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From: Ma Kristina (NHQ-AC)
Sent: March 10, 2021 4:21 PM
To: Steele Morgan Amy (NHQ-AC)
Cc: Clement Chris (NHQ-AC)
Subject: Testing Guidelines - for posting on the HUB
Attachments: testing-strategy-covid19.docx

Good afternoon Morgan,

I hope you are well. The attached document has been approved for posting on the HUB by Chris and Dr. Worthington.

I've highlighted or added comments to the areas that may need to have the Alt text updated!

Of note, we will need to change the description and title of the document on the HUB. If we could change it from 'COVID-19 testing strategy' to 'COVID-19 clinical testing guidance' that would be great! Please see the new description I am suggesting below.

I wonder if it also makes sense to move it in the overall structure on the COVID-19 page to the section called 'clinical guidance'. The document is much more clinically technical now and very much written for a HS audience.

- **EN:** *CSC's COVID-19 clinical testing guidance details the strategy for COVID-19 testing and screening among CSC inmates, staff, and contractors.*
- **FR :** *Les lignes directrices sur les tests cliniques de la COVID-19 du SCC détaille la stratégie de dépistage et de test du COVID-19 chez les détenus, le personnel et les entrepreneurs du SCC.*

Let me know if you have any questions at all and I hope you are having a great week!

Talk soon,
Kristina

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CORRECTIONAL SERVICE CANADA

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COVID-19 Clinical Testing Guidelines

MARCH 10, 2021

Document History

Revision Date	Document Section	Description of Revisions
May 13, 2020		Document was created.
May 22, 2020	Updates made throughout the document.	Expanded the introduction to the testing strategy; extended the strategy to include CCCs; new additions were made to the symptomatic testing strategy regarding asymptomatic contacts; added a section regarding testing new Warrants of Committal and returns to federal custody; extended the proportion of staff/contractors eligible for asymptomatic screening in the context of elevated community transmission.
June 18, 2020	Updates made to throughout the document.	Testing strategy now includes intakes and releases, as well as extends asymptomatic screening to all staff/contractors and all offenders at identified at-risk sites. Document reorganized to improve the structure and flow.
July 8, 2020	Added Appendix C.	The consent form for the disclosure of COVID-19 testing information upon release (Appendix C) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning
March 10, 2021	Updates made to throughout the document.	Updated to include background information on different testing technologies for COVID-19 (including rapid point-of-care testing) and different specimen types for COVID-19 testing. Provided details regarding the use of rapid point-of-care testing for offenders and staff/contractors. Guidance provided on how to manage rapid point-of-care test results and reporting to local public health authority. Guidance provided on how to manage re-testing individuals who previously tested positive for COVID-19. Appendix B is new and describes instructions for entering offender testing information into the OHIS EMR. Appendix D has been updated to reflect the use of rapid POC testing.

Table of Contents

Commented [KMa1]: Not sure if this is an element that needs to be updated from an accessibility perspective but I did update the table of contents!

1. Introduction

Purpose

CSC's COVID-19 Clinical Testing Guidelines are intended to support clinical decision-making, with respect to COVID-19 testing, within CSC institutions and Community Correctional Centres (CCCs).

Specific scenarios where testing is warranted to contain and prevent the spread of COVID-19 within CSC institutions/CCCs are provided. Throughout this document, the term 'testing' is referring to diagnostic or screening tests for the COVID-19 virus. While a brief description of antibody testing is provided, this form of testing is not included in this strategy.

In addition to the specific testing scenarios outlined below, physicians and/or nurse practitioners (NPs) may also order COVID-19 tests based on their clinical judgement. Like all diagnostic tests, testing for COVID-19 requires physician or NP authorization and patient consent.

In extenuating circumstances, the Emergency Operations Committee (EOC) may make clinical recommendations, in collaboration with local/provincial and federal public health experts, that deviate from the guidance articulated in this document.

Novel testing methods for COVID-19 are rapidly evolving. As scientific knowledge and public health advice evolves, this document will be reviewed and updated.

A summary of the guidance provided in this document can be found in Appendix A: Testing Quick Reference Guide.

Background

In response to the COVID-19 public health risk, CSC has implemented a series of comprehensive measures to prevent and contain the spread of the virus in federal institutions and CCCs. The COVID-19 Clinical Testing Guidelines are meant to compliment, not replace, these efforts. Testing, even when done on a large scale, does not replace the need for timely contact tracing and diligent implementation of infection prevention and control measures.

This strategy outlines the scenarios within which timely testing can assist in identifying and/or preventing the introduction of COVID-19 within CSC institutions and CCCs, and facilitating prompt implementation of containment measures.

COVID-19 Symptoms

The presence of COVID-19-related symptoms is often a trigger for testing. COVID-19 can present in many different ways, often with very mild symptoms. Prompt testing upon the identification of any symptom is critical. Some of the more commonly reported symptoms include:

- new or worsening cough
- shortness of breath or difficulty breathing
- temperature equal to or over 38°C
- feeling feverish
- chills
- fatigue or weakness
- muscle or body aches
- new loss of smell or taste
- headache
- gastrointestinal symptoms (abdominal pain, diarrhea, vomiting)
- feeling very unwell

2. COVID-19 Testing Methods

Laboratory PCR Test

- **Primary use:** diagnostic
- **Specimen type:** nasopharyngeal swab
- **Key messages:**
  - This is the most reliable method of diagnosing COVID-19 and is considered the gold-standard for testing.
  - Uses a sample of mucus typically taken from the upper respiratory tract. It identifies the genetic material of the coronavirus using technology called polymerase chain reaction (PCR), which amplifies the viral genetic material of the virus if it is present. That material is detectable when a person is actively infected.

    After infection, a few days may pass before the virus starts replicating in the throat and nose, so the test may not identify someone who has been recently infected. Furthermore, if there are problems with the sample collected, the test may not identify someone who is infected. As such, it is always important to consider the ***pre-test probability*** when making clinical or operational decisions around a COVID-19 test result.

Pre-test probability: The likelihood that the disease being testing for is present. In the context of COVID-19, factors to consider include the local epidemiology, exposure history, and presence of symptoms in relation to medical history.

Rapid Point-of-Care Tests *(e.g. Abbott ID Now COVID-19, Abbott Panbio)*

- **Primary use:** screening
- **Specimen type:** based on manufacturer specification
- **Key messages:**
  - Rapid point-of-care (POC) tests are new technologies for the detection of COVID-19 that have been recently approved by Health Canada.
  - POC devices are designed to be used outside of the laboratory environment, usually at or near where the individual being tested is located.
  - Pre-market performance characteristics of these tests have excellent sensitivity and specificity when an infected individual is shedding the most virus (i.e. within the first 7 days of symptom onset).
  - These tests can provide valuable clinical and public health utility when receiving timely results are critical to decision making.
    - As such, these testing modalities are seen to have the most utility as screening tests.
    - **PHAC recommends that all positive rapid POC test results be confirmed.** For information on how to manage rapid POC test results, see Chapter 6: Managing Rapid Test Results.

Diagnostics for COVID-19

- Lab PCR tests
- Definitive diagnosis of COVID-19 with higher sensitivity
- Less amenable to higher frequency of testing due to greater resource utilization

Screening for COVID-19

- Typically newer, rapid testing technologies (e.g. rapid PCR or antigen tests)
- Indicative of COVID-19 status, requires confirmation for diagnosis
- Amenable to higher frequency of testing, repeated testing, and more easily scalable

Figure 1 Testing Technologies based on Primary Indication for Use. Adapted from PHAC (2020) Pan-Canadian COVID-19 Testing and Screening Guidance: Technical guidance and implementation plan.

