



2.7 Viral screening

The potential risks associated with quarantine workers and residents contracting disease in the quarantine facility and subsequent spread to community settings are mitigated by a multifaceted prevention and management approaches. Prevention is supported by a hierarchy of controls approach to mitigating the risk of transmission. The controls include mandatory site induction processes, personal protective equipment (PPE) training and refresher training and infection prevention controls, auditing across all work groups and locations on the site and enforcing of directions to residents in quarantine. During a pandemic with a communicable disease, viral screening of staff and residents becomes part of the routine risk management strategy.

The following guides present the delivery of high-quality, safe and appropriate screening and surveillance processes based on COVID-19 management in a quarantine facility. The aim is to prevent transmission and further spread through the early identification of disease-positive individuals. Viral screening is presented for both staff and residents.

Viral screening using approved tests is a tool to support the pandemic response but does not replace public health and hygiene measures that include site induction, PPE training for staff, standard precautions, hand hygiene and distancing requirements or vaccination and ongoing education of all staff and residents. This includes not coming to work if unwell and isolating if required to do so.

During the COVID-19 pandemic, legislation required all staff working in a quarantine facility to be subject to daily COVID-19 swabbing (self-swabbing). This risk management strategy prevented infected staff from infecting others which could lead to an entire Health Team becoming infected leaving the facility short-staffed.

Regular viral screening for staff and residents means infected individuals can be detected early, limiting the risk of infecting others and linking them early with treatments if required.

The following overview presents the process for staff and residents' viral screening modelled on the processes used for COVID-19.

2.7.1 Viral screening used in COVID-19

Laboratory testing for SARS-CoV-2 was important for individual resident and staff diagnosis, and to guide public health management strategies. The main sample type submitted for testing early in the COVID-19 pandemic was respiratory tract samples (deep nose and throat swab). This is analysed by nucleic acid testing using polymerase chain reaction (PCR) to detect SARS-CoV-2. It is important to collect a high-quality specimen as the quality of the sample influences the sensitivity of PCR to detect SARS-CoV-2.^{16,17}

With increasing case numbers and demand for pathology services stretched, rapid antigen tests (RATs) became more widely used once they were approved for diagnosis and monitoring of close contacts. Antigen tests are immunoassays that detect the presence of a specific viral antigen, usually the Nucleocapsid protein. RATs must be approved by the Therapeutic Goods Administration, whether or not self-administered. While RATs can provide a result within 15–30 minutes, they are generally less sensitive compared to PCRs and they have low throughput compared to Nucleic Acid Amplification (NAA) tests.^{16,17}

Serology may be useful for the diagnosis of historical COVID-19 cases. With COVID-19 moving from a pandemic to an endemic disease, and high levels of COVID-19 vaccination rates in Australia, serology testing became less useful for acute diagnosis.^{16,17}

Section 2: Table 8: Determining the result of viral screening	
Using a PCR	Using a RAT
<p>The results of viral screening (PCR) should be available on the site's pathology result platform and relayed by the overarching communicable disease team and pathology leads.</p> <p>Relevant quarantine health staff should have access to this site.</p> <p>Should the CT value be required, pathology needs to be called by a senior staff member or a doctor.</p>	<p>Negative: The presence of only the control line (C) and no test line (T) within the result window indicates a negative result.</p> <p>Positive: The presence of the test line (T) and the control line (C) within the result window, regardless of which line appears first, indicating a positive result. The presence of any test line (T), no matter how faint, indicates a positive result.</p> <p>Invalid result: If the control line (C) is not visible within the result window after performing the test, the result is considered invalid. When an invalid result is observed, the test will be repeated with a new test kit.</p>

2.7.2 Staff viral screening

Monitoring and auditing of staff swabbing ensure all staff and contractors entering the quarantine facility are adhering to the viral screening requirements. All workers or visitors who enter the quarantine facility and leave their vehicle must complete viral screening every day they enter the site irrespective of how long they may be on site. Staff and visitors are required to complete their viral screening within 2 hours of arrival.

Staff roles involved in testing are;

- Nurse Management Consultant IPC (or allocated IPC professional) is responsible for process management, compliance auditing and clinical governance.
- Clinical administration identifies, prepares and issues viral swabs (RATs and PCR tests) to appropriate staff/ teams, maintains staff testing clinic and pathology equipment, maintains records of staff test results, files records in accordance with the sites records keeping framework and records staff's or visitor's positive viral screens.
- Health staff performs tests for all residents, interprets results appropriately, acts according to result of the test, maintains IPC measures at all times, records positive tests in the sites records keeping framework and outcome of all resident's viral screening in the resident management information technology system (RMITS).
- All quarantine staff and visitors perform testing at the start of the workday or attendance at the facility in accordance with CHO Directions.

For all agencies and contractor's it is the responsibility of each agency and contractor lead to;

- Ensure their workforce and visitors are aware of the individual responsibility to undergo viral screening testing when onsite in the quarantine facility.
- To review the end-of-day staff swabbing emails to ensure all staff on shift that day completed testing; and
- To follow up with staff who do not complete testing with repeated non-compliance to be viewed through a human resources framework.

