Section:	Infection Prevention and Control	
Subject:	**Rapid Antigen Testing – Abbott Panbio**	
Issue to:	All Staff	Pages:1 of 8
Issued by:	Vice President Client Care and Operations	March 2021

1.0 Policy

The overall goal of infection prevention practices at the Safehaven Project for Community Living (Safehaven) is to eliminate the risk of the transmission of pathogens between clients and the staff. The following recommendations should be implemented as additional enhanced screening measure for COVID-19 to further reduce the spread of the virus. This can only be performed by a regulated or unregulated health professional designated under the guidelines outlined by Ontario Health.

2.0 PURPOSE

Safehaven staff are dedicated to reducing the spread of infection related to COVID-19 in all client care. Safehaven staff are committed to an enhanced screening process as they conduct work in and around all client care and non-client care areas and is achieved by consenting to surveillance swabbing rapid antigen testing frequently.

3.0 SCOPE

This policy applies to all Safehaven employees, families/guardians, volunteers and students.

4.0 RESPONSIBILITY

Employees are responsible for:

a) To adhere this policy in its entirety
b) To receive all related training related to rapid antigen testing.
c) Perform rapid antigen testing as outlined in the policy.
d) To certify, convey and document results of rapid testing as outlined in this policy.
e) Consent to rapid testing as an enhanced screening measure
f) Report any concerns to the Educator or IPAC and complete incident report as needed.

The Leadership team is responsible for:

a) Ensure education is updates are communicated in a timely manner.
b) Ensure aggregate results are reported weekly to ministry.

5.0 DEFINITIONS

Deep Nasal swab – Is a nasal swab extending only to the mid-turbinate within the nares. Used for rapid testing.

Nasopharyngeal swab – Is a nasal swab extending through the nasal passage toward the pharynx. Used for PCR testing

6.0 REFERENCES and RELATED STATEMENTS of POLICY and PROCEDURE

In accordance to Ontario Health Provincial Antigen Screening Program Training Module. Provided by https://www.ontariohealth.ca/COVID-19/Health-System-Response-Resources#panbio

7.0 PROCEDURE

One-time consent must be signed by all people receiving rapid antigen testing. Consent is valid until stated otherwise. Should be obtained by staff at site and sent back to IPAC team in advance.

Abbott Panbio

7.1 Eligibility

1) Asymptomatic individuals who have passed entry screening.
    a. Staff, visitors, students, contractors, agency staff, **but NOT clients**
2) Can only be used in areas **not** deemed in outbreak.
3) Individuals who have previously been infected with and recovered from COVID-19 should NOT undergo repeat testing/antigen screening and will be issued a rapid antigen testing exemption.
4) Staff with rapid antigen exemption require to have monthly PCR testing completed on our surveillance days.

7.2 Frequency

1) For staff: each shift on Monday, Thursday, and Saturday.
2) For students, volunteers, visitors, and contractors: they must submit to testing on the day of visit

7.3 Panbio Kits

1) Stored between 2-30^{o}C (must be brought to 15^{o}C before use). DO NOT FREEZE
2) 12-month shelf life
3) 25 tests come with each kits.
    a. 25 test devices
    b. 25 pre-filled reagent tubes
    c. 25 sterilized nasopharyngeal (NP) swabs for specimen collection
    d. 1 positive control swab
    e. 1 negative control swab
    f. 1 tube rack
    g. 1 quick reference guide
    h. 1 instruction for use
    i. Nasal sample quick reference instructions
4) To reorder kits, email: ordering@safehaven.to

7.4 Preparation

1) Prepare a clean flat surface/table in advance with a Pre-empt wipe.
2) Prefill the necessary amount of extraction tubes with the reagent to the fill line on the extraction tube.
3) Prepare as many tests as needed with 1 of each of the following: pre-filled extraction reagent tube, packaged test device cartridge, NP swab, timer, results certificate.
4) Pre-label test tubes and cartridges with participant information (matching test number on results certificate)