Two rapid POC testing technologies currently available to CSC:

- Rapid POC Molecular Test (Trade name: Abbott ID Now COVID-19)
- Rapid POC Antigen Test (Trade name: Abbott Panbio COVID-19 Ag Rapid Test Device)

Rapid Point-of-Care Molecular Test (e.g. Abbott ID Now COVID-19)

- **Specimen type:** nasal or throat swab using Abbott proprietary swab
- The Abbott ID Now COVID-19 is a molecular test that runs on a portable analyzer, allowing its use at the POC.
- The test evaluates one sample at a time. A proprietary swab is provided with the kit. The sample should be tested within one hour of collection.
- The test displays a result in approximately 13 minutes.
- Performs best among symptomatic individuals, within seven days of the onset of symptoms. PHAC also has articulated that proposed uses could also include screening in an outbreak situation and repeated asymptomatic testing in high-risk settings.
- Like all diagnostic tests, it is always important to consider the pre-test probability when making clinical or operational decisions around a COVID-19 test result via this testing method.
- Additional information for healthcare providers:
    - All authorized healthcare providers utilizing the Abbott ID Now test are required to attend an Abbott ID Now training session

Rapid Point-of-Care Antigen Test (e.g. Abbott Panbio Rapid Point-of-Care Antigen Test)

- **Specimen type:** nasopharyngeal using Abbott proprietary swab
    - *Note:* Abbott will be transitioning the Panbio to nasal swabs in the coming weeks as a result of recent Health Canada approval. Healthcare providers are to continue using nasopharyngeal swabs until such time that the new swabs/testing kits are received.
- The Abbott Panbio COVID-19 NP Test is a rapid antigen test. Antigen tests can identify the presence of a virus in nose and throat secretions, by detecting specific proteins from the virus (as opposed to molecular tests, like PCR, which look for genetic material).
- The test provides a result within 20 minutes, for one sample at a time. A proprietary swab is provided with the kit.
- Performs best among symptomatic individuals, within five days of the onset of symptoms. However, PHAC has articulated that proposed uses could also include screening in an outbreak situation and repeated asymptomatic testing in high-risk settings.
- As the performance of this test is still being evaluated, it is always important to consider the pre-test probability when making clinical or operational decisions around a COVID-19 test result via this testing method.
- Additional information for healthcare providers:
    - All authorized healthcare providers utilizing the Panbio test are required to attend an Abbott Panbio training session
    - Devices should be stored and shipped between 2-30^{o}C
    - 300µl of buffer should be used for each sample (there are no circumstances in which more buffer should be used)

Antibody Test

- **Primary use:** to identify the presence of viral antibodies
- Antibody tests identify people who have previously been infected with a virus. They do not show whether a person is currently infected.
- This is a blood test. It looks for antibodies to the coronavirus. Your body produces antibodies in response to an infectious agent such as a virus. These antibodies generally arise after four days to more than a week after infection, so they are not used to diagnose current disease. As the scientific research about antibody testing for COVID-19 is evolving, the relationship between antibodies and immunity is still being explored.
- This guidance does not address the use of antibody testing, as it has not yet become widely available.

Specimen Collection for Testing

There are a number of ways a specimen can be collected for COVID-19 diagnostic testing and different swab types have been approved for different testing modalities. The following section provides an overview of different specimen collection methods for COVID-19 testing. Importantly, anyone who is being tested should be counselled on the method of specimen collection and the purpose of the specimen collection. The collection of nasopharyngeal swabs is a controlled act and must only be performed by regulated health professionals for whom the act is within their scope of practice. The collection of anterior nasal and throat swabs is not a controlled act.

Nasopharyngeal specimen

- Nasopharyngeal specimens are considered the gold standard for specimen collection when conducting lab PCR tests – as such, all lab PCR tests should be collected via nasopharyngeal specimen unless contraindicated. Nasopharyngeal specimens are also currently being used with the Abbott Panbio rapid POC test.
- To collect a nasopharyngeal sample, carefully insert the swab into the nostril. Pass the swab directly backwards without tipping the swab up or down. The nasal passage runs parallel to the floor, not parallel to the bridge of the nose. Using gentle rotation, insert the swab into the anterior nare parallel to the palate advancing the swab into the nasopharynx, leave in place for a few seconds, and then slowly rotate the swab. Carefully remove the swab without touching the sides of the nostril.
- To ensure proper collection, the swab should be passed a distance that is halfway of that from the nose to the tip of the ear. Do not use force while inserting the swab. The swab should travel smoothly with minimal resistance; if resistance is encountered, withdraw the swab a little bit without taking it out of the nostril. Then elevate the back of the swab and move it forward into the nasopharynx.

Throat specimen

- Throat specimens can be used with the Abbott ID Now COVID-19 testing device. For optimal test performance, use the swabs provided in the test kit.
- To collect a throat sample carefully swab the posterior pharynx, tonsils and other inflamed areas (if any). Avoid touching the tongue, cheeks and teeth with the swab.

Nasal specimen

- Nasal specimens can be used with the Abbott ID Now COVID-19 testing device. The use of nasal specimens may also become available for the Abbott Panbio test in the future. For optimal test performance, use the swabs provided in the test kit.
- To collect a nasal swab sample, carefully insert the swab into the nostril. If the individual is symptomatic, insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril). Rotate the swab several times against the nasal wall then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

3. Testing Guidance: Offenders

Symptomatic Offenders

Indications for Testing

Testing is indicated for all offenders presenting with symptoms of COVID-19.

Testing Method

- **Symptomatic offenders should be offered both lab PCR and rapid POC testing (i.e. via Abbott ID Now or Panbio) immediately.**
    - The offender must provide informed consent to testing.
        - The offender should be informed of the reason for both tests, including the rationale for a rapid POC test (which may help CSC make clinical decisions about whether the offender's range or house should remain on a modified routine while awaiting their lab PCR test).
    - If the offender only consents to one test, the lab PCR test should normally be performed.
        - The turn-around time for lab testing is a **key consideration** for determining the type of test. If local/provincial lab capacity is strained and the anticipated testing turn-around time is greater than 24-48 hours, the most responsible clinician may elect to perform a rapid POC test to support clinical decision-making. In this case, the Abbott ID Now COVID-19 test should be prioritized over the Panbio test, as it has demonstrated comparable performance to lab PCR tests when used within 5-7 days of symptom onset.
    - If the offender consents to both tests, compare and report the results of both tests.
        - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority, as it relates to rapid testing.
- While awaiting for their lab PCR test results, the symptomatic offender and their close contacts/household contacts should be medically isolated or placed on modified routine for health purposes, as per the Patient Journey Algorithm: Symptomatic Inmates and Close Contacts.
- All offender testing information must be documented in the OHIS EMR COVID-19 Testing eForm. See Appendix B: COVID-19 Testing OHIS EMR Instructions.

Offender Close Contacts of a Positive Case

Indications for Testing

Testing is indicated for all offenders identified as a close contact of a confirmed case as outlined within CSC's COVID-19 Contact Tracing Guidelines. **Testing will be offered once the index case is confirmed positive**.

Broader testing of offenders who live on the same range or in the same house as the index case is also indicated. These individuals are treated as household contacts of the index case, depending on the type of living arrangements at the site and the nature and use of the shared spaces. In most cases, testing is indicated as follows:

- **In house/apartment style accommodations (e.g. minimum security institutions, women's sites, and healing lodges)**: all members of the household are offered testing, along with any households that have been in contact with the household of the infected offender(s).
    - For example, if the affected household attends the gym, meals, or receives outdoor time with other households, these households should also be offered testing.
- **In medium or maximum security institutions:** offenders are offered testing based on how the offenders were cohorted and/or the level of restrictions that were in place 48 hours before the symptom onset of the first case.
    - For example, if the institution was on range-level modified routine 48 hours before the onset of the

index case's symptoms, all offenders in the range should be tested; if the institution was on modified routine to the pavilion level 48 hours before the onset of the index case's symptoms, testing should be extended to all offenders in the pavilion; if the institution was on a cell-level modified routine 48 hours before the onset of the index case's symptoms, no testing of the range/pavilion is required.

