

Swabbing of Asymptomatic Residents and Staff in a Continuing Care Outbreak Site

Issue

Once an individual (resident or staff) tests positive and has a confirmed case of COVID-19 in any licensed supportive living (including lodges) or long term care site, there is a requirement for swabbing of asymptomatic residents for COVID-19 on the affected units. This applies to all new outbreaks as of April 23, 2020. The swabbing must be done for all residents on site within 3 days of identifying the first confirmed case. It will also apply to existing outbreak sites with evidence for ongoing transmission (i.e. further positive swabs in symptomatic individuals) on or after April 23, 2020. For residents of group homes, the process will be at the discretion of AHS Public Health based on the medical complexity of the residents.

The rationale for testing is to identify individuals in the asymptomatic or pre-symptomatic phase in order to further limit spread of COVID-19. If a positive swab is obtained, appropriate isolation and use of full Personal Protective Equipment (PPE) is required in providing care for these individuals.

Swabbing of asymptomatic residents is a point in time assessment. For residents whose swabs are negative, enhanced monitoring for development of symptoms is recommended. Should symptoms be identified, appropriate isolation and protection precautions need to be taken and a repeat swab is required.

Process

1. Obtaining swabs for use

Two swab types are available including throat swabs and Nasopharyngeal (NP) swabs. Recommendations are to use throat swabs for most asymptomatic individuals and NP swabs for asymptomatic individuals where throat swabs would be difficult to obtain (e.g. some cognitively impaired clients/residents, others). NP swabs should generally be used for symptomatic residents. The swabs are ordered for the sites as follows:

For Calgary and Edmonton Zones:

The congregate living facilities can request their supplies by completing the form found at the below link (most currently use this form now) and faxing it in to the number on the top of the form as appropriate. Sites must provide the EI number 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.

This information is also being posted on Continuing Care Connections.

2. Process to identify and track swabs as being from asymptomatic individuals at a continuing care site

The Public Health Communicable Disease/Outbreak Response team will obtain from the congregate care site owner/operator/manager the count of staff that were working on the outbreak unit in the 48 hours prior to recognition of first symptom in the index COVID-19 positive case. They will also obtain the count of residents living on the same unit or section of the building as the index case. These two counts will provide the denominators to be used for reporting asymptomatic and symptomatic testing and positivity rates for staff and residents associated with the outbreak based on the assigned EI number.

Instructions will be given to the owner/operator/manager by the Public Health Communicable Disease/Outbreak Response team that only those workers who were providing services in the unit or section of the building where the index case is living in the 48 hours prior to the identification of the first symptom up to the reporting of the positive COVID-19 result are to be swabbed.

As per current Zone processes, swabs collected will need to be submitted with the appropriate Provincial Public Health Laboratories requisition form. It will be required that the EI number is included on each requisition form.

The Provincial Public Health Laboratories requisition form has been modified to include checkboxes for *Asymptomatic* and *Symptomatic* in the 'Reason for Testing' section of the form. A check needs to be placed in one of these checkboxes. The applicable 'Symptoms' checkboxes should be checked if the *Symptomatic* checkbox has been checked.

The 'Health Care Worker?' checkbox needs to be checked for all asymptomatic and symptomatic staff who are swabbed.

The Health Care Worker online form has been modified to record whether the submitter is asymptomatic. The online form also asks for the name of the site and unit where the individual works, and EI number for the outbreak (if that is known to the submitter). The owner/operator/manager will be instructed by the Public Health Communicable Disease/Outbreak Response team to provide the EI number to staff who are directed to get swabbed.

Asymptomatic staff who present for swabbing should be told that they can return to work and do not need to self-isolate. If they provided consent they will be informed of a negative result through the established auto-dialer process, otherwise they will receive that result via a phone call from 811 Health Link. Public Health case investigators will be calling them directly if the result is positive.

Site specific non-nominal testing-result reports will be sent to site the owner/operator/manager within 96 hours of reporting of the positive COVID-19 result for the index case.

