



First Nations Health Authority
Health through wellness

**Considerations for Implementing
COVID-19 Specimen Collection in
BC First Nations Communities
October 1**

cdmgmt@fnha.ca

1-844-364-2232 option #3

<https://www.fnha.ca/what-we-do/communicable-disease-control/coronavirus/health-professionals>

Purpose

To limit the spread and reduce the impact of COVID-19 in BC, multiple Public Health measures have been and will continue to be taken. One of those measures includes increased access to testing to facilitate effective case finding and support contact tracing. The information in this FAQ aims to identify and support the considerations in setting up specimen collection by nasopharyngeal (NP) NAT testing in First Nations Communities.

General Considerations

For both Nursing Stations and Health Centres there are a number of considerations to take into account to prepare appropriately. There is also recognition that every setting will have their own Community specific and Region specific applications. A general list of items to consider includes, but is not limited to, the following:

- Clinicians with competencies to perform NP swabs as per their scope of practice
- Partnership with a clinician (MD, NP, RN with Certified Practice) with a MSP billing number to order the laboratory testing of the sample
- Established process to get specimens to laboratory
 - Staff member with valid certification of Transportation of Dangerous Goods to package specimens for transport, communication with regional laboratory to establish specimen drop-off time
- Supplies readily available (not limited to the following)
 - Personal Protective Equipment
 - Appropriate Swabs, biohazard bag
 - Laboratory requisitions
 - Transportation of Dangerous Goods approved packing material
- Infection Prevention and Control measures and flow of your clinic to minimize risk of cross contamination
- Occupational Health Considerations if clinic is being set up in a different setting than typical clinic setting (i.e. outdoors)
- Process and understanding of flow for Communicable Disease follow up

Please use the following FAQ and Appendices to further apply aspects of the General Considerations mentioned above

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1. Are Point of Care tests available for my community?

Point of Care tests (which allow on-site analysis of collected specimens), such as COVID-19 test kits that use strips, are not widely available at this time. FNHA is involved in several procurement processes and will share information as manufacturing timelines are made available. However, viral testing in Communities is currently being expanded across the province. Testing in Communities would involve collecting naso-pharyngeal (NP) specimens and sending these out to a partner lab. This document provides considerations for setting up in community swabbing for COVID-19 testing by Nucleic Acid Tests (NATs).

2. If testing is not set up in my community at this time, how do I know where community members can be tested?

Viral testing may be available at different health care settings, including physician's offices, walk-in clinics, collection centers or urgent and primary care centers.

A collection center is a location where a person can be assessed and get tested for COVID-19. Individuals can call 8-1-1 to find the nearest center. This information is also available at the following links: [BC COVID-19 Collection center finder](#) (Mobile and desktop); [Collection center finder for Internet Explorer users](#).

Another place to get tested may be an Urgent and Primary Care Centre. Locations are listed on [HealthLinkBC](#).

3. Where do I find information about who can collect specimens by NP swab and the process of collecting a specimen by NP swab?

Please see the [FNHA Clinical Procedure: Nasopharyngeal Swab Testing](#). As well as COVID-19: [Adult testing guidelines for British Columbia \(PDF\)](#) and [COVID-19: Pediatric testing guidelines for British Columbia](#) and [Information on COVID-19 in children, infection prevention and control, diagnosis and treatment options](#).

4. What are the school age gargle methods?

For clinical guidance on school age gargle methods, please see Appendix B at: [COVID-19: Pediatric testing guidelines for British Columbia](#)

Resources for parents and guardians regarding saliva gargle methods can be found at:

[COVID-19 Testing for Children and Youth](#).

Resources include a video and several instructional handouts. It is very important that parents and clients are given information at least 2 hours prior to performing the gargle to ensure they have time to practice.

5. Is there additional training for Health Care Providers doing Pediatric COVID-19 testing?

A learning hub course providing clinical instruction on pediatric NP swabbing and gargle are available at:

[Please see Pediatric COVID-19 Collection Resources](#)

There may also be educational resources and supports through your Regional Teams, Community Health Practice Consultants or Regional Health Authorities.