A swabbing/viral screening clinic with the dedicated purpose to facilitate staff swabbing is recommended. Onsite staff receive emails from the IPC team as a reminder to swab as required and other organisations managers are contacted about their staff. Information about staff who are noted to frequently not swab is referred to their managers.

2.7.3 Management of staff positive viral screening results

Staff who receive a text notice of a positive PCR or their RAT is positive when they are at home, are to remain at home under the Human Resource framework of their respective agency or contractor for the required length of time set out by the CHO Direction, or until resolution of symptoms if longer than the CHO required period.

Staff, visitors and contractors who receive positive test results whilst on site will be notified via their Health Team Leader, site Health Director, Medical Team or IPC professional. If the Health Team member is aware of their result first they inform the Clinical Administration Team who will relay this information.

The affected staff member (if still on site) must be advised to don a mask, clean their work area, notify their direct line manager, and leave CNR. They then commence isolation at a suitable place in accordance with the CHO Direction and inform their close contacts.

The positive test result will be kept in the swabbing area until the staff member has been informed. The Health Team is responsible to enter the result on the staff's medical record.

If a test is invalid, clinical administration will contact the staff member or line manager to request the staff member return to complete another test.

Tests are disposed of in general waste after the result is documented.

2.7.4 Reporting of positive staff

Keeping track of staff who are positive and close contacts is important to ensure staff levels are maintained to continue with uninterrupted quarantine service delivery. Staff are required to ensure they complete the registration of their positive test in accordance with state and territory legislation and follow the steps outlined on the public website for positive test notification. This should be done as soon as the person is safely isolated, as this will assist them in the next steps and accessing appropriate support.

Each agency or contractor is to update the sites' Executive Director and relay the information to the Health Leadership Team of the number of staff they have as either a case or close contact for recording in the daily Leadership Team meeting minutes. Service delivery impacts due to staff absence that cannot be individually resolved by the agency or contractor are to be raised in this same meeting for whole of-site leadership resolution to ensure service continuity.

The site risk management database should also have an entry of who was infectious at work and/or any identified PPE breaches (noting this may be used to support extended sick leave requests). Other agencies and contractors to record according to their relevant workplace risk management register.

2.7.5 Workplace contact tracing

The line manager of the staff member is responsible to conduct contact tracing for the staff member relating to their time at work. This information will assist to:

- establish if there are any close contacts within the quarantine facility,
- identify any infection control breaches, and
- if the staff member was infectious at work, map any impact on staffing and service delivery and identify any procedures or messaging that require enhancement.

For contact tracing, the infectious period is considered the period extending from 48 hours before onset of symptoms. If the case is asymptomatic, the infectious period is the period extending from 48 hours before the initial positive test.

2.7.5.1 Contact tracing information gathering

Information gathered to support workplace contact tracing is to include:

- Full name and staff HRN.
- Date of the staff's positive PCR or RAT test.
- Date when the person first noticed symptoms of the disease (COVID-19), if at all.
- If the person knows from whom they were infected by (i.e. COVID-19 positive person in work or personal life) and the date of last exposure.
- If the person knows where they may have been infected (i.e. work or personal environment).
- Identify if they worked shifts up to three days before the positive test or onset of symptoms.
- Activities whilst at work during this period including activities, colleagues or similar to identify close contacts or situations of risk.
- If there were any breaches of PPE during a person's infectious period, this includes any PPE use or risky behaviour in any of the quarantine or green zones of the quarantine facility.

It is recommended that information is recorded in a timeline of each day the case was believed to be infectious at work to determine if there are close contacts due to cumulative exposure time to the positive case.

2.7.5.2 Identification and management of workplace close contacts

If there are identified close contacts within the quarantine facility, the agency or contract lead is responsible to contact the manager of any other affected agency or contractor to advise a close contact has been identified in their work unit. Each agency or contractor lead is responsible to manage their own staff under their respective Human Resources framework and the CHO Direction regardless of whom the positive case may have been.

2.7.5.3 Return to work of positive case (based on COVID-19 standards)

A positive case is required by to isolate as determined by the CHO Direction, during COVID-19 this was for a minimum of 7 days if asymptomatic or 10 days if still symptomatic on day 6 after their positive COVID-19 test.

If asymptomatic, a staff member may return to work after midday on the 7th day from their COVID-19 positive test or after midday on day on the 10th day from their COVID-19 positive test if all of their symptoms have resolved. If a person remains symptomatic on their 10th day, they are not to return to work, as they remain unwell and likely have a more severe form of COVID-19.

If they have not already engaged with their GP, they are to be recommended to contact their GP for ongoing medical assessment and treatment as required. Positive cases may test positive to COVID-19 after their symptoms have resolved and these 'historical cases' will be captured as 'weak positives' by the PCR testing required under the CHO Direction for Quarantine Workers.

