Ministry Issues Numerous Updates to COVID-19 Guidance

Update to health care professionals re: symptom list, testing guidance and new instructions for health care workers returning to work as of May 5, 2020

On May 3, 2020, Ontario's Ministry of Health issued a number of updated guidance documents to help health care providers continue to navigate the COVID-19 crisis. The Ministry updated the *COVID-19 Provincial Testing Update*, the *COVID-19 Patient Screening Guidance*, the *COVID-19 Quick Reference Public Health Guidance on Testing and Clearance* and the *COVID-19 Reference Document for Symptoms*. All of these documents are available on the COVID-19 page of york.ca/healthprofessionals.

Symptoms of COVID-19

As of May 2, 2020, **conjunctivitis** has been added to the list of atypical symptoms/signs of COVID-19 to consider, particularly in children, older persons and people living with a developmental disability. In addition, runny nose, sneezing or nasal congestion should be considered as symptoms in **absence of underlying reasons** for these symptoms such as seasonal allergies, post nasal drip, etc.

Update to COVID-19 Testing Guidance

Additional details have been provided for transfer from hospitals to long-term care homes and on testing for newborns.

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 the resident being readmitted will complete 14 days of self-isolation.

NEWBORNS: 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, follow up must be ensured so that the baby can be tested in a timely manner if the maternal testing is positive. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.

Newborns currently in the NICU/SCN and born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours, and if the first test is negative, they should be tested again at 48 hours, regardless of symptoms.

TESTING ASYMPTOMATIC CANCER PATIENTS: Asymptomatic cancer patients should be tested prior to starting on immunosuppressive cancer treatment. If the patient tests positive, treatment should not proceed except in very unusual circumstances where the risk of delay in initiating treatment outweighs the risk of an overwhelming COVID-19 infection developing while on treatment. If there are limitations on testing capacity, consider the following high priority characteristics:

- Patients arriving from long-term care/retirement homes/group homes/correctional facilities
- Patients with a significant contact with a person with COVID-19 or a household contact with symptoms and not able to defer therapy for 14 days

- Inpatients
- Outpatients on radiation/systemic therapy with a risk of immunosuppression from treatment and/or underlying disease state and one or more high risk characteristics:
    - Patients over 60 years of age
    - Patients with a performance status equal or great than 2
    - Patients with comorbid conditions (cardiovascular, COPD, diabetes, renal failure) or lymphopenia
    - Also consider those on prolonged or severe immunosuppressive regiments and those with a significant smoking history
    - Lung tissue in treatment volume

Consult the Provincial Testing Guidance Update for further details on these and other priority groups.

New Recommendations for Health Care Workers Returning to Work

Health care workers should now follow the **isolation and clearance with a non-test based approach** for their return to work, unless they were hospitalized. This is change from the previous recommendation that required two consecutive negative tests 24 hours apart for any health care worker returning to work.

Health care workers with **mild or moderate** illness from COVID-19 can return to work after 14 days of isolation from symptom onset (or from when swab was taken, if persistently asymptomatic,) provided that the individual is afebrile and symptoms are improving. As previously indicated, absence of cough is not required for those known to have chronic cough or are experiencing reactive airways post-infection. This approach is appropriate, unless otherwise directed by the employer of the health care worker or Occupational Health and Safety.

Health care workers who experienced **severe** illness from COVID-19 (i.e., were hospitalized) should continue isolation until two consecutive negative specimens are collected at least 24 hours apart. Testing for clearance may begin once the individual is afebrile and symptoms are improving. Individuals who were hospitalized and are being discharged home can be cleared from isolation using the non-test based approach above.

The Ministry also indicates that in **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive health care worker may be considered under “work self-isolation”, recognizing that the staff may still be infectious.

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). Continue to visit york.ca/healthprofessionals, york.ca/covid19 and Ontario.ca/covid19 for up to date information on COVID-19.

Ontario

Ministry of Health

COVID-19 Provincial Testing Guidance Update

V. 3.0, May 2, 2020

As the COVID-19 outbreak continues to evolve and laboratory testing capacity has increased, Ontario's provincial testing guidance is also being updated.

This document is an update to the COVID-19 Provincial Testing Guidance Update issued April 15, 2020. This document also adds to the Quick Reference Public Health Guidance on Testing and Clearance. This information is current as of May 2, 2020 and may be updated as the situation on COVID-19 continues to evolve. The following updated testing guidance should be used as appropriate.

It is expected that this guidance will be consistently applied across all regions in Ontario to help guide decision making regarding COVID-19 testing of further priority population groups.

