

Point prevalence testing (PPT) for long-term care, assisted living and independent living

General

This document is an overview of the point prevalence testing process for long-term care, assisted living and independent living facilities in an active COVID-19 outbreak or under enhanced monitoring by Public Health. This document references other resources in the LTC/AL COVID-19 Resource Toolkit, which can be found at <https://www.fraserhealth.ca/employees/clinical-resources/coronavirus-information/ltc-al-il/resources#.YAdyiDpKibg>

COVID-19 testing of individuals may be done for the following reasons when in an active outbreak or under enhanced monitoring:

- Staff with symptoms (refer to section on Staff Testing in the LTC/AL COVID-19 Resource Toolkit)
- Residents/Tenants with symptoms (refer to section on Monitoring and initial response for possible COVID-19 cases in the LTC/AL COVID-19 Resource Toolkit)
- Point prevalence testing recommended by Public Health

What is point prevalence testing?

Testing a group of individuals for COVID-19 infection at a single time (e.g. on one day or over two days) is referred to as point prevalence testing (PPT). PPT occurs when there has been an exposure or outbreak and is under the direction of the Medical Health Officer (MHO). Individuals being tested may be asymptomatic or symptomatic. PPT is used to find additional cases of COVID-19 and can help provide information on the scope and magnitude of an outbreak. Public Health uses the results to inform additional prevention and control recommendations to further limit transmission. Negative results from PPT only indicate that there was no detectable virus **at the time of testing**. PPT may need to be repeated more than once to ensure there is no further transmission and no additional infected individuals.

Should we do point prevalence testing?

The MHO may recommend point prevalence testing (PPT) to inform prevention and control recommendations for sites on enhanced monitoring or for declared COVID-19 outbreaks. When a recommendation to do PPT is made, the outbreak response lead will communicate the decision to the site.

The recommendation will indicate when testing should occur and who should be tested (e.g. all residents/tenants and/or staff of one neighbourhood or floor, or site-wide testing of all staff and residents/tenants).

Preparation

When performing PPT of staff and residents/tenants, be prepared for possible detection of multiple residents/tenants and staff who test positive. Order and prepare to ensure sufficient supplies (e.g. PPE, PPE carts, swabs, garbage cans, etc.) are present. Also, prepare a contingency plan for potential short-

term staffing shortages as a result of positive staff members being identified through PPT or staff cohorting that may be required as a result of positive residents/tenants.

A negative test only indicates that there was no detectable virus at the time of testing. It is important to continue outbreak control measures and to practice infection control even if staff members or residents/tenants test negative as any individual can test positive at any time within 14 days of the last exposure to COVID-19 (i.e. the incubation period).

Please click on the link [here](#) for the checklist for preparation of PPT.

When organizing a PPT cycle:

- Ensure enough staff are available to support the requirements of PPT, including clinical staff to do the swabbing as well as support staff to prepare the list of individuals to be swabbed, track who has been swabbed, label the swabs, complete the lab requisition forms, and prepare the swabs for transport.
- Plan [who](#) will be swabbed by completing the [PPT tracking tool](#). Print your PPT tracking tool with the list of residents/tenants and their location. Develop a swabbing plan (by unit, by floor) using the floor plan for your site and the list of individuals to be tested.
- Determine how long PPT will take (goal is to have PPT completed within 48 hours).
- Inform staff and residents/tenants of the PPT plan.
- Residents/tenants should be swabbed in their rooms. Ensure PPE is available and staff doing the swabbing are observing infection control precautions properly (e.g. donning and doffing of PPE, hand hygiene). Swab residents/tenants in unaffected units first and affected units (units with COVID-19 cases) last.
- When multiple staff need to be tested, determine where swabbing will take place. You can set up in a large room that allows enough spacing or set up space outside. Ensure staff are scheduled to attend and physical distancing is maintained.
- Refer to section Workflow for Collecting Nasopharyngeal Swab in the [LTC/AL COVID-19 Resource Toolkit](#) for collection of swabs.
- Refer to the Fraser Health Transportation of Dangerous Goods SOP in the LTC/AL COVID-19 Resource Toolkit for information of packaging and organizing transport of swabs.
- Refer to the section on sample requisition forms for [residents](#) and [staff](#) for point prevalence testing in the LTC/AL COVID-19 Resource Toolkit before completing forms for each resident and staff for PPT

Who will get tested?