If a historical case is identified in PCR testing, no isolation or action is required other than the normal infection control requirements of quarantine and green zones. Staff are to submit the relevant leave applications according to their agency or contractor's Human Resource requirements and entitlements.

2.7.6 Staff swab compliance

The recommended staff electronic ID card can provide an audit trail of arrival, departure, and testing. By swiping the staff card the IPC Team can cross-check those staff and contractors who were on site and against those who underwent testing. Each agency and contractor is responsible to ensure their staff, subcontractor's staff and/or approved visitors are added to the site swab list and undertake swabbing when on site. Visitors are registered under the agency or contractor providing for their supervision on site.

1. The swabbing auditing system aims to collect, monitor, assess and report surveillance data to the workforce, governing body, consumers and other relevant groups in order to identify and manage compliance with staff swabbing requirements.
2. Swabbing data is collected weekly with a full cross-check of site entries and completed swabs.
3. The Administration Team in the staff-swabbing clinic keep a record of all staff who attend the clinic each day. This is matched against site entry data, filtered to swab requirements based on time spent on site, exclusion after being Covid-19 positive etc. as per CHO directions.
4. A results summary is prepared and presented weekly with the follow-up of any non-compliance issues.

2.7.7 Viral screening clinic

The viral screening clinic needs to be strategically placed in an area preferably with an open-air space for staff to swab. If this is not possible then implementation of MERV-13 air filters, portable air cleaners (with HEPA filters), and/or upper-room germicidal ultraviolet irradiation systems is required according to the logistics of the dedicated space.¹⁸ The hours of operation of the clinic need to be aligned with staff and visitors' presence (for example 06.00 to 22.00 hrs) noting the mandated rule was for **all staff to complete their viral screening within 2 hours maximum of entering the site.**

2.7.7.1 Staffing and PPE

Clinical administration staff are capable of running the viral screening clinic during hours of operation with 2 staff members (noting this may need to be increased depending on staff numbers of the facility).

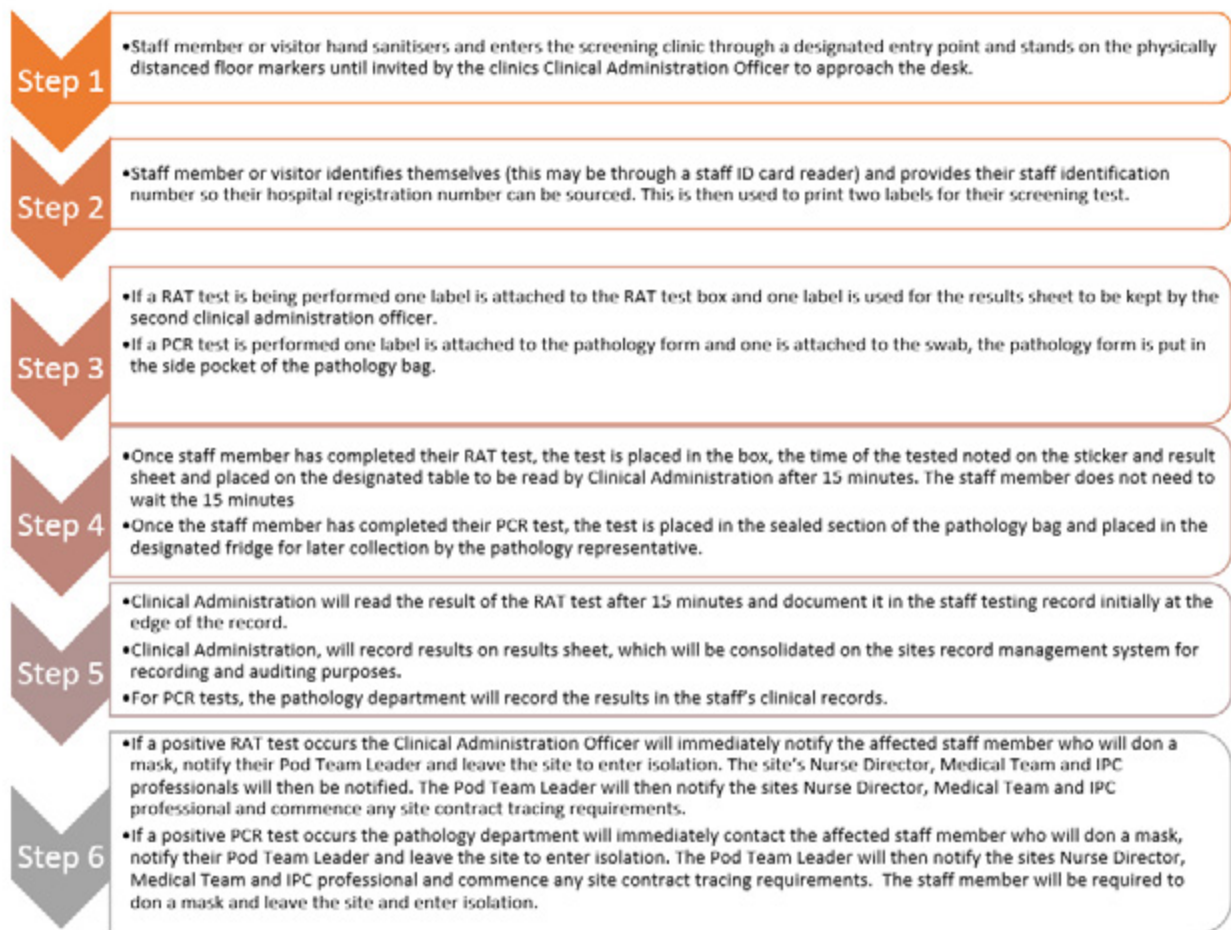
- 1 staff member is responsible for the creation of testing packs when staff present for testing; and
- 1 staff member is responsible for reading and documenting the results.

