Provider information on self-collected specimens for acute COVID-19 diagnosis in settings without accessible health services
June 25, 2020 – For Healthcare Providers

Key points

- At this time in BC, when there is low community transmission of COVID-19, it is important to ensure timely identification of new infections and their contacts to continue to prevent community spread of COVID-19
- There is an immediate need to provide accessible testing options in settings without health-care providers
- Self-collection for COVID-19 has been validated in other jurisdictions, and has high acceptability in patient surveys. The majority report it to be more comfortable than, or preferable to provider collection, and simple to collect.
- The BC Centre for Disease Control and the BC Public Health Laboratory, with collaborating health authorities have developed Interim Guidance for diagnosis of acute COVID-19 infection in settings where health services for obtaining provider-collected NP swabs are not accessible.
- A validation study comparing various self-collected specimens to provider-collected NP samples in BC in diagnosed COVID-19 cases is underway. Sample stability assessments are also underway.
- Self-collection is only available in a limited capacity at this time through pre-identified sites in the Northern and Interior health regions. Further scale up will be considered after the initial pilot phase and validation is completed.

Clinical assessment and self-collection

Assessment

- Detailed self-collection instructions are located in the Interim guidance, and inside the self-collection kits.
- A health care provider must complete a clinical assessment of the symptomatic individual and order the COVID-19 NAT (viral) test.
- Self-collection is indicated if the patient cannot safely access, or if it is otherwise not advisable to obtain, a clinician-collected NP sample.
- Self-collection kits will be available at designated health facilities or camps.
- Remote sites or the ordering provider initiate the process for kit preparation and pick-up.
- The following self-collected specimens are recommended:
  - Mouth rinse specimen
  - Throat swab and nasal swabs (of both nares) into one collection tube
- User-testing of the process has suggested that some patients may feel more comfortable with assistance during the self-collection process. This assistance could be provided by a camp supervisor/first aid attendant, or through remote observation by a health care provider.
Information to provide during the assessment

- **Collection process**: A high-level overview of the self-collection process (ie. throat swab, nares swab, mouth rinse).
  - The process should take 15-20 minutes to complete.
  - Advise the patient to not eat, drink (not even water), brush teeth, smoke, vape, or chew gum for 1 hour before sample collection.

- **Lab form**: Ensure the patient has all information to fill out the blank lab form included in the self-collection kit.
  - Section 2 – Healthcare Provider Information requires ordering provider details (MSP billing number, address) that the client will not have and should be instructed to include.
  - If the patient is in a work camp, they will need to include camp details including an emergency phone number. This may be needed to contact the patient about their test results.

- **Results provision**: Ensure the client is aware of when and how to get results either from ordering provider or by calling the BCCDC COVID results line at 1-833-707-2792.
  - All results and other personal health information will be treated as strictly confidential. Positive results will be reported to public health, who will contact the patient to discuss contact tracing and self-isolation. If the patient is in a work camp, those responsible for the camp may need to be notified by public health in order to enable isolation, but they will also be required to keep the patient’s identity confidential.

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