Before starting PPT, prepare for who will be tested:

- Who did the MHO recommend to be tested? (e.g. all residents/tenants or only residents/tenants on a certain neighbourhood; all staff or only staff who worked on a certain neighbourhood or during a certain time period; any individuals identified as being exposed on site)
- Individuals who have been vaccinated for COVID-19 still need to be tested

Note the following actions for residents/tenants or staff who fit within the scope of PPT and have had previous COVID-19 tests:

Scenario	Action
Previously tested <u>positive</u> (within 3 months of the start of PPT)	Should not be tested as part of PPT
Previously tested <u>positive</u> (over 3 months from the start of PPT)	Should be tested again as part of PPT. If the individual tests positive from PPT, Public Health will investigate to determine if they are a new or residual positive case.
Previously tested <u>negative</u> (swab within 48 hours of the start of PPT)	Should not be tested as part of PPT
Previously tested <u>negative</u> (swab over 48 hours from the start of PPT)	Should be tested again as part of PPT

Once an individual has tested positive (including those who are recovered), they can continue to test positive for some time even after Public Health has indicated that they are recovered or no longer infectious. Should a recovered case become symptomatic again after some time (e.g. three months or more after initially testing positive), it is recommended that the individual be assessed by their primary care provider to determine if the symptoms are COVID-19 related or if there is any other underlying cause for the symptoms.

Additional considerations for staff:

- If there are Fraser Health deployed staff working at your site, they should be included if they fit within the scope of the PPT
- For assisted living and independent living, community health workers should be included if they fit within the scope of the PPT. Please notify Public Health if community health workers from Fraser Health or other agencies have been on site, and Public Health will work with the employers to identify and contact individuals to notify them of the recommendation for testing

Documentation and tracking of PPT

A list of staff and residents/tenants being tested as part of the PPT, including name, personal health number (PHN) or date of birth, and the neighbourhood or floor they are located in, needs to be entered into the current PPT tracking tool and sent to Public Health as soon as possible. The tracking tool can be sent after the PPT is complete, but it is advisable to prepare it prior to PPT as this can help plan who needs to be tested. The tracking tool ensures results can be identified in a timely manner by Public Health and the information can be used to determine next steps.

Please click on the link [here](#) to access the PPT tracking tool.

Save the file with a filename that includes your site name and the first date of the PPT event (e.g. MennoHome_PPT_8Dec2020.xlsx). You can record both staff and residents/tenants on the same PPT tracking tool, but you must indicate who is a staff member and who is a resident/tenant in the column “Staff_or_resident”. If you record staff and residents/tenants in separate files, include “staff” or “resident” in the file name (e.g. MennoHome_PPT_residents_8Dec2020.xlsx).

Once you have completed the tracking tool, login to your Fraser Health Cerberus account to electronically transfer the file(s) to Public Health. Please see the instructions for Secure File Sharing with Fraser Health using Cerberus in the [LTC/AL COVID-19 Resource Toolkit](#).

If you do not have a Cerberus account, please email LTCepi@fraserhealth.ca.

When to use PPT tracking tool and tools 27/28

Please note that Tools 27 and 28 are the reporting tools for daily tracking of testing of symptomatic individuals only. Tool 27 and 28 are not efficient for recording the large number of individuals who may be tested as part of PPT. PPT also includes asymptomatic individuals. **DO NOT USE Tool 27 & 28 for PPT tracking.** Only use the PPT tracking tool for recording people tested as part of PPT. If anyone is symptomatic on the day of the PPT, they are still considered part of the PPT and should be included in the tracking tool. **Any individuals included in the PPT do not need to be recorded on Tools 27 and 28.**

As an example:

- If your PPT includes site-wide testing of staff and residents/tenants, then all individuals will be on the PPT tracking tool and you will have no updates for Tools 27 and 28 for the dates of the PPT.
- If your PPT includes testing of staff and residents/tenants on only one unit, the individuals of that unit tested on the date(s) of the PPT event will be recorded on the PPT tracking tool.
- Any testing of symptomatic individuals on other units will be tracked daily on Tools 27 and 28.