As a viral screening clinic will have people performing swabs the transmission risk is considered elevated. It, therefore, needs to be mandated that clinical staff always wear a surgical mask irrespective of current mask mandates that must be changed every two hours when they are working in the clinic.

All staff and visitors are allocated a hospital registration number (HRN) and this is used with the medical records system in which their testing will be recorded. As presented in the resident care section, the medical records system is recommended to be shared with that used by the local government health care facility (whether primary or secondary care services). If a staff member or visitor does not have a HRN, the sites Clinical Administration Team need to have the training to complete the staff's registration and issue them a HRN.

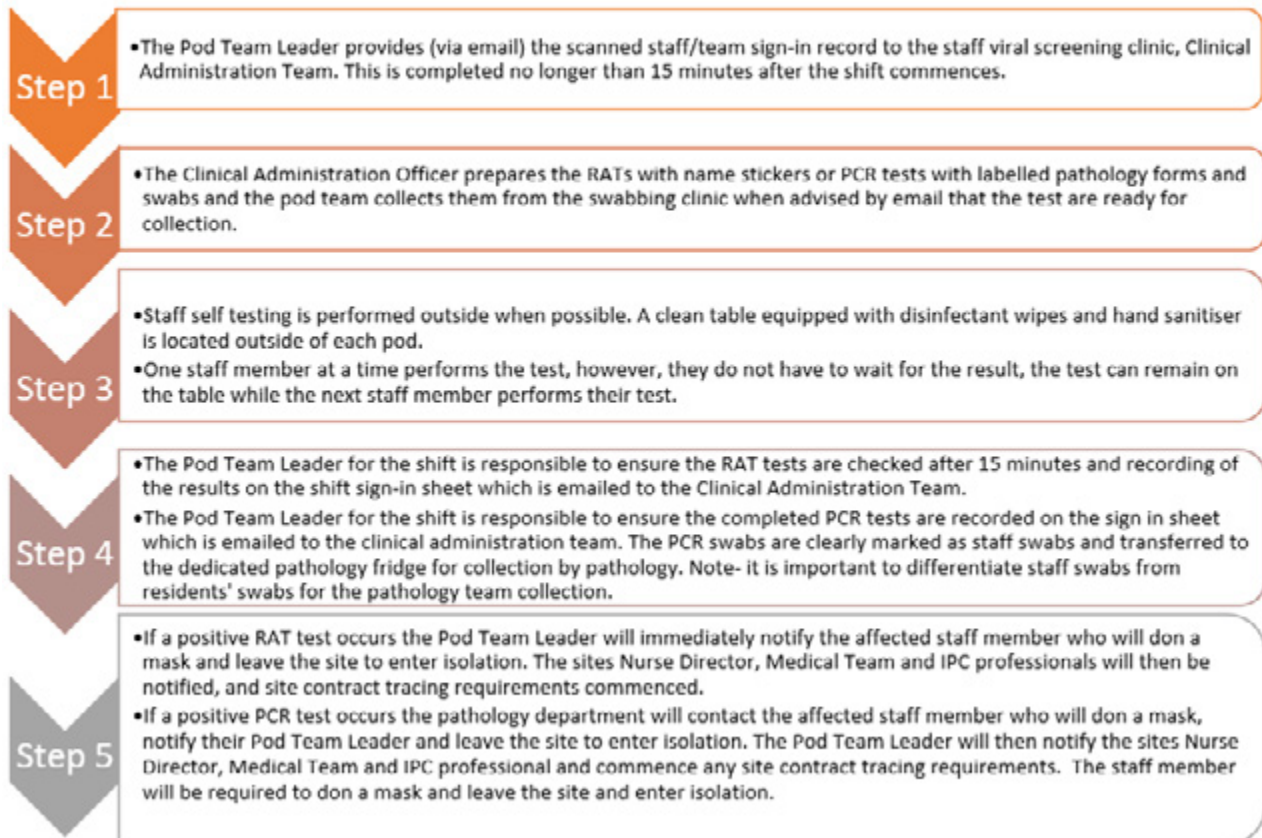
It is deemed critical that staff swabbing is recorded for every staff member every day and a reliable system is established to ensure this is accurately recorded.