Testing Method

- Offenders identified as close contacts of a positive case should be offered both lab PCR and rapid POC testing.
    - The offender must provide informed consent to testing.
    - If the offender only consents to one test, the lab PCR test should normally be performed.
        - The turn-around time for lab testing is a **key consideration** for determining the type of test. If local/provincial lab capacity is strained and the anticipated testing turn-around time is greater than 24-48 hours, the most responsible clinician may elect to perform a rapid POC test to support clinical decision-making. In this case, the Abbott ID Now COVID-19 test should be prioritized over the Panbio test.
    - If the offender consents to both tests, compare and report the results of both tests.
        - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority, as it relates to rapid testing.
    - Repeated testing of those who have tested negative may be necessary to inform clinical decision-making. The frequency of retesting will be informed by the EOC. Rapid POC testing may be used for repeated testing and all positive rapid POC test results must be confirmed.
        - **Abbott ID Now COVID-19**: Preferred method of rapid POC testing when the number of individuals that requiring follow up testing is relatively small, as performance may be better than the Panbio test. Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio device when making decisions to increase offender movement.
        - **Abbott Panbio test:** More easily scalable and preferred when a larger number of individuals require follow up testing.
        - If there is evidence of on-site transmission, see the section on Mass Testing at Outbreak Sites below.
        - Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio device when making decisions to increase offender movement.
- The offenders should be medically isolated or placed on modified routine for health purposes, as per the Patient Journey Algorithm: Symptomatic Inmates and Close Contacts.
- All offender testing information must be documented in the OHIS EMR COVID-19 Testing eForm. See Appendix B: COVID-19 Testing OHIS EMR Instructions**.**
    - Because a confirmatory swab should be taken immediately once a positive rapid POC result is detected, the confirmatory lab PCR swab should have the same swab date as the initial rapid POC test in the OHIS EMR COVID-19 Testing eForm.

Mass Testing at Outbreak Sites: Considerations for Offenders

Indications for Testing

In an outbreak institution, CSC's Health Services, in collaboration with the local public health authority and the Public Health Agency of Canada (PHAC), may identify a need for enhanced testing of offenders, beyond what is described above. This may include offering testing to all offenders at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts. Symptomatic individuals and close contacts of confirmed cases should, however, be prioritized for testing.

- Offenders who are symptomatic should be offered testing according to the strategy detailed above under **'**Symptomatic Offenders'**.**

Testing Method

- Offenders who are asymptomatic should be offered testing via rapid POC testing. The Panbio test will be used primarily for mass testing, as it is more easily scalable than the Abbott ID Now device.
    - The scope of the mass testing – including what areas of the site should be targeted, the frequency of retesting (if required) – will be informed by the EOC, based on the nature of the specific outbreak.
    - Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio device when making decisions to increase offender movement.
- **All POSITIVE rapid POC test results must be confirmed with a lab PCR test**. Specimens for confirmation should be collected immediately once the initial positive result is identified.
    - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority[1], as it relates to rapid testing.
- Offenders should be engaged in frequent and continuing education on the importance of testing in the setting of an outbreak and the importance of reporting symptoms if they arise.
    - Importantly, education should emphasize that the amount of inmate movement in the setting of an outbreak will be directly related to how quickly cases can be identified and contained, to prevent widespread transmission of the virus throughout the institution. Rapid POC testing and repeated testing, if indicated, can help facilitate the case-finding process and outbreak response.
- If an offender tested positive for COVID-19 in the past, see Chapter 6: Re-Testing Individuals Previously Positive for COVID-19 for additional guidance.
- All offender testing information must be documented in the OHIS EMR COVID-19 Testing eForm. See Appendix B: COVID-19 Testing OHIS EMR Instructions.
    - Because a confirmatory swab should be taken immediately once a positive rapid POC result is detected, the confirmatory lab PCR swab should have the same swab date as the initial rapid POC test in the OHIS EMR COVID-19 Testing eForm.

Testing on Intake and Release

Indications for Testing

CSC is extending voluntary asymptomatic testing to new Warrants of Committal or returns to federal custody. An offender with a new Warrant of Committal or an offender returning to federal custody is required to medically isolate for 24 days upon arrival to a federal institution, as per CSC's Integrated Risk Management Framework. This measure is implemented to prevent the risk of introducing COVID-19 from the local community into CSC's institutions. 24 days is required to cover both the incubation and recovery periods. Testing is offered at near the end of the 14 day incubation period to discontinue medical isolation earlier.

Offenders are also offered voluntary COVID-19 testing prior to release back into the community. The local public health authority is notified of positive results and a plan for release is jointly developed.

[1] Local/provincial public health authorities may have specific protocols related to how rapid POC testing should be handled for the purposes of reporting, the use of confirmatory tests and the testing method, as well as additional recommendations related to rapid POC testing. Regional Directors of Health Services are responsible for ensuring that local protocols have been established between the sites and their local/provincial public health authority regarding reporting and/or related protocols for rapid POC testing.

Testing Method

- New Warrant of Committal or return to federal custody
    - Offer a **lab PCR test** (preferred) or an **Abbott ID Now COVID-19 test** between days 10 and 14 of their medical isolation period.
        - Ideally, the offender is tested as close to the end of the 14 day incubation period as possible, while accounting for testing turnaround time.
        - If the offender's test result is negative, there is no need for a recovery period and medical isolation will end on day 15.
            - If the offender's test result is positive (or they refuse the test), they must be medically isolated for an additional 10 days (typically until day 24), at minimum, until recovered and cleared by Health Services. See Chapter 8: Recovery for more information on how recovery is defined.
            - If the offender initially refused the test but later consents to testing between days 14 and 24 and the result is negative, their isolation period may be ended by Health Services.
            - The turn-around time for lab testing is a **key consideration** for determining the type of test. If local/provincial lab capacity is strained and the anticipated testing turn-around time is greater than 24-48 hours, the most responsible clinician may elect to perform Abbott ID Now test to support decision-making.
            - **Note:** Offenders confirmed to have recovered from COVID-19 will not be required to medically isolate at the new institution, if approved by Health Services.

- Releases
    - Offer an **Abbott ID Now COVID-19 test** or a **Panbio test** prior to release.
    - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority, as it relates to rapid testing.
    - If an offender has previously tested positive for COVID-19, do not offer testing for release, unless directed to by the local public health authority receiving the offender upon release.

All offender testing information must be documented in the OHIS EMR COVID-19 Testing eForm. See Appendix B: COVID-19 Testing OHIS EMR Instructions.

Sharing of Health Information related to COVID-19 Testing upon Release

Community partners (e.g. parole offices, community-based residential facilities/halfway houses, and Chiefs or band councils in Indigenous communities) may request the COVID-19 status of an offender for release planning. The consent form for the disclosure of COVID-19 testing information upon release (Appendix C) may be used to obtain voluntary, informed consent from offenders who agree to COVID-19 testing and who agree to have their testing information released to community partners for discharge planning.

COVID-19 testing is voluntary. If a patient refuses COVID-19 testing upon release, or does not sign the consent form for the disclosure of COVID-19 testing information upon release, the Chief of Health Services may respond to community partners requesting such information (such as parole offices, halfway houses, and chiefs and/or band councils in Indigenous communities) with the following:

- Health Services does not have the authority to share personal health information if the patient has not provided informed consent.
- The offender has not consented to the sharing of information regarding COVID-19 testing
- The offender should follow the advice and/or requirements of the local public health authority upon release.

COVID-19 is a reportable illness under public health legislation, therefore informed consent is not required to share positive test results with the local public health authority.

Testing following a Private Family Visit

Indications for Testing

- Following a PFV, offenders must be placed on medical isolation, as per CSC's Integrated Risk Management Framework. An offender must medically isolate for 24 days. 24 days is required to cover both the incubation and recovery periods. Testing is offered at near the end of the 14 day incubation period to determine whether additional isolation is required.