7.5 Performing the test

1) Read instructions of the rapid test kit.
2) Don full PPE for droplet contact precautions.
3) Allow all components to acclimate to room temperature 15-30^{o}C.
4) Check expiry date on the back of the test device cartridge and assure the pouch has not been damaged or tampered with.
5) Remove test device cartridge from pouch just prior to testing.
6) Place test device cartridge on a flat surface and write/affix label with identifier on it.
7) Collect sample using deep nasal collection technique (see Appendix A) for both nostrils, inserting the swab 2.5 cm into the nare or until resistance is met, whichever is first.
8) Only use ANALYZE NOW MODE
9) After collecting patient sample remove cap of pre-filled extraction tube and insert swab into tube (Use Appendix B for reference)
10) Swirl swab tip in the buffer fluid, pushing into the side of the extraction tube, at least 5 times.
11) Squeeze the swab against the extraction tube wall with your fingers.
12) Break the swab at breakpoint as shown and close the cap.
13) Open the dropping nozzle cap and add 5 drops of sample fluid into the sample well keeping the test tube vertical.
14) Close the nozzle with the cap and dispose the extraction tube into the biohazard waste.
15) Start a timer for 15 minutes to read the result. **DO NOT READ AFTER 20 MINUTES**.
16) Read and certify results (Refer to section 7.6)
17) Convey results in a confidential manner.
18) Dispose of used device in a biohazard container.
19) Remove and dispose of any labels from testing table.
20) Check that all results have been recorded on results tracker and save and store the file securely.

Note: Staff may perform self test under supervision of a trained individual. Staff are not able to verify or certify their own results.

7.6 Reading and Certifying results (Appendix C)

***Results must be communicated in a confidential manner and the IPAC team must take every precaution necessary to maintain confidentiality of the results.**

1) Conveying a negative result
    a. Negative results are only applicable if the individual being tested has no symptoms and no known exposures.
    b. Individuals should be counselled that the result is negative, and a false negative result is possible
    c. Individuals are to be reminded to continue to follow infection prevention and control measures, visitors, families, contractors must adhere to Safehaven's PPE

policies and procedures upon entry. (ie, where a mask and face shield while on Safehaven property.

2) Conveying a preliminary positive result
    a. Rapid antigen testing is considered **preliminary**.
    b. Site leadership must be notified of a preliminary positive result.
    c. During results consultation of a preliminary positive result a PCR confirmatory test must be obtained for diagnosis.
    d. Site leadership should counsel staff/volunteers/students/contractors to go home and self-isolate and await instructions from Public Health.
3) All results must be documented in the appropriate password protected file in the P drive in the location's respective folder.

7.7 In the event of a preliminary positive result

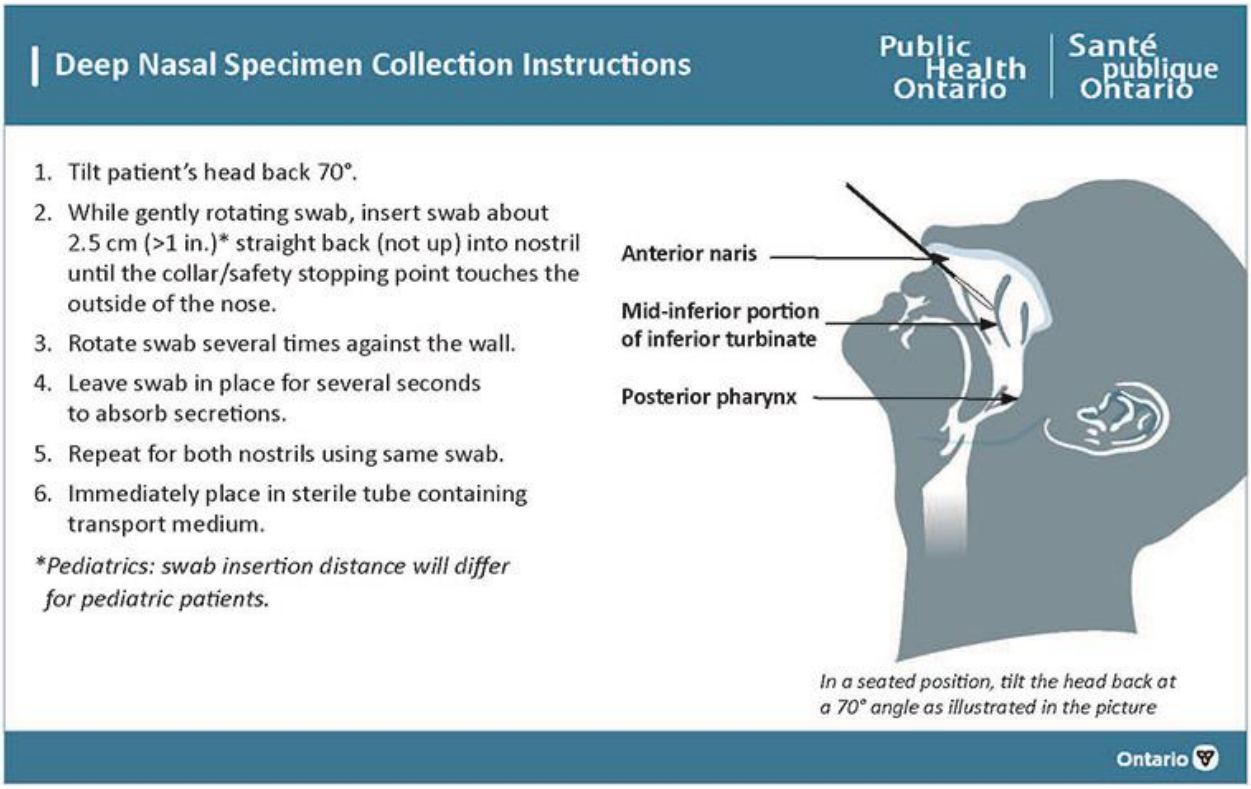
1) Request individual to return home and self-isolate and arrange for PCR testing at their closest assessment centre.
2) Notify public health and start pre-outbreak precautions.
3) Upgrade rapid testing frequency to daily for everyone on arrival to shift until you received direction to do otherwise.