Section 2: Table 8: Staff and visitor viral screening clinic process for self-swabbing with rapid antigen tests (RAT) or Polymerase Chain Reaction (PCR) test.



To avoid overcrowding at the staff viral screening clinic it is recommended that Health Teams swab in their pods. All team tests are to be completed before they enter a zone for the first time on that day. It is noted that any resident emergency response takes precedence over testing.

Section 2: Table 9: Health team's viral screening process for self-swabbing with rapid antigen tests (RAT) or Polymerase Chain Reaction (PCR) test in their pods.



2.7.8 Staff RAT testing process

Refer to Appendices D for an example of the process resources used for staff with RAT testing.

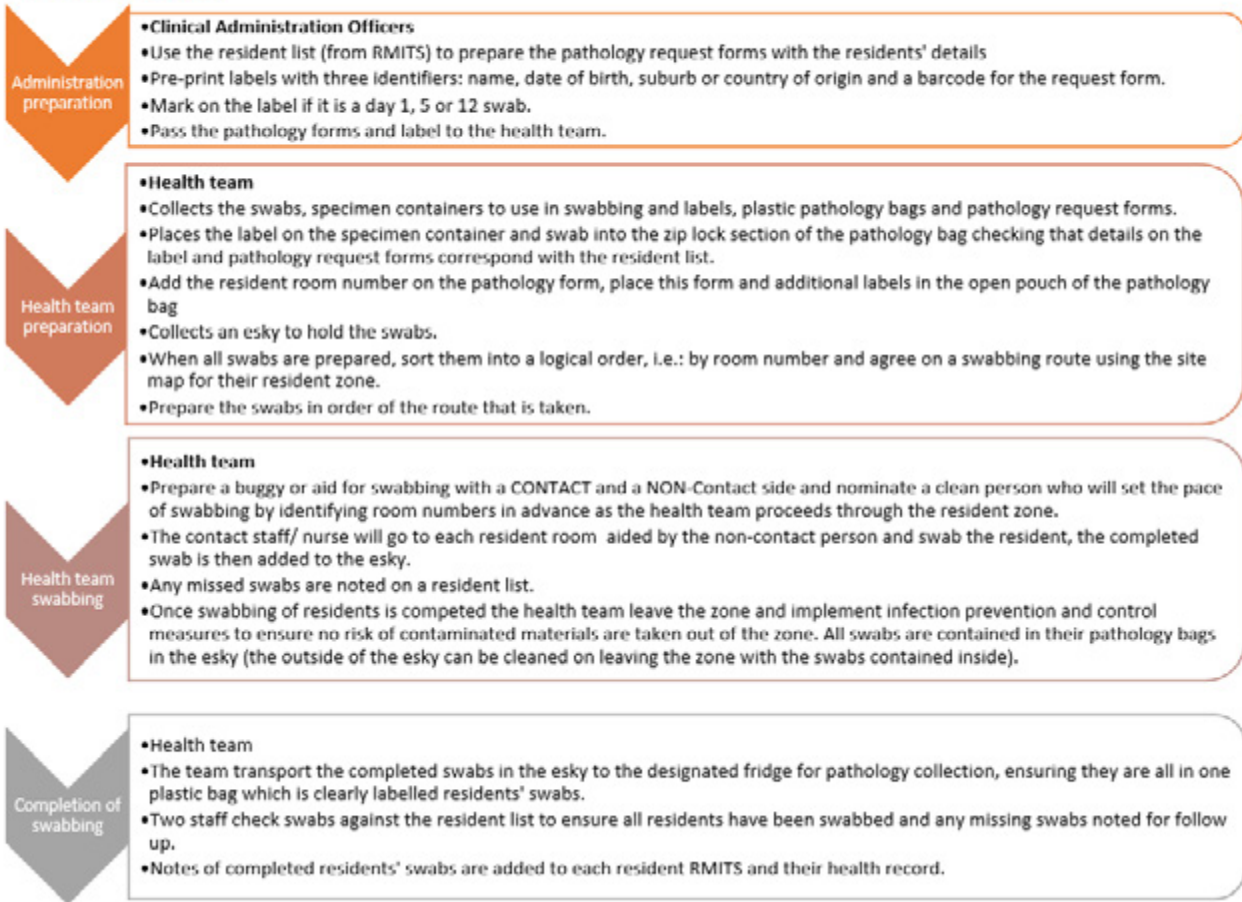
- Sanitise hands
- Check the details on the sticker are correct
 - Follow instructions for RAT provided in the testing area
 - a) Open the RAT kit, pull out the test and read the instructions
 - b) Add the solution up to the line on the testing tube
 - c) Collect the nasal sample by twisting the swab up your nose
 - d) Do this 5 times on the left nostril and then on the right
 - e) Place swab into the testing tube
 - f) Snap off the stick and screw on the cap
 - g) Swirl the testing tube gently
 - h) Remove the bottom lid
 - i) Gently squeeze 5 drops onto the testing pad
- Place the test in the box with your name sticker and time test was done in the area dedicated to result reading
- Sanitise hands
- There is no need to isolate pending result for surveillance testing
- Wipe down the table with Clinell wipe that you have used

2.7.9 Viral screening of residents

All residents undergo viral screening in the zone during their quarantine. If residents have a positive screen, they do not have to be swabbed again. All residents must have clinical records commenced for them to record their viral screening. The resident will have a hospital registration number (HRN) allocated against which their testing will be recorded. If a resident does not have a HRN, the Clinical Administration Team will complete the registration. Additional information on the actual swabbing process is covered in the education and training guides located in *Section 3: Health workforce*. This includes information on gaining informed consent from residents for swabbing.



