

GUIDELINES FOR USE OF RAPID ANTIGEN TEST SCREENING FOR ACCHO STAFF

31st January 2022

1. Purpose

The purpose of this document is to provide guidance for ACCHOs on the use of rapid antigen test (RAT) COVID-19 screening for all on-site staff. COVID-19 will continue to exist in our communities and Australia is transitioning to a 'living with COVID-19' phase. Rapid antigen testing can help to identify early or asymptomatic COVID-19 infection and reduce the number of staff with undiagnosed COVID-19 in ACCHOs to protect ACCHO staff, community members and the broader community. It is intended this document will assist ACCHOs with developing their own local implementation policies or guidelines.

2. Scope

This guideline applies to all on-site ACCHO staff, including secondees, contractors, and volunteers. It is recommended that all on-site workers participate in RAT screening.

3. Background

RAT screening is used to potentially identify cases of COVID-19 to help reduce the spread of COVID-19 by detecting those with asymptomatic or early infection through regular testing.

Any person with symptoms of COVID-19 should not attend the workplace. They must immediately get tested for COVID-19 and isolate according to the latest guidelines.

Any person who is a close contact of someone with COVID-19 should not attend the workplace. They must immediately get tested for COVID-19 and isolate according to the latest guidelines.

Routine measures to limit the spread of COVID-19 remain key when working with community members and co-workers. Rapid antigen testing does not replace these measures. Alongside these measures rapid antigen testing provides an additional means of protection against the spread of COVID-19.

Routine measures to reduce the spread of COVID-19

Vaccination
Physical distancing
PPE
Hygiene practices – hand hygiene, respiratory hygiene, cleaning surfaces
Staying home when unwell.

RATs detect proteins from the virus that causes COVID-19. They are less accurate than polymerase chain reaction (PCR) testing, however they are faster, less expensive and can be performed at home or in the workplace. To reduce the risk of missing positive cases of COVID-19, RATs should be performed frequently, a minimum of two to three times per week with less than 72 hours between tests. (1,2) The test usually involves a nasal swab (occasionally saliva

swab), which is placed into a chemical solution which is then placed onto the test device. The test device will display a result usually within 10-20 minutes depending on the specific RAT kit used. There are two types of rapid antigen tests available:

- i. Rapid antigen Point-of-care (POC) tests – are designed for healthcare provider settings and are administered by an AHPRA registered healthcare practitioner, or paramedic. If a registered health practitioner is not available, testing can be performed by a trained person under the supervision of a health practitioner or paramedic. (3) TGA conditions of supply must be met, including training in the correct use of the test
<https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-point-care-covid-19-tests>
- ii. Rapid antigen self-tests – are designed to be used by untrained individuals. (3)

Routine RAT screening of staff is of limited use unless there has been established community transmission, as defined by one case of community transmission. Once community transmission has been established, routine RAT screening of staff should be considered alongside other measures to limit the spread of COVID-19. ACCHOs can determine when RATs will be of greatest use to their service including local considerations such as community prevalence of COVID-19 and capacity to regularly test staff.

4. GeneXpert Point of Care PCR and Rapid Antigen Test screening

GeneXpert is a POC PCR testing device available in around 100 ACCHOs that provides results in approximately 45 minutes. It has higher sensitivity than RAT and can better detect early infections. Where GeneXpert machines and consumables are available, in communities with no community transmission, POC PCR screening should be performed instead of RATs in the following situations:

- For staff travelling from areas with community transmission, POC PCR testing should be performed on arrival and 3 times per week (with tests less than 72 hours apart) for a minimum of 14 days while present in the area with no community transmission. This should occur as POC PCR supplies allow (POC PCR testing is preferred, however RAT testing may be substituted if POC PCR testing is limited or unavailable).
- To confirm a positive RAT where the positive result would lead to a significant public health response due to the community moving from no transmission to outbreak status.

5. Considerations for your service

RAT kits	
TGA approved RAT kits	Only TGA approved RAT kits should be used. (3) Please note that unapproved RAT kits are available readily online and potentially in stores – the accuracy of these are unknown and they should NOT be used for healthcare workplace testing.
Type of RAT kit used	Healthcare worker POC testing is preferred however given possible constraints in supply chain or availability of a trained healthcare worker to administer the test, self-tests may be used.
Storage	Ensure that there is an appropriate location to store RAT kits. RAT kits should be stored in a safe, cool place, out of direct sunlight. Refer to specific RAT kit instructions for storage requirements.
Supply	If there is insufficient supply of RAT kits, consider which staff members have priority e.g., those working directly with community members or other staff members.
RAT technique	It is important that the instructions provided with the RAT are followed carefully to avoid invalid or false negative results. Clear signage detailing the technique in the testing area can assist with this.