7.8 Quality control (QC) testing (Appendix D)

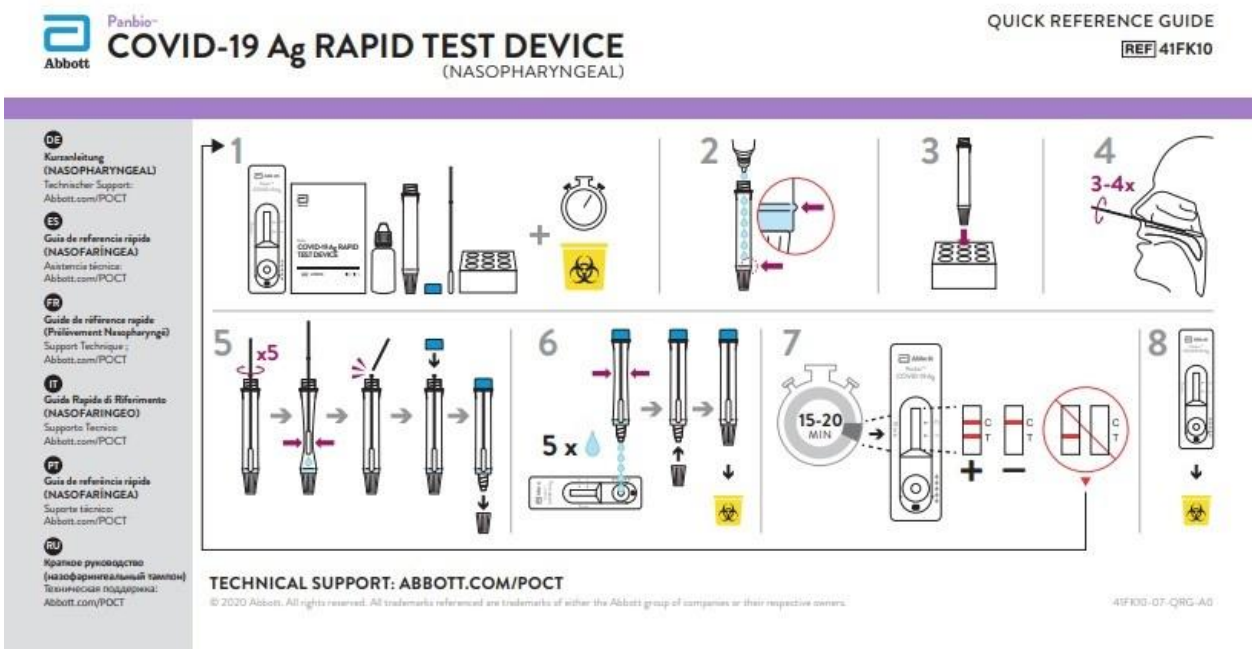
1) Quality Control (QC) testing must be done each time the kit is opened. If more than one kits is used in a day, then only the first kit of the day requires QC testing.
2) Fill 2 of the extraction tubes with the buffer fluid until the reagent reaches the fill-line.
3) Label one tube as positive and the other as negative.
4) Place the extraction tubes in the tube rack.
5) Put the cap on the buffer bottle and separate it from the testing area to avoid contamination of the buffer fluid.
6) Insert the negative control swab into one extraction tube labeled negative;
7) and the positive control swab into the other extraction tube labelled positive.
8) Let stand for one minute.
9) After one minute has passed swirl the swabs in the extraction tube at least 5 times. Squeeze the swab by squeezing the sides of the extraction tube.
10) Break the swab with the tip still in the extraction tube.
11) Open the dropping nozzle cap and add 5 drops of sample fluid into the sample well of the appropriately labelled test device, keeping the test tube vertical.
12) Close the nozzle with the cap and dispose the extraction tube into the biohazard waste.
13) Start a timer for 15 minutes to read the result. **DO NOT READ AFTER 20 MINUTES**.
14) Certify the results of the QC test and document in the QC log in the locked reporting document.
15) If quality control swabs pass, proceed to testing. If quality control swabs are invalid reseal the box and notify the Nurse Educator for further instructions as further instructions will be required from Ontario Health.