There several updates to this document including:

1. Additional detail for transfer from hospitals to Long-Term Care Homes (Page 3)
2. Additional guidance for testing newborns (Page 8 & 9)
3. Conjunctivitis added to atypical symptom list (Page 12)
4. Added consideration for other underlying reasons for patients presenting with ONLY runny nose, sneezing or congestion, such as seasonal allergies and post-nasal drip
5. Added detailed testing considerations for Cancer Patients (Appendix B) and Hemodialysis Patients (Appendix C)

1. Hospital Inpatients

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

Testing Guidance:

Following active surveillance, any patient/resident with the following, should be tested:

Symptomatic patients/residents in line with the provincial case definition, who are experiencing one of the following symptoms revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip.**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

2. Residents Living in Long-Term Care and Retirement Homes

Definition: Residents living in either long-term care/nursing homes or retirement homes.

- **Long-term care/nursing homes**: Health care homes designed for adults who need accessto on-site 24-hour nursing care and frequent assistance with activities of daily living
- **Retirement homes**: Privately-owned, self-funded residences that provide rental accommodation with care and services for seniors who can live independently with minimal to moderate support

Any persons with the following, should be tested as soon as possible:

Symptomatic patients/residents in line with the provincial case definition, who are experiencing one of the following symptoms revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

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, determined in consultation with the local public health unit, 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

Local public health may also, based on a risk assessment, determine whether any of the above- mentioned individuals do not require testing (e.g. a resident that has been in self-isolation during the period of communicability).

3. 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).

Testing Guidance:

Following active surveillance, any persons with the following, should be tested as soon as possible:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

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

Testing of asymptomatic persons is generally not recommended, unless as directed by the local public health unit as part of outbreak management in the congregate setting

4. Persons Working in Congregate Living Settings and Institutions

Definition: Persons working/providing care in all other congregate living settings and institutions not covered by the previous congregate living settings guidance (e.g. homeless shelters, prisons, correctional facilities, day care for essential workers, group homes, community supported living, disability-specific communities/congregate settings, hospices).

Testing Guidance:

Following active surveillance, any persons with the following, should be tested as soon as possible:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

Testing of asymptomatic persons is generally not recommended, unless as directed by

the local public health unit as part of outbreak management in the congregate setting.

5. Healthcare Workers/Caregivers/Care Providers/First Responders

This section applies to healthcare workers, caregivers (i.e. volunteers, family members of residents in a hospital/long-term care, retirement home, other congregate setting or institutional setting) and care providers (e.g., employees, privately-hired support workers) and first responders.

Testing Guidance:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8°C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

6. Persons Living in Same Household of Healthcare Workers/Care Providers/First Responders

Definition: Symptomatic persons living in the same household (or similar close regular contact) as a healthcare worker, care providers (e.g., employees, privately-hired support workers), or first responders.

Testing Guidance

Any persons with the following, should be tested as soon as possible:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

Testing of asymptomatic persons is generally not recommended.

7. Remote/Isolated/Rural/Indigenous Communities

Testing Guidance:

Testing should be offered to individuals who are experiencing one of the following symptoms:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

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.

8. Specific Priority Populations

Definition: 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).

Testing Guidance

Any persons with the following, should be tested as soon as possible:

Any persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in older persons, children and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

- Testing of asymptomatic persons is generally not recommended
- 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.

- Testing for Cancer Patients- See Appendix B
- Testing for Hemodialysis Patients – See Appendix C

9. Essential Workers

Definition: 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.

NOTE: This list is subject to change based on provincial guidance issued here: https://www.ontario.ca/page/list-essential-workplaces

Testing Guidance

Any persons with the following, should be tested as soon as possible:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea,

abdominal pain); OR

- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix A.

Testing of asymptomatic persons is generally not recommended.

10. Cross-Border Workers

Definition: Workers not covered in previous guidance, who reside in Ontario, but who cross the Canadian border for work.

Testing Guidance

Any persons with the following, should be tested as soon as possible:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised in previous guidance:

- Fever (Temperature of 37.8˚C or greater); OR
- Any new/worsening symptom (e.g. cough, shortness of breath (dyspnea),sore throat, runny nose or sneezing*, nasal congestion*, hoarse voice, difficulty swallowing, new olfactory or taste disorder(s), nausea/vomiting, diarrhea, abdominal pain); OR
- Clinical or radiological evidence of pneumonia.

***Note: in patients presenting with ONLY runny nose/sneezing or congestion, consideration should be given to other underlying reasons for these symptoms such as seasonal allergies and post-nasal drip**

Testing of asymptomatic persons is generally not recommended.