Testing Method

- Offer a **lab PCR test** (preferred) or an **Abbott ID Now COVID-19 test** between days 10 and 14 of their medical isolation period.
    - Ideally, the offender is tested as close to the end of the 14 day incubation period as possible, while accounting for testing turnaround time.
    - If the offender's test result is negative, there is no need for a recovery period and medical isolation will end on day 15.
    - If the offender's test result is positive (or they refuse the test), they must be medically isolated for an additional 10 days (typically until day 24), at minimum, until recovered and cleared by Health Services. See Chapter 8: Recovery for more information on how recovery is defined.
    - If the offender initially refused the test but later consents to testing between days 14 and 24 and the result is negative, their isolation period may be ended by Health Services.
    - The turn-around time for lab testing is a **key consideration** for determining the type of test. If local/provincial lab capacity is strained and the anticipated testing turn-around time is greater than 24-48 hours, the most responsible clinician may elect to perform Abbott ID Now test to support decision-making.
    - **Note:** Offenders confirmed to have recovered from COVID-19 will not be required to medically isolate at the new institution, if approved by Health Services.

Testing for Intra- and Inter-regional Transfers: Considerations for Offenders

Indications for Testing

- As per CSC's Integrated Risk Management Framework, offenders being transferred must self-isolate for 24 days at the receiving site. 24 days is required to cover both the incubation and recovery periods. Testing is offered at near the end of the 14 day incubation period to determine whether additional isolation is required.
- For intra-regional transfers in the Atlantic region only, offenders are required to medically isolate in accordance with provincial direction.

Testing Method

- Offer a **lab PCR test** (preferred) or an **Abbott ID Now COVID-19 test** between days 10 and 14 of their medical isolation period.
    - Ideally, the offender is tested as close to the end of the 14 day incubation period as possible, while accounting for testing turnaround time.
    - If the offender's test result is negative, there is no need for a recovery period and medical isolation will end on day 15.
    - If the offender's test result is positive (or they refuse the test), they must be medically isolated for an additional 10 days (typically until day 24), at minimum, until recovered and cleared by Health Services. See Chapter 8: Recovery for more information on how recovery is defined.
    - If the offender initially refused the test but later consents to testing between days 14 and 24 and the

result is negative, their isolation period may be ended by Health Services.

- The turn-around time for lab testing is a **key consideration** for determining the type of test. If local/provincial lab capacity is strained and the anticipated testing turn-around time is greater than 24-48 hours, the most responsible clinician may elect to perform Abbott ID Now test to support decision-making.
- **Note:** Offenders confirmed to have recovered from COVID-19 will not be required to medically isolate at the new institution, if approved by Health Services.

4. Testing Guidance: Staff and Contractors

Symptomatic Staff and Contractors

Indications for Testing

Testing is indicated for all staff/contractors presenting with symptoms of COVID-19.

Testing Method

Staff/contractors should be referred to their local public health authority for COVID-19 testing and follow up.

Staff/Contractor Close Contacts of a Positive Case

Indications for Testing

Testing is indicated for all staff/contractors that are identified as a close contact of a symptomatic staff/contractor once the index case is confirmed positive, as outlined within CSC's COVID-19 Contact Tracing Guidelines.

Testing Method

Staff/contractors identified as close contacts of a positive case should be referred to their local public health authority for testing and follow up.

- If not already begun, initiate contact tracing protocol.
- Close contacts of a positive case must continue to self-isolate as per the Algorithm: Return-to-work for staff/contractors and close contacts.

Mass Testing at Outbreak Sites: Considerations for Staff/Contractors

Indications for Testing

In the setting of an outbreak institution, the EOC, in collaboration with the local public health authority and PHAC, may identify a need for enhanced testing of staff/contractors. This may include offering testing to all staff/contractors who work at an institution affected by a COVID-19 outbreak, including to those not identified as close contacts.

- Any staff/contractor identified as symptomatic should be managed according to the strategy detail above under 'Symptomatic Staff and Contractors'.
- Any staff/contractor identified a close contact should be managed according to the strategy detail above under 'Staff/Contractor Close Contacts of a Positive Case'.

Testing Method

- At the direction of the EOC, staff/contractors who are asymptomatic may be offered testing via rapid POC testing (i.e. via Abbott ID Now or Panbio).
    - The scope of the mass testing – including what areas of the site should be targeted, the frequency of retesting (if required) – will be established by the EOC, based on the nature of the specific outbreak.
- **All POSITIVE rapid POC test results must be confirmed.**
    - Staff should be sent home to self-isolate and instructed to follow up with their local public health authority for confirmatory testing via lab PCR.
        - Local protocols may need to be established with the local public health authority for the management of positive staff results via rapid POC test.
    - Staff/contractors identified as positive may require contact tracing, at the direction of the EOC.
    - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority, as it relates to rapid testing.

Management of Staff Personal Health Information

Although CSC Health Services is not typically responsible for the healthcare of staff/contractors, CSC is committed to protecting the health and safety of staff/contractors during the COVID-19 pandemic. Testing is one of many tools that can be used to manage the risk of COVID-19 infection and transmission. As such, CSC offers testing to staff/contractors – based on the scenarios articulated in this document – as a means to manage COVID-19 risk and offer increased access to COVID-19 testing for staff/contractors.

Importantly, the personal health information of all staff/contractors must be handled responsibly and securely. To maintain the privacy of staff/contractors, a process for managing the healthcare records must be developed and implemented at the site. In most regions, the following process is used to manage staff personal health information:

- All paper documentation associated with staff/contractor testing, including signed consent forms, copies of test requisitions, progress notes, and any test results, should be sent as Protected Class B information to CSC Regional Headquarters (RHQ) for storage.
- If required, paper files can be briefly stored at the site, in a locked filing cabinet with the physician/NP and Chief of Health Services as the only key holders. The files should be sent to RHQ as soon as possible.
- Registered nurse(s) at the regional level, delegated by the Regional Director of Health Services, will be responsible for managing the staff/contractor health files at RHQ. Only the physician/NP responsible for ordering the test, or their delegate, and the RHQ nurse(s) will have access to the files.
- The physician/NP, or delegate, will follow up with the individual staff/contractors if the test results are positive or inconclusive. The staff/contractor can request (in writing) access to their personal files related to COVID-19 testing at any time.
- In the setting of rapid POC testing, a process for reporting the results of a positive rapid POC test result must be developed with the authorizing physician/NP and the Health Services clinical team responsible for conducting the rapid POC testing.
- Test results may also be used by CSC RHQ-HS and NHQ-HS for other epidemiological analyses, outside of contact tracing. If this is the case, any reports developed using this data will be anonymized.

Reporting to the Local Public Health Authority

In Canada, COVID-19 is a reportable illness and CSC has an obligation to report confirmed or suspected cases of COVID-19. As such, test results will be shared with local public health if the test result is positive or inconclusive. Negative test results may be shared with the local public health authority upon their request.

Consent

A consent form for COVID-19 testing among staff/contractors, as well as a consent form for the disclosure of personal health information related to COVID-19 testing, can be found in Appendix D: Consent for Testing: Staff/Contractors.

5. Asymptomatic Screening

Indications for Testing

There is evidence of unrecognized asymptomatic and pre-symptomatic transmission of COVID-19. This means that despite active screening for symptoms among all staff entering CSC institutions and the diligent application of infection prevention and control measures, there is a risk that staff, contractors, or offenders arriving from the community may unwittingly introduce COVID-19 into CSC institutions.

COVID-19 transmission will typically begin in the community and then be introduced into a CSC institution, which is a closed setting that could allow for widespread transmission if cases are not detected and contained quickly. Given the infrastructure of correctional settings, as well as the risk of asymptomatic/pre-symptomatic transmission, the following asymptomatic approach to testing will complement existing measures to prevent outbreaks within these environments.

The purpose of asymptomatic screening among staff and offenders is to identify, as early as possible, the presence of COVID-19 within CSC institutions in the caution threshold, in order to facilitate the fastest containment possible. This is achieved through testing asymptomatic staff and offenders with the goal detecting the presence of COVID-19 early and implementing appropriate outbreak control measures in a timely manner.

