

Point of Care Testing Program for Licensed Early Learning and Childcare Facilities and Schools

Change is constant in a pandemic, and Public Health must adapt their contact management plans in response to shifting conditions. As the number of vaccinated individuals rises, and confidence increases in available COVID-19 medical testing technology, opportunities emerge that permit greatly impacted areas of society to function more fluidly.

The education system is one aspect of society that has been hard-hit in the pandemic. The COVID-19 pandemic has reminded us that schools and licensed Early Learning and Childcare facilities are far more than merely a place to learn, and the importance of in-person attendance cannot be underestimated. Within those walls, a child's growth and developmental needs are met, along with access to food security, safety, healthcare, etc. We have also witnessed the domino effect of school and Early Learning and Childcare facility closures and requirements for children and students to self-isolate after exposure impact the available workforce for all other areas of society. Overall, this widens the inequity gap for children and families who live with pre-existing challenges. For these reasons, it is imperative that we find ways to keep children and students learning in-person within their educational facilities.

Traditionally, when identified as a contact of a case, unvaccinated individuals must self isolate at home for 14 days after the date of last exposure. However, vaccinated individuals self-monitor for 14 days after the date of last exposure, self-isolating only if symptoms develop. While self-isolation of a vulnerable sector is a valid strategy, it also places a disproportionate burden upon unvaccinated children and youth who are not yet age-eligible or who lack parental permission for vaccination. As we learn to live with COVID-19, and more serial exposures occur in Early Learning and Childcare facilities, schools, and communities, this burden and disparity will grow.

Rising vaccination rates among New Brunswickers adds a layer of protection to in-person learning overall. Health Canada approved COVID-19 vaccinations have proven to be highly protective against severe illness and poor outcomes; however, students under 12 years of age are not yet eligible to be vaccinated. This age group bears a disproportionate burden to self-isolate when identified as a contact of a case at school. A lesser impact is felt among youth aged 12-18 years, where first and second dose vaccination coverage is 85.4% and 78.8% respectively and noted to be steadily rising. With this in mind, we are called to support in-person learning for children and youth, while also mitigating the risk of transmission in the education sector and surrounding community.

Lab based Reverse Transcriptase- Polymerase Chain Reaction (PCR) testing is the gold standard testing technology standardly used to identify those to whom the virus has spread after exposure. It is the heart of Public Health's test, trace, isolate approach for COVID-19. However, when surges in testing numbers exceed assessment center and lab capacity, there may be delays in testing or reporting of results. The consequences of which is children and families remaining at home in self-isolation longer than required. Rapid Antigen Point of Care Testing (Rapid Ag POCT) devices have been proposed in conjunction with standard PCR testing after exposure to support in-person learning also reducing the risk of transmission in school.

Although a rapid POCT has a lower ability to detect the presence of COVID-19 than a lab-based PCR test (i.e. chance of false negatives or not picking up infection that's actually there), it provides prompt results to identify individuals who might be more contagious. Through daily POCT, the concern regarding accuracy can be mitigated. In addition, a positive Rapid Ag POCT result is considered presumptive positive, and lab-based PCR testing would be needed to confirm the diagnosis of COVID-19.

Proposed Change:

Provide unvaccinated children, students who were exposed as close contacts to COVID-19 in a public school system or Early Learning and Childcare Facilities with the opportunity to return to school or childcare faster providing they participate in a Rapid Antigen Point of Care Testing Program (Rapid Ag POCT Program). Post-exposure rapid POCT will provide peace of mind for the individual and will allow for early detection of asymptomatic cases in the school system.

After being notified of a school, licensed Early Learning and Childcare (ELC) Facility or community exposure, the child or student will self-isolate at home as directed by Public Health. A Rapid Antigen POCT kit will be provided to those individuals whose exposure occurred in a public school or licensed ELC facility, with directions for use. They will do a rapid POCT at home as soon as the kit is received and repeat the testing the next morning. If both test results are negative, and the child or student is asymptomatic, they may return to school or their licensed ELC facility. To continue attending, the individual must remain asymptomatic and continue to receive negative results from the daily rapid testing done at home each morning for 14 consecutive days after their exposure date. It is noted that 14 consecutive days is inclusive of weekends and holidays, not just weekdays. However, should the individual become symptomatic, or generate a positive rapid POCT result, they would immediately self isolate at home, and complete confirmatory lab-based PCR testing.