6. Who should be tested?

For the most current guidance on who should be tested, please refer to:

- [COVID-19: Adult testing guidelines for British Columbia](#)
- [COVID-19: Pediatric testing guidelines for British Columbia](#)

Ideally, clients should be pre-screened over the phone to ensure appropriateness of testing prior to presenting to clinic, please see [Appendix A](#) for a sample screening form.

**Asymptomatic testing is not recommended at this time outside of specific recommendations from a Medical Health Officer.

7. What type of swab do I use to collect specimens for COVID-19 Testing by NATs?

In the community setting, a nasopharyngeal (NP) swab is preferred for sample collection. If a specimen cannot be collected by NP swab, a throat swab can be taken instead. This information can also be found on the [BCCDC Viral Testing](#) page.

Please see this guidance the [BCCDC Viral Testing](#) page for information on swabs currently validated and available for use in BC for adults and for children.

8. Where can I obtain swabs and requisitions?

If you require nasopharyngeal swabs for COVID-19 testing, please order through usual Regional Health Authority processes or use this [Sample Container Order Form](#) and either email the request to kitorders@hssbc.ca OR fax request to (604) 707-2606.

Please see [Appendix B](#) for a sample completed lab requisition. Blank requisitions are available [here](#).

9. Can nurses order COVID-19 testing under their MSP number?

Yes. Nurses who have Certified Practice designation through the BCCNP (either: STIM, CM or Remote Practice) can order COVID testing from provincial labs under their MSP number. [See Appendix F.](#)

Nursing Stations and Health Centres may have 'in-house' physicians or nurse practitioners who may also order the laboratory testing with their MSP billing number.

Alternatively, there may be physicians or nurse practitioners that you work with often who may want to partner with you to offer testing through their MSP billing numbers. You may also be able to explore options through the new [First Nations Virtual Doctor of the Day](#) program.

10. What do I need to consider about getting the specimen to the laboratory for testing?

Each specimen (swab or gargle) must be in an individual, sealed biohazard bag and have a fully completed paper requisition (see example in [Appendix B](#)).

Specimens need to reach a laboratory in adequate time to ensure the viability of the specimen. This depends on the guidelines from the manufacturer of the swab and the transport medium, as well as the laboratory receiving and testing the specimen. 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.

If staff are packaging specimens for shipment, they require valid Transportation of Dangerous Goods (TDG) certification. As part of TDG regulations the clinic shipping the specimen must have an active CANUTEC registration. You'll need to 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. You can register here, <https://www.tc.gc.ca/eng/canutec/menu.htm>. Please see the [Transportation of Dangerous Goods: Standard of Practice](#) for further information. 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: <http://www.elabhandbook.info/PHSA/Test/ManageTests.aspx> [In 'Search for Test' bar, type COVID to return results.]

11. Who should have Transportation of Dangerous Goods (TDG) certification and where can staff be certified?

The TDG Regulations require the employer to issue a training certificate to any person who handles, offers for transport, or transports dangerous goods. Even when employers hire an external trainer, the employers are required to issue training certificates once they are sure their employees have received adequate training. Certification renewal is required every 3 years.

For transporting specimens, train and designate a staff member who is there regularly and would be available to pack the samples for transport to the laboratory. It would be ideal to have a back-up individual as well in case of absence. This role is not exclusive to nurses.

For nurses employed by FNHA, the FNHA Nursing Team has a contract with an external instructor for providing TDG – Air and Ground Certificate training. If FNHA CHNs would like to be certified for handling TDG through air and ground, please contact Jessica.Chien@fnha.ca.

For staff not employed by FNHA, your Community Health Practice Consultant may know if there are options for courses through the Regional Health Authority. Alternatively, the following links may be helpful.

- TDG Training Fact Sheet: https://www.ccohs.ca/oshanswers/legisl/tdg/tdg_training.html
- Different certification may be required (ground or air) depending on method of shipping
- Search Organizations for providing TDG Training in BC: <https://wwwapps.tc.gc.ca/saf-sec-sur/3/train-form/search-eng.aspx>

Please see the [Transportation of Dangerous Goods: Standard of Practice](#) for further information.