Priorities in Situations of Resource Limitations

All facilities conducting testing should ensure an appropriate amount of swabs are available and exercise prudence when ordering swabs to ensure an equitable distribution across the province. Where there are shortages of testing supplies, the following groups should be **prioritized** for testing within 24 hours to inform public health and clinical management for these individuals:

- Symptomatic health care workers (regardless of care delivery setting) and staff who work in health care facilities
- Symptomatic residents and staff in Long Term Care facilities and retirement homes and other institutional settings e.g. homeless shelters, prisons, correctional facilities, day care for essential workers, group homes, community supported living, disability-specific communities/congregate settings (as per outbreak guidance)
- Hospitalized patients admitted with symptoms compatible with COVID-19 respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or Indigenous communities
- Symptomatic travelers identified at a point of entry to Canada
- Symptomatic first responders (i.e. firefighters, police)
- Individuals referred for testing by local public health

Reminders:

- Testing of asymptomatic patients, residents or staff is generally not recommended.
- Clinicians should continue to use their discretion to make decisions on which individuals to test.

Appendix A:

Atypical Symptoms/Signs of COVID-19

Symptoms

- Unexplained fatigue/malaise
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis

Signs

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O_2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

Appendix B:

Testing Asymptomatic Cancer Patients

- Asymptomatic cancer patients should be tested prior to starting on immunosuppressive cancer treatment. If the patient test positive, treatment should not proceed except in very unusual circumstances where the risk of delay in initiating treatment outweighs the risk of an overwhelming COVID-19 infection developing while on treatment
- If there are limitations on testing capacity, the following prioritization could be considered:

High Priority Characteristics	✓ Patients arriving from long-term care facilities/retirement homes/group homes/correctional facilities ✓ Patients with a significant contact with a person COVID-19, or a household contact with symptoms, and not able to defer therapy for 14 days ✓ Inpatients ✓ Outpatients on radiation/ systemic therapy with a risk of immunosuppression from treatment and/or underlying disease state and one or more high-risk characteristics: o Patients over 60 years of age o Patients with a performance status equal or greater than 2 o Patients with comorbid conditions (cardiovascular, COPD, diabetes, renal failure) or lymphopenia o Also consider those on prolonged or severe immunosuppressive regimens and those with a significant smoking history o Lung tissue in treatment volume

Recommendations for Testing Asymptomatic Patients for Radiation Treatment

1. All patients booked for simulation would be tested 24-48 hours before their simulation appointment, except in exceptional circumstances (e.g. Priority A case requiring urgent same day treatment)
   - Simulation (and therefore planning/treatment) would not proceed until the test result is available, depending on clinical circumstances
   - The time period between simulation and start of treatment should be as short as possible -preferably less than 1 week, and if prolonged, re-testing prior to starting treatment should be considered by the oncologist

2. There should be a low threshold for retesting patients on radiation treatment. Centres should develop a repeat testing strategy, under the guidance of the treating oncologist, considering the following factors:
    - The length of the treatment course
    - Management of patients who develop symptoms (even if these are felt to likely be due to the cancer or treatment)
    - Whether patients are receiving concurrent systemic therapy
    - Risk of transmitting infection to other patients or staff (e.g. presence of tracheostomy, use of bite blocks, disease related cough)

Recommendations for Testing Asymptomatic Patients for Systemic Treatment

1. All patients booked for systemic treatment where they would be deferred if COVID-19 positive, would have testing 24-48 hours before their initial appointment except in exceptional circumstances (e.g., Priority A case requiring urgent same day treatment). Systemic treatment should not proceed until the test result is available, depending on clinical circumstances.

2. There should be a low threshold for re-testing patients, under the guidance of the treating oncologist, considering:
    - Testing should be considered prior to each subsequent cycle of systemic treatment
    - Those patients who develop symptoms while on treatment, even if symptoms are likely due to the cancer or side effects of treatment (e.g., patients on concurrent chemotherapy and radiation), even if their initial COVID-19 test was negative
    - Patients receiving chemotherapy who present with a fever should also be worked up for febrile neutropenia

Recommendations for Hematopoietic Cell Therapy (HCT)

1) All patients booked for hematopoietic cell therapy should be tested 24-48 hours before their appointment except in exceptional circumstances (e.g., Priority A case requiring urgent same day treatment).

Appendix C:

Testing for Hemodialysis Patients

1. **Testing for symptomatic in-centre hemodialysis patients**
   - Test symptomatic patients using a low-threshold approach, incorporating expanded "atypical symptoms" list (Appendix A)
   - Patients with persistent respiratory symptoms or fever despite a negative test should be managed on Droplet and Contact Precautions and be tested as appropriate, based on clinical judgement.