As the pandemic evolves, local and/or provincial jurisdictions may begin requiring asymptomatic screening for certain workers (such as for out-of-province workers, congregate setting staff) – in this case, local procedures must be established with the jurisdiction with respect to the collection of samples, approved testing modalities, and reporting procedures.

Principles

The principles of asymptomatic screening among staff and offenders, specifically for the CSC context, are as follows:

- Asymptomatic screening will be conducted at institutions within the caution threshold, as per CSC's Integrated Risk Management Framework;
- All staff, contractors, and essential volunteers that actively report to the site for duty will be offered testing;
- All offenders will be offered testing;
- Individuals who have previously tested positive for COVID-19 should be excluded from asymptomatic screening;
- Participation is voluntary.

Testing Method

- **Offenders**
  - CSC Health Services will undertake the sample collection for all offenders in the context of asymptomatic screening.
  - CSC Physician or NP is to provide the authorization for testing.
  - The Abbott Panbio test is an appropriate tool for screening and will be used to conduct CSC's asymptomatic screening for offenders.
    - If the local public health authority is supportive of asymptomatic screening and has the lab capacity to guarantee 24-48 hour turn around for test results, lab PCR testing may be used for asymptomatic screening.
  - All offender testing information must be documented in the OHIS EMR COVID-19 Testing eForm. See Appendix B: COVID-19 Testing OHIS EMR Instructions.
- **Staff/contractors**
  - Either the CSC physician or NP or the local public health authority/provincial lab will provide the

authorization for testing
    - The Abbott Panbio test will be used to conduct asymptomatic screening for staff/contractors.
        - If the local public health authority is supportive of asymptomatic screening and has the lab capacity to guarantee 24-48 hour turn around for test results, lab PCR testing may be used for asymptomatic screening.
    - Regulated healthcare providers within CSC that can perform nasopharyngeal, nasal, or throat swabs as part of their scope of practice can conduct the sample collection on other staff/contractors, but only if the regulated healthcare provider volunteers to do so.
    - See the section on the Management of Staff Personal Health Information for more information on the management of the personal health information of staff/contractors.
- **Test results**
    - **In the context of asymptomatic screening only, individuals tested are presumed negative until they receive their results.** This is because this form of surveillance is only done where there is currently no evidence of COVID-19 at the site.
        - See Chapter 6: Managing Rapid Point-of-Care Test Results for specific guidance on the case classification and notification to the public health authority, as it relates to rapid testing.
    - If asymptomatic screening yields **one or more positive** COVID-19 case:
        - **All POSITIVE rapid POC test results must be confirmed with a lab PCR test.**
            - Offenders: Specimens for confirmation should be collected immediately once the initial positive result is identified. The confirmatory lab PCR swab should have the same swab date as the initial rapid POC test in the OHIS EMR COVID-19 Testing eForm.
            - Staff: Staff should be sent home to self-isolate and instructed to follow up with their local public health authority for confirmatory testing via lab PCR.
        - Contact tracing must be initiated as per the COVID-19 Contact Tracing Guideline.
        - Given the risk of asymptomatic transmission, broader testing may be required, at the direction of the EOC.
    - If asymptomatic screening yields **no positive** COVID-19 cases:
        - Testing may be repeated every 2 to 3 weeks, if the site remains in the caution threshold.
- **Reporting**
    - Reporting procedures will be established locally with each local public health authority when asymptomatic screening is warranted.
    - Local/provincial public health authorities may have specific protocols related to how rapid POC testing should be handled for the purposes of reporting, the use of confirmatory tests, as well as additional recommendations related to rapid POC testing. Regional Directors of Health Services are responsible for ensuring that local protocols have been established between the sites and their local/provincial public health authority regarding reporting and/or related protocols for rapid POC testing.

6. Managing Rapid Point-of-Care Test Results

Confirmatory Testing for Rapid POC Tests

All positive rapid POC test results require confirmation. Negative rapid POC test results to do not require confirmatory testing, unless there is a high index of suspicion of a false negative result (e.g. known exposure to a positive case during their infectious period, household contact of a confirmed case, etc.).

Specimens for confirmation should be collected **immediately** once the initial positive result is identified. The confirmatory lab PCR swab should have the same swab date as the initial rapid POC test in the OHIS EMR COVID-19 Testing eForm.

Case Classification

- A positive test result from a single rapid POC test is classified as a **probable case**
  - For reporting purposes, these results are reported as **positive**, unless proven otherwise.
- A positive test result from a rapid POC test that has been confirmed positive by a lab PCR test is classified as a **confirmed case.**
- A negative test result from a rapid POC test does not meet the case definition and is not a case.

Reporting to Local Public Health Authority

All positive rapid POC test results should be reported to the local public health authority. Local/provincial public health authorities may have specific protocols related to how rapid POC testing should be handled for the purposes of reporting, the use of confirmatory tests and the testing method, as well as additional recommendations related to rapid POC testing. Regional Directors of Health Services are responsible for ensuring that local protocols have been established between the sites and their local/provincial public health authority regarding reporting and/or related protocols for rapid POC testing.

Summary: Case Classification based on Rapid POC Results and Confirmatory Results

Rapid POC test result	Initial Case classification	Confirmatory Lab PCR Result	Confirmatory specimen obtained on the same day as the rapid POC test and result is preliminary negative	Final Case classification
POSITIVE	**Probable**	**Positive**	**Yes or No**	Individual is considered confirmed COVID-19 case.
POSITIVE	**Probable**	**Negative**	**Yes**	Individual is considered COVID-19 negative.
POSITIVE	**Probable**	**Negative**	**No**	Individual is considered a probable COVID-19 case.[3]
POSITIVE	**Probable**	**Not performed or invalid**	**N/A**	Individual is considered a probable COVID-19 case.
NEGATIVE	**Individual does not meet the case definition.**	**Negative**	**Yes or No**	Individual is considered COVID-19 negative.
NEGATIVE	**Individual does not meet the case definition.**	**Positive**	**Yes or No**	Individual is considered confirmed COVID-19 case.
NEGATIVE	**Individual does not meet the case definition.**	**Not performed or invalid**	**N/A**	Individual is considered COVID-19 negative.

Adapted from: Ontario Ministry of Long-Term Care. (2020). Appendix 9: Management of Individuals with Point-of-Care Results.

Commented [KMa2]: This row was updated, the rest should be the same! (Not sure if you need this but the order of the footnotes may have been swapped too).

There also used to be a second table, that is gone now.

[2] At the discretion of the authorizing physician/NP, confirmation of a positive Abbott ID Now test result may not be necessary, particularly when the pre-test probability for COVID-19 detection is high. Additionally, local public health authorities may have specific recommendations regarding how positive Abbott ID Now results should be handled and reported – as such, local protocols may need to be established and followed.

[3] Result should be interpreted taking into account the time between the initial rapid POC test and the confirmatory specimen, and the pretest probability of the individual based on the clinical and epidemiological context. Probable cases are reported as positive, unless proven otherwise.

7. Re-Testing Individuals Previously Positive for COVID-19

The following is adapted from PHAC and the National Microbiology Lab's Guidance for repeated PCR testing in individuals previously positive for COVID-19.

Context

The potential for reinfection continues to be a key question in the COVID-19 pandemic. There are numerous studies that demonstrate that COVID-19 genetic material can continue to be detected through PCR testing, well beyond the resolution of COVID-19 symptoms and can persist for several weeks or months. In addition, the detection of genetic material can be intermittent during the recovery phase, such that a person with a previously negative test can be positive again if retested a few days later. This is one of the reasons why testing for recovery is not indicated at this time.

The exact correlation between infection and immunity in the context of COVID-19 is still unknown, but a conservative estimate indicates that reinfection is unlikely within 3 months of a recent COVID-19 infection. Based on the current evidence, individuals can become reinfected with COVID-19, but reinfection appears to be rare and the frequency remains uncertain. The risk of further transmission from a reinfected individual onto others is currently unknown.

