Ontario

Ministry of Health

COVID-19 Provincial Testing Guidance Update

V. 4.0, May 14, 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 2, 2020. This document also adds to the Quick Reference Public Health Guidance on Testing and Clearance. This information is current as of May 14, 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 section on Guidance for all Populations (Page 2)
2. Moved list of symptoms/signs from Appendix A to Page 2 (Page 2)
3. Added multisystem inflammatory vasculitis to symptoms list; Removed hoarse voice and sneezing from symptoms list
4. Removed language around signs/symptoms for high-risk groups
5. Added language for household contacts of emergency child care centre workers (page 6)
6. Removed information on Priorities in Situations of Resource Limitations

Guidance for all Populations

As of May 14, 2020, 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

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. O_2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

Clinicians should reference the guidance below when assessing and managing patients who fall into any of the following groups as they are considered to be at higher risk.

Testing of asymptomatic persons is generally 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.

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 any symptom or sign compatible with COVID-19.

Transfers: 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.

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 any symptom or sign compatible with COVID-19.

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 any symptom or sign compatible with COVID-19

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

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 any symptom or sign compatible with COVID-19.

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:

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

Persons in line with the provincial case definition, who are experiencing any symptom or sign compatible with COVID-19.

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

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), first responders and emergency child care centre workers.

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 any symptom or sign compatible with COVID-19.

7. Remote/Isolated/Rural/Indigenous Communities

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 any symptom or

sign compatible with COVID-19.

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 any symptom or sign compatible with COVID-19.

- 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 A
- Testing for Hemodialysis Patients – See Appendix B

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 any symptom or sign compatible with COVID-19.

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 any symptom or sign compatible with COVID-19.

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:

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 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 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.