2. **Testing for in-centre hemodialysis patients who reside in LTC/retirement homes (~450 patients total) or other congregate living settings**
   - In-center hemodialysis patients who reside in LTC/retirement homes or other congregate living settings not in a known outbreak and who have not been tested at their residence already, should be tested immediately; if positive, results must be immediately communicated to the home.
   - There should be consideration given to periodic testing of patients not known to be positive, however, this should be coordinated with the ongoing active testing occurring in the homes.
   - If LTC/retirement home patient comes from an institution where there is or subsequently has a declared COVID-19 outbreak, decisions around additional testing of asymptomatic patients and staff should be left to the discretion of local infection prevention and control as testing decisions will be informed by the size and layout of the unit.
   - Testing for in-centre hemodialysis patients who reside in LTC or retirement homes to be conducted in the hemodialysis unit, or in accordance with hospital and local Public Health protocols, if not already done in in the home.

3. **Testing for in-centre hemodialysis patients in hemodialysis unit where outbreak declared**
   - If an outbreak is declared in a hemodialysis unit, test all patients in that unit regardless of whether they are symptomatic. In addition, all staff working in that hemodialysis unit must be tested.
   - Retesting should be directed by the outbreak management team overseeing the outbreak, in collaboration with local public health.

Ontario

Ministry of Health

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of May 2 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Please refer to the COVID-19 Provincial Testing Guidance Update.

Diagnosing COVID-19

In a symptomatic patient in whom COVID-19 is suspected, only a single (1) NP swab is required for laboratory testing. Laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A single positive result is sufficient to confirm the presence of COVID-19.
- In a case with *no known exposures*, a single negative result in a suspected case is sufficient to exclude COVID-19, at that point in time. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered.
- In a symptomatic case *currently within their 14-day self-isolation as a result of a known exposure*, a single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual should remain in self-isolation for the rest of their 14-day period, and if symptoms change or worsen, consider the need for repeating testing.

Testing of asymptomatic individuals (i.e., have never had symptoms) is not generally recommended at this time, and beyond the priority list within the COVID-19 Provincial Testing Guidance Update, prioritization should first be given to symptomatic over asymptomatic individuals.

- If an individual who has never had symptoms is tested and is negative, a single negative is sufficient to exclude COVID-19 at that time. However, if symptoms develop in the future then additional testing should be considered.
- If an individual who has never had symptoms tests positive, this should be managed as a confirmed case of COVID-19.

Version 6.0
May 2, 2020

Management of individuals who have not been tested

- If individual is asymptomatic and has no exposure risk
  - Provide reassurance and information for Ontario COVID-19 website
- If individual is asymptomatic, but has exposure risk
  - Provide information on self-monitoring and self-isolation for **14 days from exposure risk**

Criteria for when to discharge someone from isolation and consider 'resolved'

- For each scenario, isolation after symptom onset should be for the duration specified **provided that the individual is afebrile, and symptoms are improving**. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
- Once a case is discharged from isolation, their case status should be updated to 'resolved'.
- If an individual has tested positive but has never had symptoms, isolation recommendations should be based on date of specimen collection. After an individual completes their isolation period, they should continue to practice physical distancing measures as recommended for everyone at this time.
- The guidance below is based on the observation that some people with more severe illness may have prolonged detection of viral RNA which may indicate the potential for longer viral shedding; for ease of use**, "severe illness" has been defined as having required hospitalization for their COVID-19 illness**.

Approaches to Clearing Cases

	When to Use	Instructions
Non-Test Based Approach Waiting 14 days from symptom onset (or 14 days from when swab was taken if persistently asymptomatic)	Appropriate for **most individuals who have recovered from mild to moderate illness** (i.e., never hospitalized) including: ○ **health care workers** (unless otherwise directed by their employer/Occupational Health and Safety) ○ individuals who **live in congregate settings (e.g., long-term care homes, shelters)**	Can discontinue isolation at **14 days after symptom onset** (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
Test Based Approach Two consecutive negative specimens collected at least 24 hours apart.	To remove individuals from isolation **who had severe illness (specifically, were hospitalized for their COVID-19 illness)**, **and** ○ who **remain in hospital** after symptom improvement; **OR** ○ who are being discharged from hospital to continue isolating in a **congregate living setting (e.g., long-term care homes, shelters)**	Continue isolation until **2 consecutive negative specimens collected at least 24 hours apart**. ○ Testing for clearance testing may begin after the individual has become afebrile and symptoms are improving. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. ○ If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). ○ Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory.

Notes: If test based clearance is not feasible in any scenario, the non-test based clearance approach may be used. Individuals who were hospitalized and are being discharged home, can be cleared from isolation using a non-test based approach.