Section 2: Table 10: Polymerase Chain Reaction (PCR) screening process for residents.



Transport of resident swabs to the designated pathology department should coincide with the delivery of staff swabs (transporting these at the same time reduces the risk of multiple exposure to swabs by staff). Open communication between the pathology and Health Leadership Team is required to identify dates and times when large numbers of swabs are anticipated and the flagging of any swabs of concern. This might include a resident swab where they were displaying disease signs and symptoms and therefore a result is required as soon as possible to ensure disease transmission risk is addressed and the resident is provided with any recommended treatments as soon as possible (such as antiviral treatments).

2.7.10 Process to swab multiple residents.

Within large quarantine facilities, there is a requirement to perform large numbers of viral screenings/swabbing of residents at one time, for example, this may occur with one cohort of 200 repatriated residents. As per zone guidelines this process is highly organised to minimise the amount of time staff spend in the zone. Performing this process exposes staff and equipment to aerosols from the resident and care must be taken to maintain strict infection control.

Section 2: Table 11: Process to swab multiple residents- PCR Test

Preparation for multiple residents PCR swabbing

Clinical administration tasks:

The clinical administration officers use a Master List of residents to prepare the pathology request form with the resident's details.

- Pre-print label with three (3) resident identifiers, name, date of birth, suburb/or country of origin and hospital registration number (if known).
- Indicate what day swab is being collected, for example, day 1 or day 5 swab and mark this on this sticker.

Pod Team tasks

- The Pod Team collects the swabs, specimen containers, labels, plastic bags and pathology request forms from clinical administration.
- They collect the esky from the health clinic (esky is used to store swabs during the swabbing round).
- The Pod Team places the labels on the specimen container and swabs into the zip lock part of the plastic pathology bag.
- Pod staff are to also check that details on the labels and pathology request correspond with the resident Master List.
- Pod staff add the resident's room number on the pathology form, place this form and additional labels in the open/side pouch of the plastic pathology bag.
- When all swab packages are prepared, the Pod Team(s) agree on a swabbing route prior to leaving the pod using the quarantine site map for their area and sort the swabs into a logical order, i.e. by room number so these are easy to navigate once the swabbing round proceeds.
- Ensure supplies are stocked, take swabs, esky and additional supplies (see below for items required).
- Prepare a list to check the swabs, when later transferring the swabs to the fridge (double check process to ensure all residents have been swabbed).



Setting up a buggy for the swabbing round

When performing multiple swabs it is recommended to use a buggy to transport equipment.

The buggy is taken into the zone for the purpose of the swabbing process and will be set up after donning with supplies generally stored in tubs under the doffing table.

The buggy is to be viewed as a vehicle that has a CONTACT side and a NON-CONTACT side.

All NON-CONTACT materials are placed behind the driver. These areas cannot be compromised during the swabbing process.

Staff will not always be able to sit on a buggy while entering the zone or while swabbing.

Buggy driver

Nominating the driver of the buggy is important. This person will set the pace of the swabbing process by determining the advancement of the buggy but also identifies the room numbers in advance as the Pod Teams approach.

The driver cannot leave the buggy when swabbing commences.

Preparing the buggy

CONTACT/ NON-CONTACT separation of staff and equipment is to be strictly observed at all times.

Material in CONTACT area (placed behind the passenger seat).

This includes:

- Gloves in the size of the CONTACT staff.
- Clinical waste bag (can be used for multiple swabbing processes).
- Hand sanitizer – to be used if 1st pair of gloves is compromised and need to be changed.

Material in NON-CONTACT area (placed behind the driver).

This includes:

- Container/box with swabs in order of rooms, map of the resident zone if required.
- Esky for completed swabs.
- Disinfectant wipes.
- Pen to correct/ complete details on swabs/ pathology form, i.e. phone number.

NB: CONTACT staff do not touch items in the non-contact area or enter the non-contact area.

NOTE: If only one resident needs to get swabbed, the buggy and additional equipment are not required. The Health Team will wear the appropriate PPE, enter the zone and obtain the swab as per the swab procedure, then exit the zone via the doffing station where the pathology bag is wiped with disinfectant wipes and taken to the health clinic fridge.

