COVID-19 Rapid Point of Care Testing Long-Term Care and Assisted Living

Self-collection training, implementation and management guide

Index

Background

The use of COVID-19 rapid point-of-care testing (rPOCT) technology has been identified as an appropriate means to screen for COVID-19 in high-risk settings, such as long-term care and assisted living communities.

What is a Rapid Point-of-care test?

The rapid point-of-care test (rPOCT) is a screening tool, used *in addition* to required site-based COVID-19 symptom screening processes.

Rapid Testing devices have undergone laboratory validation in B.C. and have been approved by Health Canada.

Inclusion Criteria:

The test may be utilized in accordance with the Provincial Health Officer Order and/or under the direction of your local Medical Health Officer.

Note: Regular visitors do not need to undergo rPOCT more than 3 times a week. Repeated rPOCT is not required for visitors who leave the facility and return the same day.

How does the test work?

1. The test participant performs their own nasal swab, under the supervision of a trained site screening coordinator.
2. The test participant adds a special solution into the test container per kit instructions, then puts the swab into this container. **Caution**: if the amount solution is excessive or insuficient, an improper tests may occur.
3. Results **MUST** be read between 15 and 20 min, which the participant shares with the trained site screening coordinator to record. Results

read outside of this time frame are invalid.

The test works by detecting antigens that are part of the COVID-19 virus. The tests are very sensitive to people who have high viral loads. Viral load refers to how much virus a person may have in their body. The higher a person's viral load, the more likely they are to transmit the virus to others.

The COVID-19 Rapid Point of Care Tests (nasal) detects an active COVID-19 viral infection throughout the infection cycle starting one-to-three days prior to symptom onset. A person may test negative while infected if the virus has not been active long enough to produce sufficient antigen to be detected by the rPOCT.

A negative test result does not guarantee an individual is not contagious or will not become contagious shortly after testing, as the rPOCT only provides a result for that particular point in time.

Positive screening test results **MUST** be reported to Public Health in accordance with the BC COVID-19 Rapid Antigen Screening Program: Guidelines, Requirements and Standard Operating Procedures, and any future Public Health guidance and policies issued from time to time. Sites need to report test results for staff and residents. Visitors are to self-report.

Due to the rapidly evolving situation with COVID-19, Provincial Health Services Authority (PHSA) and/or the BC Ministry of Health may change the data reporting requirements. **<u>Please check the BC Rapid COVID-19 Point of Care Screening Program website for updates on a regular basis.</u>**

When Rapid Point of Care test results are positive

For Visitors: Provide information to self-isolate and refer to the guidance

on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive .Visitors are to self-report, sites do not need to report visitors' positive test results.

For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for 5 days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 Reporting to Public Health - Fraser Health Authority

Positive staff case will need to isolate for a minimum of 5 days, or until symptoms resolve.

Positive staff and resident RPOCT are also to be reported in Check Box. See appendix G.

Roles required
A) Site lead
B) Screening coordinator(s)

Responsibilities for each role
A) Site leads will coordinate the rPOCT process
- Read and understand this guide and its resources.
- Ensure education for the screening coordinator(s) is completed and ensures competency, retains completed competency quizzes.
- Oversee/perform quality assurance activities/proficiency testing.
- Order supplies.
- Communicate to staff the testing requirements and process.
- Communicate to volunteers, residents, tenants, and visitors, re: rPOCT availability.
- Develop processes for your unique location regarding workflow of rPOCT, space for testing and privacy, secure data storage, and regular data reporting.

- Develop a process to respond to problems/concerns that trained site screening coordinator(s) may encounter during self-collection.
- Troubleshoot issues.
- Ensure positive staff and resident results are reported to Public Health. Instruct visitors to isolate and self-report.