Version 6.0
May 2, 2020

Recommendations for Health Care Workers Return to Work

- Health care workers (HCWs) should follow **isolation and clearance with a non-test based approach** unless they have required hospitalization during the course of their illness, in which case a test based approach is preferred. Some HCWs may be directed to have test based clearance by their employer/Occupational Health and Safety.
- Symptomatic HCWs awaiting testing results must be off work
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing

In **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive HCW may be considered under work self-isolation recognizing the staff may still be infectious.

Work self-isolation means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety). The HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.

Symptoms	Test Result	Instructions
Yes	Positive	• Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms
Yes	Negative	• May return to work 24 hours after symptom resolution • If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure .
Never symptomatic at time of test	Positive	• If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the pre-symptomatic period • If there has been no known recent potential exposures (e.g., tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size), there is no minimum time off from the positive specimen collection date as it is unclear when in the course of illness the positive result represents (i.e., consistently asymptomatic HCWs can continue working in work self-isolation until 14 days from specimen collection date).

Version 6.0
May 2, 2020

Ontario

Version 6.0
May 2, 2020

Ontario

Ministry of Health

COVID-19 Patient Screening Guidance Document

V. 2.0, May 2, 2020

This screening tool is based on the latest COVID-19 case definitions and the Coronavirus disease (COVID-2019) situation reports published by the World Health Organization.

This document should be used to screen people who are suspected or confirmed of having COVID-19 throughout the health and emergency response system. Ensuring all health and safety providers are following the same screening protocol will help ensure consistency when dealing with suspected or confirmed cases of COVID-19.

COVID-19 Patient Screening Guidance

- This checklist provides basic information only and contains recommendations for COVID-19 screening and should be used with applicable health sector or service specific guidance and training documents. It is not intended to take the place of medical advice, diagnosis, or treatment.
- The screening result is not equivalent to a confirmed diagnosis of COVID-19.
- At a minimum, the following questions should be used to screen individuals for COVID-19 and can be adapted based on need/setting.
- This information is current as of the date effective and may be updated as the situation on COVID-19 continues to evolve.
- Once the person has been screened as positive (answered YES to a question), additional COVID-19 screening instrument questions may discontinue.
- In the event a hospital emergency department modifies or adds COVID-19 screening questions, they should alert the local paramedics services of any changes.

Date Effective: May 2nd 2020

Dispatch question for Long-Term Care or Retirement Home*

Q1:	**Do you have a concern for a potential COVID-19 infection for the person?**

* This question is only to be asked to Long-Term Care or Retirement Home staff by Dispatch Centres.

Regular Screening Questions

Q2:	**Is the person presenting with a fever, new onset of cough, worsening chronic cough, shortness of breath, or difficulty breathing?**
Q3:	**Did the person have close contact with anyone with acute respiratory Illness or travelled outside of Canada in the past 14 days?**
Q4:	**Does the person have a confirmed case of COVID-19 or had close contact with a confirmed case of COVID-19?**
Q5:	**Does the person have two (2) or more of the following symptoms*:** • **Sore throat** • **Hoarse voice** • **Difficulty swallowing** • **Decrease or lose of sense of taste or smell** • **Chills** • **Headaches** • **Unexplained fatigue/malaise** • **Diarrhea** • **Abdominal pain** • **Nausea/vomiting** • **Pink eye (conjunctivitis)** • **Runny nose/sneezing without other known cause** • **Nasal congestion without other known cause**

*Each bullet within Q5 represents one (1) symptom; any two (2) symptoms would provide a positive screening result.

Q6:	**If the person is 65 years of age or older, are they experiencing any of the following symptoms: delirium, unexplained or increased number of falls, acute functional decline, or worsening of chronic conditions?**

COVID-19 Screening Results

If response to **ALL** of the screening questions is **NO**:	***COVID Screen Negative***
If response to **ANY** of the screening questions is **YES**:	***COVID Screen Positive***

Additional COVID-19 Screening Results [Dispatch Centres only]

If response to **ALL** of the screening questions is **UNKNOWN**:	***COVID Screen Unknown***
If response to **ANY** of the screening questions is **NO and UNKNOWN**:	***COVID Screen Unknown***

Revision History

Revision #	Date Effective	Description
1	April 22nd 2020	○ Initial COVID-19 Patient Screening Guidance
2	May 2nd 2020	• Guidance updated to include additional symptoms (i.e. pink eye; loss of taste in addition to loss of smell); • Consideration for other known cause for runny nose/sneezing and nasal congestion; • Clarification of 'falls' (unexplained or increased number of falls).