Personal protective equipment used in swabbing

Contact Staff (staff performing swab)	Non-contact staff
Gown	Mask- N95/P2
Mask- N95/P2	Eye protection- face shield used in swabbing
Eye protection- face shield used in swabbing	Gloves- single layer of gloves
Gloves- a double layer of gloves: 1 st pair with long cuff, 2 nd pair regular gloves to be changed between resident swabs	

Procedure PCR

Step 1: NON-CONTACT staff takes one swab pack and the team approaches a resident, leaving all other swab packs in the box.

Step 2: CONTACT staff member asks the resident to confirm their details- name and date of birth.

NON-CONTACT staff ensures this matches information on the pathology form AND swab. Missing phone numbers are documented at this point, on the pathology form and on an extra paper to enter into the database later.

Step 3: CONTACT NURSE to explain the procedure (throat and nasal swab) and obtains verbal consent.

Step 4: NON-CONTACT nurse peels open the swab packet, ensuring that the swab stick is exposed, the CONTACT nurse removes the swab from the packet.

Step 5: To swab the throat, extend the swab into the oral area until you hit the back of throat. Roll swab around to left, right, left. Place same swab up one nasal passage until you meet resistance. Roll swab around then remove (NB: this is NOT a nasopharyngeal swab). Place swab up the other nasal passage. Roll/twist swab then remove.

Step 6: NON-CONTACT nurse holds out the specimen container and CONTACT nurse places the swab back into the tube, taking care not to come in contact with the bag or hand of NON-CONTACT staff.

Step 7: NON-CONTACT staff seals the swab lid and lets the swab drop into the zip lock section of the pathology bag. They seal the zip lock section and wipe the outside of the bag with a disinfectant wipe before placing the pathology bag in the esky. The disinfectant wipe gets disposed into the clinical waste bag.

Step 8: The CONTACT nurse removes gloves and applies new gloves (gloves are changed after each resident swab).

Step 9: Steps 2 to 9 are repeated until all swabs have been obtained.

On completion of resident swabbing round

Once all residents have been swabbed (with any who refuse to be swabbed or are not located are noted on the Master list) staff proceed to the doffing area.

Equipment to clean the buggy and swabbing equipment on exit is all located at the doffing station (it is recommended to keep equipment specific for swabbing rounds in a sealed plastic container under the doffing table when not in use).

NON-CONTACT staff will wipe equipment with disinfectant wipes, wipe the esky for transport back to the health clinic and wipe the buggy, with focus on contact surfaces.

The NON-CONTACT staff doffs whilst being observed by their CONTACT staff buddy. The CONTACT staff doffs with the NON-CONTACT staff observing.

The esky and buggy are then returned to the health clinic.

Delivering swabs to the health clinic

The Pod Team Leader facilitates the transfer of the swabs to the health clinic.

- A team of 2 staff transport the swabs to the health clinic.
- The 1st staff dons gloves and confirms the swabs with a checklist (sorted by room number) with the 2nd staff in order to identify any swabs not done.
- They transfer all the swabs into a large plastic bag. On the bag they note the Pod number/ resident zone information, swab day (eg day 1, day 5, or day 12) then place the labelled plastic bag into the designated swab fridge (this fridge should be clearly labelled for this purpose).
- Staff wipe the esky with a disinfectant wipe before returning it to the clinic.

Completion of resident swab process

Documentation of all residents who were swabbed is an important step of this process.

Once all swabs have been completed and delivered to the health clinic fridge for collection by pathology document of swabbing needs to be entered into resident records.

This should be entered into the resident's RMITS and medical records.

Pod staff need to follow up with any residents of concern or additional resident requests which may have occurred on the swab round.

For example, any residents who exhibited signs or symptoms of the disease should have been advised to remain in their rooms and flagged for the potential to be moved pending their swab result.

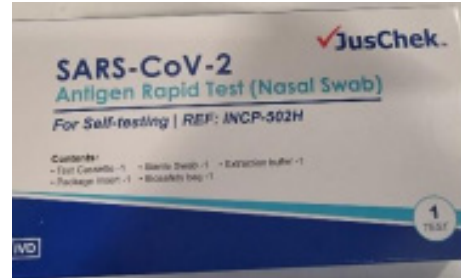
Section 2: Table12: Process to swab multiple residents- RAT Test

Preparation for multiple residents RAT testing

Clinical administration tasks:

The clinical administration officers use a Master List of residents to prepare the correct number of RAT tests.

- Pre-print labels with three (3) resident identifiers, name, date of birth, suburb/or country of origin and hospital registration number (if known).
- Staff indicate what day swab is being collected, for example, day 1 or day 5 swab and mark this on this sticker



Pod Team tasks

- The Pod Team is to collect the RAT tests and labels from clinical administration.
- Pod staff are to also check that details on the labels correspond with the resident Master List and label all the RATs.
- Staff ensure RAT test supplies are stocked: labelled RAT tests, rubbish bag, laminated instructions on how to perform a RAT test.
- Prepare a master list to double check the process to ensure all residents have been RAT tested.
- The team organises itself into 2 teams: one team is delegated to distribute the RAT tests to residents and provide instructions
 - one team is to then record the results of the RAT test (by taking a photo), collect all instruction sheets and dispose of RATs.

