

Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

COVID-19: Pediatric Testing Guidelines for British Columbia

July 6, 2020 – For Healthcare Providers

Guidelines for COVID-19 testing in BC are periodically reviewed and updated based on COVID-19 epidemiology, seasonality, public health measures in place, testing capacity, and our evolving understanding of test performance in clinical settings. As a result, BC guidelines may differ from other national or provincial guidelines.

At this time in BC, there are low levels of community transmission of COVID-19. As BC society continues to re-open, and there are changes in the level of interactions between people in the population, early detection and management of COVID-19 cases and their contacts is a critical public health strategy for maintaining low levels of transmission in BC. There is also capacity to expand testing beyond current levels.

Accordingly, at this time providers are recommended to have a low threshold for testing symptomatic individuals of all ages for COVID-19 infection.

Guidance for COVID-19 Testing by Nucleic Acid Tests (NATs)

1. Test all infants, children and youth with new symptoms compatible with COVID-19, however mild.

Children have similar symptoms to adults, but are less likely to have fever, shortness of breath or cough. COVID-19 causes mild illness in the vast majority of cases in children. The symptoms most commonly found with COVID-19 infection include:

- Fever
- Chills
- Cough*
- Shortness of breath
- Runny nose
- Sore throat
- Loss of sense of smell or taste
- Headache
- Fatigue
- Diarrhea
- Loss of appetite
- Nausea and vomiting
- Muscle aches

* or worsening of chronic cough

Less common symptoms of COVID-19 infection include stuffy nose, conjunctivitis (pink eye), dizziness, confusion, abdominal pain, and skin rashes or discoloration of fingers or toes. Children who are suspected of having [multisystem inflammatory syndrome \(MIS-C\)](#) should also be tested.

Signs and symptoms of COVID-19 in children may be similar to those of other childhood illnesses. Clinical judgement remains important in the differential diagnosis and work-up of children presenting with these symptoms (e.g., severe symptoms may be more suggestive of bacterial infections). Infants less than 3 months of age who are febrile, or who have suspect COVID-19 should be assessed by a health care provider.



Ministry of Health



BC Centre for Disease Control

If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300



For more information on the diagnosis and management of COVID-19 infection in children, including MIS-C, please refer to the [pediatric clinical guidance](#) on the BCCDC website.

2. It is particularly important to test symptomatic Infants, children and youth who:

- Have a chronic medical condition, or are immunocompromised due to medication or treatment
- Live with someone at risk of severe disease from COVID-19 infection (e.g., elderly, chronic conditions)
- Attend child care, school, camp or other congregate setting
- Are contacts of a known case of COVID-19
- Are travellers who in the past 14 days returned to BC from outside Canada, or from an area with higher infection rates within Canada
- Are residents of remote, isolated, or Indigenous communities

3. COVID-19 testing is not recommended for asymptomatic infants, children and youth.

Routine COVID-19 screening of asymptomatic people is not recommended (e.g., in daycares or schools, prior to surgery or other procedures, in hospitals or healthcare settings, as a condition of employment or for travel).

4. Medical Health Officers may recommend testing as part of public health investigations.

Medical Health Officers may recommend testing for infants, children and youth who are part of a public health investigation of a cluster or an outbreak, regardless of symptom profile.

Note: In May the Provincial Health Officer [temporarily removed](#) the requirement for licensed practical nurses to have a client-specific order prior to performing nasopharyngeal swabs if being done as part of a screening program approved by a Medical Health Officer.

Guidance on Specimen Collection and Labelling

Specimen Collection

When testing is offered to children of any age, please ensure the tester is appropriately trained to perform the nasopharyngeal swab (NP) safely, and there are adequate supports available. Most COVID-19 testing sites in BC can test children and youth (please refer to BCCDC's [testing information](#) for testing locations in your area).

For older youth, please refer to the adult testing guidelines for specimen collection and labelling information.

