



### Please Note

The following key messages and questions and answers have been developed to explain our COVID-19 testing strategy: **Test to Protect**. This document may also help you share information and answer any questions you may receive from patients, clients, residents or families regarding the testing strategy.

### Test To Protect – Key Messages

- Saskatchewan has created a strategy to expand rapid antigen testing for COVID-19 in asymptomatic individuals in a variety of settings across the province. We are using rapid antigen testing as a screening test; to sort people without symptoms who probably are not infected, from those who need to be further investigated. An antigen detects viral molecules and can produce results in less than 30 minutes.
- With more contagious variants now starting to show up in our province, it is more important than ever to expand our testing options and capacity in order to limit the spread of these highly contagious viruses. Because variant strains are more transmissible, receiving point-of-care testing can detect COVID-19 to protect individuals and stop the spread to others.
- Testing is an important element of a multi-layered approach that will usher us through the pandemic when used along with all the other lines of defense; using proper personal protective equipment (PPE), limiting gatherings, keeping 2 metres away from others outside your immediate household, wearing a mask, washing your hands often, staying home if you are unwell and getting vaccinated when it's available to you.
- Testing will be voluntary, but by everyone being informed of their status they can protect themselves and those around them and help maintain a safe workplace and home environment. It's important for everyone to be tested and tested regularly.
- If you are symptomatic, get tested for COVID-19 immediately. Anyone experiencing COVID-19 symptoms, even if they are mild, should be tested immediately. Anyone who receives a negative test result but continues to experience COVID-19 symptoms should be retested.
- To support the expansion of point-of-care specimen collection and testing, Ministry has amended the *Medical Laboratory Licensing Regulations* to exempt agencies, organization and industry partners from requiring a laboratory license to deliver these safe and simple tests.
- In addition to long-term care homes, where the rapid antigen tests have already been deployed for staff and residence, the following agencies and organizations have been approved to administer tests:
  - Personal care homes
  - Group Homes
  - Detox facilities
  - Emergency Shelters
  - Pharmacies
  - Dentists
  - Police, Fire and EMS Services
- Operational and logistical details are in progress with a roll out plan over the next few weeks internal to SHA and with non-SHA partners.
- Schools and industry partner applications are in progress and will be provided individual approvals based on criteria approved through the testing oversight committee with membership from both Ministry and SHA. The health system is working closely with the Ministry of Education to design the School Testing Deployment



Plan that includes point of care testing.

- We know we are asking a lot of teams that have already been tasked with so much during this pandemic but it is critical to ensure a robust testing strategy is in place to facilitate case identification and isolation in order to rapidly prevent further transmission. This ability to **Test to Protect** will be key to maintaining healthcare system capacity, preventing unchecked surges of the variants of concern (VOCs) and keeping the workplace safe.

### **Test To Protect – Questions & Answers**

**Q. When will these tests be available to the approved Agencies and Organizations?**

A. Panbio rapid antigen tests will be distributed when training is conducted/documentated as completed. If the agency or organization is non-SHA, a Memorandum of Understanding (MOU) agreement is required with SHA to ensure compliance to the work standards is in place for specimen collection, analysis and reporting. This process has already started.

**Q. Who can provide these rapid tests?**

A. These tests are safe and simple to administer using a nasopharyngeal (NP) or nasal swab. Qualified health providers are still required to have a license to collect a NP swab. Nasal swab collection has now been amended to be expanded to non-healthcare professionals who are identified to be trained to ensure compliance and safety.

**Q. What kind of training will people receive who are administering the test?**

A. Training is currently in place now through in-person participation on WebEx sessions scheduled and will move to an online training platform over the upcoming weeks for ease of access.

**Q. Are tests to be done on people who are ill or who do not have any symptoms?**

A. Anyone with symptoms is directed to get a COVID test done at their closest testing site or drive-thru testing site which will be sent for an in-laboratory polymerase chain reaction (PCR) analysis. Individuals with symptoms can phone HealthLine 811 to book a test as well. The point-of-care rapid tests should only be performed on asymptomatic persons.

