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COVID-19: Update #14

Testing Guidance Update: April 15, 2020

Long-Term Care & Retirement Home Recommendations

Updated HCW Quarantine/Self-Isolation/Return to Work Following Positive Result

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Occupational Health

Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, EMS,

Designated Officers, Midwives, Family Health Teams, Pharmacies, Central LHIN, NSM LHIN, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation,

Long-term Care Homes, Retirement Homes, Hospices

Date: April 20, 2020

The most current case counts for laboratory-confirmed COVID-19 cases in the Simcoe Muskoka District Health (SMDHU) region are available at:

http://www.simcoemuskokahealthstats.org/topics/infectious-diseases/a-h/covid-19.

Testing Guidance Update (April 15, 2020):

Testing is increasingly available at <u>COVID- 19 assessment centres</u>, as testing supplies and laboratory capabilities are improving. Assessment centres are increasingly able to test symptomatic individuals outside of the priority groups, and will do so depending on the supply of test swabs. <u>Ontario's provincial testing guidance</u> has been updated.

The following groups, if symptomatic*, should be prioritized for testing within 24 hours to inform public health and clinical management for these individuals:

- Hospital Inpatients
- Residents Living in Long-Term Care and Retirement Homes
- Residents of Other Congregate Living Settings and Institutions
- Persons Working in Congregate Living Settings and Institutions
- Healthcare Workers/Caregivers/Care Providers/First Responders
- Persons Living in Same Household of Healthcare Workers/Care Providers/First Responders
- Remote/Isolated/Rural/Indigenous Communities
- Specific Priority Populations
- Essential Workers
- Cross-Border Workers

*Symptomatic Definition: 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.





Asymptomatic individuals in the following groups may be recommended for testing:

- Residents Living in Long-Term Care and Retirement Homes
 - Asymptomatic patients transferred from a hospital to a long-term care home or retirement home must be tested, and results received, prior to transfer.
 - Asymptomatic residents living in the same room as a symptomatic resident should be tested immediately along with the symptomatic resident.
 - In the event of an outbreak of COVID-19 asymptomatic contacts of a confirmed case, determined in consultation with the local public health unit.
- Residents of Other Congregate Living Settings and Institutions
 - Asymptomatic patients transferred from a hospital to a hospice setting must be tested and results received prior to transfer.
- Remote/Isolated/Rural/Indigenous Communities
 - In the event of a confirmed case of COVID-19, testing of contacts should be considered in consultation with the local public health unit.
- Specific Priority Populations
 - Newborns born to mothers with suspected or known COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.
- Other Groups, as directed by local public health

NOTE: Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability.

Symptoms	Signs
 Unexplained fatigue/malaise Delirium (acutely altered mental status and inattention) Falls Acute functional decline Exacerbation of chronic conditions Digestive symptoms, including nausea/vomiting, diarrhea, abdominal pain Chills Headaches 	 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)
Croup	

For those facilities ordering their own collection kits, please refer to <u>updated guidance</u> from Public Health Ontario.

Long-Term Care & Retirement Home Recommendations:

Healthcare providers should be familiar with the following new/updated documents pertaining to long-term care & retirement homes (all released on April 15, 2020):

- COVID-19 Directive #3 for Long-Term Care Homes
 - Note: in accordance with O. Reg 68/20 under the <u>Retirement Homes Act</u>, retirement homes must take all reasonable steps to follow the required precautions and procedures outlined in Direction #3
- COVID-19 Guidance: Long-Term Care Homes
- Guidance for mask use in long-term care and retirement homes
- COVID-19 Outbreak Guidance for long-term care and retirement homes

Hospitals are being asked to temporarily stop transfers to long-term care (LTCH) and retirement homes (RH). However, if a transfer is essential, patients transferred from hospital to an LTCH/RH must be tested at hospital and results received prior to transfer. A negative result does not rule out the potential for incubating illness and all patients should remain under droplet/contact precautions for a 14 day quarantine/isolation period at the LTCH/RH. This does not prohibit hospitals from discharging other designated ALC patients to appropriate destinations.

Updated HCW Quarantine/Self-Isolation/Return to Work Following Positive Result:

The recommendations for return to work have been updated to the following for both symptomatic and asymptomatic health care workers (HCW):

- Test based approach: HCWs should remain off work until they receive 2 consecutive negative specimens taken at least 24 hours apart; OR
- Non test-based approach: HCWs may return to work 14 days after symptom onset or positive specimen collection date if asymptomatic (or as directed by their employer/Occupational Health & Safety)

If deemed critical, HCWs can return under "work self-isolation" where they abide by the self-isolation outside of work as described above. In the case of a positive symptomatic HCW, they can return to work 72 hours after symptom resolution*. For a positive asymptomatic HCW, they can return to work 72 hours after the specimen collection date to ensure symptoms have not developed in that time.

^ critical: an employee that is required in order to sustain minimum coverage needed to conduct essential work

There is a SMDHU Health Care Worker (HCW) Recommendations for Testing/Quarantine/Self-isolation/Recovery table available at: http://www.simcoemuskokahealth.org/docs/default-source/COVID-/hcw_covid-19_recommendationtable_20200329.pdf?sfvrsn=10.

^{*} symptom resolution: resolution of fever and improvement in symptoms.



There are a number of other resources and documents available through our Health Professional Portal at www.smdhu.org/hpportal as well as through Public Health Ontario: https://www.publichealthontario.ca/ and the Government of Ontario:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/2019_guidance.aspx.

There are various assessment centres that are now open. For up-to-date information on assessment centres please visit: http://www.simcoemuskokahealth.org/Promos/Novel-Coronavirus/Assessment-Centres.

For further healthcare worker information regarding COVID-19 or to report a suspect or confirmed case of COVID-19, please contact the Infectious Diseases Team at (705) 721-7520 extension 8809 during business hours (Monday to Friday 8:30 a.m. – 8:00 p.m. and Saturday to Sunday 8:30 a.m. – 4:30 p.m.) or after hours at 1-888-225-7851.