12. Where can I obtain external packing materials that meet the TDG requirements?

Please see the [Transportation of Dangerous Goods: Standard of Practice](#) for further information.

Alternatively, there may be collaboration to receive packaging through your Regional Health Authority.

13. What Infection Prevention and Control (IPC) measures do I need to consider if I want to start offering testing?

When setting up a testing site, consider the number of staff available to support, the space and flow needed to ensure privacy and confidentiality and minimize risk of contamination. For example, it may be beneficial to designate a separate, direct entry point for individuals coming indoors for testing or to organize outdoor drive-through testing sites. We recognize that every testing set-up will be slightly different. Please feel free to email cdmgmt@fnha.ca to discuss specifics for setting up a testing site in your Community.

It is ideal to do a Point of Care Risk Assessment (PCRA) when assessing for testing eligibility and booking appointments over the phone to ensure you can properly prepare in advance. For a sample risk assessment screening script prior to booking clients, please see:

<https://www.fnha.ca/Documents/FNHA-Risk-Assessment-Script-for-Clinics.pdf>. Ensure appropriate supplies and PPE are readily available to minimize exposure.

Please see [Appendix C](#) and [Appendix D](#) for sample workflows with Infection Prevention and Control considerations.

[The COVID-19: Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings](#) may also be helpful for identifying general principles of IPC measures.

14. What Occupational Health measures should I consider?

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:

- Is the area well lit
- Is the area free of hazards (potholes, uneven surfaces, other slipping or trip hazards)
- Designated parking spot for client with instructions to place vehicle in park and turn off
- Emergency exits are well-marked, clear and well lit (if applicable)
- Staff working in pairs or appropriate alternative
- Appropriate communication devices available
- Adequate supply of PPE, with appropriate area to don and doff
 - Please see [An Interim Guide to using Personal Protective Equipment](#)

15. What Public Health messaging is important to provide when testing?

- Advise clients to continue self-isolating until they receive their test results and further information on self-isolating will be provided based on test result. Review the client handout with client [What to do after you get tested](#)
- If the test result comes back negative:
 - If their symptoms worsen, advise them to contact their health care provider or call 8-1-1.
 - They have symptoms of illness, advise them to continue to isolate until their symptoms resolve.

- They are a health care provider; advise them to speak with their employer about return to work policies.
- They are a contact of COVID-19 case, advise them continue to self-isolate for 14 days from their last contact and liaise with the RHA CD unit
- They are a traveler returning to Canada, they must continue to isolate for 14 days from arrival back in B.C. Public health measures still need to be closely followed to prevent being exposed in future (i.e. appropriate physical distancing, staying home when sick, avoiding touching the face with unclean hands, appropriate hand hygiene)
- If the test result comes back positive:
 - Let the client know that the Regional Health Authority (RHA) Communicable Disease (CD) team will automatically receive a copy of their test result if it is positive. The client should be aware that in the event of a positive test result, there will be more information collected by the RHA CD team and/or nurse in Community from the client about their symptoms, including how and when they may have been exposed and who their contacts were during the time they were contagious.

16. What do I need to consider about receiving the lab results and the associated Communicable Disease (CD) follow up?

The Regional Health Authority will automatically receive a copy of a positive lab result of COVID-19, as they would with any reportable Communicable Disease. The Regional Health Authority does not receive negative test results. Any provider or office included on the requisition will receive the test results.

For Roles and Responsibilities in CD follow up, please see:

- [COVID-19 Adapted Regional Health Authority- First Nations Health Authority Communicable Disease Protocol](#)
- [COVID-19 – Notice and Follow-up Process for a Confirmed Case in a First Nations Community](#)

Results on laboratory results needs to be considered within the context of the client history/ contact exposure and symptoms. Please see:

- BCCDC Interpreting the results of Nucleic Acid Amplification testing (NAT; or PCR tests) for COVID-19 in the Respiratory Tract: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_InterpretingTesting_Results_NAT_PCR.pdf
- The BCCDC CD Manual [Novel Coronavirus \(COVID-19\) - Interim Guidelines](#)

a) If I receive a lab result indicating a positive result for COVID-19, what do I do?

