Department of Health		Medical Directives and Delegation		
Governme Nunavu	Government of Nunavut		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:	
COVID-19 Laboratory Testing Authority		Nursing Practice	07-034-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:	
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#### 1. BACKGROUND:

As a result of the SARS-CoV-2 (Covid 19) pandemic it is necessary to increase the access of services to Nunavummiut

Covid-19 infections are diagnosed through healthcare professionals in consultation with public health teams, and guidance based on symptoms, typically confirmed through laboratory testing. Through policy 07-031-00, Community Health Nurses (CHNs) are delegated the authority to initiate COVID-19 testing. To improve access to care and lower the risk of transmission, delegation to Healthcare Providers is needed. The *COVID-19 Laboratory Testing Authority* is intended to:

- 1) provide an authorising mechanism for Healthcare Providers to initiate laboratory testing for COVID-19;
- 2) provide standardised public health criteria to guide the nurse in their decision to initiate testing; 3) provide a procedural outline; and
- 4) provide standardised guidance related to follow-up and mandatory reporting.

## 2. MEDICAL DIRECTIVE AND/OR DELEGATED PROCEDURE:

- 2.1 CHNs already possess the delegated authority to initiate testing; however, they must follow the additional requirements outlined in this medical directive.
- 2.2 Registered Nurses (RNs) are permitted to initiate testing for COVID-19, according to the COVID-19 Public Health Protocol and requirements outlined in this medical directive.
- 2.3 Licensed Practical Nurses (LPNs) are permitted to initiate testing for COVID-19 and must follow the requirements outlined in this medical directive.
- 2.4 Respiratory Therapists (RTs) are permitted to initiate testing for COVID-19 and must follow the requirements outlined in this medical directive.
- 2.5 Advanced Care Paramedics (ACPs) and Primary Care Paramedics (PCPs) are permitted to initiate testing for COVID-19 and must follow the requirement outlined in the medical directive.

# 3. Principles:

- 3.1 Healthcare Providers are expected to practice within their own level of competence and seek guidance from their supervisor, physician, or Nurse Practitioner as needed.
- 3.2 Guidelines do not replace clinical judgement. Management decisions must be individualised.

### 4. RECIPIENT PATIENTS:

4.1 Nunavummiut of all ages

#### 5. AUTHORIZED IMPLEMENTERS:

- 5.1 RNs who possess the knowledge, skills, and abilities to initiate the testing.
- 5.2 LPNs who possess the knowledge, skills, and abilities to initiate the testing.
- 5.3 RTs who possess the knowledge, skills, and abilities to initiate the testing.
- 5.4 ACPs and PCPs who posses the knowledge, skills, and abilities to initiate the testing.
- 5.5 Sub delegation to initiate a test is **not** permitted to another regulated or non-regulated healthcare professional who (1) are not listed in the directive/ delegation policy and (2) are not authorised to perform that procedure through other authorising mechanisms like departmental policies, professional regulation acts and associations.
- 5.6 Healthcare Providers are required to demonstrate competency to implement this medical directive through the standardised orientation process.

# 6. INDICATIONS AND CONTRAINDICATIONS:

- 6.1 The medical directive may be enacted when patient's history and symptoms match the testing criteria outlined in the COVID-19 Public Health Protocol
- 6.2 Healthcare Providers may only initiate testing by means of Nasopharyngeal (NP) swab.
- 6.3 RNs, LPNs, RTs, ACPs and PCPs may not give orders to other Healthcare Providers to perform testing, as per scope of practice.

## 7. DEFINITIONS:

<u>Healthcare Provider:</u> Registered Nurse (RN), Licensed Practical Nurse (LPN), Respiratory Therapist (RT), Advanced Care Paramedics (ACPs) or Primary Care Paramedics (PCPs)