B) Designated site screening coordinator(s) to oversee self-collection:
- Does not need to be clinical staff (e.g. can be screener, volunteer, clerical, etc.).
- Complete all required documentation
- Run self-collection clinics, including providing participants with instructional materials and gaining verbal participant consent.
- Maintain self-collection stations, including sanitizing between each use.
- Report positive cases of staff and residents to Public Health, and positive cases of staff and visitors to site lead.
- Understand and practice professional confidentiality.
- Direct individuals with a positive result as follows:
    - For Visitors: Provide information to self-isolate and refer to the guidance on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive .Visitors are to self-report, sites do not need to report visitors positive test results.
    - For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for five days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 Reporting to Public Health - Fraser Health Authority
    - Positive staff case will need to isolate for a minimum of 5 days, or until symptoms resolve.

- Positive staff and resident RPOCT are also to be reported in Check Box. See appendix G.

C) rPOCT participants:
- Staff: Provide name, Personal Health Number (PHN) and telephone number for documentation.
- Visitors: Provide name for documentation.
- Review self-collection education materials, video, and handout.
- Collect sample and perform test.
- Report results to site screening coordinator(s).
- If rPOCT result is positive:

- For Visitors: Provide information to self-isolate and refer to the guidance on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive Visitors are to self-report, sites do not need to report visitors' positive test results.
- For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for five days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 Reporting to Public Health - Fraser Health Authority
- Positive staff case will need to isolate for a minimum of 5 days, or until symptoms resolve.
- Positive rapid test results are also to be reported in Check Box. See appendix G.

D) Visitors taking rPOCT prior to arriving at site:
- rPOCT may be conducted at the site or in the community prior to a visit.

- An rPOCT conducted in the community must be done within 48 hours of the visit and communicated as part of the screening process at the site.

Preparation	

Order supplies	Required equipment:
	• Provincial Health Services Authority (PHSA) is managing the delivery of rPOCT kits to long-term care sites. The Provincial Health Services Authority will determine the number of kits to be delivered to long-term care sites based on the number of beds at each site.
	   o Should you have any questions regarding replenishment, use at your facility, or concerns with your order, please contact LTCAL-RAT@EVOLVEWITHUS.CA
	• Stand-alone Assisted Living (AL) sites are not included in the PHO for visitor testing. Stand-alone AL sites can place orders for rPOCT kits using PHSA_order_form (fraserhealth.ca)
	   • Garbage cans
	   • Hand sanitizers
	   • Disinfectant (e.g. Accel wipes)
	   • Gloves
	   • Accurate timer
	   • Pen
	   • Computer
	   • Tables
	   • Chairs

Set up self- collection space and reporting space	**Self-collection space** • Ensure self-collection space is large enough for participants to be two metres (six feet) apart. • Consider purchasing screen dividers for privacy. • Ensure supplies are kept in an area separate from the testing area to ensure no contamination occurs. **Reporting space** • Ensure a computer is designated for documentation and reporting. • Consider the location of the computer and if it supports confidentiality.
Required Education	
Nasal swab collection and testing	Review the guidance and establish processes related to the specific type of Rapid Point of Care test kits being used at the site. Test kit guidelines are available through: Rapid COVID-19 Point of Care Screening Program (bccdc.ca)
User manual	Read the User Manual for the specific Rapid Point of Care Test Kit supplied. • Complete competency verification quiz in Appendix B. • Provide completed competency verification quiz to site lead. Answers in Appendix C. • Site leads keep a copy of the competency verification quiz.
Testing Process	
Verbal consent	• Obtain verbal consent and personal information for documentation.