Collaborate with the Regional Health Authority CD unit to establish who will notify the client, conduct the case interview, and do contact tracing. For support with CD follow up for a positive case, the Regional Health Authority CD Unit will be available to support you as well as the FNHA CD Management team (cdmgmt@fnha.ca).

b) What if a lab result comes back negative for a symptomatic client?

Use clinical judgement. If symptoms and exposure are still suspicious of COVID-19, communicate with the RHA CD Unit to consult with the MHO. Provide guidance to the client to continue to self-isolate as per the BCCDC guidelines base on their exposure and symptoms.

Liaise with the physician or nurse practitioner that you were working with and discuss next steps. (i.e. if the client needs other tests/assessments to be completed if it's not COVID-19).

17. What do I need to consider for documentation?

BCCDC and PHSA are creating a COVID-19 screening eForm that is web based (fillable on iPhone, tablets and laptop) and will be available to all health professionals/nurses in BC for use. When submitted, the information will be directly uploaded into Panorama regardless of whether or not you have Panorama access. Until this eForm is available, the form in [Appendix A](#) can be used to document screening and specimen collection. Please follow your employer policies for documentation.

For any positive lab results, a case report form needs to be completed. Depending on the established process between yourself and your local CD Unit, you may be asked to fill out a case report form and fax to the local CD unit, or submit directly into Panorama if you are a Panorama user. Please see: <https://www.fnha.ca/Documents/FNHA-Panorama-Case-and-Contact-Workflow-for-Indigenous-Communities.pdf>

18. What additional resources are there to support CHNs looking to set-up testing in Community?

Please see the following links:

- BCCDC COVID-19 Viral Testing page: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/covid-19-testing/viral-testing>
- COVID-19: Adult Testing Guidelines for British Columbia: http://www.bccdc.ca/Health-Professionals-Site/Documents/BCCDC_PHL_Updated_nCoV_Lab_Guidance.pdf
- COVID-19: Pediatric Testing Guidelines for British Columbia: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_PediatricTestingGuidelines.pdf
- PHSA eLab Handbook: <http://www.elabhandbook.info/PHSA/Test/ManageTests.aspx>
- BCCDC Interpreting the results of Nucleic Acid Amplification testing (NAT; or PCR tests) for COVID-19 in the Respiratory Tract: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_InterpretingTesting_Results_NAT_PCR.pdf
- For people who have been tested for COVID-19: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CID%20Manual/Chapter%201%20-%20CDC/COVID19-self-isolation-post-testing.pdf>

Please feel free to contact:

- FNHA CD Management Team (cdmgmt@fnha.ca)
- Your Regional Nursing Team
- Your Regional Health Authority (local CD Unit, hospital lab, collection center contact)

Appendix A: Screening Form / Individual Client Testing Record

Note: See next 2 pages for printable screening forms

First Nations Health Authority COVID-19 TESTING RECORD

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: If yes, what community?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____

SCREENING:

Signs/Symptoms	Date of Onset	Date of Onset
<input type="checkbox"/> Asymptomatic	n/a	<input type="checkbox"/> Headache
<input type="checkbox"/> Fever: °C		<input type="checkbox"/> Fatigue
<input type="checkbox"/> Chills		<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Cough or exacerbation of chronic cough		<input type="checkbox"/> Loss of appetite
<input type="checkbox"/> Shortness of breath or difficulty breathing		<input type="checkbox"/> Nausea and vomiting
<input type="checkbox"/> Runny nose or nasal congestion		<input type="checkbox"/> Muscle aches
<input type="checkbox"/> Sore throat		<input type="checkbox"/> Other:
<input type="checkbox"/> Loss of smell or taste		<input type="checkbox"/> Other:

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

Travel History	
Place:	Dates of Travel:
<input type="checkbox"/> Travel outside of Canada in the 14 days before onset of illness	

Contacts/Cluster/Outbreak Investigation	
<input type="checkbox"/> Close contact with a confirmed or probable case of COVID-19 within 14 days before the onset of illness	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"/> Homeless <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):	