Unvaccinated students over the age of 16 years, or the parent/guardians of younger students, who opt out of this rapid testing opportunity will be required to self-isolate at home for 14 days after the student's date of last exposure to the case. Depending upon lab capacity, Public Health may offer a PCR test on day 10 at an assessment center. Self-isolation stops at 11:59 p.m. on the 14th day, with receipt of negative day 10 test results and no symptoms have developed. If unable to obtain a PCR test on day 10, the individual finishes their self-isolation at 11:59 p.m. on the 14th day providing no symptoms have developed.

This guidance **does not apply** to children under 19 years of age identified as contacts within their households, and children younger than 2 years of age. These individuals will still be required to self-isolate for 14 days post-exposure and are not eligible for the rapid POCT program.

It is recognized that individuals who have been previously diagnosed with COVID-19 may continue to test positive for many months, even though they are no longer considered infectious. A **Temporary Exemption from Rapid Antigen Point of Care Testing** will be provided to individuals having proof of a previous positive result for a COVID 19 molecular test from an accredited/government lab that is at least 14 days, but not more than 3 months prior. This will allow asymptomatic individuals who have experienced a COVID-19 diagnosis within the past 3 months to continue to attend school during the 14-day period after the date of exposure, but they will not participate in the Rapid Antigen Point of Care Testing (Rapid Ag POCT).

Rapid POCT will allow unvaccinated children, students to attend childcare, school, and participate in after school activities, with the protective layers of self-screening for symptoms and enhanced monitoring via serial rapid POCT. The daily negative result provides reassurance for the exposed individual and for the rest of the childcare and school population. This approach will ease the disproportionate impact on those identified as a close contact of a case in multiple school or community exposures.

It is recognized that:

- At this time, the Rapid Ag POCT testing program is only available for unvaccinated children aged 2-18 years attending a school, licensed ELC facility or unlicensed childcare setting who have experienced an exposure to COVID-19 in these settings, or the community. **Household contacts of those who test positive for COVID-19 do not qualify for the POCT program.**
- Each test is performed on a separate day. The number of days Rapid Ag POCT is required will vary according to the date the contact is notified after their exposure. Those who are notified early in the 14-day period may require several Rapid Ag POCT kits to complete the self-monitoring period.
- Individuals who have multiple serial COVID-19 school or ELC exposure notifications will use the most recent exposure date provided, and count from that point. This may mean multiple date adjustments as an outbreak evolves in a school or ELC setting.
- PCR testing is the gold standard technology; and Rapid Ag POCT is less accurate screening device. Anyone who has symptoms, or a positive Rapid Ag POCT result, must self-isolate and get a PCR test at an assessment center. If a negative PCR result is obtained, the person may return to their school or ELC facility and continue with their Rapid Ag POCT until the 14-day monitoring period has been completed.
- If the 14 days have expired while an individual waited for PCR results following a positive POCT, the self-isolation does not end until the negative PCR results have been obtained.
- Students and staff will continue to layer protective measures, such as: wearing face masks, performing hand and environmental cleaning as part of the regular school routine, and staying home when ill.
- Rapid Ag POCT kits will NOT be used to permit a child or student with symptoms to attend childcare, school or to participated in associated activities. Symptomatic people need to self-isolate and request PCR testing.
- Schools may continue to switch to distance learning or may be closed for more than one operational day to allow for contact tracing and testing, as appropriate.
- ELC facilities may be closed for more than one operational day to allow for contact tracing and testing, as appropriate.
- Staff within the education and early learning sector, and students who qualify for COVID-19 vaccination, are strongly encouraged to get fully vaccinated.
- If a staff member, child or student who has demonstrated proof of vaccination is identified as a close contact of a case at school or in an ELC facility, they will be required to self-monitor for 14 days after exposure; with self-isolation and testing required only if they develop symptoms, or directed by Public Health.
- The GNB Workplace Proof of Vaccination Program mandates that staff who have not provided proof of vaccination will be masked 100% of the time (other than to eat or drink) and will complete serial POCT testing at least three times per week. If exposed to COVID-19 at work, these employees would follow the same directions as the students. At the end

of the self-monitoring period, they would return to their regular testing schedule until proof of vaccination status is provided.