	• Consent is verbal and does not need to be documented.
Self-collection instructions to participant	Provide participants with COVID-19 Rapid Point of Care Test Device and Self-swabbing nasal sample collection instructions for the test kit you are using.
COVID-19 Rapid Point of Care Test	Provide participant with Rapid Point of Care Test • Swab • Sample tube, containing buffer • **Caution**: if the amount of buffer is excessive or insuficient, an improper test may occur. Follow test instructions. • Test device • Ensure participant has access to a time-telling device (i.e. clock)
Results	• Request results from participant between 15-20 minutes after test is performed • Document results on Rapid Point of Care Testing for COVID-19 Client Record. • Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 [Reporting to Public Health - Fraser Health Authority](#) • See Appendix D for test result explanation, and Appendix E & G for what to do if there is a positive result
Results Process	
Invalid test results	Invalid results may occur. Refer to the process on the BCCDC web page:

	http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#Test--results
Positive test results	For Visitors: Provide information to self-isolate and refer to the guidance on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive .Visitors are to self-report, sites do not need to report visitors positive test results.
	For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for five days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 Reporting to Public Health - Fraser Health Authority
	Positive staff case will need to isolate for a minimum of 5 days, or until symptoms resolve.
	Appendix E &G– What to do if there's a positive result
Documentation & Reporting	
Recording test participant information	Enter staff information for all test participants into Rapid Point of Care Test for COVID-19 Client Record (see Appendix F). - Include first/last name (required), date of birth, Personal Health Number and phone number (required) for Public Health tracking purposes. - Ensure confidentiality of information.

	• Store information in a secure location.

Appendix A – COVID-19 Manual stock requisition order form:
Stand-alone Assisted Living (AL) sites are not included in the
PHO for visitor testing. Stand-alone AL sites can place orders for
rPOCT kits using [PHSA_order_form (fraserhealth.ca)](PHSA_order_form)

Long Term Care sites: If you have any questions regarding
replenishment, use at your facility, or concerns about your order,
contact LTCAL-RAT@EVOLVEWITHUS.CA

Appendix B – COVID-19 Rapid Antigen Testing: Screener Competency Assessment Quiz

Trainee's Name: _____

Date: _____

1. What does a rapid COVID-19 antigen test detect?
   A. Viral antigens
   B. Viral RNA
   C. Viral DNA
   D. None of the above

2. What are the advantages of testing for SARS-CoV-2 infections with antigen tests?
   A. Tests can be performed outside a laboratory (e.g., clinical facility)
   B. Results are rapidly available
   C. Antigen RDTs are more sensitive than NAAT
   D. None of the above
   E. A & B

3. When can testing errors occur?
   A. Before testing
   B. During testing
   C. After testing
   D. All of the above

4. Which of the following are **not** good practice and could lead to testing errors?
   A. Testing according to the manufacturer's Instructions for Use (IFU)
   B. Testing several days after specimen collection
   C. Using kits past their expiry date
   D. Systematically cross-checking the labels of the sample request form and the sample container
   E. B & C

5. Which of the following is key to minimizing risk when performing SARS-CoV-2 testing with rapid antigen tests?
   A. Ensuring appropriate space
   B. Using PPE
   C. Following procedures and good practices
   D. All of the above

6. Which of the following statements are NOT correct?
    A. A SARS-CoV-2 Antigen RDT that is negative can be re-used for another test/patient
    B. If the pouch or seal of the test is damaged, that test should not be used
    C. It is fine to use the extraction buffer tube from another kit if a tube is missing
    D. Test results can be read several hours after the specified period of time
    E. A & B
    F. A & D

7. What type(s) of records should be kept at the testing site?
    A. Test requisition forms
    B. Specimen transfer logs
    C. COVID-19 Rapid antigen test result Logbook
    D. Temperature logs (e.g., monitoring of storage fridge)
    E. Inventory records
    F. All of the above

8. Which of the following statements about quality control (QC) are correct?
    A. Quality controls are materials with known positive and negative results
    B. If QC results differ from what is expected, patient test results cannot be released
    C. New lot testing can be conducted with QC materials
    D. All of the above

9. Which of the following are components of quality assurance?
    A. Quality control testing
    B. Supervisory visits
    C. New lot testing
    D. Proficiency testing
    E. All of the above