Please see the flow diagram in the [Appendix](#) that illustrates when reporting should be done on Tools 27 and 28 and when reporting should be done on the PPT tracking tool.

Standards for PPT documentation

- The PHN or date of birth is needed for each individual, otherwise the person’s identity cannot be confirmed by Public Health when searching for results.
- Only individuals who are to be swabbed on the date(s) of the PPT event should be included in the tool.
- Record the individual’s legal name and not their preferred name.

- If the PPT includes multiple units/floors/neighbourhoods, ensure that the information for each individual is indicated in the column “Room or Unit or Floor”.
- Consider organizing your list by neighbourhood or floor based on how you plan to carry out the testing at your site, and put the room number for each resident/tenant in the column “Room or Unit or Floor”. This will help with tracking the tests done during the PPT event and support more timely follow up of results.
- Under the “README” worksheet on the tracking tool, enter the start date for the resident and staff PPT, and the number of residents/tenants and staff to be tested.

Additional documentation considerations for staff:

- The PHN or date of birth is also required for each staff member on the tracking tool. Explain to the staff that this information is being requested by Public Health to follow up on results. Their personal information will not be shared outside of Public Health and site leadership will not know of their results unless they volunteer to disclose this information.
- The tracking tool should include all staff included in the PPT, including those who may go for testing in the community, and not just those who were tested on site. For staff getting testing in the community, Public Health is able to follow-up on their results for any tests done in the province.
- If Fraser Health deployed staff are working at your site and need to be tested as part of PPT, please indicate these individuals as “FH deployed” in the column “Room or Unit or Floor”.
- For assisted living and independent living, you do not need to gather information for community health workers included in PPT and you do not need add them to the tracking tool. Public Health will contact any community health workers included in PPT and collect their information for the PPT tracking tool.

As PPT is underway, keep track of who gets swabbed – it may be easiest to have a printed copy of the PPT tracking tool you have completed and check off each individual as they get swabbed.

For any staff that do not get swabbed on-site, follow-up by the end of the last day of the PPT event to ask if they have gone for testing in the community. If not, encourage them to do so and ask them to notify you once they have been tested. You may need to follow-up with the staff again to confirm they have been tested.

After the PPT swabbing is complete, provide your outbreak response lead information on the final number of residents/tenants and staff swabbed, by email. The final number of individuals swabbed may vary from the list originally recorded in the PPT tracking tool (e.g. if individuals refused testing). Include information on **who did not get tested** and the reason why. When referring to specific individuals in your communication, use initials only (e.g. resident A.G. refused to be swabbed).

Provide information on: 1. **How many residents/tenants were swabbed on-site**, 2. **How many staff were swabbed on-site**, 3. **how many staff got tested in the community**, and 4. **if any residents/tenants or staff refused to get tested and their initials**. This information is helpful for Public Health as they are searching for results.

[Can staff refuse a test?](#)

Health care workers may refuse testing. Site leadership should positively engage and educate staff on the importance of testing. Prepare in advance, so you can communicate the benefits of PPT, such as

identifying previously unknown positive cases (e.g. those who are asymptomatic), and early identification of pre-symptomatic positive cases which will prevent transmission and save lives.

What happens if residents/tenants refuse testing?

Residents/tenants may refuse testing. The importance of testing should be explained when possible. Site leadership should prepare ahead of time and discuss strategies to support compliance with swabbing, because residents/tenants with unknown COVID-19 status are a potential transmission risk to the rest of the facility. Residents/tenants who have signs or symptoms of COVID-19 and refuse testing should be placed on droplet precautions until the criteria for discontinuing droplet precautions have been met. Any residents/tenants who refuse testing who are not symptomatic should be monitored for signs and symptoms of COVID-19 and staff should continue to engage them for testing as needed.

