June 4, 2020

Association of Ontario Midwives
Delivering what matters.

Midwives ordering testing for COVID-19

Can I test my clients and/or their newborns for COVID-19?

Midwives can order laboratory tests for COVID-19 for their clients and infants born within their care in accordance with Reg. 682 (Appendix A) under the Laboratory and Specimen Collection Centre Licensing Act.

Midwives can provide COVID-19 testing at any point in time during the prenatal and postpartum period, provided they have the resources required to carry out testing. Testing can take place in the clinic, hospital, or in the client's home.

Who can I order a COVID-19 test for?

As of June 2nd, the Ministry of Health has updated their testing guidance. It now includes pregnant people and newborns in their definition of 'specific priority populations'.

Pregnant people and neonates should be tested as soon as possible if they are exhibiting any COVID-19 symptoms (see here for the Ministry's updated list of symptoms).

According to the Ministry, if the client is only reporting a runny nose/sneezing or congestion, midwives should consider other underlying issues such as seasonal allergies and post-nasal drip.

Newborns should be tested for COVID-19 within 24 hours of birth if their birthing parent had suspected or confirmed COVID-19 at the time of delivery, regardless of symptoms.

Midwives should use their clinical judgement to determine whether to test a birthing parent or newborn in the postpartum period. The symptoms list and/or case definition can help to inform this decision.

All specimens that are submitted for testing will be accepted. Midwives should prioritize testing symptomatic people over those without symptoms; testing of asymptomatic people is not recommended.

As of May 11th 2020, the Ontario case definitions for COVID-19 (PDF, 117 KB) are:

Confirmed cases: individuals with laboratory confirmation of COVID-19 infection using a validated assay, consisting of positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target. Laboratory confirmation is performed at reference laboratories (e.g., The National Microbiology Laboratory or Public Health Ontario Laboratory) or non-reference laboratories (e.g., hospital or community laboratories).[1]

Suspected cases (a.k.a. probable cases):

1. Individuals (*who have not had a laboratory test)* with symptoms compatible with COVID-19 **AND**
    - Traveled to an impacted area*, including inside of Canada in the 14 days prior to symptom onset or
    - Close contact** with a confirmed case of COVID-19 or
    - Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison)
2. A person with symptoms compatible with COVID-19 AND In whom laboratory diagnosis of COVID-19 is inconclusive[2][3]

*The World Health Organization also includes "residence in a location reporting community transmission of COVID-19 during the 14 days prior to symptom onset" in their case definition for probable COVID-19 infection.

**Close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

What type of swab is needed to test for COVID-19?

According to Public Health Ontario, midwives are only required to submit a single upper respiratory tract specimen for COVID-19 testing. This specimen can be collected through either a nasopharyngeal swab **OR** a viral throat swab. **However, PHO states that a nasopharyngeal swab is the preferred specimen.** Swabs must be collected in universal transport medium (UTM).

How can I order collection kits for nasopharyngeal and viral throat swabs?

Midwives can order the following collection kits from PHO using the Requisition for Specimen Containers and Supplies Form:

- Nasopharyngeal swab in transport medium (UTM) – Item number 390082

1 Some hospital and community laboratories have implemented COVID-19 testing in-house and report final positive results, which is sufficient for case confirmation. Other hospital and community laboratories will report positives as preliminary positive during the early phases of implementation and will require confirmatory testing at a reference laboratory (e.g. Public Health Ontario Laboratory or the National Microbiology Laboratory).

2 Inconclusive is defined as an indeterminate on a single or multiple real-time PCR target (and no positives) without sequencing confirmation, or a positive test with an assay that has limited performance data available.

3 An indeterminate result on a real-time PCR assay is defined as a late amplification signal in a real-time PCR reaction at a predetermined high cycle threshold value range (e.g. Ct >38). This may be due to low viral target quantity in the clinical specimen approaching the limit of detection of the assay, or alternatively may represent nonspecific reactivity (false signal) in the specimen. When clinically relevant, indeterminate samples should be investigated further by testing for an alternate gene target using a validated real-time PCR or nucleic acid sequencing at the community, hospital or reference laboratory that is equally or more sensitive than the initial assay or method used.

- Viral throat swab - Swab in transport medium (UTM) – Item number 390081
- Biohazard Bags – Clinical specimens (self-seal) – Item number 300008

Midwives should fax the completed requisition form to their local public health laboratory (fax information can be found on the second page of the Requisition for Specimen Containers and Supplies from).

Note: Collection kits should be stored at 2-25°C until used.

If ordering from PHO is not possible, midwives can order alternative collection kits (see Table 1).

How do I conduct a nasopharyngeal swab? (Preferred method)

To conduct a nasopharyngeal swab, PHO recommends the following:

1. Open the pouched seal pack and aseptically remove the sterile swab from the package.
2. Collect the specimen from the site involved as early as possible following the onset of symptoms. This video provides additional guidance on how to collect this specimen.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line to fit in tube well below the cap and replace cap to vial closing tightly.
5. Label the specimen container with the patient's full name, date of collection and one other unique identifier such as the patient's date of birth or Health Card Number. Failure to provide this information may result in rejection or testing delay.

How do I conduct a nasopharyngeal swab on a newborn?

Although conducting a nasopharyngeal swab on a newborn involves the same mechanics as it would with an adult, there are a few considerations to make when swabbing a newborn. Nasopharyngeal swabs are invasive and can be a discomforting experience for newborns and their parents. This video provides some guidance on how midwives can lessen this discomfort when conducting a nasopharyngeal swab.