3. Personnel for swabbing

There is no limitation by scope of practice as to which professionals can use which swabs. RN's, LPN's and physicians can use either NP or throat swabs. In addition, some Allied Health professionals are able to assist with swabbing under their scope of practice.

In principle, swabs should be able to be taken on site for residents or staff. However, experience has shown that staffing issues in the early stage of an outbreak, depending on the extent of the outbreak, mean that for a variety of reasons, staff may not be able to provide asymptomatic swabbing and thus alternative mechanisms need to be considered. Zones have identified processes to either augment the staff available to assist with swabbing or to provide the swabbing required depending on the size of the outbreak and implications for staffing. How this is operationalized varies from Zone to Zone:

North Zone: The process involves on site swabbing with a strong partnership with Public Health and site/community nursing support. Further details to follow.

Edmonton Zone: Swabs for the client/residents will be collected by site staff and, if required, enhanced staffing will be provided by the zone continuing care (CC) team and Public Health (via ZEOC). The CC ZEOC rep will signal to ZEOC Operations Community Care and Logistics that staff support for asymptomatic swabbing is required. The ZEOC will deploy accordingly in partnership with the CC team. Staff will be referred to the online tool and assessment centres.

Central Zone: For AHS owned and operated sites it will be site staff to swab clients/residents with support from Public Health. Partner sites will be supported by Home Care/Public Health nursing. All staff will be directed to an assessment clinic/Public Health site.

Calgary Zone: For DSL and Long Term Care sites, swabs for the client/residents will be collected by site staff and, if required, enhanced staffing will be provided by the zone continuing care (CC) team and Public Health (via ZEOC). For Lodges and other congregate sites, swabs will be done by Public Health supported by Home Care staff, as required. The CC ZEOC rep will signal to ZEOC Operations Community Care and Logistics that staff support for asymptomatic swabbing is required. The ZEOC will deploy accordingly in partnership with the CC team. All staff will be referred to the online tool and assessment centres.

South Zone: For residents and staff, swabbing will be done through using a number of types of staff. First call will be site staff augmented as required by Home Care, Public Health, etc. Coordination, where required, for staff to augment the site staff will be through the ZEOC.

4. Other Considerations

- a. Outbreak notification: Operators are required to notify residents, designated decision-makers, families and staff of a COVID-19 outbreak at their facility, as well as when their site is under investigation for COVID-19.
- b. Orders: A physician order is not required for asymptomatic swabbing. If possible, a copy of the result to the community/site physician providing care would be recommended.
- c. Consent: is required for asymptomatic swabbing. The time of notification by the operator may be an appropriate time to get consent for swabbing of asymptomatic individuals. If consent is verbal, it needs to be obtained from either the resident or designated decision-maker and documented in the health record.
- d. Inability to swab: Where the situation is encountered where either consent is unable to be obtained, or swabbing is not feasible, such as with a resident with cognitive impairment who would not understand and resist swabbing, the resident should be treated as if they are positive for COVID-19 and placed on isolation with appropriate PPE used. Operators are required to notify the designated decision-maker that the resident has been placed on isolation.
- e. Repeat Swabs: Swabs will not need to be repeated for asymptomatic residents.
- f. PPE for those doing swabbing: For those coming on to the site and obtaining swabs, the required PPE is mask and eye protection plus hand hygiene. If the resident is a roommate of a positive resident, full contact and droplet PPE will be required.
- g. Staff identification: For purposes of identification of staff who need to be swabbed, a time frame of 48 hours prior to symptom onset up to the reporting of the positive COVID-19 result for the first identified case would be used. Staff will be notified of the need to be swabbed through the site as identified by the CDC Team on the first call to the site after a positive swab is identified. An information sheet will be provided to staff explaining the required process.
- h. Workplace Health and Safety: For non-AHS sites, the Operators workforce health and safety processes would be used for staff, in collaboration with Communicable Disease Control (CDC).