- Case and contact management is directed by the Medical Officer of Health. Should the risk assessment warrant, alternate guidance may be provided by the Medical Officer of Health (See Appendix A).

How to get POCT Kits:

In public schools, POCT kits will be packaged in ready to use packages and will be distributed by the schools to students and staff impacted as a close contact. Kits will contain directions to complete testing and where additional information may be obtained (Appendix B).

In ELC facilities where an exposure occurred, Public Health will work with the ELC Operator to identify the close contacts of the positive case and will provide letters for the operator to distribute to families. Public Health will refer ELC facility operators to EECD Covid Response Team Education.covid@gnb.ca. The EECD Covid Response Team will determine where the operator can obtain the kits based upon the facility's proximity to a distribution center (Horizon or Vitalité Regional Health Authority site, or District Education Center). The ELC facility operator will distribute the POCT kits to families or direct them where they may be obtained at the Regional Health Authority distribution center in their community. (See Appendix C).

Unlicensed childcare setting exposures will be managed by Public Health, using the same approach as other community exposures. Public Health will notify the parents or guardians of children identified as contacts where to obtain the rapid POCT kits, based upon the household's proximity to a Regional Health Authority distribution center (Horizon or Vitalité). Parents and guardian's will obtain these kits for their child. (See Appendix C).

Unused Rapid Ag POCT test kits are not to be returned to the school, or district office. They should be retained by the family and may be used for future exposures until the date of expiry.

By participating in the Rapid Ag POCT Program, parents/guardians agree to:

- participate in the required Rapid Ag POCT Program training,
- assume responsibility for safe and competent use of the Rapid Ag POCT devices,
- notify their ELC facility or school when they no longer agree to participate in the program,
- isolate and schedule a COVID-19 PCR test at a local assessment center if positive results are obtained by Rapid Ag POCT device, or if ONE symptom emerges.

Parent/Guardian Training to Use Rapid Ag POCT:

Training is simple and can be completed by watching one of the video links below:

NB Video English:

https://www.youtube.com/watch?v=C2SQgBpSR_k

NB Video French:

<https://www.youtube.com/watch?v=RdY4pVC8PbE>



Abbott training Video:

<https://www.globalpointofcare.abbott/en/product-details/panbio-covid-19-ag-antigen-test.html?v4vers3e0d>

Parents/guardians may begin to use the POCT devices with their children once they have received the testing kit and completed training.

What the POCT results mean:

Interpreting Point of Care Test Results:	
Negative Result:	<p>Negative results indicate that the COVID-19 virus was not detected in the sample at the time of the screening. It is particularly important to remember that these results reflect a point in time only. They are “negative for now”.</p> <p>False negative results are possible. Daily testing helps to reduce the risk of false negative results. In addition, PCR testing is recommended if COVID-19 compatible symptoms develop.</p>
Positive Result:	<p>It is important to note that any visible line on a testing device’s location to indicate a positive result should be interpreted as a presumptive positive, even if light in color. While this is a preliminary result, it is likely that the individual has COVID-19. They must stay home, self-isolate away from others in their household, and book a PCR test online to confirm. PCR results will usually be available within 48-72 hours via MyHealthNB.</p> <p>If the PCR test is positive, the person must remain in self-isolation and a member of the Public Health team will be in contact with them to provide further information, and to get a list of contacts. Even if they do not have any noticeable symptoms, they may still be contagious and can spread the virus to others.</p> <p>If the PCR test is negative, the person may return to school and complete the schedule of rapid testing.</p>
Invalid Results:	<p>A sample may register as indeterminate or invalid. This means that the test may not have worked, and further testing is needed. If this happens, the individual repeats the POCT test immediately. If it continues to provide indeterminate results, they need to self-isolate and register for PCR testing online or by calling 811 if they do not have access to a computer or if assistance is required.</p>




In closing, as we learn to live with COVID-19, the overall goal is to maintain in-person learning as much as possible, for as many children and youth as possible. Using multiple protective layers has proven to be an effective means to achieve this goal within a safe learning environment. While Rapid Ag POCT is no replacement for vaccine protection, it is a means to mitigate risk. Providing Rapid Ag POCT testing after exposure during the 14-day self-monitoring period for those who are not vaccinated is an effective means to maintain their in-person attendance for learning while also adding a protective layer to the early learning and childcare, and school environments.