10. What is the appropriate course of action when there is a positive COVID-19 rapid antigen test result?
    A. Notify the person testing positive
    B. Notify the responsible Public Health Unit
    C. Arrange for a confirmatory nasopharyngeal (NP) swab to be collected in viral transport media, and arrange send out to the responsible laboratory for confirmation by molecular (PCR) testing
    D. Advise the person testing positive to self-isolate at home until further instructions provided by Public Health
    E. All of the above

Interpret the following COVID-19 rapid antigen test results:

11.		❏Positive	❏Negative	❏Invalid

12.		❏Positive	❏Negative	❏Invalid

13.		❏Positive	❏Negative	❏Invalid

14.		❏Positive	❏Negative	❏Invalid

15.		❏Positive	❏Negative	❏Invalid

Score: Number of Correct Answers:

_____ / 15   _____ %

Appendix C – COVID-19 Rapid Antigen Testing: Screener Competency Assessment Quiz – ANSWER KEY

Trainee's Name: _____

Date: _____

1. What does a rapid COVID-19 antigen test detect?
   A. <u>Viral antigens</u>
   B. Viral RNA
   C. Viral DNA
   D. None of the above

2. What are the advantages of testing for SARS-CoV-2 infections with antigen tests?
   A. Tests can be performed outside a laboratory (e.g., clinical facility)
   B. Results are rapidly available
   C. Antigen RDTs are more sensitive than NAAT
   D. None of the above
   E. <u>A & B</u>

3. When can testing errors occur?
   A. Before testing
   B. During testing
   C. After testing
   D. <u>All of the above</u>

4. Which of the following are **not** good practice and could lead to testing errors?
   A. Testing according to the manufacturer's Instructions for Use (IFU)
   B. Testing several days after specimen collection
   C. Using kits past their expiry date
   D. Systematically cross-checking the labels of the sample request form and the sample container
   E. <u>B & C</u>

5. Which of the following is key to minimizing risk when performing SARS-CoV-2 testing with rapid antigen tests?
   A. Ensuring appropriate space
   B. Using PPE
   C. Following procedures and good practices
   D. <u>All of the above</u>

6. Which of the following statements are NOT correct?
    A. A SARS-CoV-2 Antigen RDT that is negative can be re-used for another test/patient
    B. If the pouch or seal of the test is damaged, that test should not be used
    C. It is fine to use the extraction buffer tube from another kit if a tube is missing
    D. Test results can be read several hours after the specified period of time
    E. A & B
    F. A & D

7. What type(s) of records should be kept at the testing site?
    A. Test requisition forms
    B. Specimen transfer logs
    C. COVID-19 Rapid antigen test result Logbook
    D. Temperature logs (e.g., monitoring of storage fridge)
    E. Inventory records
    F. All of the above

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    A. Quality controls are materials with known positive and negative results
    B. If QC results differ from what is expected, patient test results cannot be released
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9. Which of the following are components of quality assurance?
    A. Quality control testing
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    D. Advise the person testing positive to self-isolate at home until further instructions provided by Public Health
    E. All of the above

Interpret the following COVID-19 rapid antigen test results:

11.		❑<u>Positive</u>	❑Negative	❑Invalid

12.		❑<u>Positive</u>	❑Negative	❑Invalid

13.		❑Positive	❑Negative	❑<u>Invalid</u>

14.		❑Positive	❑<u>Negative</u>	❑Invalid

| 15.		❑<u>Positive</u>	❑Negative	❑Invalid

Appendix D – Reading the test results

The test device has a control line marked "C" to help make sure the device is functioning as it should. There is also a test line marked "T" where the result will show.

There are 3 possible results:
1. Negative – you likely do not have COVID-19;
2. Positive – you may have COVID-19; or
3. Invalid – this test did not work properly to detect COVID-19.