Appendix B: Sample Laboratory Requisition

COVID-19 TESTING LAB REQUISITION REQUIREMENTS FOR PROVIDERS



Public Health Laboratory
BC Centre for Disease Control
455 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publicHealth

Virology Requisition



Section 1 - Patient Information

PERSONAL HEALTH NUMBER: 6222311112 DOB: 2019/05/09 GENDER: M

PATIENT SURNAME: MCOUSE PATIENT FIRST AND MIDDLE NAME: BABY TEST PHONE NUMBER: 250.043.7096

ADDRESS: 17854 TORONTO AVE CITY: QUESNEL POSTAL CODE: T7N6J8

1

Section 2 - Healthcare Provider Information

ORDERING PHYSICIAN: Bourque, Helen MSP### ADDITIONAL COPIES TO: Urgent Virtual Clinic NHA

CLINIC OR HOSPITAL: Dr. Steven Chang **3**

2

Section 3 - Test(s) Requested

PATIENT STATUS: Hospital inpatient Outpatient

History of contact with infection: Yes No

4

IGNS / SYMPTOMS: Date of Onset: 23/04/2020 Fever Cough

Upper Respiratory Infection: Yes No **5**

Other specify: Sore throat

HERPES VIRUSES **GASTROINTESTINAL VIRUSES**

Herpes simplex virus 1 Herpes simplex virus 2 Rotavirus Adenovirus Norovirus Sapovirus

Other specify: Other specify: Other specify: Other specify:

6

COVID-NAT **HCW1**

6

Date and time specimen collected must be indicated

#	Section	Required	Details
1	Patient Information	Yes	Patient Name, DOB or PHN (both preferred – although some patients do not have PHN or are unable to provide it during their appointment), contact phone # address inc. postal code (address may be “no fixed address”)
2	Ordering Provider	Yes	Name and MSP#
3	Copies to	If applicable	Add in your Health Centre or Nursing Station if you would like to receive a copy of the lab result
4	Patient Status	No	IF APPLICABLE contact or travel history – otherwise, leave blank
5	Signs & Symptoms	No	This section is optional and not required
6	Resp. Viruses		
	A. Test name	Yes	“COVID-NAT” this is the test being ordered
	B. Priority Code	Yes	see page 2 of COVID-19 Testing Guidance for BC for codes

NOTE – A Standard Outpatient Laboratory Requisition is also acceptable if it has the required information

*Adapted from NHA's COVID-19 TESTING LAB REQUISITION REQUIREMENTS FOR PROVIDERS

Appendix C: Sample workflow and IPC considerations for testing in clinic rooms

- Prepare designated testing room by having only the necessary equipment in the room, to minimize what needs to be cleaned after seeing the client.
- Screening client for testing eligibility prior to attending clinic.
- Book the client's appointment when there will be no other clients in the testing area.
- Inform the client over the phone that they will need to wear a medical mask as tolerated upon arrival.
- Inform the client they should be the only person coming into the clinic and if additional mobility assistance is needed to let the nurse know in advance so it can be arranged.
- Ensure there is hand sanitizer and medical masks at the entrance to the health centre, nursing station, or outside testing area for the client to use.
- Ensure instructions are posted on how to don a medical mask. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf
- Once the client has performed hand hygiene and donned a medical mask, lead them directly to a private room if testing indoors.
- All nurses who collect specimens should don appropriate PPE (contact and droplet precautions) in an area where cross-contamination is minimal (ie. outside of the exam room). For additional considerations, see: <https://www.fnha.ca/Documents/FNHA-COVID-19-An-Interim-Guide-to-Using-Personal-Protective-Equipment.pdf>
- The risk of exposure to viruses while collecting diagnostic specimens (e.g., NP swab) from a coughing or sneezing client can be mitigated by asking the client to place their medical mask over their mouth. Persons in the room during the procedure should, ideally, be limited to the client and the nurse collecting the specimen.
- Clients should be provided with tissues to contain coughs and sneezes after the procedure if applicable. Nurses collecting specimens should stand to the side of the client, not directly in front of them.
- Provide client education about how to take the mask off and dispose of properly when they leave the clinic. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf
- Doff equipment in an area that avoids recontamination (i.e. more than 2 meters away from client). Dispose in appropriate waste receptacle.
- After the client leaves, ensure appropriate cleaning and disinfection of the room. Please see: [FNHA's COVID-19 Recommendations for Cleaning In Community Health Care Settings](#).