The following recommendations for re-testing individuals previously positive for COVID-19 is based on what is currently known. As scientific knowledge evolves, the recommendations may change and will be updated accordingly. When implementing these recommendations, the local context should be considered and judgement by clinicians, as well as experts in public health and infectious disease, should be exercised.

Testing Guidance

- As the relationship between infection and immunity is fully understood, individuals who have previously tested positive for COVID-19 should be counselled on the possibility of reinfection and the importance of continued adherence to infection prevention and control measures.
- The decision to re-test a previously positive individual – and the interpretation of the test – should take into account:
    - Clinical context
    - Local epidemiology
    - Results of laboratory investigations where indicated
    - Advice from local public health authority, infectious disease specialists, and public health experts
- Individuals who have recovered from COVID-19 generally should **NOT** undergo testing for screening or asymptomatic surveillance purposes.
    - If a test is done in a recovered individual with no symptoms and no exposure history, and the result of the test is positive, it should generally not be considered a new infection and should not trigger public health actions.
    - However, this may not be applicable in very high-risk situations, such as outbreaks in congregate living settings (such as CSC institutions and CCCs). The local public health authority and/or PHAC should be consulted with respect to recovered asymptomatic individuals with a new exposure who have a high degree of interaction with populations at higher risk for severe disease or outbreaks.
- If there is suspicion of reinfection, strong consideration should be given to genetic sequencing of the current and previous viral samples (if available and sufficient genetic material can be recovered). Genetic sequencing will allow for differentiation between a single episode of infection and a new viral infection.
- If there is clinical and/or epidemiological support for re-testing, rapid POC antigen testing (i.e. Abbott Panbio) should be used as the first-line testing method – antigen testing may be more appropriate to picking up new infection, as it detects the presence of specific proteins, as opposed to genetic material.

Proposed Algorithm for Re-Testing

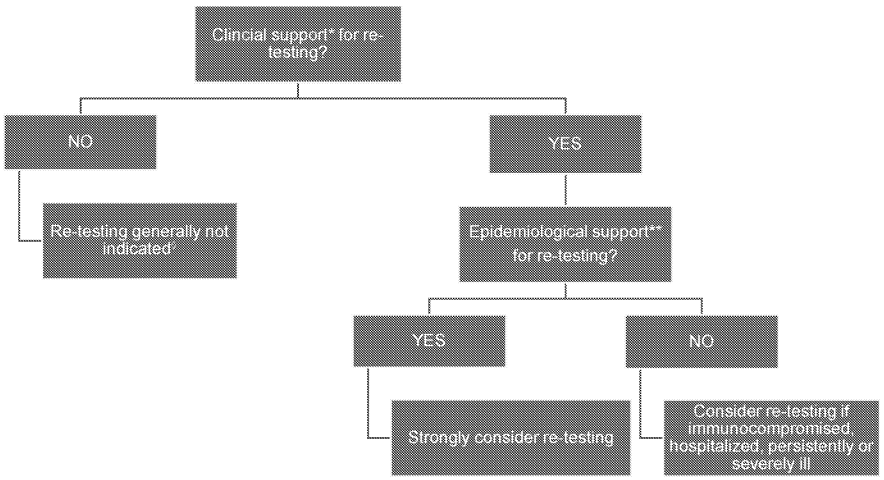

Figure 2 Proposed algorithm for re-testing individuals previously positive for COVID-19. Adapted from Guidance for repeated PCR testing in individuals previously positive for COVID-19

***Clinical support for re-testing:**

- New symptoms of COVID-19 in a recovered case;
  - A recovered case refers to an individual with complete resolution of symptoms associated with COVID-19, if present, or passage of sufficient time since first positive COVID-19 test in an asymptomatic individual such that new symptoms are unlikely to be associated with previous positive test.
- Immunocompromised or hospitalized, persistently and/or severely ill patients.

****Epidemiological support for retesting:**

- New unprotected exposure to an unrelated case or outbreak of COVID-19, OR travel to or residence in an area with high community prevalence;
- Individuals who live or work in congregate living settings that are at higher risk for COVID-19 outbreaks or individuals who work closely with populations at higher risk for severe illness from COVID-19

◊ Additional considerations:

- Asymptomatic testing and/or medical isolation regardless of testing may be recommended in some circumstances, such as in recovered cases who have a new exposure to an unrelated case or outbreak, or for individuals who live or work in congregate living settings that are at higher risk for COVID-19 outbreaks or individuals who work closely with populations at higher risk for severe illness from COVID-19.
  - The decision to re-test should take into account advice from local public health authority, infectious disease specialists, and public health experts.

8. Recovery

At this time, CSC does NOT recommend testing cases for recovery, in accordance with guidance from PHAC.

According to PHAC guidance, cases are typically deemed medically recovered based on the following:

- Symptomatic case: minimum of 10 days after symptom onset with at least 48 hours symptom free;
- Asymptomatic case: minimum of 10 days after the collection date of a positive specimen;
- If immunocompromised: the recovery period may be extended to 21 days after symptom onset in those at high risk of a prolonged transmission period (e.g. individuals who are immunocompromised or taking immune-suppressing medication) or those who have been hospitalized, based on the clinical judgement of the responsible physician and direction from the local public health authority.
    - For offenders who have been hospitalized, this decision should be made taking into account any recommendations from the discharging hospital physician.

References

Canadian Public Health Laboratory Network and the Canadian Society of Clinical Chemists. (2020). Interim guidance on the use of the Abbott ID NOW™ instrument and COVID-19 assay. Retrieved from: https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2020-46/issue-11-12-nov-5-2020/ccdrv46i1112a09-eng.pdf

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PHAC. (2020). Pan-Canadian COVID-19 Testing and Screening Guidance: Technical guidance and implementation plan. Retrieved from: https://www.canada.ca/en/health-canada/services/drugs-health-products/covid19-industry/medical-devices/testing/pan-canadian-guidance.html

Appendix A: Testing Quick Reference Guide

Testing Scenario	Offenders	Staff
New symptom onset	**Testing method:** Both lab PCR and rapid testing. • If the patient only consents to one test, lab PCR is normally preferred (unless lab turn-around time exceeds 48 hours). • Among rapid testing devices, Abbott ID Now preferred.	Refer to local public health authority for testing and follow up.
Close contact of a positive case	**Testing method:** Both lab PCR and rapid testing. • If the patient only consents to one test, lab PCR is normally preferred (unless lab turn-around time exceeds 48 hours). • Among rapid testing devices, Abbott ID Now preferred, unless testing a large number of close contacts. **If repeating testing:** • Rapid testing can be used for any follow up testing. • Abbott ID Now preferred, unless testing a large number of close contacts. • All positive rapid test results must be confirmed. • Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio rapid test when making decisions to increase offender movement.	Refer to local public health authority for testing and follow up.
Mass testing at outbreak sites	**Testing method:** Typically the Panbio rapid test, as it is easily scalable. • All positive rapid test results must be confirmed. • Molecular-based tests (i.e. lab PCR or Abbott ID Now) may be preferred over the Panbio device when making decisions to increase offender movement.	**Testing method:** Typically the Panbio rapid test, as it is easily scalable. All positive rapid test results must be confirmed – refer to local public health authority for testing and follow up.

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Testing Scenario	Offenders	Staff
Asymptomatic screening (i.e. above Caution Threshold)	**Testing method:** Typically the Panbio rapid test, as it is easily scalable. • All positive rapid test results must be confirmed.	**Testing method:** Typically the Panbio rapid test, as it is easily scalable. All positive rapid test results must be confirmed – refer to local public health authority for testing and follow up.
Intake	**Testing method:** Lab PCR (preferred) or Abbott ID Now. • Test as close to the end of the 14-day incubation period as possible, while accounting for lab turn-around time.	-
Release	**Testing method:** Abbott ID Now or Panbio	-
Following a private family visit	**Testing method:** Lab PCR (preferred) or Abbott ID Now. • Test as close to the end of the 14-day incubation period as possible, while accounting for lab turn-around time.	-
Following an intra- or inter-regional transfer	**Testing method:** Lab PCR (preferred) or Abbott ID Now. • Test as close to the end of the 14-day incubation period as possible, while accounting for lab turn-around time.	-

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Appendix B: COVID-19 Testing OHIS EMR Instructions

Purpose

The purpose of this document is to provide CSC Health Services Staff with instructions for reporting inmate COVID-19 testing information in the Offender Health Information System Electronic Medical Record (OHIS EMR).

