



Appendix A: COVID-19 Screening and Sample Collection Record

Considerations for Implementing COVID-19 Specimen Collection in BC First Nations Communities

This resource replaces the FNHA Considerations for Implementing COVID-19 Specimen Collection in BC First Nations Communities FAQ. The aim of this checklist is to list the considerations in setting up specimen collection in BC's First Nations Communities for the purpose of sending the specimen to partner labs (ie. Hospital lab or BCCDC public health lab) for COVID-19 testing. ***This resource does not apply to point of care testing. For point of care testing in First Nations Communities please contact your Regional Community Health Practice Consultant.***

Nursing Stations and Health Centres will have their own Community and Region specific applications. If specimen collection is not available in your community, community members can access testing through Collection Centres (for nearest site call 8-1-1 or look on [BC COVID-19 Collection center finder](#)) or through Urgent and Primary Care Centre (locations are listed on [HealthLinkBC](#)). For questions please contact the CD Management team at cdmgmt@fnha.ca

Requirement	Considerations
Clinicians qualified to perform the procedure and have the knowledge, skill and ability to perform	<ul style="list-style-type: none"> <input type="checkbox"/> For how to collect specimen for COVID-19 see: <ul style="list-style-type: none"> • FNHA Clinical Procedure: Nasopharyngeal Swab Testing • FNHA Clinical Procedure: Saline Gargle Specimen Testing Grades K-12 and Adults <input type="checkbox"/> A learning hub course providing clinical instruction on pediatric NP swabbing and gargle are available at: Please see Pediatric COVID-19 Collection Resources
Ability to order laboratory test with MSP number	<ul style="list-style-type: none"> <input type="checkbox"/> Testing requires a MSP billing number from a physician or nurse practitioner <input type="checkbox"/> As per BCCNM, the BC Ministry of Health and the BCCDC, during this time, nurses with a Certified Practice designation through BCCNM (STIM, CM or Remote Practice) can order COVID viral tests under their MSP number. As this is a recent change, some labs may not be aware of it. To avoid any sample rejection, we advise – before sending your first batch of specimens – <u>to call the lab to which you are sending them and advise them of the change</u>. If they have questions, they can refer to Registered Nurses (Certified) Laboratory Services Referral Schedule (Fee Code 90837). To be able to use your MSP number to send specimens for COVID-19 you must: <ul style="list-style-type: none"> • Use the BCCDC COVID-19: Adult & Pediatric viral testing guidelines for British Columbia to guide your practice. • Ensure that EACH lab requisition you send includes the clinic's information so results are received and followed up appropriately. • Ensure follow-up and notification of positive and negative results, as you are responsible for any diagnostic test you order.
Transport of specimen to laboratory	<ul style="list-style-type: none"> <input type="checkbox"/> Depending on your location, it may be possible to liaise with a hospital lab, or specimens could be sent directly to BCCDC. For information about sending specimens to the provincial lab, please see: eLab Handbook [In 'Search for Test' bar, type COVID-19 virus] <ul style="list-style-type: none"> ○ Ideally, specimens would reach the laboratory within 48 hours of collection. Verify with the lab you are sending the specimen to the parameters around storage and the time frame the specimen must be received in to ensure viability of the sample. <p>Transportation of Dangerous Goods (TDG)</p> <ul style="list-style-type: none"> <input type="checkbox"/> If staff are packaging specimens for shipment, they require valid Transportation of Dangerous Goods (TDG) certification. <ul style="list-style-type: none"> ○ As part of TDG regulations, the clinic shipping the specimen must have an active CANUTEC registration. Ensure all your information is kept up to date, with a standard annual review. Keep a printed copy of this registration (typically an e-mailed letter) on site in your TDG binder. ○ Please see the Transportation of Dangerous Goods: Standard of Practice for further information including details on training and where to purchase the packaging ○ If training is not available through your employer, please see <ul style="list-style-type: none"> • TDG Training Fact Sheets • Organizations for providing TDG Training in BC