Appendix A

COVID-19 Case at < SCHOOL, BUS, CLASS >

This letter is to tell you that someone in your child's class or on your child's bus has tested positive for COVID-19. The last date(s) persons may have been in contact with the virus was on <insert Date(s)>.

You are getting this letter because Public Health has found that your child has been in close contact with someone with COVID-19. However, Public Health will NOT be contacting you by phone. This letter is to tell you the steps you must take based on your vaccination status.

COVID-19 Vaccine	NONE or PARTIAL	FULL
	<ul style="list-style-type: none"> No doses, 1 dose or less than 14 days since two doses 	<ul style="list-style-type: none"> Had both doses at least 14 days ago
Isolate for: 	<ul style="list-style-type: none"> Isolate for 14 Days <insert Date> Isolation ends on Day 14 at 11:59 p.m. after getting a negative Day 10 result 	<ul style="list-style-type: none"> Self-isolation not required unless told by Public Health. Self-monitoring ends on Day 14 at 11:59 p.m.
Testing: 	<ul style="list-style-type: none"> Test* on day 10 <insert date> Test immediately if symptoms develop 	<ul style="list-style-type: none"> No testing required if there are no symptoms Isolate and test* immediately if symptoms develop
<ul style="list-style-type: none"> Please book your child's COVID-19 PCR test online. In the Patient Profile, select "School- Student or Staff". Indicate that your child had a positive rapid POCT result or developed symptoms. If you do not have access to a computer or need help, call 811. If unable to access testing in the 14-day period, isolation can end at midnight on day 14 if there are no symptoms. 		

NOTE: Individuals who have already had COVID-19 and have completed their isolation period will continue to test positive even though they are no longer infectious. These individuals are not required to test or isolate for 90 days after the date of their positive test if they provide proof of having a positive PCR COVID-19 test result.

This order has been given to you by Public Health under the authority of the Public Health Act and is required to be followed. _____ <insert name>

Contact of a COVID-19 Case



This order is being given to you by Public Health under the authority of the Public Health Act and is required to be followed. _____ <Insert name Medical Officer of Health>

- Your child has been identified as a close contact of someone who tested positive at < Official DAYCARE NAME, address > on <Insert exposure date>.
- These are the steps you must take based on your child's vaccination status:
 1. Child is not vaccinated or only PARTIALLY VACCINATED against COVID-19 OR
 2. Child is FULLY VACCINATED against COVID-19
- Public Health will NOT be contacting you by phone.
- This guidance does not apply to children who are contacts of a COVID case in their home, or to children less than 2 years old.
- If you have any questions, a message at 1-833-901-1963, Option 3; OR email us at EECD/EDPE-COVID19@gnb.ca



1. Please follow the following guidance if your child is NOT VACCINATED or only PARTIALLY VACCINATED:

- They have no doses or only 1 dose of vaccine OR
- Their second dose was less than 14 days ago

- Your child is eligible for rapid point of care testing (POCT) which will enable them to return to daycare.
- Watch a video example of a rapid POCT at: www.gnb.ca/pointofcaretesting (Rapid POCT used may differ)
- Child does a rapid POCT at home as soon as it is received and a second rapid POCT the next morning.
- Child must self-isolate until they have 2 negative rapid POCT results.
- With 2 negative rapid POCT results and no symptoms your child can return to daycare and regular activities. However, they can not visit long term care facilities.
- Your child must do a rapid POCT every morning until <Insert date>. If test is negative, they can go to daycare.
- You should monitor your child for COVID-19 symptoms until <Insert date> at 11:59 p.m.
- If the rapid POCT result is positive OR if one [symptom](#) develops, your child must isolate and book a COVID-19 PCR test online immediately.
- If you do not have access to a computer or need help, call 811.

If your child does not to participate in the daily rapid POCT program they must stay home and isolate until <insert date>. You must also [book a COVID-19 PCR test online](#) for day 10 of your child's isolation on <Insert Date>. If the result of their Day 10 PCR test result was negative your child's [isolation](#) ends at <Insert date> at 11:59 p.m.