Nasopharyngeal (NP) swabs are the standard types of tests to be offered and used for COVID-19 testing in LTC/AL/IL settings. In situations where a resident/tenant or staff member refuses to get COVID-19 testing with a NP swab, a saline gargle or throat swab for testing can be considered. They should only be offered in exceptional circumstances where the resident/tenant or staff member would otherwise not get tested for COVID-19. Saline gargle should only be considered if there is no choking/aspiration risk. Given the lower sensitivity of throat swabs relative to saline gargle or a NP swab, they are the least preferred option. Please connect with your outbreak response lead or Public Health contact if saline gargle is not possible and a throat swab is being considered.

How frequently will my site be tested?

In general, sites will continue weekly testing until no new positive cases are found in two consecutive rounds of testing (i.e. no positive results identified over a 14 day period or one incubation period). Remember that any individual who has tested negative during PPT may still be at risk of testing positive at a later time if they had a recent exposure within the last 14 days. Outbreak management procedures must remain in place regardless of negative test results (e.g. maintain staff cohorting even if all staff test negative). Any changes to outbreak management procedures must be done in consultation with Public Health as an assessment of the situation at your site is first required.

Tracking of repeat PPT

For repeat rounds of PPT, continue to track who is being tested on the PPT tracking tool as described previously under [Documentation and tracking of PPT](#).

Expected standards and timing of PPT completion

It is recommended that PPT be completed within a **48 hour window** (i.e. spread out over no more than two consecutive days). PPT of residents/tenants and staff should be done on site as much as possible. When individuals are not tested on site, this often lead to delays in testing and tracking of results. If positive cases are not identified quickly, this poses a transmission risk at your facility.

If some staff members must go for testing in the community, please advise them to go to the local testing centre as soon as possible. Please refer to section Covid-19 Community Testing Centres and Local Home Health Offices in the LTC/AL COVID-19 Resource Toolkit for a list of local testing centres.

Who does the testing?

It is best to perform your own PPT testing at your site as you know the residents/tenants and best care approaches, as well as specifics for your staff. If you require additional support with staffing to perform the testing for PPT, please discuss with your outbreak response lead or Public Health contact for available options.

Where do I get testing supplies?

Refer to section Swabs in the [LTC/AL COVID-19 Resource Toolkit](#) to order swabs and boxes for transportation of COVID-19 specimens.

How do I package and transport the swabs?

Refer to the Fraser Health Transportation of Dangerous Goods SOP in the [LTC/AL COVID-19 Resource Toolkit](#) for information of packaging and organizing transport of swabs. Site leadership is responsible for ensuring someone on site is certified and available to package the swabs for the days of the PPT. If you require support, please discuss with your outbreak response lead or Public Health contact.

Access to test results for PPT

As per the Fraser Health Confidentiality and Security of Personal Information Policy, all personal information concerning residents/tenants, employees, physicians and volunteers is confidential and accessed on a need to know basis only. During an outbreak investigation, the management of confidential medical information and personal information, including name and personal health number, is restricted to Public Health.

The Public Health epidemiology team will follow up on test results of the initial round of PPT. Repeat rounds of PPT will be followed up by the epidemiology team if testing is expanded or if the results may change public health recommendations. Once a PPT tracking tool with complete information (i.e. including personal health numbers or date of birth for all individuals) is sent by your site and results become available, the outbreak response lead will receive a summary of results (including total tested and number of positives/negatives/pending), which can be shared with you.

Access to PPT results for residents

If you would like a copy of the lab results via Excelleris or Care Connect, ensure your site name and address are listed on the lab requisition forms for the swabs in the section “Additional copies to practitioner/clinic”. If there are positive residents/tenants identified, Public Health staff will follow up with your site.

Access to PPT results for staff

Staff members are not required to disclose their COVID-19 status to their employers. To safeguard the privacy of staff members, it is recommended that the site not be copied on the test results for staff tests (i.e. do not put your site name and address on the lab requisition form in the section “Additional copies to practitioner/clinic”). The home address of the staff member should also be used and not the site address under the patient address field. If there is a positive staff member identified, the Public Health contact will follow up with the individual directly.

Appendix: Flow diagram of documentation on PPT tracking tool and tools 27 and 28

