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

Medical Advisory Committee Approved: 13JAN2022

☑ Harmonized

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Authorizing Prescriber(s)

Medical Director, Infection Prevention and Control (IPAC)

Authorized to Whom

Infection Control Professional/Associate with the knowledge and judgement to implement this medical directive.

Co-implementers: Registered Nurses (RN) and registered practical nurses (RPN) working in LH

Patient Description/Population

All LH patients.

Order and/or Procedure

The Infection Control Professional/Associate will identify appropriate patients to implement the directive and communicate to the nurses to collect the ARI Specimens(s) using the procedure below.

Procedures stated below prior to collection of samples. See Appendix A for step-by-step guides.

- Provide the patient with information regarding the indications for testing
- Explain the procedure, the risks, benefits, side effects, and precautions and ensure they are understood.
- Ensure there are no contraindications to testing.
- If contraindications exist to nasopharyngeal swab, consider oropharyngeal and bilateral mid-turbinate swab.

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Indications to the Implementation of the Directive

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

- 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 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.
- Who have typical or atypical signs or symptoms of infection.
- Who have been exposed to a person with SARS-CoV-2 and 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, outbreak investigations or exposures.
- 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 refusal
- For Nasopharyngeal swab:
  - Recent facial/nasal surgery or trauma within last year

Consent

Prior to co-implementation of this medical directive the nurse must obtain consent from the patient or substitute decision maker to ARI specimens.

Documentation Requirements

In addition to standard documentation practices, the nurse implementing this directive must enter an order indicating the order mode “per medical directive” and the name of the medical directive in the comment.

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

Appendix B

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