2. Please follow the following guidance if your child is fully vaccinated to COVID-19:

- They have received 2 doses of vaccine AND 2nd dose was received more than 14 days ago

- No testing required if your child has no symptoms.
- Self-isolation is not required, unless Public Health informs you that your child must isolate.
- Your child must self-monitor for symptoms until <Insert date> at 11:59 p.m.
- If one [symptom](#) develops, [isolate](#) and [book a COVID-19 PCR test online](#) immediately. If you do not have access to a computer or need help, call 811.

Appendix B

COVID-19 Testing at Home

YOUR TESTING KIT CONTAINS:



Nasal swab



Test tube



Test cartridge

YOU WILL NEED:

- A clean, level surface
- Hand sanitizer
- A timer or clock

BEFORE YOU START

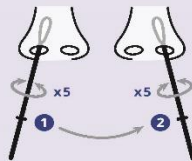
- Sanitize your hands
- Clean surface
- Open the contents of your testing kit
- Remove the test cartridge from the wrapper
- Write your name on the cartridge if testing more than one person



To view a sample video, visit gnb.ca/pointofcaretesting
Product used in video may differ.

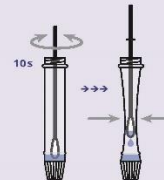
STEP 1

- Insert the swab into your nostril, approximately 2 cm.
- Rub and rotate the swab 5 times around and repeat for the other nostril.



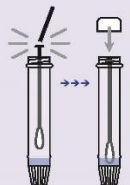
STEP 2

- Gently tap the test tube to bring the fluid to the bottom.
- Remove blue cap. Immerse swab tip into liquid, swirling up and down for 10 seconds.
- Pinch tube around swab to squeeze out remaining liquid.



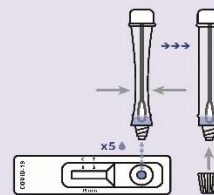
STEP 3

- Find the break line on the swab handle and snap the swab here.
- Replace the blue cap, with the swab remaining inside of the tube.



STEP 4

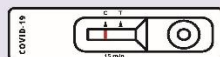
- Twist off the white dropper cap from the bottom of the test tube.
- Gently squeeze 5 drops into the round well of the test cartridge.



STEP 5

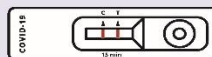
Let the sample move across the white strip. After a total of 15 minutes, you can determine the result. When finished, put testing supplies in the garbage; unless required to bring proof of test to work or school in a labeled plastic bag. Sanitize your hands.

NEGATIVE RESULT



One line at the C mark, no line at the T mark. No reporting needed, continue with your testing schedule.

POSITIVE RESULT



Two lines: one at the C mark, one at the T mark. Any visible line at the T mark is a positive result, even if light in color. You must immediately self-isolate and book a PCR test to confirm at gnb.ca/gettestedcovid19 or call 811.

INVALID RESULT

If your test result does not match either the **NEGATIVE** or **POSITIVE** examples, the test may not have worked. Re-test until you receive a **positive** or **negative** test result.

For any questions relating to rapid testing, visit gnb.ca/pointofcaretesting

Appendix C

Rapid Antigen Point of Care Testing (POCT) Process for 2-18 years in School, Licenced Early Learning and Childcare Facility, and Unlicensed Childcare	
1. Public Health (PH) notification process:	
School Case:	<p>PH Responsibilities:</p> <ul style="list-style-type: none"> ○ PH notifies District Superintendent and Department of Education and Early Child Development (EECD) Covid Response Team Education.covid@gnb.ca ○ PH determines protocol approach for facility (POCT or 14-day isolation). ○ PH provides EECD Covid Response Team with case's full name and one other identifier, school name, class, bus number, teams/groups, last day of exposure, end of isolation period, and template letters. <p>EECD Responsibilities:</p> <ul style="list-style-type: none"> ○ EECD Covid Response Team responds to PH to confirm receipt of information, reply to all is not needed. ○ EECD Covid Response Team gives template letters to school ○ EECD distributes POCT kits to schools.
Early Learning and Childcare (ELC) Facility Case:	<p>PH Responsibilities:</p> <ul style="list-style-type: none"> ○ PH contacts ELC Operator, providing case's full name, and 1 other identifier (Birth date, address, Medicare, etc.), last day of exposure, end of isolation period. ○ PH confirms ELC Facility License number with operator. ○ Public Health works with operator to identify the close contacts of the positive case and confirm their attendance during communicable period. ○ PH determines protocol approach for facility (POCT or 14-day isolation). ○ PH provides letters to the operator to distribute to families, and reviews content to confirm ELC operator understands rapid POCT process. ○ PH notifies EECD Covid Response team Education.covid@gnb.ca, providing official ELC facility name, license number, last day of exposure, end of isolation and copy of template letters. Case Name is not provided to EECD Covid Response Team.