**Q. What happens if a rapid test comes back/screens positive?**

A. The person who screens or receives a COVID positive result **might** have a COVID-19 infection. **A second test** needs to be done in a laboratory to confirm a diagnosis of COVID-19. It is very important that the diagnostic test be done for their health as well as to put in safety measures to keep their family safe from further spread.

Getting the second laboratory test may look different by area of the province and the location where the antigen testing is being performed. Based on location, some options could include:

- On site collection of an NP swab may take place if there is a qualified health provider present who is licensed
- Referral to a testing/drive-thru location in the area
- Referral to call HealthLine 811 to book a test.

Even though a second test is required to confirm if an individual has COVID-19, a positive antigen test result means that the test result information will be shared with Public Health, so they can contact to the individual to provide support and start the contact tracing process. This helps us reduce the spreading of this virus to families, friends, and communities. The individual will also need to self-isolate immediately as per the Public Health Act.



**Q. What happens if a rapid test comes back/screens negative?**

A. If a person screens or tests negative, it is important that they:

- Remain watchful for symptoms in yourself (self-monitor); and those you are in contact with.
- If any symptoms develop, it is important that they stay home and call HealthLine 811 to arrange for a test.
- Remember to wash their hands often,
- Keep a safe physical distance from others,
- Wear a mask when in public spaces

**Q. How does a non-SHA organization or agency get information to participate in providing this testing in their location?**

A. An approved agency or organization can send an email to this group email intake address:

[Antigentestingintake@saskhealthauthority.ca](mailto:Antigentestingintake@saskhealthauthority.ca) and they need to specify if they are SHA or non-SHA.

If an agency or organization is non-SHA, they also need to identify the most responsible person to enter into the MOU with SHA.

**Q. What happens to the results or records of the tests? This could be considered personal health information so are results saved or shared or destroyed?**

A. The SHA has developed a separate data collection procedure for COVID Antigen testing. If an antigen test is detected as positive a referral for PCR testing will take place and personal health information will be obtained at this time for record of results. There will be a process in place to match the positive antigen test with the laboratory PCR test results.

**Q. There are about 700,000 rapid tests available. How will they be distributed?**

A. Over 70,000 Abbott ID Now rapid PCR tests have currently been distributed to acute care homes across the province. The SHA has received 564,800 Panbio rapid antigen tests and 142,560 BD Veritor rapid antigen tests from the federal allocation, which will be distributed on a first-in-first-out basis to ensure stock stewardship is overseen. An initial supply of tests will be distributed to each provider group or individual who receives training and signs an agreement, if indicated as Non- SHA. Additional supplies will be provided as demand requires.

**Q: Can a person who has had COVID use an antigen test?**

A: If an individual has tested positive for COVID in the last 90 days they should **not** take part in asymptomatic antigen testing. There is a good likelihood they will have positive results, and they should not be told to isolate or get subsequent PCR testing.



## Test to Protect Glossary- Terms You May Hear and What They Mean

### Test to Protect

This is the vision or motto of the new testing strategy. Testing is an important way to detect the COVID-19 virus early and stop the spread. It's important that everyone be tested, and tested regularly as knowing your status is one of the best ways to protect yourself and those around you.

### Types of Tests

We are focused on providing two kinds of COVID-19 tests but there are different vendor brands that we are using.

- **COVID-19 Diagnostic test (In Laboratory testing, GeneXpert and Abbott ID Now POCT):** PCR (polymerase chain reaction) test that can confirm the presence of the SARS-CoV-2 virus
  - ID Now in Acute Care settings as a point of care testing device – Abbott is the vendor brand
- **COVID-19 Screening test (Abbott Panbio and BD Veritor):** Rapid antigen test that sorts persons without symptoms into those who probably are not infected, from those who need to be further investigated. A screening test is not intended to be diagnostic. Individuals experiencing symptoms or those who have had a positive screening test must be referred for diagnostic testing and assessment.
  - Panbio and Veritor will be used for- Abbott and BD are the vendor brand
    - Continuing Care resident screening
    - SHA staff member screening
    - Community/Public screening
    - Long Term Care Homes
    - Personal Care Homes
    - Shelters/Detox
    - Non-SHA Agencies, Organizations and Industries

### COVID Variants

Variants of concern are collections of mutations in the COVID-19 virus. The mode of transmission (aerosol droplets and on shared surfaces) and the symptoms are the same. Older residents and those with underlying health conditions continue to be those at greatest risk of severe illness and death which is why it is so important for everyone to get tested and know their status so that you can protect yourself and others around you.

