

# ASYMPTOMATIC TESTING FOR COVID-19

March 31, 2021

Dear Students, Parents/Guardians, and Staff,

COVID-19 rapid antigen testing is now available at select Shoppers Drug Mart and Loblaw Pharmacy locations for students, children, and staff of the four school boards in the Nipissing and Parry Sound Districts:

- Conseil scolaire catholique Franco-Nord
- Conseil scolaire public du Nord-Est de l'Ontario
- Near North District School Board
- Nipissing-Parry Sound Catholic District School Board

COVID-19 testing is **voluntary** and will help to identify cases early, inform Public Health decisions, and manage outbreaks. Participants will need to be **asymptomatic** in-order to be eligible to receive a COVID-19 rapid antigen test.

If you are interested in participating or are interested in having your child or dependent participate, please review the program information below and provide your written consent to participate. For individuals under the age of 18 years old, signed consent by a parent or guardian will be required.

**To book an appointment for a rapid antigen test, please call one of the locations from the participating store list:**

Location	Phone Number
No Frills/Loblaws – 12035 Hwy 17, Sturgeon Falls	(705) 753-5850
Shoppers Drug Mart – 66 Josephine Street, North Bay	(705) 497-8542
Shoppers Drug Mart – 276 Lakeshore Drive, North Bay	(705) 476-3244
Shoppers Drug Mart – 2025 Cassells Street, North Bay	(705) 474-8200
Shoppers Drug Mart – 90 Bowes Street, Parry Sound	(705) 746-2932

**Important:** When you call to book your appointment, please let the pharmacy team know if you require service in French and the pharmacy team will provide an appointment time to accommodate. At the time of the appointment, you will be asked to complete the pre-screening questions to ensure you are eligible for the test.

**On the day of your test, you must bring a printed copy of the consent form attached.**



To support with in-person learning, based on Ministry of Education direction, Shoppers Drug Mart Pharmacists will administer Abbott Panbio Rapid Antigen Screening, which involves a minimally invasive swab inside of the nostrils. Patients with preliminary positive Rapid Antigen Screening results will be provided with information to have a confirmatory PCR test completed at an assessment centre. Pharmacists are required to report preliminary positive results to the local Public Health Unit.

A reminder that you must always wear a mask and follow all health and safety protocols when at the pharmacy for your test.

### ***What personal information will be collected and used?***

**Registration Information:** Full name, preferred contact method, contact information, date of birth, gender, address, Parent/Guardian Name, School/Child Care Name.

**Abbott Panbio Rapid Screening:** Each time you are screened, and/or undergo a COVID-19 test, the Shoppers Drug Mart and Loblaw Pharmacy teams will collect your unique ID, screen/test type, screen/test result and screen reporting time. You will receive your results within 15 to 20 minutes. Participants that receive a preliminary positive Abbott Panbio Rapid Antigen Screening result will be required to take a COVID-19 PCR test within 24 hours to confirm the result, as antigen screening is less sensitive than PCR testing.

### ***To whom will personal information be disclosed?***

**Local Public Health Units:** In the case of a preliminary positive Abbott Panbio Rapid Antigen Screening result, the Shoppers Drug Mart Pharmacist is required by law to report your result (including the name of the individual, date of birth, sex, and antigen screening result) to the local Public Health unit.

**Ministry of Education and Public Health Authorities:** De-identified and/or aggregate data will be shared with the Ministry of Education and Public Health Authorities to monitor the efficacy of the COVID-19 screening devices, COVID-19 PCR test and programs, determine the prevalence of COVID-19, and facilitate safe and responsible practices to allow individuals to safely return to in-person learning. The Ministry of Education and Public Health Authorities may also use this data to inform their resource deployment in their combatting of COVID-19 and to assist Public health units in detecting, preventing and treating COVID-19 infections in their regions.

**Provincial Labs:** Your personal information will be shared with the Provincial Labs for the processing of COVID-19 PCR test. This data is not de-identified.

# COVID-19 TESTING CONSENT FORM

I consent to receive COVID-19 Abbott Panbio Rapid Antigen Screening ("The Screen") or COVID-19 PCR Test ("The Test") performed by a Shoppers Drug Mart Inc. and/or a Loblaw Inc. healthcare professional (the "Professional"). In providing my consent, I confirm that:

- The Patient and/or their agent has confirmed that the responses that will be provided to the Patient Assessment Questions are true to the best of the Patient's and/or their agent's knowledge and acknowledges that if any of such responses are untrue, they may be found to be liable for any resulting harm that is caused.
- The Patient and/or their agent agree to having the responses that will be provided by them to the Patient Assessment Questions being used to assess whether a COVID-19 screening or COVID-19 PCR Test will be recommended, and if the recommendation is that a COVID-19 screening or COVID-19 PCR Test not be administered, the Patient and/or their agent agree to accept such recommendation.
- No representation or warranty has been made about the timing for the completion of the Screen or the Test and receipt of my results.
- The Patient and/or their agent have read and understand the COVID-19 Acknowledgement and agree to the collection, use and disclosure of their personal information, as described above, including the disclosure of my de-identified and/or aggregate information.
- The Patient and/or their agent have understand and accept the risks and limitations associated with the Screen, including that the Screen is an in vitro diagnostic rapid test for qualitative detection of SARS-CoV-2 antigen (Ag) in human nasal swab specimens from individuals who meet COVID-19 clinical and / or epidemiological criteria; that the Screen is intended to be used as an aid in the diagnosis of SARS-CoV-2 infection; and that the Screen may be used in any laboratory and non-laboratory environment that meets certain requirements; and that the Screen only provides preliminary test results; and that negative results don't preclude SARSCoV-2 infection and they cannot be used as the sole basis for treatment or other management decisions; and that negative results must be combined with clinical observations, Patient history, and epidemiological information; and that the Screen is not intended to be used as a donor screening test for SARS-CoV-2. The Patient and/or their agent further agree and acknowledges that: (i) the Screen has only been tested on and approved for symptomatic individuals; (ii) there is no evidence to suggest that the Screen is effective on asymptomatic individuals; and (iii) the absence of a preliminary positive screening result does not signify the absence of SARS-CoV-2. As such, The Patient and/or their agent understand that the Screen contains certain limitations and may not be accurate, effective or appropriate in all circumstances. Shoppers Drug Mart Inc. and/or Loblaw Inc. do not warrant or represent the accuracy, effectiveness or appropriateness of the Screen. I hereby accept and acknowledge such limitation in the Screen and waive any and all future claims against Shoppers Drug Mart Inc. and/or Loblaw Inc. relating to the accuracy, effectiveness and appropriateness of the Screen.
- The Patient and/or their agent have been advised of and understand the nature, material risks, consequences, side effects, expected benefits of and alternatives to the Screen.
- The Patient and/or their agent understand they will have the opportunity to ask questions regarding the Screen and receive answers to all of their questions, prior to the receiving a COVID-19 screening.

**All Participants under 18 years old will require written consent by their Parent or Guardian.**

Consent Provided by:

Patient (Must be Over 18 Years)

Patient's Agent (Parent or Guardian)

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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du Nord-Est de l'Ontario  
cspne.ca



Conseil scolaire catholique  
Franco-Nord



Nipissing-  
Parry Sound  
Catholic  
District School Board