Staff factors	
Privacy and confidentiality	Privacy and confidentiality are to be upheld as per organisational policy in line with state or territory legislation.
Consent	Individual consent is required. Clear staff policy regarding use of RAT tests for staff screening is needed to ensure understanding and consent.

Staff testing	
RAT screening is suggested for all staff working in areas with established community transmission of COVID-19 (defined as from the first positive COVID-19 case).	
Asymptomatic staff with no known exposure	RAT screening 2-3 times per week with the interval between tests being <72 hours. (1,2)
Asymptomatic staff with known exposure	<p>Asymptomatic staff with known exposure should follow the relevant state-based guidance.</p> <p>State-based guidance can be used to stratify exposure risk and guide management, e.g., The NSW Health, Health Care Worker COVID-19 Exposure Risk Assessment Matrix can be used to stratify exposure risk.</p> <p>If isolation of a close contact will have a high impact on essential services, ACCHOs can refer to interim guidelines from the Australian Government for essential services or state-based guidance e.g. NSW Health, Health Care Worker COVID-19 Exposure Risk Assessment Matrix.</p>
Symptomatic staff	<p>Symptomatic staff should not attend work.</p> <p>Symptomatic staff should have a PCR or RAT and isolate as required.</p> <p>The staff member may attend ACCHO for testing if no other option is available.</p> <p>If a symptomatic individual tests negative on a RAT and is at higher risk of severe disease including those who are pregnant, immunosuppressed, Aboriginal and Torres Strait Islander, Pacific Islander or unvaccinated, then a PCR test should be performed. (6)</p>
Staff who have been identified as a positive case of COVID-19	Staff who have been identified as a positive case of COVID-19 DO NOT need to be tested for COVID-19 for 4 weeks following their release from isolation and should not participate in staff RAT screening during this period. (4)

Testing location	
Consider where staff will complete rapid antigen testing <ul style="list-style-type: none"> • at home prior to attending work • at a designated location in the workplace. 	
Workplace testing:	Home testing:
<ul style="list-style-type: none"> • A designated testing area with sufficient space for testing and a socially distanced waiting area to await results is required. • Consider how RAT testing will be scheduled for staff and how this will be monitored. • Consider whether unidirectional flow is possible and map out flow pathways to staff to ensure no congestion on testing areas. • Enclosed testing spaces should have adequate ventilation. • Clear signage should be provided to identify RAT screening area, RAT instructions and social distancing. • Ensure staff are orientated to the RAT process and location. • Staff being tested should wear a mask except when RAT swab is being collected. • Ensure the required equipment is available: <ul style="list-style-type: none"> ○ Adequate tables and chairs for testing staff ○ RAT kits ○ Appropriate PPE for healthcare workers collecting samples and performing RATs (gloves, eye protection, medical mask & gown). ○ Surgical masks for staff awaiting tests. ○ Hand sanitiser ○ Clinical waste bin for disposal of used RAT kits and PPE ○ Clock to time test waiting time. • Time considerations <ul style="list-style-type: none"> ○ Testing takes 20-30 minutes. ○ Consider how this will impact workflow as staff will be unavailable to proceed to work during this time. ○ Centres with large staff numbers should consider the need to stagger testing days and timing to minimise impact on service delivery. • For ACCHOs supplied with POC RAT kits, some kits are provided as batch kits (reagent supply for a batch of 10 tests), consider how to schedule tests to ensure efficiency and minimal wastage of supplies. 	<ul style="list-style-type: none"> • Has benefits in reducing the risk of exposure at work and can avoid logistic issues of many staff being tested on arrival. • Consider training for staff if self-test kits are to be supplied for use at home to minimise user-error. • If self-testing at home and self-reporting results, consider how these results will be recorded. • TGA approved self-test RATs vary in sensitivity and specificity. Sensitivity data for tests conducted within 7 days of onset of symptoms is available on the TGA website. Sensitivity and specificity are lower for asymptomatic testing.

6. Management of results

Results of RAT screening must be monitored, recorded, and appropriately responded to in line with the current government and public health advice.

