Rapid Antigen Screening – Ontario

Frequently Asked Questions

Christian Horizons

1. **What is COVID-19 Rapid Antigen screening?**

   Rapid Antigen tests can be used for point-of-care screening to detect COVID-19 faster than the regular laboratory-based polymerase chain reaction (PCR) test, providing results in 15-20 minutes.

2. **When should you perform a Rapid Antigen test?**

   Rapid Antigen screening should only be performed on asymptomatic individuals for screening purposes only using a screening device that has been approved by Health Canada and is available in Ontario.

   Rapid Antigen screening should NOT be used for diagnosis of COVID-19 infection. Any individual who is symptomatic or is a contact of a confirmed case of COVID-19 should be directed to a community assessment centre to seek PCR testing.

   With limited access in some communities to PCR testing Public Health Guidance has shifted to state any symptomatic individuals who test positive with a rapid test should treat it as confirmed illness. While those with symptoms and a negative test should still assume they have COVID-19 unless a PCR test is done.

3. **If an individual previously tested positive for COVID-19, should they be tested again?**

   An individual who has previously had laboratory-confirmed COVID-19 AND was cleared by the local public health unit (PHU), should not be re-tested for surveillance purposes due to persistent shedding in the 90 days after they were cleared. Previously cleared individuals within the 90 day window should continue to follow public health guidance for COVID-19 prevention, including self-isolating after high-risk exposures to cases. Once the 90 days has passed since being cleared of COVID-19 Rapid Antigen screening can be offered again.

4. **How does a Rapid Antigen test compare to regular laboratory-based PCR tests?**

   Compared to the regular laboratory-based PCR test, a Rapid Antigen test has a higher risk of a false negative and false positive results. The Rapid Antigen test is also less sensitive than the PCR test, however, due to increased frequency of screening, it is a reliable tool.

5. **If I have a positive Rapid Antigen test, what do I do next?**

   If an employee screens positive for COVID-19 with a Rapid Antigen test, they will immediately leave the work location and notify their program manager of the test result. The employee will need to complete a PCR (polymerase chain reaction) COVID-19 test at a local community testing centre.

   If a visitor screens positive for COVID-19 with a Rapid Antigen test, they will not be able to enter the support location and will need to complete a PCR COVID-19 test at a local testing centre.

6. **What type of swabs are included in the Rapid Antigen test kits?**

The Abbott Panbio and the BD Veritor Rapid Antigen test kits come with a nasal swab that can be used to collect nasal specimens. A mid nasal swab is inserted approximately 1 inch into the nose, making it less invasive than PCR testing.

7. **Is a new specimen required for the confirmatory laboratory-based PCR test when an individual tests positive on the Rapid Antigen test?**

   Yes, a new specimen is required from the individual that tests positive on the Rapid Antigen test for the confirmatory laboratory-based PCR test. The used test kit is to be discarded in the bio-hazard waste along with other used test kits.

8. **Does a preliminary positive result on the Rapid Test mean the site is in outbreak?**

   No, a preliminary positive result does not mean the site is in outbreak. The individual who tested positive is required to have a confirmatory PCR test. Local public health units will remain the authoritative body on the declaration of a COVID-19 outbreak.

9. **Do COVID-19 Rapid Antigen tests detect the variants of concern?**

   Antigen tests detect the nucleocapsid protein rather than the spike protein (where the mutation typically exists in the variants of concern) and therefore is not expected to be affected by a mutation in the spike protein. With this, Rapid Antigen tests should be able to detect COVID-19 infection caused by a variant of concern.

10. **If an individual has been vaccinated for COVID-19, do they still need to be tested?**

    With observed increases in COVID-19 infections for those who have been vaccinated, rapid testing can be an appropriate tool for ongoing screening.

11. **What information needs to be included on the pre-printed staff labels while conducting the Rapid Antigen test?**

    At least 2 unique participant identifiers (e.g., name and date of birth) should be on both the test tube and corresponding test cartridge to avoid errors. Due to low number of tests at a given time at Christian Horizon locations, another method to ensure proper identification of specimens can be followed at the discretion of the location.

12. **Can you explain the importance of squeezing the swab?**

    When you insert the swab into the extraction tube, you must immerse the swab into the buffer. The tube is flexible, and you should squeeze the tube and pull the swab up through your squeezed fingers. This helps release the sample into the buffer.

13. **If we are labelling the extraction tube and then disposing of the tube in a biohazard container, what happens to that staff personal health information?**

The extraction tubes should be labelled with 2 unique participant identifiers (e.g., name and date of birth). It is standard practice for tubes with these health identifiers do go into biohazard bags and disposed of according to local regulations. Biohazardous material is traditionally incinerated, resulting in the destruction of any participant identifiers. Locations have the discretion to use other means to identify employees tests so that no personal identification information is on the test itself.

14. **I have concerns about the use of Ethylene Oxide in the sterilization of the swabs used for rapid testing. Where can I find more information about this?**

    Ethylene Oxide is used to sterilize medical equipment and food items such as spices and herbs when other sterilization techniques like extreme heat are not a viable solution. There have been a number of investigative reports done about the safety of the nasal swabs including this work from Reuters, and this work from Health Feedback. It is equally important to note that Health Canada approved these sterilization techniques as shown here.

15. **What is Christian Horizons response to Bill S-201 and the requirement for COVID-19 RANT screening?**

    Bill S-201 or the Genetic Non-Discrimination Act prevents companies and employers from requiring genetic testing or the results of genetic tests. There have been inquires around how this Bill interacts with the requirement for employees to complete rapid antigen testing if they have not shared their vaccination status with Christian Horizons. Notably, genetic testing as defined in the Bill, refers to testing an individual's genes, an example of this would be testing for the genetic markers for Huntington's disease or breast cancer. Rapid testing for COVID-19 is not genetic testing. Rather, it looks for the presence of antigens to COVID-19 which are a by-product of the body's immune response to a new infection not an individual's genetic markers. Polymer chain reaction (PCR) tests do look for genetic material of COVID-19 but, the test does not look at an individual's genes. For more information about Bill S-201 please see the Canadian Civil Liberties Association overview.