

Ministry of Health

COVID-19 Provincial Testing Guidance Update

V. 6.0, June 2, 2020

As the COVID-19 pandemic 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 May 28, 2020. This document also adds to the Quick Reference Public Health Guidance on Testing and Clearance. This information is current as of June 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 is one update to this document:

- Removing prisons/correctional facilities from the list of congregate settings (Page 7)

Guidance for Symptomatic Individuals

Any Ontarian presenting with at least one symptom or sign from the list below should be considered for testing for COVID-19. Clinicians should continue to use their clinical judgement during patient assessment and test facilitation, considering local epidemiology and exposure risks.

Symptoms List

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

Atypical symptoms/clinical pictures 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/myalgias
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions
- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem inflammatory vasculitis in children
 - Presentation may include persistent fever, abdominal pain, conjunctivitis, gastrointestinal symptoms (nausea, vomiting and diarrhea) and rash

Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

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)

Guidance for Asymptomatic Individuals

Contacts of confirmed positive cases:

Asymptomatic contacts of a confirmed case should be considered for testing for COVID-19 as soon as possible after identification of the case and within 14 days from their last exposure. If they test negative and the contact becomes symptomatic, they should be re-tested.

If the test result is negative, asymptomatic contacts must remain in self-isolation for 14 days from their last exposure to the case.

Guidance for Specific Settings

1. Facility Transfers

Any patient transferred between facilities (i.e. leaving one facility and entering another, even within same multi-site organization, regardless of symptomology), should be tested upon admission to the destination facility. Examples include, but aren't limited to:

- Admission to hospital from another hospital, long-term care home, retirement home or other congregate living setting/institution (including group homes and equivalent higher-risk settings)
- Transfers from, or repatriation to community hospitals and regional tertiary/quaternary centres

- Transfers from an acute site to a post-acute site (e.g. patient transferred to complex continuing care/rehab) within a multi-site organization

The only exclusion to the above guidance is in relation to Directive #3, outlining that tests and results should be reported prior to transfers from hospitals to long-term care, retirement homes and hospices.

2. Hospitals

Testing prior to a scheduled (non-urgent/emergent) surgery:

- A regional approach to testing prior to scheduled surgery should be adopted, after review of local epidemiology and risk assessment by COVID-19 Regional Steering Committee/Response Table.
- For areas with low community transmission of COVID-19, testing prior to a scheduled surgical procedure is not required.
- In areas where community transmission of COVID-19 is not low, any patient with a scheduled surgical procedure requiring a general anaesthetic, should be tested 24-48 hours prior to procedure date.
- Patients should self-isolate for a period of at least 14 days prior to a scheduled procedure.
- In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed for a period of at least 14 days.

In the event a patient develops **laboratory-confirmed COVID-19**, within a 14-day period where the case could have reasonably acquired their infection in the hospital, and the patient was not cared for on Droplet/Contact Precautions, asymptomatic contacts of the confirmed patient, determined in consultation with Infection Prevention and Control and Occupational Health, should be tested including:

- All patients on the unit/care hub
- All staff working on the unit/care hub while the patient was not on Droplet/Contact Precautions
- All essential visitors that attended the unit/care hub

- Any other contacts deemed appropriate for testing based on a risk assessment by infection prevention and control

Infection Prevention and Control/Occupational Health may also, based on a risk assessment, determine if any additional testing is required, or whether any of the above-mentioned individuals do not require testing.¹

In asymptomatic persons, a negative result should not change infection control management as the individual may still be in the 14-day incubation period.

In the event a hospitalized patient is diagnosed with community acquired **laboratory-confirmed COVID-19**, and the patient was not cared for on Droplet/Contact Precautions, asymptomatic contacts of the confirmed patient, while they were infectious, should be tested, determined in consultation with Infection Prevention and Control and Occupational Health:

- Any patient in the same patient care area when the case was not under Droplet and Contact precautions
- Any staff who cared for the patient who had close prolonged contact within 2 meters not wearing appropriate personal protective equipment, and the case was not wearing a mask

Infection Prevention and Control/Occupational Health may also, based on a risk assessment, determine if any additional testing is required, or whether any of the above-mentioned individuals do not require testing.

In asymptomatic persons, a negative result should not change infection control management, as the individual may still be in the 14-day incubation period.

