

Ministry of Health Recommends Any Ontario Resident with Symptom(s) be Tested for COVID-19

Update for York Region health care professionals as of May 15, 2020

As of May 14, 2020, the Ministry of Health's Provincial Testing Guidance recommends that **any Ontario residents with at least one symptom or sign of COVID-19 should be considered for testing**. The current case definition and symptoms of COVID-19 can be found below. As before, York Region Public Health encourages health care professionals to use their clinical judgement and understanding of consideration of local epidemiology during patient assessment and send any symptomatic individual to a COVID-19 Assessment Centre, operated by three York Region hospitals: [Markham-Stouffville Hospital](#), [Mackenzie Health](#) and [Southlake Regional Health Centre](#).

In addition to testing any symptomatic person in accordance with the provincial case definition, use the guidance below when assessing and managing patients in the following high risk groups. Testing of asymptomatic persons is not recommended unless part of outbreak management, or a formal surveillance initiative of asymptomatic persons. In asymptomatic persons, a negative result does not rule out disease.

Hospital Inpatients

Definition: Patients requiring/likely requiring inpatient admission. This does not include outpatients.

- Any admissions to hospital from another hospital, long-term care homes, retirement homes or other congregate living settings and institutions should be tested upon admission.
- Any patient transferred to complex continuing care/rehab (or alternative in First Nation communities) should also be tested upon admission.

Residents Living in Long-Term Care and Retirement Homes

Hospitals may discharge patients to long-term care homes where:

1. It is a readmission to long-term care (the resident is returning to their home)
2. The receiving home is NOT in a COVID-19 outbreak
3. The resident has been tested for COVID-19 at point of discharge, has a negative result and is transferred to the home within 24 hours of receiving the result; and
4. The receiving home has a plan to ensure that the resident being readmitted can complete 14-days of self-isolation

In the event of a symptomatic resident in an institutional setting, asymptomatic residents living in the same room should be tested immediately along with the symptomatic resident.

In the event of an outbreak of COVID-19 in a long-term care home or retirement home, asymptomatic contacts of a confirmed case should be tested including:

- All residents living in adjacent rooms
- All staff working on the unit/care hub
- All essential visitors that attended at the unit/care hub
- Any other contacts deemed appropriate for testing based on a risk assessment by local public health



Residents of Other Congregate Living Settings and Institutions

Definition: Persons living in all other congregate living settings and institutions (e.g., homeless shelters, prisons, correctional facilities, day care for essential workers, group homes, community supported living, disability-specific communities/congregate settings, short-term rehab, hospices, other shelters).

- Asymptomatic patients transferred from a hospital to a hospice setting must be tested and results received prior to transfer.

Persons Working in Congregate Living Settings and Institutions

Persons working/providing care in all other congregate living settings and institutions not covered by the previous congregate living settings guidance should be tested as soon as possible if they are experiencing any symptom or sign compatible with COVID-19.

Health Care Workers/Caregivers/Care Providers/First Responders

Any health care worker; caregiver (i.e., volunteer, family member of a resident in a hospital/long-term care, retirement home, other congregate setting or institutional setting); care provider (e.g., employees, privately-hired support workers); or first responder experiencing any symptom or sign of COVID-19 should be tested as soon as possible.

Persons Living in Same Household of Health Care Workers/Care Providers/First Responders/ Emergency Child Care Centre Workers

Any person living in the same household as the group above and experiencing any symptom or sign of COVID-19 should be tested as soon as possible.

Remote/Isolated/Rural/Indigenous Communities

In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community, testing of contacts should be considered in consultation with the local public health unit.

Specific Priority Populations

Patients requiring frequent contact with the healthcare system due to the nature of their current course of treatment for an underlying condition (e.g., patients undergoing chemotherapy/cancer treatment, dialysis, pre-/post-transplant, pregnant persons, neonates) who are experiencing any symptom of COVID-19 should be tested as soon as possible.

Newborn testing:

- Newborns born to mothers with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.
- If maternal testing is pending at the time of mother-baby dyad discharge then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.
- Newborns currently in the NICU/SCN born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours of life and, if the initial test is negative, again at 48 hours of life, regardless of symptoms.

For information on testing for cancer patients or hemodialysis patients, consult the COVID-19 Provincial Testing Guidance Update.

Essential Workers

Essential workers not covered under previous guidance, in line with the current provincial list of workers who are critical to preserving life, health and basic societal functioning, who are experiencing any symptom or sign of COVID-19 should be tested as soon as possible.

Cross-Border Workers

Workers not covered in previous guidance, who reside in Ontario but cross the Canadian border for work and are experiencing any symptom or sign of COVID-19 should be tested as soon as possible.

COVID-19 CASE DEFINITION AND SYMPTOMS

Updated COVID-19 Definition of a Probable Case

- A:** A person (who has not had a laboratory test) with symptoms compatible with COVID-19 **AND**:
- a) Traveled to an affected area (including inside of Canada) in the 14 days prior to symptom onset; **OR**
 - b) Close contact with a confirmed case of COVID-19; **OR**
 - c) Lived in or worked in a facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care, prison)

OR

- B:** A person with symptoms compatible with COVID-19 **AND** in whom laboratory diagnosis of COVID-19 is inconclusive

COVID-19 Definition of a Confirmed Case

A **confirmed** case of COVID-19 is defined as a person with a laboratory confirmation of COVID-19 infection.

Symptoms of COVID-19

The following lists outline the symptoms which have been most commonly associated with COVID-19. This information is current as of May 11, 2020 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and previous guidance, this list should be considered as the most up to date.

Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other symptoms of COVID-19 can include:

- Sore throat
- Difficulty swallowing
- New olfactory or taste disorder(s)
- Nausea/vomiting, diarrhea, abdominal pain
- Runny nose, or nasal congestion – in absence of underlying reason for these symptoms such as seasonal allergies, post nasal drip, etc.

Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

Atypical symptoms/signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. Atypical symptoms can include:

- Unexplained fatigue/malaise/myalgia
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis (*new addition*)
- Multisystem inflammatory vasculitis in children (**see note below*)

Atypical signs can include:

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

* Recent reports indicate that there may be an increase in rare but serious multisystem inflammatory vasculitis, which appears similar to Kawasaki syndrome, impacting children diagnosed with COVID-19. While the link between this inflammatory illness and COVID-19 is not proven at this time, the Ministry of Health has added it to the COVID-19 case definition so that cases of this inflammatory illness will be reported and monitored.

For more information

Call our dedicated health professional COVID-19 line at **1-877-464-9675 ext. 77280** (8:30 a.m. to 8 p.m., seven days a week, after hours call 905-953-6478) or email CIDIntakeLine@york.ca. Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/covid19 for up to date information on COVID-19.