Rapid antigen test result	Action
Positive	<p>This should be treated as a positive case. Record the result and inform management. The staff member must wear a mask and isolate immediately.</p> <p>Positive RAT results must immediately be reported to the local health department or the National Coronavirus Helpline (1800 020 080). Positive RAT results can also be reported via an online form available on state and territory government websites and apps, e.g. Service NSW app.</p> <p>In an asymptomatic individual with no known exposure, a confirmatory PCR test may be performed to reduce significant disruption to the service. While waiting for PCR results, the person must be treated as a positive case.</p> <p>For patients at high risk of severe disease, a confirmatory PCR is required in some jurisdictions to access disease modifying therapy (e.g. Sotrovimab).</p>
Negative	<p>Record the result. The staff member may attend work and continue to follow the latest health advice and restrictions in your area. Continue to undergo regular RAT screening. Should the staff member develop symptoms of COVID-19, they should get tested and isolate as required.</p> <p>If a symptomatic individual tests negative on a RAT and is at higher risk of severe disease including those who are pregnant, immunosuppressed, Aboriginal and Torres Strait Islander, Pacific Islander or unvaccinated, then a PCR test should be performed. (6)</p>
Invalid	<p>Record the result. An invalid result may be due to incorrect collection of the swab or a test manufacturing defect. The test must be repeated.</p>

Glossary:

AHPRA	Australian Health Practitioner Regulation Agency
PCR	polymerase chain reaction – a method of amplifying small fragments of DNA. It can be used to detect the presence of viral DNA in samples such as COVID-19 coronavirus.
POC	Point-of-care
PPE	Personal protective equipment
Rapid Antigen Test (RAT)	A test which can detect whether proteins of the COVID-19 coronavirus are present. These tests are not as reliable as PCR tests but are quick and relatively inexpensive.
Sensitivity	A measure of how likely a test is to correctly identify a positive result. A test with a very high sensitivity will have very few “false-negative” results.
Specificity	A measure of how likely a test is to correctly identify a negative result. A test with a very high specificity will have very few “false-positive” results.
TGA	Therapeutic Goods Administration

References

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2. Victoria Department of Health. (2022) Surveillance testing of healthcare workers: Guidance for Victorian hospitals. *Guidance for Health Services for the Implementation of Healthcare Workers*. Retrieved from <https://www.health.vic.gov.au/surveillance-testing-of-healthcare-workers-covid-19-doc>
3. The Therapeutic Goods Administration. (2022) Conditions of supply for rapid antigen point of care COVID-19 tests. Available from: <https://www.tga.gov.au/qas-conditions-supply-rapid-antigen-point-care-covid-19-tests>
4. Australian Government, Department of Health. 2022. Coronavirus Disease 2019 (COVID 19): CDNA National Guidelines for Public Health Units Version 6.4. 14 January 2022. Available from: [https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/\\$File/COVID-19-SoNG%20v6.4.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG%20v6.4.pdf)

5. NSW Health. Health Care Worker COVID-19 Exposure Risk Assessment Matrix. 12 January 2022. <https://www.health.nsw.gov.au/Infectious/covid-19/Documents/risk-matrix-hcw-vaccinated.pdf>
6. NSW Health. Getting tested for COVID-19. 31st January 2022. Available from <https://www.nsw.gov.au/covid-19/stay-safe/testing/get-tested-for-covid-19#toc-who-should-have-a-pcr-test>

Useful Resources:

Australian Government, Department of Health. (2022). COVID-19 Test & Isolate National Protocols. <https://www.health.gov.au/resources/publications/covid-19-test-isolate-national-protocols>

NSW Health. Framework for the provision of Rapid Antigen Screening for COVID-19 in Clinical and Non-Clinical Settings. November 2021. NSW Ministry of Health 2021. Available from https://www.nsw.gov.au/sites/default/files/2021-11/209659_RAS%20Framework%20and%20Standard%20Operating%20Procedure%20Nov15%20v1.pdf

Therapeutic Goods Administration. (2021). COVID-19 Rapid Antigen Point of Care Testing: Guidance for implementation and checklist for businesses. Version 1.1, 07 September 2021. Available from: <https://www.tga.gov.au/sites/default/files/covid-19-rapid-antigen-tests-guidance-and-checklist-businesses.pdf>

Therapeutic Goods Administration. 2022. COVID-19 rapid antigen self-tests that are approved in Australia. 25 January 2022. <https://www.tga.gov.au/covid-19-rapid-antigen-self-tests-are-approved-australia>

Work Permissions and Restrictions for Essential Workers – Interim Guidance. 13 January 2022. <https://www.pm.gov.au/sites/default/files/media/Essential%20Services%20-%20Interim%20Guidance%20-%2013%20January%202022.pdf>