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Midwifery Setting Considerations Regarding Implementation of COVID-19 Rapid Antigen Point-of-Care Testing (POCT)

My midwifery setting is interested in participating in the COVID-19 Provincial Antigen Screening Program. What factors do we need to consider?

There are many benefits to being able to offer rapid antigen POCT, however, midwives should consider the numerous practical aspects regarding program implementation to determine their ability to offer this type of screening:

Human resources:

Participating sites will need to identify individuals to perform the following roles:

- Rapid Testing Lead – designated to oversee the program
- tester
 - pre-tester* - registers individuals for testing, sets up site, prepares test kits, performs quality control
 - tester* – collects specimens and/or supervises self-swabbing
 - post-tester* – interprets, records, communicates and documents results; performs follow-up on positive results as necessary
- ordering test kits
- completing weekly data reporting requirements

*One individual could carry out pre-test, test, and post-test responsibilities if testing volume is small, or the role could be divided among 2 or more people.

Time:

Implementing a rapid antigen POCT program requires dedicated time for the following:

- training
- development of policies/procedures/protocols
- ordering test kits and other required equipment and supplies
- test site setup
- quality control activities
- test administration (results yielded after 15 minutes)
- post-test communication, documentation and follow-up
- test site cleanup
- Ministry of Health data reporting

Midwives should consider willingness of screening participants (i.e., those undergoing the test) to spend additional time undergoing the test and waiting for results (e.g., ahead of clinical

encounters in the case of clients, or prior to starting work in the case of midwives or administrative staff).

Uptake:

Midwives should determine to whom they will offer rapid antigen POCT and whether those populations will be willing to undergo testing. Offering alternate specimen collection methods outside of nasopharyngeal swab may increase uptake.

Cost:

If accepted to participate in the Provincial Antigen Screening Program, the government will provide midwives with free rapid antigen test kits, pending available inventory. In specific situations, additional financial support for program implementation may be provided at the discretion of participating sites' respective ministries. Otherwise, all other program costs (e.g., human resources, other supplies, implementation of physical safety measures, disposing of biohazardous waste) are the responsibility of the testing site.

Space:

Appropriate implementation of a screening program requires:

- enough space for individuals to maintain social distancing during the testing process
- space for privacy while conducting the swab and while reading and communicating results
- ability to accommodate a table (or two) for supplies and test processing
- enough space to keep test materials, specimens that have been taken but not yet tested, discarded waste, and the test processing area separate from one another
- sufficient space for test kits, PPE, hand hygiene products to be kept close at hand
- ideally, access to an eye-wash station
- avoiding use of fans and stand-alone air-conditioners

Equipment:

One important consideration is the availability of PPE to run a POCT screening program. Supervised self-swabbing requires less frequent PPE changes compared to trained individuals collecting specimens. Other equipment needed:

- biohazard containers
- hand sanitizer
- gloves
- tissue
- labels
- timer
- disinfectant
- plexiglass shield
- table (6–8-foot folding table that is non-absorbent and easy to clean)

Development of policy/procedure/protocol

Participating sites should be prepared to develop guidance for the following:

- how they will ensure public health measures are maintained in their specific testing space during the screening process
- the process for performing or organizing confirmatory lab-based COVID-19 PCR testing after a positive screen
- documentation of test being offered, consent, result, follow-up if necessary
- how different circumstances are managed after a positive result is identified (e.g., carrying on with clinical encounters, covering for staff who screen positive, etc.)
- storage and transport considerations
 - tests must be stored at 2-30 degrees Celsius, not frozen
 - plan for maintenance of proper temperature of test kits if midwives will be carrying tests with them during cold and warm weather

What steps for screening program implementation can my midwifery setting follow?

For those interested in participating in the Provincial Antigen Screening Program, Ontario Health has identified the following steps for implementation:

- review Provincial Antigen Screening Program documents
- review onboarding guide, training modules and go-live checklist
- review procedures for using rapid antigen tests
- identify a Rapid Testing Lead who will oversee implementation of antigen screening
- order and receive antigen test kits
- inform the local [Public Health Unit](#) about the intent to implement a rapid testing screening initiative

Please refer to Ontario Health's [Panbio™ COVID-19 Antigen Rapid Testing Onboarding Guide](#) and [BD Veritor™ COVID-19 Antigen Rapid Testing Onboarding Guide](#) for helpful information regarding the following:

- onboarding process overview
- clinical guidance
- specimen collection tips
- best practices for POCT
- site set-up, supplies, workflow suggestions
- kit ordering considerations
- information sheets for individuals being tested and for staff offering testing
- recommended steps for implementing the screening program
- Go Live Readiness Checklist