¹ Note: Testing recommendations based on a single case are at the direction of the acute care Infection Prevention and Control and Occupational Health. If an outbreak is declared, additional testing recommendations are determined by the Outbreak Management Team including the local public health unit.

3. Long-Term Care and Retirement Homes

Definitions:

- **Long-term care/nursing homes:** Health care homes designed for adults who need access to 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

In the event a resident living in a long-term care or retirement home develops symptoms compatible with COVID-19, asymptomatic residents living in the same room should be tested immediately along with the symptomatic resident.

In the event of a laboratory-confirmed case of COVID-19, all staff in the entire home AND all residents in the home should be tested.

Local public health may also, based on a risk assessment, determine if any additional testing is required or, whether any of the above-mentioned individuals do not require testing.

In asymptomatic persons, a negative result should not change public health management as the individual may still be in the 14-day incubation period.

Re-testing of asymptomatic individuals who initially test negative, is recommended if they develop symptoms.

Asymptomatic residents and staff do NOT require re-testing prior to declaring the outbreak over.

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

4. Other Congregate Living Settings and Institutions

Definition: Other congregate living settings and institutions include homeless shelters, group homes, community supported living, disability-specific communities/congregate settings, short-term rehab, hospices, other shelters.

Note: correctional facilities should follow sector-specific guidance on testing.

In the event of a **laboratory-confirmed case of COVID-19**, all staff in the facility AND all residents/attendees in the facility should be tested.

Local public health may also, based on a risk assessment, determine if any additional testing is required or, whether any of the above-mentioned individuals do not require testing.

In asymptomatic persons, a negative result should not change public health management as the individual may still be in the 14-day incubation period.

Re-testing of asymptomatic individuals who initially test negative, is recommended if they develop symptoms.

Asymptomatic residents/attendees and staff do NOT require re-testing prior to declaring the outbreak over.

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

5. 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.

6. Workplaces and Community Settings – Enhanced Contact-Based Testing

In the event of **one laboratory-confirmed case of COVID-19** with exposure to a workplace or community setting (e.g. religious gathering, recreational centre) while they were infectious, individuals in the workplace or community setting, determined in consultation with local public health, should be tested including:

- Any close contacts of the case
- In settings where contacts are difficult to determine, broader testing may be required

In the event of an **outbreak in a workplace or community setting**, as determined by local public health, all individuals associated with the outbreak area should be tested. Others within the workplace or community setting could be considered for testing as determined by local public health.

Local public health may also, based on a risk assessment, determine if any additional testing is required, or whether any of the above-mentioned individuals do not require testing.

In asymptomatic persons, a negative result should not change public health management as the individual may still be in the 14-day incubation period.

Asymptomatic individuals do NOT require re-testing prior to declaring the outbreak over.

Guidance for Priority Populations

1. Healthcare Workers/Caregivers/Care Providers/First Responders/Emergency Child Care Centre Workers and Persons Living in Same Household

Definition: 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) first responders, and emergency child care centre workers and any persons living in same household as these workers.

Testing Guidance: Symptomatic and asymptomatic testing of these groups should be conducted in alignment with the guidance above.

2. 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: Symptomatic and asymptomatic testing of these groups should be conducted in alignment with the guidance above.

3. Cross-Border Workers

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

Testing Guidance: Symptomatic and asymptomatic testing of these groups should be conducted in alignment with the guidance above.

4. Other 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).

Specific guidance (including asymptomatic groups) has been developed for the following populations:

- 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 patients entering a residential mental health or addiction program, testing should also be conducted prior to admission into the program.
- Testing for Cancer Patients- See Appendix A
- Testing for Hemodialysis Patients – See Appendix B

Appendix A:

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:

<p>High Priority Characteristics</p>	<ul style="list-style-type: none"> ✓ 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: <ul style="list-style-type: none"> ○ Patients over 60 years of age ○ Patients with a performance status equal or greater than 2 ○ Patients with comorbid conditions (cardiovascular, COPD, diabetes, renal failure) or lymphopenia ○ Also consider those on prolonged or severe immunosuppressive regimens and those with a significant smoking history ○ Lung tissue in treatment volume
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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 B:

Testing for Hemodialysis Patients

1. Testing for symptomatic in-centre hemodialysis patients

- Test symptomatic patients using a low-threshold approach, incorporating ["atypical symptoms"](#)
- 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 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.