Background

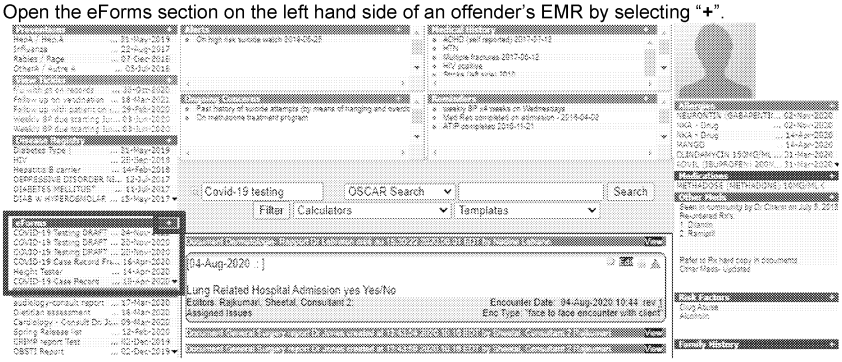
Coronavirus disease testing for the CSC offender population is a top priority for CSC. Correctional Service Canada publicly reports aggregate offender test results on a daily basis, thus all COVID-19 testing information should be captured accurately in a time-sensitive manner.

Previously, all COVID-19 testing information was reported in the COVID-19 Line List InfoPoint. All testing information is now captured in the OHIS EMR COVID-19 Testing eForm and should be done in accordance with CSC's COVID-19 Testing Strategy and the instructions that follow. Detailed descriptions for each data element discussed in these instructions are included under 'Data Dictionary'.

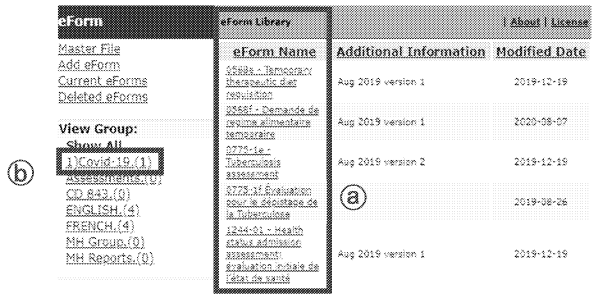
Instructions

Entering a new test

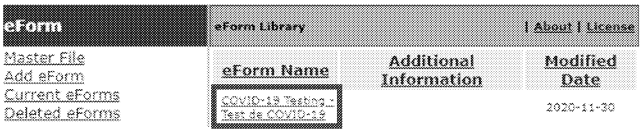
1. Open the eForms section on the left hand side of an offender's EMR by selecting "**+**".



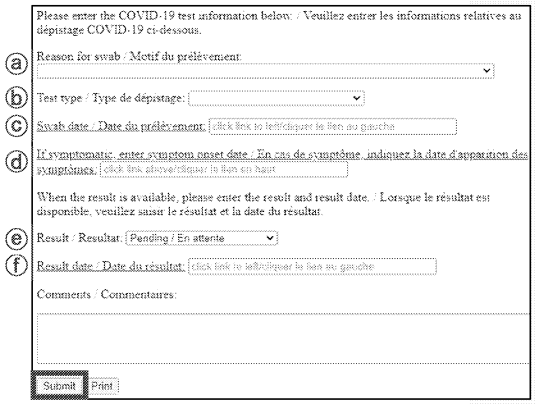
2. Once the section is open, the COVID-19 Testing eForm can be found using one of the following two methods. The first is to search for *COVID-19 Testing* in the eForm library (**a**); once selected, go directly to Step 4. The second is to filter for it under *View Group* (**b**); select COVID-19 and continue to Step 3.



3. Select the COVID-19 Testing eForm.



4. Enter the following information:



   a. **Reason for swab**
      i. Symptomatic
      ii. Close contact
      iii. Mass Testing Outbreak
      iv. Mass Testing Asymptomatic Surveillance
      v. Admission
      vi. Release
      vii. Recovery

   b. **Test type**
      i. PCR
      ii. ID NOW COVID-19
      iii. PANBIO COVID-19 Ag
      iv. Other rapid test

   c. **Swab date**
      Enter the date the swab was collected.

   d. **If symptomatic, enter symptom onset date.**
      Enter the symptom onset date if the individual is or was symptomatic.

   e. **Result**
      If the result is known at the time of entry, update the result. If unknown, it will default to pending to update at a future date.
      i. Pending
      ii. Positive
      iii. Negative
      iv. Inconclusive

   f. **Result date**
      If the result is known at the time of entry, enter the result date. If unknown (*i.e.*, pending), it can be updated at a later date.

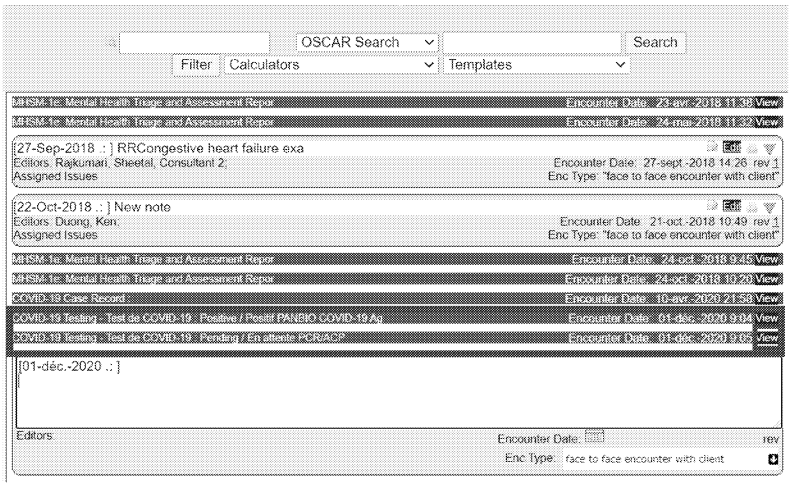
5. Submit the eForm once complete.

Updating a pending test

1. When a pending test result becomes available, it can be updated in the Offender's EMR in either the *Progress Notes* or the *Current eForms* section.

   a. **Progress Notes**
      All COVID-19 test results and test types can be viewed in the *Progress Notes*. Pending test results can be updated by selecting their *View* button. The result and result date can then be updated as detailed under Section 4 of *Entering a new test*.

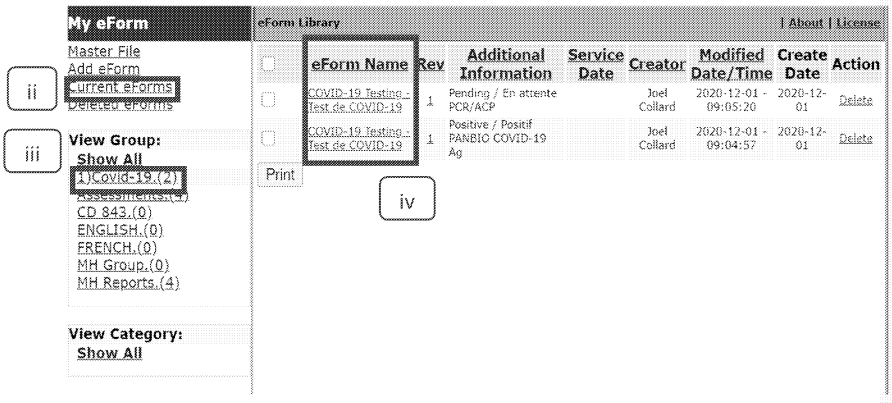
- **Note.** It is possible that the *Encounter Date* may not be displayed in the *Progress Notes*. If this is the case, increasing the width of the EMR window should fix this problem.



b. **Current eForms**

COVID-19 test results can also be viewed in the *Current eForms* section. Pending test results can be updated here by selecting their *eForm Name* as detailed in the steps below. The result and result date can then be updated following the instructions under Section 4 of *Entering a new test*.

i. Open up the eForms as described in section 1 of *Entering a new test*.
ii. Select *Current eForms*.
iii. Select *COVID-19*.
iv. Select desired eForm name.



