TO: Halton Physicians, Nurse Practitioners, Emergency Departments
FROM: Dr. Hamidah Meghani, Medical Officer of Health
DATE: March 19, 2020

RE: COVID-19 UPDATE

Current Status in Halton Region
- Halton Region Public Health has been notified of a death related to COVID-19. The individual, a man in his 50s, is the second known death in Ontario related to COVID-19. The man had an underlying health condition and was being treated at Oakville Trafalgar Memorial Hospital and Milton District Hospital.
- Halton Region Public Health urges residents to take every precaution to stop the spread of COVID-19 and help protect the health of the community, especially those most at risk. The best way to prevent the spread of respiratory viruses, including COVID-19 is to:
  - stay home when ill;
  - cover coughs and sneezes with a tissue or sleeve;
  - wash hands with soap and water or with alcohol-based hand rub;
  - clean and disinfect objects and surfaces;
  - do your best to keep at least two metres away from others; and
  - if you are able, avoid all non-essential activity recommended and declared by the province.

Managing Healthcare Worker Illness and Return to Work
- Ontario’s Chief Medical Officer of Health is recommending that health care workers who have travelled outside of Canada within the last 14 days self-isolate for a period of 14 days starting from their arrival in Ontario.
- Please see attached Memo for more details.
- We understand it is important for health care workers to receive their test results in a timely manner. Public Health Ontario Lab is responsible for prioritization and turn around times for processing specimens. We will keep you updated if there are any changes to this process.

Testing Recommendations
- Please use the attached flowchart to help prioritize patients for COVID-19 testing.
- This criteria has been put in place to deploy resources efficiently and ensure that those with the highest risk get tested.
COVID-19 Assessment Locations

- Residents of Oakville, Milton or Halton Hills can book an appointment at a Halton Healthcare Assessment Centre by calling 905-203-7963.
- Residents of Burlington can call Halton Region Public Health at 311 for direction on assessment and testing.

Testing Supplies

- According to Public Health Ontario, the following alternative specimen collection kits can now be used to collect nasopharyngeal specimens for COVID-19 testing:
  - Chlamydia trachomatis Culture - Female Kit order #: 390083
  - Chlamydia trachomatis Culture - Male Kit order #: 390084
  - Mycoplasma pneumoniae/Chamydophila pneumoniae PCR Kit order #: 390085
  - Roche PCR Media Uniswab Kit order #: 300295
  - Bordetella pertussis BP Kit order #: 390052

Service Delivery at Halton Region

- For information on the status of Regional clinics and services, please visit www.halton.ca

Interim Vaccine Order Pick-up Process

- Effective Monday, March 23, 2020, all vaccine orders submitted for pick-up at the Halton Regional Centre will be available Tuesdays between 8 a.m. and 10 a.m. only, until further notice.
- On arrival please check in at main reception and ensure that you bring the following:
  - Ministry of Health approved, pre-cooled, hard-sided cooler;
  - A thermometer registering cooler temperature between 2 and 8 degrees Celsius;
  - Ice packs and a water blanket inside the cooler.
March 19, 2020

Re: Managing Health Worker Illness and Return to Work COVID-19

Ontarians rely on our health system everyday to stay healthy and sustain life – this is true now more than ever. As we continue to implement enhanced public health measures to mitigate the spread of COVID-19 in Ontario, it is vital that health services, and the workers who contribute to these areas, continue to provide care to the people of Ontario.

To protect the health system and its workers from COVID-19, we must balance public health measures and the need to control the spread of disease with appropriate flexibility to ensure that critical health services continue to operate.

I am therefore making the following recommendations to all parts of the health sector:

**Travel and Return to Work**

Where employees have travelled outside of Canada within the last 14 days and are seeking to return to work, it is important to balance the protection of the health system and the continued operation of these settings.

Consistent with my earlier recommendations, it is very important that all health system organizations and employers immediately cease all non-essential business travel outside of Canada until further notice and likewise discourage employee travel.

I am recommending that Health Care Workers who have travelled outside of Canada within the last 14 days self-isolate for a period of 14 days starting from their arrival in Ontario. Health Care Workers should not attend work if they are sick. If there are particular workers who are deemed critical, by all parties, to continued operations, I recommend that these workers undergo regular screening, use appropriate Personal Protective Equipment (PPE) for the 14 days and undertake active self-monitoring, including taking their temperature twice daily to monitor for fever, and immediately self-isolate if symptoms develop and self-identify to their occupational health and safety department.

**Practice Social Distancing and Facilitate Virtual Arrangements**

Everyone in Ontario should be practicing social distancing of 2 meters to reduce their exposure to other people. Employers should facilitate arrangements to ensure that this is practiced in the workplace to every extent possible.
While other services are decreasing their operations, in health care you are being called upon to care for patients and to be ready for surge. I am asking, where there may be an opportunity, for all health system employers to facilitate work arrangements that enable appropriate employees to work from home or to work virtually, if not re-deployable.