### Healthcare Worker (HCW) and healthcare settings

The definition of HCW for this program includes:

- SHA practitioners and staff working within SHA facilities;
- Licensed health care professionals working in community settings;
- Staff and volunteer caregivers working in congregate living situations (including long term care and personal care homes);
- Staff employed in blood collection centres involved in the collection and distribution of the blood supply chain.

### Community settings



Long Term Care Homes, Personnel Care Homes, Shelters, Group Homes, Detox, Police, Fire, EMS, Pharmacies and Dental operations have been approved to access supplies of antigen tests provided by the federal allocations. Other agencies, organizations or industries will require ministry approval to proceed.

### Vulnerable population settings

Vulnerable populations are typically made up of two groups of people; socially vulnerable and medically vulnerable. Definitions or descriptors of both groups are below:

- **Social vulnerability:** Linked to a lack of access to education, economic resources, health care services, and social networks. Cultural differences among groups, such as language use and belief systems, also affect vulnerability. Vulnerable people in a society can include—people living in poverty, Indigenous people, children and youth, older adults, people with disabilities, immigrants and refugees, and LGBTQ people, to name a few. Within the context of the COVID-19 pandemic and other health issues, these groups of people can be described as *socially vulnerable*.
- **Medical vulnerability:** People who are medically vulnerable, such as older adults, people with underlying health conditions, and people with disabilities, have various physical factors which may increase the likelihood of contracting coronavirus and/or poor outcomes if they have COVID-19 – and can also live in social circumstances which impact their COVID-19 risks and outcomes. Therefore, a person can be both medically and socially vulnerable.

### Testing hesitancy

We know there are reasons that people are hesitant to get tested:

“I heard it hurts.”

“I don’t have any symptoms so why would I get tested?”

“I’ve been following all the guidelines, so has my family and I feel fine. Why would I get tested?”

“I’m tired of COVID and hearing about it. I don’t want to get tested.”

There is no one element of the fight against COVID that is a magic bullet including the vaccine. Even as more and more people get vaccinated, we will need to continue to take personal responsibility for our safety and the safety of others by following public health orders and aggressively testing to stamp out COVID-19. Getting tested and knowing your status is one of the best ways you can protect yourself and those around you.

### Test to Protect At Home Testing Program for Health care Workers

Saskatchewan has created a strategy to expand rapid antigen testing for COVID-19 in asymptomatic individuals in a variety of settings across the province. We are using rapid antigen testing as a screening test; to sort people without symptoms who probably are not infected, from those who need to be further investigated. An antigen detects viral molecules and can produce results in less than 30 minutes.

With more contagious variants now starting to show up in our province, it is more important than ever to expand our testing options and capacity in order to limit the spread of these highly contagious viruses. Because variant strains are more transmissible, receiving point-of-care testing can detect COVID-19 to protect individuals and stop the spread to others.

Part of this expansion of testing includes providing an option for health care workers to receive training to perform rapid antigen testing, at home, on themselves and members of their household. The SHA will be doing a pilot program at Regina Pasqua Hospital and Regina General Hospital beginning the week of March 29 to test the training and uptake of testing kits. The training and testing kits will be rolled out to the rest of the SHA once the pilot is complete.

# COVID-19



## Key Messages and Question & Answers

The option to take the training and participate in at home testing will be voluntary, but by knowing your status you can yourself and those around you and help maintain a safe workplace and home environment. It's important for everyone to be tested and tested regularly.