

HALTON REGION PUBLIC HEALTH • Office of the Medical Officer of Health

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TO: Halton Physicians, Nurse Practitioners, Emergency Departments

FROM: Dr. Hamidah Meghani, Medical Officer of Health

DATE: April 10, 2020

RE: **COVID-19 TESTING & SYMPTOMS UPDATE**

Testing Strategy

- The Ministry has updated the testing strategy for COVID-19.
- **Key changes** in the new testing strategy include:
 - Additional priority groups including: first responders, healthcare workers, those living in congregate living situations and institutions, and Indigenous communities
 - Updates regarding the testing of hospital inpatients, residents living in Long-Term Care and Retirement Homes
- Testing of asymptomatic patients, residents, or staff is generally not recommended.
- **Please see attached Provincial Testing Guidance Update**

Signs & Symptoms

- The Ministry has updated the list of symptoms for COVID-19 as follows:
 - Fever greater than 37.8; or
 - Any new/worsening respiratory illness symptoms (e.g. cough, shortness of breath, sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing); or
 - Clinical or radiological evidence of pneumonia
- Atypical presentations of COVID-19 should be considered, particularly in elderly persons and children.
 - Symptoms including unexplained fatigue/malaise, delirium, falls, acute functional decline, exacerbation of chronic conditions, digestive symptoms (nausea/vomiting, diarrhea, abdominal pain), chills, headache, and croup
 - Signs including unexplained tachycardia, decrease in blood pressure, unexplained hypoxia, lethargy and difficulty feeding

Results

- Public Health Ontario Laboratories has stopped sending negative COVID results to local public health units. Public Health will only receive positive COVID results and will follow up with positive lab-confirmed results.
- Health Care Workers employed by local hospitals should follow-up with their Occupational Health and Safety team for both negative and positive lab results and to determine when they can return to work.
- Patients can view their results on the Provincial COVID-19 website here: <https://covid-19.ontario.ca/>

Local Assessment Centres

- Halton residents can be referred for COVID-19 assessment in the following ways:
 - 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.
- Please report all patients being tested for COVID-19 to Halton Region Public Health. You do NOT need to report patients who are being referred to an Assessment Centre for testing. The Assessment Centre physician will report patients who are tested there.

Please report all suspected/confirmed cases of [Diseases of Public Health Significance](#) to Public Health immediately by calling 311, 905-825-6000 or toll free at 1-866-442-5866.

PLEASE POST IN EMERGENCY DEPARTMENTS AND PHYSICIAN LOUNGES
IF YOU CAN'T ACCESS HYPERLINKS, PLEASE SIGN UP FOR ELECTRONIC UPDATES BY EMAILING
DOCTORS@HALTON.CA

Ministry of Health

COVID-19 Provincial Testing Guidance Update

April 8, 2020

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

It is expected that this guidance will be consistently applied across all regions in Ontario.

This guidance adds to the initial COVID-19 Public Health Guidance on Testing and Clearance issued March 25, 2020. This information is current as of April 8, 2020.

Additional guidance is expected to be provided in the coming days to further increase the testing of Ontarians. Today's updated guidance will firstly focus on vulnerable populations and health care workers, caregivers, and first responders.

There are four updates to the guidance provided in this document:

1. **Hospital inpatients and residents living in long-term care homes and retirement homes**
2. **Health care workers/caregivers/care providers/first responders**
3. **Remote/Isolated/Rural/Indigenous communities**
4. **Priorities in situations of resource shortages**

1. Hospital Inpatients and Residents Living in Long-Term Care and Retirement Homes

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

OR

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 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

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 acute respiratory illness symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing); OR
- Clinical or radiological evidence of pneumonia.

Atypical presentations of COVID-19 should be considered, particularly in elderly persons. For a list of potential atypical symptoms, please see Appendix.

Asymptomatic patients: Testing of asymptomatic new admissions or re-admissions to a long-term care home or retirement home should be performed within the first 14 days under the direction of the overseeing clinician. Patients transferred from hospital to a long-term care home should be tested prior to the transfer. A negative result does not rule out the potential for incubating illness and all patients should remain under a 14-day self-isolation period following transfer.

In the event of a symptomatic resident in an institutional setting (e.g. long-term care home, retirement home, shelter, mental health institution, prison, hospice and other congregate living settings), asymptomatic residents living in the same room should be tested immediately along with the symptomatic resident. A negative result does not rule out the potential for incubating illness and all close contacts should remain under a 14-day self-isolation period following contact.

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).

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

This section applies to healthcare workers, caregivers (i.e. volunteers, family members) and care providers (e.g., employees, privately-hired support workers) and first responders.

Testing Guidance:

All healthcare workers, caregivers and care providers, as well as first responders, should be tested as soon as is feasible, if they develop any symptom compatible with COVID-19, including atypical symptoms (see Appendix).

3. 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 acute respiratory illness symptom (e.g. cough, shortness of breath (dyspnea), sore throat, runny nose or sneezing, nasal congestion, hoarse voice, difficulty swallowing); OR
- Clinical or radiological evidence of pneumonia.

Atypical presentations of COVID-19 should be considered, particularly in elderly persons and children. For a list of potential atypical symptoms, please see Appendix.

In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community testing of contacts can be considered in consultation with the local public health unit.

4. 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. Mental Health institutions and homeless shelters (as per outbreak guidance)
- Hospitalized patients admitted with respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or indigenous communities
- Symptomatic travellers 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.
- Despite this guidance, clinicians may continue to use their discretion to make decisions on which individuals to test.

Appendix:

Atypical Symptoms/Signs of COVID-19

Symptoms

- 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
- Croup

Signs

- 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)