#### 8. PROCEDURE:

- 8.1 The Healthcare Provider assesses the patient by completing the *Person Under Investigation* (PUI) Assessment Form, outlined in Appendix C of the COVID-19 Public Health Protocol
- 8.2 The Healthcare Provider determines if COVID-19 testing is indicated through the COVID-19 Healthcare Provider Flowchart, outlined in Appendix D of the COVID-19 Public Health Protocol
- 8.3 If the client meets testing criteria, the Health Care Provider completing the *PUI Assessment Form initiates testing*.
- 8.4 The Healthcare Provider is required to submit the PUI Assessment Form for all patients to the Regional Communicable Disease Coordinator (RCDC) by email <a href="when testing is initiated">when testing is initiated</a>. Forms for those not tested can be sent in batches at the end of the day directly to <a href="cdsurveillance@gov.nu.ca">cdsurveillance@gov.nu.ca</a>. In the case of computer issues, fax the form AND contact RCDC by phone to ensure receipt of information. The RCDC will in turn, forward the form to the Territorial Communicable Disease Specialist (TCDS) and Communicable Disease Surveillance (<a href="cdsurveillance@gov.nu.ca">cdsurveillance@gov.nu.ca</a>) to ensure required outbreak management processes can occur.
- 8.5 The Healthcare Provider will explain the procedure to the client and/or family, including any potential adverse outcomes. Obtain verbal consent.
- 8.6 The Healthcare Provider collects the specimen, according to the COVID-19 Public Health Protocol, listing the name of the person ordering/initiating the test. When collecting specimens, the approved procedural technique and personal protective equipment requirements must be followed.

- 8.7 The Healthcare Provider completes all fields on the laboratory requisition (enter in Meditech where available) including, but not limited to:
  - i. A minimum of 2 patient identifiers.
  - ii. The name of the clinician initiating/ordering the test, clearly stated as the ordering provider.
  - iii. Date and time of collection clearly labelled on the specimen and requisition.
  - iv. Health Centre contact information and initiating/ordering clinician's contact information.
- 8.8 The RN and the LPN are accountable for providing timely follow-up of test results in accordance with CHN Manual policies Acknowledgement of Diagnostic Test Results and Follow up of Abnormal Diagnostic Test Results.
- 8.9 RTs, ACPs, and PCPs are responsible to communicate all test results in a timely manner to their clinical supervisor. The RT, ACP and PCP are not authorized to communicate test results to a patient without consultation first with the clinical supervisor.
- 8.10 The Healthcare Provider maintains a manual list of all tests they have initiated and are responsible for manually tracking test results. The RCDC will additionally be tracking pending investigations but is not the most responsible practitioner. The RN initiating the test is the most responsible practitioner.
- 8.11 Reporting suspicious or confirmed cases of COVID-19 to Public Health is mandatory, see COVID-19 Public Health protocol for reporting requirements.
- 8.12 In the case that the RN's employment ends, the list of investigations initiated must be handed over to the Supervisor of Health Programs and the RCDC to ensure follow-up.
- 8.13 Health centres, hospitals, screening clinics, or any other health programs are required to manually track COVID-19 specimens if they do not have processes in place to do this through Meditech. This is to ensure specimens are not lost in transit or there are issues that arise with lab processing.

<u>Practice Point:</u> Maintain a manual tracking binder in your facility for COVID-19 laboratory investigations; keep one section for pending requisitions and another section for completed/received results. This will additionally allow for tracking the amount of testing per community.

## 9. DOCUMENTATION:

- 9.1 The Health Care Providers must follow the Documentation Standard policy outlined in the CHN Manual
- 9.2 At minimum, the following must be documented:
  - i. All related fields within the COVID-19 Public Health Protocol's, PUI Form
  - ii. If patient meets testing criteria, any consultations to initiate and perform the test (NP swab)
  - iii. Informed consent received from the client and tolerance of the test
  - iv. Follow-up instructions to the patient
  - v. Reference to this medical directive
  - vi. Documentation of communication to RCDC

### 10. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Appendix B: COVID-19 Public Health Protocol

https://www.gov.nu.ca/sites/default/files/covid-19 public health protocol v6 2jul2020.pdf

CHN Manual Policy:

Acknowledgement of Diagnostic Test Results

CHN Manual Policy:

Follow up of Abnormal Diagnostic Test Results

CHN Manual Policy: Documentation Standard

https://www.gov.nu.ca/health/information/manuals-guidelines

## 11. REFERENCES:

Government of Canada. (2020). https://www.canada.ca/en/public-health/services/diseases/2 019-novel-coronavirus-infection.html

World Health Organization. Coronavirus disease. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen

# 12. APPROVALS:

Approved By:	Date:			
JB-	June 15, 2021			
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Approved By:	Date:			
Social So	June 15, 2021			
Jenifer Bujold, Chief Nursing Officer				
Approved By:	Date:			
Mat	June 22/21			
Dr. Michael Patterson, Chief Public Health Officer, on behalf of the Medical Advisory Committee				