Here's what you will see on the device:

1. Negative: the result is negative when only the control line appears.
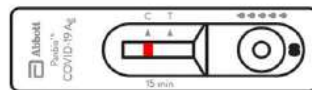
2. Positive: the result is positive when both the control line and test line appear. <u>A faint test line still indicates a positive result</u>.
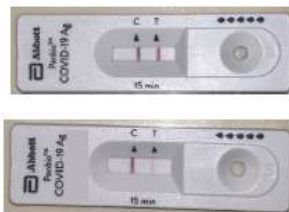
For Visitors: Provide information to self-isolate and refer to the guidance on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive

For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for five days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 [Reporting to Public Health - Fraser Health Authority](#)

Positive staff case will need to isolate for a minimum of 5 days, or until symptoms resolve.

3. Invalid: the test is invalid if the control line is not visible; even if a test line appears.

It means the test is defective or was not performed correctly. Refer to the process on the BCCDC web page for invalid results:

http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#Test--results

Appendix E – What to do if there's a positive result

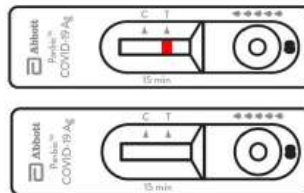What to do if you get a positive result with a Rapid Point of Care Test?

For Visitors: Provide information to self-isolate and refer to the guidance on-line at http://www.bccdc.ca/health-info/diseases-conditions/covid-19/testing/rapid-antigen-testing#I--tested--positive .Visitors are to self-report, sites do not need to report visitors' positive test results.

For Staff: After a positive rapid point-of-care test result, direct the staff member to self-isolate for five days from symptom onset. Sites are to report positive rapid tests using the Tool 27 (Residents) and Tool 28 (Staff) daily and sent by Cerberus to Public Health. If Cerberus is not available, fax Tool 27/28 to 604-587-4418 Reporting to Public Health - Fraser Health Authority

Positive rapid test results are also to be reported in Check Box. See appendix G.

Appendix F – Rapid Point of Care Testing for Covid 19 Client Record tracker form

	Rapid Point of Care Test for COVID-19 Client Record											
	Site:											
	** Swabber must ask Client for verbal consent and check where indicated training was given for self-testing. Name of client on this record indicates verbal consent was obtained											
	Testing Date	Time of Collection	POCT inventory (Lot#)	Training Document received	Name of Client (LAST, First)	Client Identifier ex. EE/PHN	Specimen Collected by: Name (LAST, First)	Type of Specimen: ex. Nasal Swab	Adverse Reaction: Yes/No - If yes document reaction	Outcome of Test: Positive/Negative	Sent for COVID 19 PCR test Yes/No	Client notified of results by: (Initials)
1										Positive/Negative		
2										Positive/Negative		
3										Positive/Negative		
4										Positive/Negative		
5										Positive/Negative		
6										Positive/Negative		
7										Positive/Negative		
8										Positive/Negative		
9										Positive/Negative		
10										Positive/Negative		
11										Positive/Negative		
12										Positive/Negative		
13										Positive/Negative		

Remember to keep this in a secure location for privacy protection

Appendix G: Check Box Daily reporting of active COVID 19 Cases

All health authorities must collect and report all active (on isolation, or staff NOT yet returned to work) COVID-19 case data for residents and staff. This applies to all Fraser Health long-term care (LTC) owned and operated, and affiliated sites. Campuses of care are asked to provide the data for LTC residents and staff only. Assisted living sites are still not required to provide data. Completion of Form 27 & 28 are still required and need to be submitted to PH as usual process.

The survey is actively undergoing some changes. Please watch closely and continue to complete the survey in checkbox by 10:00 a.m. and report the previous day's numbers. **Daily reporting is required Monday to Friday by 1000 by the reporting survey link below.**

Active COVID-19 residents/staff definition: the number of residents/staff who have been confirmed positive for COVID-19 by PCR or rapid point of care testing until deemed no longer positive (i.e., through accepted timeframes/return to work and/or repeat testing).

The reporting survey can be found here: [Daily Ministry of Health Reporting: LTC Active COVID-19 Cases Survey](#)

Please send any questions related to the survey to raymi.komal@fraserhealth.ca and all other concerns to suzanne.fox@fraserhealth.ca