Appendix D: Sample workflow and IPC Considerations for testing outside of the clinic

- Prepare designated area while considering occupational health and safety measures for staff. **To identify specific measures for your location, please contact OHN.clinic@fnha.ca**
- Screening client for testing eligibility prior to attending.
- Book the client's appointment when there will be no other clients in the testing area to ensure privacy and confidentiality.
- Inform the client over the phone that they will need to park in the designated spot outside and to call nurse on arrival (provide number or have it posted on a sign at the designated spot).
- Also inform client they will have to wear a medical mask as tolerated upon arrival.
- Inform the client they should be the only person coming in the car to the testing site.
- Once the client notified the nurse of their arrival, the nurse will don PPE in an area where cross-contamination is minimal.
- The nurse will bring hand sanitizer, a medical mask and a swab kit out to the designated spot where the client is parked.
- Provide hand sanitizer for the client to perform hand hygiene and provide a medical masks (Ensure instructions are available on how to don a medical mask. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Donning.pdf)
- Once the client has performed hand hygiene and donned a medical mask, obtain the information needed on the laboratory requisition and obtain informed consent for specimen collection.
- The risk of exposure to viruses while collecting diagnostic specimens (e.g., NP swab) from a coughing or sneezing client can be mitigated by asking the client to place their medical mask over their mouth.
- Clients should be provided with tissues to contain coughs and sneezes after the procedure if applicable. Nurses collecting specimens should stand to the side of the client, not directly in front of them.
- Provide client education about how to take the mask off and dispose of properly when they leave the clinic. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_MOH_BCCDC_Doffing.pdf

Appendix E: Region Specific Resources

Please insert resources specific to your region here.

Appendix F: Ordering COVID-19 swabs

Practice Update

Ordering COVID -19 swabs.

We have been notified by the BCCNP, the BC Ministry of Health and the BCCDC that during this time of COVID-19, nurses who have a Certified Practice designation through the BCCNP (either: STIM, CM or Remote Practice) can order COVID swabs under their MSP number.

To be able to use your MSP number to send swabs for COVID-19 you must:

- Use the [BCCDC COVID-19: Adult 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.

As this is a recent change, some labs may not be aware of that fact that these tests can be completed under an RNC's MSP number. To avoid any sample rejection, we advise – before sending you first batch of swabs – to call the lab to which you are sending them and advise them of the change. If they have questions, they can refer to [Registered Nurses \(Certified\) Laboratory Services Referral Schedule](#) (Fee Code 90837).

As with any diagnostic you order, you are responsible for ensuring follow-up and notification of positive and negative results. For positive results, the process has not changed and will include:

- The Medical Health Officer (MHO) of the Regional Health Authority (RHA) is informed of the positive test result directly by the provincial lab. The RHA MHO has the legal authority and responsibility for receiving Communicable Disease (CD) lab reports, making case determinations, and directing the appropriate CD management.
- Concurrently, the MHO from the RHA will notify the FNHA's Chief Medical Officer (CMO) of the positive test result, or the positive case would be identified through the FNHA's First Nations COVID-19 surveillance data linkage.
- The client is informed of the positive test results by the CD nurse from the RHA, primary healthcare provider, CHN, or health care provider who ordered the COVID-19 test.
- The RHA CD team will work directly with the First Nations community's nursing staff to support and provide CD follow-up for community member, in collaboration with the RHA and in accordance with staffing levels and capacity.
- The FNHA CMO notifies the FNHA's Communicable Disease Control (CDC) team of the positive case. The FNHA CDC team may be engaged by the RHA CDC team. The FNHA CDC team collaborate and liaise within the FNHA and with RHA colleagues to support CD follow-up within communities as requested.

[COVID-19 – Notice and Follow-up Process for a Confirmed Case in a First Nations Community](#)