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Having the supplies available	<ul style="list-style-type: none"> <input type="checkbox"/> PPE, Biohazard bags, saline gargle kits and NP swab (for those >6 yrs of age) can be ordered through FNHA <ul style="list-style-type: none"> o Some Communities may have arrangements with their local RHA for receiving testing supplies or directly through BCCDC (BCCDC Sample Container Order Form - can either be emailed to kitorders@hssbc.ca or faxed to (604) 707-2606) <input type="checkbox"/> Lab requisitions: Blank requisitions are available here.
Infection Prevention and Control measures	<ul style="list-style-type: none"> <input type="checkbox"/> Please see COVID-19 Infection Prevention and Control: Guidance for Test Collection & Assessment Centres <ul style="list-style-type: none"> o As all setting are unique, please contact IPC@fnha.ca to discuss specific measures for your site
Occupational Health Considerations	<ul style="list-style-type: none"> <input type="checkbox"/> Please e-mail OHN.clinic@FNHA.ca for individual guidance for testing sites that are outside of your regular clinic. If testing is being done in an alternative location, such a parking lot/ tent/ drive- through or public location, some occupational health considerations include, but are not limited to, the following: <ul style="list-style-type: none"> o Area is well lit o Area is free of hazards (potholes, uneven surfaces, other slipping or tripping hazards) o Designated parking spots for client with instructions to place vehicle in park and turn off engine o Emergency exits are well marked, clear and well lit (if applicable) o Staff working in pairs or appropriate alternative o Appropriate communication devices available o Adequate supply of PPE, with appropriate area to don and doff <ul style="list-style-type: none"> ▪ Please see An Interim Guide to using Personal Protective Equipment
Client Teaching	<ul style="list-style-type: none"> <input type="checkbox"/> Advise clients how they will receive their test result and to stay home as much as possible to reduce any potential spread of illness until their symptoms have improved, and they are able to participate in their usual activities. Review what to do after you get tested with clients. <ul style="list-style-type: none"> o If their symptoms worsen, advise them to contact their healthcare provider or 8- 1-1.
Communicable Disease Follow-up	<ul style="list-style-type: none"> <input type="checkbox"/> The Regional Health Authority (RHA) will automatically receive a copy of a positive lab result of COVID-19 generated from a partner lab. RHAs does not receive negative results automatically. <input type="checkbox"/> For Roles and Responsibilities in CD follow up, please see: <ul style="list-style-type: none"> o COVID-19 Adapted Regional Health Authority- First Nations Health Authority Communicable Disease Protocol <input type="checkbox"/> Results on laboratory results needs to be considered within the context of the client history/ contact exposure and symptoms. Please see: <ul style="list-style-type: none"> o BCCDC Interpreting the results of Nucleic Acid Amplification testing (NAT: or PCR tests) for COVID-19 in the Respiratory Tract o BCCDC CD Manual Novel Coronavirus (COVID-19) - Interim Guidelines
Documentation	<ul style="list-style-type: none"> <input type="checkbox"/> Please follow your employer policies for documentation. The form in Appendix A can be used to document screening and specimen collection.



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First Nations Health Authority
Health through wellness

DEMOGRAPHICS:

Client Name: (Last, First)		Date of call/visit for screening:	
Address:		PHN:	
		DOB: (DD/MMM/YYYY)	
Phone Number:		Gender:	
Family Physician:		Indigenous Self-identification:	<input type="checkbox"/> YES <input type="checkbox"/> NO
		If yes, what community?	

SCREENING:

Signs/Symptoms	Date of Onset		Date of Onset
<input type="checkbox"/> Asymptomatic	n/a	<input type="checkbox"/> Sore throat	
<input type="checkbox"/> Fever: °C		<input type="checkbox"/> Loss of appetite	
<input type="checkbox"/> Chills		<input type="checkbox"/> Extreme fatigue or tiredness	
<input type="checkbox"/> New cough or worsening/exacerbation of chronic cough		<input type="checkbox"/> Headache	
<input type="checkbox"/> Loss of sense of smell or taste		<input type="checkbox"/> Body aches	
<input type="checkbox"/> Difficulty breathing		<input type="checkbox"/> Nausea, vomiting or diarrhea	
<input type="checkbox"/> Other:			
<input type="checkbox"/> Other:			

Medical Risk Factors e.g. hemodialysis, cancer treatment, pregnant (3rd trimester)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:

Health Care Worker or Essential Service Provider	<input type="checkbox"/> YES <input type="checkbox"/> NO
Place of employment:	Role:

Other Factors:	
<input type="checkbox"/> Resident of remote, isolated or Indigenous community <input type="checkbox"/> Resides in congregate setting (i.e. work camp, shelter, grouphome) <input type="checkbox"/> Underhoused <input type="checkbox"/> Other: _____	Comments:

Physician/NP Referral	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Comments:

Booked for Testing:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Screened by (signature and include designation):	

