

RAPID ANTIGEN TESTING (RAT) insights from the pilot group

15 December 2021

Context

Rapid Antigen Testing (RAT) is seen as another tool to support the response to COVID-19. It is a test generally taken with a front of nose swab to detect the presence of specific proteins of the virus.

In November 2021, several NZ organisations were involved in piloting RAT testing at their workplaces. This paper outlines their learnings.

While RAT proved helpful for those in the pilot group, it is not a 'silver bullet', and it does not replace the need for other controls, e.g., vaccinations or other controls (PCR tests, face covers, hand hygiene and social distancing).

According to the Ministry of Health (MoH), RAT can be useful for surveillance and screening testing for COVID-19, particularly for people who work in a priority setting or regional traffic light risk area of high vulnerability. The addition of rapid antigen surveillance testing to the mix of options increases access to screening for COVID-19 and may be more convenient for people who are required to test more frequently.

The following insights are taken from a series of interviews undertaken by the Forum with some of the organisations involved in the pilot. Whilst they are helpful, we encourage you to review the official guidance before making decisions on this – see links below for this guidance.

What we learnt from the pilot group

We interviewed several of the pilot group from various sectors. All had lessons learnt and advice for the which they freely provided. The key insights were as follows:

1. Know your why

All the people we contacted mentioned this. They all recommended that you need to understand why you would start to use Rapid Antigen Testing, as it is not a 'silver bullet'. Most were using rapid antigen testing for surveillance purposes, for example: -

- Testing before entering a workplace
- Testing before travel
- Testing those who may have been close contacts
- As a return-to-work test (after having COVID)
- Testing new employees
- Testing non-vaccinated employees
- Testing contractors.

Many talked about the sense of security it provided to employees and their families and that once you have started, it would be hard to stop given its ease of use and the extra layer of protection/control the test provided.

2. Consider the logistics

Several companies talked about the logistical issues with the testing. In the early days, supplies were an issue, but this appears to be less of a problem now. However, be aware that it may take time to order the test packs and deliver them (and potentially sort out internal procurement processes). In addition, many are now ordering larger kits, and the supplier is starting to ask volumes to forecast demand.

The other elements of logistics that the companies mentioned included: -

- **Testers.** Some used external resources or medical practitioners (but not many went down this path), whilst others used trained staff as administrators (designated collectors). Others used or were starting to train the employees who were to be tested regularly and allowing them to self-administer the test. Issues to consider when making this decision included the size of the workforce to be tested, the size and complexity of the sites, or desire to increase accuracy, etc. Some provided employees with the option (self-administer or use a trained staff member).
- **PPE.** Most used gloves and face masks. Early on, more PPE (shields and gowns) were used, but this was changed as the pilot progressed.
- **Locations.** Some enabled home testing (which is now approved by the MoH), and employees did this before arriving on-site. Others set up facilities outside the workplace, whilst another set up a designated area in the office. Some used car parks, and the employees remained in the car while the test was undertaken. Issues they considered included the number of people to be tested and the delivery method (some called in groups by their bubbles and then tested them and sent them back to work, texting them with the results).
- **Training and Communications.** All organisations used the manufacturers online training process and undertook their online test. Most customised the training (some used trained observers as part of the test) and added key messages (why they were doing it, expectations, the process to be followed, policy, privacy and data collection, other controls in place, etc.). Some added in FAQs and held communication and demonstration sessions.
- **Data and Reporting.** Those in the pilot needed to send data to MBIE/MoH but now do not need to. Meridian Energy developed an app to support the process (this can be made available in the new year with a donation to KidsCan by contacting john.skudder@meridianenergy.co.nz), while other used spreadsheets, Microsoft/Google forms, or their HR systems. Some who used home testing asked that the employee take a photo of the test results and text them to the administrators. Essential data requirements included name, date and time of test and the result.
- **Frequency.** Many took a risk-based approach (e.g., if COVID was in the community, then test daily). Most tested twice a week; those who tested at home undertook the test at least 24-hours before work, and some office-based people were tested weekly (given risk). One company used the traffic light system as the determiner; for example, for essential employees, if the system was red, they tested daily and when at orange, they tested twice a week.
- **Waste.** Early on, it was assumed that the test needed to be treated as bio-waste. This changed as part of the pilot, and if the test is negative, people use the normal waste process. If the test was positive, the test kit would be sealed and sent to the DHB testing sites, where the employee would have a PCR test, and where the RAT kit would be disposed of.

3. What kit to use

Most organisations were using the Abbott kit and found it excellent (some noted that it lasted for a year), but it has its downsides as the kits are not single-use. This may be an issue for smaller or more dispersed companies. Some have ordered the Roche product, which is single-use. Details of who to contact to order are detailed below. It is recommended that you do your research on each product before ordering.

4. Consider the scenario if you find a positive test

Many recommended that you consider this scenario and plan for it. In this instance:

- Some tested again and then sent the employee to an official PCR testing site (who were in at least one case pre-warned about the situation, and the employee was fast-tracked through).
- Some isolated all close contacts.

5. Consider the costs

The costs of this testing option can add up. The test costs are one element, but others mentioned the productivity loss, the training costs, technology, and logistical costs (e.g. setting up testing areas, PPE, etc.). However, many said the benefits as a surveillance tool, the reduced the risk of closing down operations, and the impact on productivity outweighed the costs.

6. Other hints, tips and comments

- Check the kits before sending them on. Some had missing elements in the test kits
- Consider removing the positive swabs as this limited the risk (but always follow the manufacturer's instructions)
- If people are unwell, continue with the current protocols – send them to be tested, not for a RAT at work
- Consider testing as part of your business continuity planning and update your plan to include when testing would be a helpful control
- Rapid Antigen Testing is cheaper than saliva testing and is very flexible
- Keep an eye on the changes to the protocols and rules along with the suppliers as things change quickly – see links below
- Consider making it voluntary to start with to gain buy-in, but be prepared to test more as the employees like the test and the sense of security it provides
- Consider testing your executive team first to gain buy-in
- Communication is critical – make an effort to spend time on communicating the why, the what, etc.
- Keep it simple – give it a go and learn - be flexible.

How to order

The following are the contact details for suppliers:

- Abbott Panbio (Box of 25 tests with one fluid bottle more suited to big sites or multiple tests per day). John Matthews, NZ Manager EBOS Healthcare. JMatthews@ebos.co.nz. Ph +64 3 339 5101 | Fax +64 3 339 5111 | Mob +64 21 2404 059 | www.eboshealthcare.co.nz
- Roche (individual fluid vials making this good for people testing at home). Roche Diagnostics NZ Ltd. Phone: +64 9 2764157. Mobile: +64 21 2407236

Links

- MoH's RAT information - <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/rapid-antigen-testing>
- Healthpoint (for testing locations) <https://www.healthpoint.co.nz/covid-19/?covidTesting=antigen>
- Business.govt.nz - <https://www.business.govt.nz/news/rapid-antigen-testing-available-for-business/>
- Employers and Manufacturers Association - <https://www.ema.co.nz/Ema/News/government-supports-use-of-rapid-antigen-testing-for-businesses.aspx>

Thank you

The Forum is grateful to the individuals and companies who helped create this guidance and provide honest insights. The people interviewed were knowledgeable and only too pleased to pass on what they had learned. They all took an 'NZ Inc' approach to share their experiences – so thank you.