For children and infants, collect a **nasopharyngeal (NP) swab** according to the procedure described in the Appendix, and a [video for children/families to watch](#) regarding NP swab collection can be found here.

Use the swab/collection device provided by your institution. The following swabs are currently validated for use in nasopharyngeal specimen collection in infants and young children in BC:

- Copan™ minitip swab with 2mL red top tube
- BD™ minitip swab with 3ml red top tube

For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) if feasible in a sterile screw-top sterile container **in addition to a nasopharyngeal swab**.



Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

Please add one of the following codes to the specimen label:

- **OBK** – Outbreaks, clusters or case contacts
- **HOS** – Hospitalized
- **CMM** – Community or Outpatient, including Urgent and Primary Care Centres
- **CGT** – People attending or living in congregate settings such as day cares, schools, camps, correctional facilities, shelters, group homes, assisted living and seniors' residences.

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician, and the test name (COVID-19 NAT).

Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements.

<http://www.elabhandbook.info/phsa/>

Paper Requisitions are available here: <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>



Appendix: Nasopharyngeal specimen collection for pediatric patients

Video

- [COVID-19 test procedure in children](#): A video for families and children to watch on how COVID-19 testing is done.

Preparation

If a child needs to be bundled (see below), two practitioners will be necessary for safe and expeditious sample collection. Pediatric sample collection is not generally feasible nor advised in drive through testing sites.

Take measures to put the child and caregiver at ease prior to the specimen collection.

- Approach the child in a gentle and friendly age-appropriate way and introduce yourselves.
- Provide an explanation for your PPE ([Explaining PPE to Children](#)).
- Prior to the procedure, tell the child and caregiver what you need to do in simple terms and answer any questions.
- When swabbing, utilize distraction techniques, if possible (small toys, counting to ten, singing a song, video).
- Have the caregiver talk to the child in soothing tones throughout the procedure; it is preferable for a caregiver to provide a supportive role.

Positioning

- For infants and potentially less cooperative young toddlers, bundle the child securely using a sheet and place the child on a stretcher/examination table with the head slightly elevated.
- Older and/or, more cooperative children may sit on a caregiver's lap with the caregiver encircling the child's arms with one arm in a "hug", using the other hand to support the child's forehead. (Note: children of all ages may reflexively attempt to move their heads or swipe the swab away during the procedure.)

Procedure

The "mini-tip" flocked swab (Copan or BD UTM Kit) is recommended for children.

- Perform hand hygiene.
- Don PPE (gloves, gown, mask and eye protection).
- Measure the distance from the base of the child's nose to the external ear canal (ear hole) - the swab will generally need to be inserted approximately just over 2/3 of this distance to reach the nasopharynx.
- For children who are bundled with a blanket, either a second practitioner or a caregiver can place their hands on either side of the child's head to provide stability.

Continued on next page





- **The swabbing practitioner gently inserts the swab straight back (parallel to the roof of the mouth) into the nostril until gentle resistance is felt.**
- Rotate the swab two to three times and allow it to remain in place for ~5 seconds to absorb the sample.
- Withdraw the swab and insert it into the tube of the viral transport medium (found in the package and labeled “UTM-RT MINI” in the Copan or BD UTM Kit).
- Break the shaft at the marked breakpoint and screw on the lid.
- Remove gloves and perform hand hygiene.

Labelling Specimen and Preparing for Transport

- Don new gloves.
- Label the swab with a pre-printed patient label or ensure there are 3 patient identifiers present (Full name, DOB, PHN), Date & Time of collection and “NP swab” handwritten on the label.
- Ensure the following information is entered on the requisition: Patient Identifiers, Ordering Physician, Test name, Date/Time).
- Place the specimen container in a biohazard transport bag and insert the appropriate **completed** virology requisition into the side pouch.

July 6, 2020
COVID-19: Pediatric Testing Guidelines for British Columbia

