatic in order to forestall an outbreak at a site.

Re-testing

16. What is the time span for re-testing if a site was on outbreak and had already conducted testing?

Sites that have/had COVID-19 outbreaks will not be re-swabbed irrespective of when they had the outbreak with COVID-19.

17. Are we to repeat swabbing from residents that had a swab done recently? If yes, what is the time frame?

As noted, this process is intended to better identify the behavior of COVID-19 in these settings. If individuals have recently been swabbed, they may be offered the opportunity to be re-swabbed given that it would be helpful to know the characteristics of the entire unit/site, but there is no obligation for them to be re-swabbed. Discretion can be applied, understanding the intent of the process. Although [CMOH Order 23-2020](#) refers to not re-swabbing within 30 days, this applies to proven COVID-19 positive individuals and is an attempt to reduce the risk for false positive results.

Who can swab?

18. Are there separate swabbing guidelines for sites with DSL4 and LTC at the same building?

No, the swabbing is the same in both settings.

19. For DSL, can case managers help the site with the process? Is it within LPN scope of practice to take NP/ throat swabs?

Yes, Case Managers may assist with the site process as determined with the individual Zone. It is within the LPN scope of practice to obtain either type of swab.

Swab Results

20. If a staff member tests positive but is asymptomatic, is the facility now considered on outbreak?

Yes, and the site would then follow usual COVID-19 outbreak protocols.

21. How long will it take to obtain results and how are they communicated back to people who cannot receive the results? Where do results go for clients who cannot receive their own results?

Results will typically be available within 96 hours. A positive test result will be sent to the ordering practitioner and a Public Health case investigator. The Public Health Investigator will connect with the facility directly to discuss the result and provide further instructions regarding isolation. Negative results are not being notified.

Swabbing Protocol

22. Will additional PPE supplies will be provided? The site does not have the required amount of N95 masks required to complete swabbing.

For swabbing of asymptomatic residents, the only PPE required is a mask and a face shield. N95 respirators are not required. These may be ordered through usual routes.

Other

23. Do we stop admissions while swabbing is in progress?

No, admissions can continue pending swab results being obtained.

24. Will there be additional funding provided for staffing assigned for prep and swab collection?

Yes, this may be identified as an expense within COVID-19 Operational Funding (confirmed with Alberta Health June 1, 2020).