Health system employers should also consider a review of their services and practices to identify how they can provide services to patient groups virtually or remotely.

**Ongoing Screening, Self-Monitoring and Self-Isolation**

The ministry has provided recommendations and tools to specific sectors for both active and passive screening – these are available on the ministry’s [COVID-19 website](#). Each workplace should have a comprehensive strategy for screening and symptom monitoring where there are inpatients or residential or institutional settings and tailor their approach to screening to their unique setting. Screening activities should be focused on patients/residents, volunteers, visitors and staff, and should be done over the phone, upon arrival, at entrances and on a regular basis throughout the day. The goal of screening programs should be to ensure that no person with clinical symptoms consistent with COVID-19, whether they are visitors, caregivers or staff, enters the building – except where they are identified and being clinically assessed by an appropriate provider.

The symptoms of COVID-19 include fever, new cough and difficulty breathing, and these may occur within 14 days of an exposure to a case.

All health care providers and health care entity workplaces should monitor for signs of illness. Health system employees should diligently monitor themselves for signs of illness over the course of the pandemic and identify themselves to their manager and/or occupational health and safety departments if they feel unwell. If a health worker begins to feel unwell while at work, they should immediately don a surgical mask and notify their manager and/or occupational health and safety department. It is imperative that we keep hospitals, long-term care homes, health care offices and other health settings free of illness to protect vulnerable patients and residents and other workers in these settings.

Public Health Ontario has excellent [fact sheets](#) on how to self monitor and self isolate.

**Multiple Locations**

We appreciate the unique circumstances of health workers who may work in different care settings and may have different employers.

Health workers who work in multiple locations should identify themselves to their managers and develop an individualized plan to manage their employment across these settings over the course of the pandemic. In some high-risk settings, it may be possible to coordinate arrangements for staff to only work in one institution.

**Continuity of Operations and Curtailing Non-Essential Services**

All health sector organizations should have a Continuity of Operations plan to redeploy resources, whether human resources, equipment or space, to protect critical services. This may include cross training, cross credentialing or formal redeployment to different functions. As part of these plans, organizations should also have minimum thresholds of staffing in place to ensure that critical services continue to operate.
Employees with comorbidities should also identify themselves to their employers and consider ways to redeploy away from duties associated with COVID-19.

**Return to Work after Illness**

Health workers should consult their local public health unit and their manager/occupational health and safety department to plan their safe return to work.

Thank you for all of your support. This will be an important part of keeping our health system and its workers protected during this outbreak.

Yours truly,

*Original signed by*

David Williams, MD, MHSc, FRCPS  
Chief Medical Officer of Health
Interim COVID-19 Testing Approach for Assessment Centres and Clinicians

Does patient have symptoms?1

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<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>Do NOT test for COVID-19, regardless of travel or exposure history</td>
<td>Does patient show clinical signs of severity that prompt consideration for admission?2</td>
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1Symptoms (any of):
1. Fever (greater than 38 degrees Celsius, without another clear cause)
2. New onset cough or dyspnea or worsening of chronic cough or dyspnea
3. Myalgias, fatigue, headache, sore throat, rhinorrhea, diarrhea
Symptoms in young children may be non-specific (for example lethargy, poor feeding)

2Signs of severity:
1. New shortness of breath, particularly at rest
2. Chest pain
3. Lethargy or drowsiness
4. Unstable vital signs

Need for ED referral is a clinical judgment

3Health conditions of concern:
1. Chronic lung disease
2. Cardiovascular disease
3. Cerebrovascular disease
4. Diabetes
5. Hypertension
6. Cancer or immunosuppression
7. Current smoking

4Occupation within at risk settings:
1. Any healthcare setting, including long-term care facilities
2. Retirement homes
3. Other settings with vulnerable populations

2. Counsel patient to present to ED if develops worsening dyspnea, particularly at rest

Patients presenting to ED that have travelled outside of Canada or have close contact with a confirmed or probable case of COVID-19 within 14 days of onset of symptoms, should identify themselves as a probable case of COVID-19 when they arrive

Is the patient’s age ≥ 60?

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<th>Yes</th>
<th>No</th>
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| Does the patient have an underlying health condition of concern?3 | Does patient fall into one of these groups?:
  - Contact of a Confirmed Case
  - Occupation within at-risk settings4
  - Long Term Care or Retirement Home Resident
  - First Nation Community member living on-reserve
  - Testing specifically directed by Public Health |

1. Self-isolate at home until symptoms have resolved for 24 hours. If travel outside of Canada, should self-isolate for 14 days after return and 24hrs after symptom resolution (whichever is longer).
2. Present to ED if develops worsening dyspnea, particularly at rest

This is an interim approach which supports judicious use of testing supplies. This approach focuses on confirming COVID-19 in the most ill, those most likely to become severely ill, vulnerable populations and those that may contribute to outbreaks amongst the vulnerable.

Updated: March 18, 2020