Collection of Acute Respiratory Infection (ARI) for Infection, Prevention, and Control Surveillance and Outbreak Management – Medical Directive

Medical Advisory Committee Approved: 20DEC2022

☑ Harmonized

Authorizing Prescriber(s)

Medical Director, Infection Prevention and Control (IPAC)

Authorized to Whom

Infection Control Professional/Associate, Registered Nurses (RN) and Registered Practical Nurses (RPN) with the knowledge and judgement to implement this medical directive.

Co-implementers: RNs, RPNs, Medical Lab Technologists

Patient Description/Population

Any Lakeridge Health adult patient who meets criteria listed in the indications section of this medical directive.

Order and/or Procedure

The Infection Control Professional/Associate, RN or RPN will identify patients who meet the inclusion criteria to order an Acute Respiratory Infection (ARI) specimen using the Order Table Form and complete the specimen collection following the procedure below. See Appendix A for location of step-by-step guides for sample collection.

- Provide the patient and/or substitute decision maker (SDM) with information regarding the indications for testing, ensure the procedure, risks, benefits, side effects and precautions are understood.
- Select the appropriate specimen order using the Order Table Form
- Ensure there are no contraindications to nasopharyngeal testing (see contraindications).
  - If contraindications exist to nasopharyngeal swab, consider oropharyngeal or bilateral mid-turbinate swab based on patient presentation.
- The RN/RPN will obtain the nasopharyngeal, oropharyngeal or bilateral mid-turbinate swab
- The lab will process the specimen
- Results will be communicated to patient by the Most Responsible Provider (MRP)

Indications to the Implementation of the Directive

The directive is to be implemented for patients who are deemed at risk for ARI including those:

- Who are deemed at risk for respiratory infection with or without lower respiratory tract involvement, where influenza, SARS-CoV-2 or another transmissible viral respiratory pathogen is suspected.
- Who have an exacerbation of chronic conditions.
- Who have typical or atypical signs or symptoms of infection.
- Admitted patients presenting with no symptoms.
- Who have travelled to, or resided in, an area under a Public Health Agency of Canada (PHAC) travel health notice in the 14 days prior to the onset of illness.
- High risk COVID-19 exposures and/or those who require testing for diagnosis of asymptomatic infection or clearance from isolation.
- Who are located on units where surveillance testing for SARS-CoV-2 is recommended for outbreaks or outbreak investigations.
- Who require repeat testing for COVID-19 for clearance from isolation and/or transfers to other health care facilities.

Contraindications to the Implementation of the Directive

- Patient or Substitute Decision Maker (SDM) does not provide consent for the specimen collection
- For Nasopharyngeal swab:
  - Recent facial/nasal surgery or trauma within last year, anatomical abnormalities, or acute epistaxis, preventing safe specimen collection, consider oropharyngeal and bilateral mid-turbinate swab based on patient presentation instead.

Consent

Prior to specimen collection the RN/RPN must obtain consent from the patient or SDM to collect ARI specimen(s).

Documentation Requirements

In addition to standard documentation practices, the Infection Control Professional/Associate or RN/RPN implementing this directive must ensure the following is documented in the specific order within the patient's electronic health record (EHR):

- The name of the Infection Control Professional/Associate or RN/RPN as the Ordering Provider
- The name of the Authorizing Provider

- The full name of the medical directive in the comment section of the order i.e. as per Collection of Acute Respiratory Infection (ARI) for Infection, Prevention, and Control Surveillance and Outbreak Management – Medical Directive

Review/Evaluation Process

This medical directive will be reviewed every 2 years by IPAC.

References

Durham Region Health Department (2021). Facts about Instructions for Individuals tested for COVID-19. Available online from: https://connect.lakeridgehealth.on.ca/portal/webclient/#/desktop

Provincial Infectious Diseases Advisory Committee (PIDAC) (2013). Screening, Testing and Surveillance for Antibiotic- Resistant Organisms (AROs). Available online from: https://www.publichealthontario.ca/-/media/documents/A/2013/aros-screening-testing-surveillance.pdf?la=en

Appendix A

Lakeridge Health. COVID-19 Swabs and Swabbing Technique. Available from: https://connect.lakeridgehealth.on.ca/portal/webclient/#/desktop

Lakeridge Health. Collecting a Combined Oropharyngeal and Mid-Turbinate Swab for COVID-19. Available from: https://connect.lakeridgehealth.on.ca/portal/webclient/#/desktop

This table must **not** be used independently apart from the Medical Directive

Order Table Form

Order	Indication	Contraindication	Notes (Optional)
Covid swab panel – Screening asymptomatic or ambulatory	Admitted patients presenting with no symptoms who: • Have travelled to, or resided in, an area under a Public Health Agency of Canada (PHAC) travel health notice in the 14 days prior to the onset of illness. • Are located on units where surveillance testing for SARS-CoV-2 is recommended for outbreaks or outbreak investigations • Require repeat testing for COVID-19 for clearance from isolation and/or transfers to other health care facilities • Have had high risk COVID-19 exposures	Patient/Substitute Decision Maker (SDM) does not provide consent **Or** Recent facial/nasal surgery or trauma within last year, anatomical abnormalities, or acute epistaxis, preventing safe specimen collection, consider oropharyngeal and bilateral mid-turbinate swab based on patient presentation instead.	Document patients who do not give consent and consult IPAC Professional/Associate
Covid swab panel – Symptomatic/Failed Screening	Admitted patients who: • Are deemed at risk for respiratory infection with or without lower respiratory tract involvement, where influenza, SARS-CoV-2 or another transmissible viral respiratory pathogen is suspected. • Have an exacerbation of chronic conditions. • Have typical or atypical signs or symptoms of infection. • Have had high risk COVID-19 exposures and/or who require testing for diagnosis of asymptomatic infection or clearance from isolation.	Patient/Substitute Decision Maker (SDM) does not provide consent **Or** Recent facial/nasal surgery or trauma within last year, anatomical abnormalities, or acute epistaxis, preventing safe specimen collection, consider oropharyngeal and bilateral mid-turbinate swab based on patient presentation instead.	Document patients who do not give consent and consult IPAC Professional/Associate