Refer to Appendices D for examples of the RAT testing resources

Personal protective equipment used in swabbing

Contact Staff (staff performing swab)	Non-contact staff
Gown	Mask- N95/P2
Mask- N95/P2	Eye protection- face shield used in swabbing
Eye protection- face shield used in swabbing	Gloves- single layer of gloves
Gloves- a double layer of gloves: 1 st pair with long cuff, 2 nd pair regular gloves to be changed between resident swabs	

Procedure RAT

Team 1

- In the Zone: The contact person distributes the RAT tests and laminated instructions to each resident after confirming name and date of birth. These staff assist with instructions if necessary (staff do not need to witness the RAT test unless they are concerned with the residents' level of compliance or understanding).
- Clean person records on tick sheet each test distributed and the time they were given.
- Once all tests are distributed Team 2 is contacted (via phone or radio) and they will don and enter the zone.



Team 2

- Team 1 hands over and exits zone: Clean person takes the resident tick sheet and identifies who to collect tests from.
- Contact person carries iPad and photos each completed RAT test ensuring they capture in one image: box with resident label, packet with RAT batch number and RAT test with result lines visible.

Contact person carries yellow biohazard bag to collect used tests and dispose of these in the doffing bins at the zone exit.

On completion of resident RAT testing round

Once all residents have completed their RAT test (noting any who refuse to participate or who are not located on the Master list) staff proceed to the doffing area.

Equipment to clean the buggy and equipment on exit is all located at the doffing station (it is recommended to keep equipment specific for RAT testing rounds in a sealed plastic container under the doffing table when not in use, such as the laminated RAT test instructions for residents).

NON-CONTACT staff will wipe equipment with disinfectant wipes with a focus on contact surfaces.

The NON-CONTACT staff doffs whilst being observed by their CONTACT staff buddy. The CONTACT staff doffs with the NON-CONTACT staff observing.

Completion of resident RAT testing process

Documentation of all residents who were RAT tested is an important step of this process.

Documentation of RAT testing needs to be entered into the resident's RMITS and medical records.

Pod staff need to follow up with any residents of concern or additional resident requests which may have occurred on the RAT testing round.

For example, any residents with positive RAT tests should have been advised to remain in their rooms and the organising of moving the resident into a red zone to be commenced.

2.7.11 Residents who refuse to have viral screening

It is important viral screening requirements and government legislation/ CHO Directions align to ensure:

- Clear expectations of viral screening for residents are presented in a public-facing space.
- There are processes in place for the resident who refuses to be screened.
- These consequences are reasonable and enforceable onsite (CHO Directions in the Northern Territory meant if a test was refused, the resident's quarantine was extended by 7 days at their own cost).

If a resident refuses to be screened the site health staff have a responsibility to ensure the resident is aware of why they are being screened and how this will be carried out. During the COVID-19 pandemic, different swabbing practices resulted in some people being fearful of the swabbing process (due to pain and discomfort). Additionally providing an outline of the process (carried out by nurses), the rationale to ensure they have access to adequate health care in the event disease is detected and for the safety of other residents (related to disease transmission) can aid the resident in consenting to be swabbed. Residents may also consent once they understand the requirements to spend extended time in quarantine for refusing a swab.

2.7.12 Resident positive viral screening results

During COVID-19 it became apparent that polymerase chain reaction (PCR) tests can continue to return positive results even after a person has recovered from infection.¹⁶

On the initial notification of a positive result for viral screening using a PCR test, it needs to be determined if this may be related to a recent or new infection.

Determining if the current positive test reflects a historical case or an active infection is the role of the Medical Team lead in conjunction with the pathology department. The resident should be interviewed to determine their infection/ COVID- 19 history. Until this assessment outcome is known, the resident will be managed as disease/Covid-19 positive.

When a resident's viral screen result is confirmed as positive and they are located in the orange zone they will need to be moved to the red zone where positive cases are isolated. The site's Director of Medical Services contacts the duty Doctors, Director of Nursing and Nurse Management Coordinator of Infection Prevention and Control. The information is then passed to the Pod Team Leader of the red zone and the Pod TL for the zone where the resident is staying and a nurse and a doctor arrange to enter the zone to give the news to the resident face to face.

The site Doctor on duty will:

1. Inform resident of positive test and implications for their quarantine stay (this should include a health assessment to identify severity of disease signs and symptoms)
2. Explain the reason for the move and need for isolation
3. Allay anxiety and answer questions
4. Explain the process with respect to health checks and testing

The Pod nurse will:

1. Explain to the resident the plan for the move, what to take and when it will occur. Explain to the resident that they need to pack and move all their belongings including food items to take to the red zone
2. Determine how much time the resident will need to pack and be ready to move.

A full outline of moving residents between zones due to positive viral screening results is presented in the Zones In Quarantine section of this IPC resource.