Data Dictionary

Data element	Description
Reason for swab	• **Symptomatic** *The offender presented to Health Services with COVID-19 symptoms.* • **Close Contact** *The offender was identified as a close contact of a symptomatic or COVID-19 positive individual.* • **Mass Testing Outbreak** *The offender was tested as part of mass testing at an outbreak institution.* • **Mass Testing Asymptomatic Surveillance** *The offender was tested as part of CSC's asymptomatic surveillance mass testing strategy for sites above Caution Threshold.* • **Admission** *The offender was tested on admission to the institution (e.g., new warrants of committal or temporary detainees).* • **Release** *The offender was tested on release to the community.* • **Recovery** *The offender was a laboratory confirmed case and w re-tested to confirm the absence of COVID-19. This type of testing is not routinely conducted within CSC but can be conducted at the discretion of the leading physician or at the direction of a local public health authority.*
Test type	• **PCR** *Test was performed in a laboratory using Polymerase Chain Reaction (PCR) testing.* • **ID NOW COVID-19** *Point of care rapid molecular Abbott ID NOW COVID-19 testing device.* • **PANBIO COVID-19 Ag** *Point of care rapid antigen testing using the PANBIO COVID-19 Ag device.* • **Other Rapid test** *Point of care rapid testing conducted on a device that is not the ID NOW COVID-19 or the PANBIO COVID-19 Ag.*
Swab date	• *Date the swab was collected*
Symptom onset date	• *Symptom onset date for symptomatic offenders.*
Result	• **Pending** *Test result is pending analysis.* • **Positive** *Test result is positive.* • **Negative** *Test result is negative.* • **Inconclusive** *Test result is inconclusive or missing.*
Result date	• *Date the test result was received from the laboratory or the current date if rapid testing was used.*

Appendix C: Consent for Disclosure of COVID-19 Testing Information upon Release

Privacy: Upon release, community partners may request your COVID-19 status. These partners may include parole offices, community-based residential facilities/halfway houses, and chiefs and/or band councils in Indigenous communities. Community partners may request this information to assist in their planning for your release, as well as to help prevent the spread of COVID-19.

If you consent, your COVID-19 testing information will only be shared if:

- The community partner(s) requesting the information is/are involved in your specific release plans; AND
- The community partner(s) request your COVID-19 testing information.

Upon request, the following information will be disclosed to the relevant community partner(s):

- Date of COVID-19 test(s); and
- COVID-19 test result(s).

Contact information: If you have any questions or concerns, please contact a member of health services staff.

I am satisfied with and understand the information given. I authorize Correctional Services Canada to share my test results with the following parties involved in my release (select all that apply): ☐ Parole office ☐ Community-based residential facility or halfway house ☐ Chiefs and/or band councils, if release to Indigenous community ☐ Other (please specify): _____
Full name (print):

Signature:	**Date:**

Witness Statement: (<u>Only</u> Health Services staff may be signed witnesses) I observed the person providing consent when they signed the consent form.
Full name (print):

Signature:	**Date:**

PROTECTED B ONCE COMPLETED

Appendix D: Consent for COVID-19 Testing: Staff/Contractors

In order to be tested for COVID-19, a respiratory sample will need to be collected by a nasopharyngeal, nasal, or throat swab.

Benefits: The benefit of being tested is to help identify COVID-19 illness, potentially even before symptoms begin. If illness is detected, there is an added benefit of being able to intervene quickly to prevent the spread of the virus to other individuals, including your family members, roommates, colleagues, and other people in the community.

Risks: The risks of testing are minimal, however discomfort may be experienced during the collection of the sample. When collecting a nasopharyngeal swab, there is also a small risk of nasal bleeding following the procedure. If bleeding occurs, please see institutional Health Services.

Consequences: Your consent to COVID-19 testing is **voluntary**. There are no consequences if you do not wish to be tested. In the case that you have symptoms for COVID-19 and choose not to be tested, you may be excluded from work, in accordance with CSC's interim COVID-19 policies and procedures.

Nature of the test: Depending on the type of test being performed, a nasopharyngeal, nasal, or throat sample will be collected. The health care provider collecting the sample will either insert a swab into your nose or mouth (to the back of your throat) and rotate the swab several times to collect material for testing. If collecting a nasopharyngeal or nasal sample, they may repeat this process using the other nostril to ensure enough material is collected. The swab is then stored to be sent to a lab for testing or if it is a rapid test, the swab is analyzed on site. The institutional physician will be responsible for ordering the test. The physician, or delegate, will follow up with you about your results and will also let you know if any further actions are required on your part. If you test positive on a rapid test, you will need a second test (that will be sent to a lab) to confirm the result.

Contact information: If you have any questions or concerns related to COVID-19 testing, please contact the Chief of Health Services. If the Chief of Health Services is unable to answer your questions or concerns, the physician will be notified.

I confirm that the benefits, risks, consequences, and nature of the COVID-19 test (as detailed above) and related matters have been explained to me. I am satisfied with and understand the information I have been given, and I consent to a COVID-19 test. I understand that my participation in COVID-19 testing is voluntary.

I understand that:

_____(name of physician) has ordered the COVID-19 test.

_____(name/designation) will collect the sample for COVID-19 testing.

Full name (print):	**Job title:**	
Signature:	**Date:**	**Phone number:**

Witness Statement: I observed the person providing consent when they signed the consent form.	
Full name (print):	
Signature:	**Date:**

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Consent for Disclosure of Personal Health Information Related to COVID-19 Testing

Privacy: All paper documentation associated with this test, including signed consent forms, any copies of test requisitions, progress notes, and any test results, will sent as Protected Class B information to CSC Regional Headquarters (RHQ) for storage. If required, paper files can be briefly stored at the site, in a locked filing cabinet with the physician and Chief of Health Services as the only key holders. The files should be sent to RHQ as soon as possible. Registered nurses at the regional level, delegated by the Regional Director of Health Services, will be responsible for managing the staff health files at RHQ. Only the physician responsible for ordering the test, or their delegate, and the RHQ nurse(s) will have access to the files. The physician will follow up with you if your test results are positive or inconclusive. You can request (in writing) access to your personal files related to COVID-19 testing at any time.

In Canada, COVID-19 is a reportable illness and CSC has an obligation to report confirmed or suspected cases of COVID-19. As such, test results will be shared with local public health if the test result is positive or inconclusive. Negative test results may be shared with local public health upon their request. In addition, your test results will be shared with the Regional Contact Tracing Team Lead for contact tracing purposes. Test results may also be used by CSC RHQ-HS and NHQ-HS for other epidemiological analyses, outside of contact tracing. If this is the case, any reports developed using this data will not include your name or any identifying information.

Contact information: If you have any questions or concerns, please contact the Chief of Health Services, who will contact the Regional Director of Health Services.

I confirm that the privacy procedures have been explained to me. I am satisfied with and understand the information given.

I understand that COVID-19 is a reportable illness and that my test results – if positive or inconclusive – will be shared with local public health. Negative test results may be shared with local public health upon their request.

I authorize Correctional Services Canada to share my test results with the National Contact Tracing Team Lead for contact tracing purposes – I understand that it may be necessary to disclose my results in the course of contact tracing.

I understand that the results of my test may be used outside of contact tracing by RHQ-HS and NHQ-HS for other epidemiological analyses, and if so, my data will be anonymized.

Full name (print):	**Job title:**	
Signature:	**Date:**	**Phone number:**

Witness Statement: I observed the person providing consent when they signed the consent form.	
Full name (print):	
Signature:	**Date:**