8.0 ATTACHMENTS

Appendix A



Appendix B


Panbio™
Abbott
COVID-19 Ag RAPID TEST DEVICE
(NASOPHARYNGEAL)
QUICK REFERENCE GUIDE
REF 41FK10
DE
Kurzanleitung
(NASOPHARYNGEAL)
Technischer Support:
Abbott.com/POCT
ES
Guía de referencia rápida
(NASOFARÍNGEA)
Asistencia técnica:
Abbott.com/POCT
FR
Guide de référence rapide
(Prélèvement Nasopharyngé)
Support Technique :
Abbott.com/POCT
IT
Guida Rapida di Riferimento
(NASOFARINGEO)
Supporto Tecnico
Abbott.com/POCT
PT
Guia de referência rápida
(NASOFARÍNGEA)
Suporte técnico:
Abbott.com/POCT
RU
Краткое руководство
(назофарингеальный тампон)
Техническая поддержка:
Abbott.com/POCT
1
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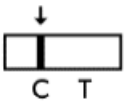
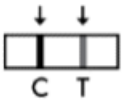
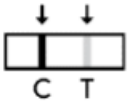
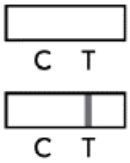
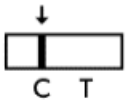
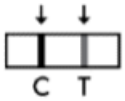
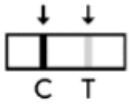
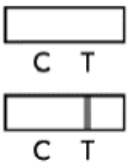
41FK10-07-QRG-A0

Appendix C: Test interpretation

If:	Then:
Only the control line (C) is present. 	The result is negative. The presence of only the control line (C) and no test line (T) within the result window indicates a negative result.
The control line (C) and the test line (T) are present. 	The result is positive. The presence of the control line (C) and the test line (T) within the result window, regardless of which line appears first, indicates a positive result.
The control line (C) is clearly present but the test line (T) is faint. 	The result is positive. The presence of any test line (T), no matter how faint, indicates a positive result.
The control line (C) is NOT present. 	The result is invalid. If the control line (C) is not visible within the result window after performing the test, the result is considered invalid. Instructions may not have been followed correctly or the sample was too viscous. It is recommended to read the instructions again before conducting repeat testing with a new specimen and a new test device.

Appendix D

If:	Then:
Only the control line (C) is present.  	The result is negative. The presence of only the control line (C) and no test line (T) within the result window indicates a negative result.
The control line (C) and the test line (T) are present.  	The result is positive. The presence of the control line (C) and the test line (T) within the result window, regardless of which line appears first, indicates a positive result.
The control line (C) is clearly present but the test line (T) is faint.  	The result is positive. The presence of any test line (T), no matter how faint, indicates a positive result.
The control line (C) is NOT present.  	The result is invalid. If the control line (C) is not visible within the result window after performing the test, the result is considered invalid. Instructions may not have been followed correctly or the sample was too viscous. It is recommended to read the instructions again before conducting repeat testing with a new specimen and a new test device.