	<p>ELC Operator and EECD Covid Response Team Responsibilities:</p> <ul style="list-style-type: none"> ○ EECD Covid Response Team responds to PH to confirm receipt of information, reply to all is not needed. ○ EECD Covid Response Team provides operator with locations of nearest rapid POCT kit distribution sites, and hours of operation ○ EECD Covid Response Team notifies rapid POCT kit distributor that Operator will pick up kits, number required, and date. ○ ELC Operator informs parents of contact using daycare notification template letter, copies PH and EECD Covid Response Team to confirm notification. ○ ELC Operator obtains rapid POCT kits from EECD site and distributes kits to families of children impacted by exposure. ○ EECD arranges for ELC licensing team to follow up with the operator the next business day to ensure they have understood the guidelines and see if they have any questions.
<p>Unlicensed Childcare Case:</p>	<p>PH Responsibilities:</p> <ul style="list-style-type: none"> ○ PH contacts caregiver at unlicensed site and families of contacts. ○ PH interviews caregiver to determine attendance during period of communicability, and to identify contacts at site. ○ PH directly contacts families with information/template letter, and reviews content to confirm understanding of rapid POCT process. ○ PH provides location of nearest RHA rapid POCT kit distribution site ○ PH notifies rapid POCT kit distributor that families will pick up kits, number required and date. ○ PH notifies EECD Covid Response Team Education.covid@gnb.ca if case or contacts are also school aged. ○ Unlicensed care provider and families obtain own kits from RHA sites.
<p>2. PH provides families attending unlicensed childcare provider with directions to nearest Regional Health Authority (RHA) rapid POCT kit distribution site.</p>	
<p>Vitalité RHA Community sites</p>	<ul style="list-style-type: none"> • Vitalité distribution site addresses • Monday-Friday, 1 :30-3:30 p.m., or until supplies last • Contact Karen.Frenette@vitalitenb.ca • Site locations include Bathurst, Belledune, Campbellton, Caraquet, Clair, Cocagne, Edmundston, Grand Falls, Lameque, Moncton, Pacquetville, Saint-Quentin, Saint-Isidore, Shediac, Tracadie • Reference map
<p>Horizon RHA Community sites</p>	<ul style="list-style-type: none"> • Horizon rapid POCT kit distribution site addresses • Monday-Friday, 1pm-6pm • Contact: <ul style="list-style-type: none"> • Moncton Richard Lemay : Richard.lemay@horizonnb.ca

	<ul style="list-style-type: none"> • Saint-John Brigitte Carter : Brigitte.Carter@HorizonNB.ca Gillian Haycox: Gillian.Haycox@HorizonNB.ca Kim Aker: kim.aker@horizonnb.ca • Fredericton Tina Manuel : Tina.Manuel@horizonnb.ca • Miramichi Troy Hierlihy: Troy.Hierlihy@horizonnb.ca Maureen Blackmore: Maureen.Blackmore2@HorizonNB.ca • Mobile COVID-19 Rapid Screening Kit pick up schedules for Sussex, St. Stephen, Deer Island, Grand Manan, Woodstock, Minto, Plaster Rock, Doaktown, Mirimichi, Baie-Ste-Anne, Renous, Neguac, Rogersville. According to schedule times, and until supplies last. • Reference map
EECD District Sites:	<ul style="list-style-type: none"> • Contact Education.covid@qnb.ca if there are issues obtaining POCT kits in community. • Francophone School District South- Bouctouche • Francophone School District-North East-Tracadie, Campbellton, Bathurst • Francophone School District North West- Edmundston • Anglophone School District East- Moncton • Anglophone School District West-Woodstock, Fredericton • Anglophone School District South- Saint John, Hampton, St. Stephen • Anglophone School District North- Miramichi