The Provincial Council for Maternal and Child Health (PCMCH) has published new COVID-19 guidance, and includes considerations for nasopharyngeal testing on a newborn (such as ensuring a newborn's face is cleansed prior to sample collection). See here for more information.

Are there alternatives to nasopharyngeal swabs?

Yes. Recent research has shown that midturbinate swabs –swabs that are inserted into the nostril until resistance is met at the turbinates as opposed to the nasopharynx– are a good alternative to nasopharyngeal swabs for diagnosing respiratory viruses. In one study (n = 84) infants were swabbed using both midturbinate and nasopharyngeal swabs to detect the presence of a respiratory syncytial virus. Study authors found that differences in viral loads

were small and likely not clinically significant, and over 75% of parents preferred midturbinate swabs to nasopharyngeal swabs.

PHO has approved one pediatric midturbinate swab as an alternative collection kit for an upper respiratory tract specimen for COVID-19 testing (see Table 1). This may be an appropriate option for testing newborns. This video provides some guidance on how midwives can conduct a midturbinate swab.

How do I conduct a viral throat swab? (For use only if a nasopharyngeal swab is not possible)

To conduct a viral throat swab, PHO recommends the following:

1. Open the pouched seal pack and aseptically remove the sterile swab from the package.
2. Collect the specimen from the site involved as early as possible following the onset of symptoms.
3. Aseptically remove cap from vial and insert swab in medium.
4. Break swab shaft evenly at the scored line well below the cap and replace cap to vial closing tightly.
5. Label the specimen container with the patient's full name, date of collection and one other unique identifier such as the patient's date of birth or Health Card Number. Failure to provide this information may result in rejection or testing delay.

Alternative collection kits

Due to existing shortages, PHO has compiled a list of alternative collection kits. Midwives can order any of the following to collect upper respiratory tract specimens for COVID-19 testing (see below).

Table 1: Alternative collection kits (adapted from PHO)

Manufacturer	Vendor Catalogue	Description
Copan	UTM® 302C	**Two Traditional Polyester Swabs with UTM® Medium** ▪ Double Regular Size Traditional Polyester Swabs Packaged with 3 mL UTM® Medium
Copan	UTM® 305C	**Flexible Minitip Flocked Swab with 3 mL UTM® Medium** ▪ Single Flexible Minitip Size Nylon® Flocked Swab Packaged with 3 mL UTM® Medium
Copan	CA56750CS01	**Midturbinate - pediatrics swabs** ▪ Contoured Pediatric Flocked Swab w/Stopper

Fisher Scientific	B220528	**BD Universal Viral Transport Collection Kits** ▪ 3mL Vial, one sterile Nylon flocked tip swab, scored plastic shaft
Fisher Scientific	B220531	**BD Universal Viral Transport Collection Kits** ▪ 3mL Vial, one sterile mini-tip swab, scored plastic shaft
Hologic	PRD-03546	Aptima® Multitest Swab Specimen Collection Kit* ▪ Individually wrapped, sterile swab and tube containing Specimen Transport Medium (STM), 2.9 mL *Can use this swab to collect a throat specimen

Additional collection kits

Midwives can submit other swab types (except cotton-tipped swabs) and other liquid transport media (except gel or solid media) to PHO laboratories for COVID-19 testing.

What personal protective equipment is required when testing for COVID-19?

Midwives should don droplet and contact precautions when testing for COVID-19. This includes:

- Surgical/procedure mask
- Isolation gown
- Gloves
- Eye protection (goggles or face shield)

Requisition form for COVID-19 testing

Midwives must complete all fields of the COVID-19 test requisition form when they have completed swabbing and include with sample(s) for processing.

How do I prepare the sample(s) for transportation?

After collecting the sample, midwives should:

- Place the specimen in the biohazard bag and seal.
- Ensure that specimens are stored at 2-8°C (in the fridge).
- Ship specimen on ice packs.
- **Note:** if there will be a delay of more than 72 hours before specimen can be shipped to laboratory, keep specimen frozen (-80°C) and ship on dry ice

Can any lab accept samples for COVID-19 testing?

Midwives can either:

- Ship sample(s) to their local PHO Laboratory or
- Ship sample(s) directly to one of six PHO Laboratories that are processing specimens for COVID-19 testing (located in Toronto, Hamilton, Kingston, Ottawa, Timmins and London).

Dynacare laboratories are not currently processing tests for COVID-19. Dynacare is forwarding all samples to PHO for COVID-19 testing.

LifeLabs locations are accepting samples for COVID-19 testing, unless otherwise specified.

Midwives are encouraged to contact their local hospital(s) or community lab to check if they have the capacity to accept swabs taken from the community for COVID-19 testing.

How will I receive the test results?

Midwives will be notified by PHO once results become available. Presently, all positive and negative results are being reported to the local public health unit.

Ontario Health Digital Services has provided instructions and information for clinicians who use the Ontario Laboratories Information System (OLIS) to look up client results for COVID-19. Midwives who are registered to use OLIS will be able to find client COVID-19 results in the clinical viewer as soon as they are entered by the processing lab, if that lab has been connected to OLIS. Work is ongoing to get all COVID-19 testing labs feeding into the system, although most are connected now.

Clients and the public are now able to check their own test results through OLIS. Clients can sign up here to view their own COVID-19 results, whether or not their care providers are registered to use OLIS. This will not give clients access to other types of test results or reports available in OLIS, and, like clinicians, they will only be able to view results from labs that are connected to the system.

Note: If you become aware that a client visited your clinic and has since tested positive for COVID-19, please notify your local public health unit. For more information about testing, please contact PHO.