

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 17, 2020

RE: **COVID-19 TESTING UPDATE**

Testing Update

- The Ministry has released updated guidance for COVID-19 testing.
- Symptomatic individuals from the following priority population groups should be considered for testing:
 - Hospital in-patients
 - Residents living in long-term care and retirement homes
 - Residents of other congregate living settings and institutions
 - E.g. homeless shelters, prisons, daycare, group homes, community supported living disability-specific communities, hospices
 - Persons working in congregate living settings and institutions
 - Care givers (e.g. volunteers, family members); and care providers (e.g. support workers) of residents in long-term care, retirement home, or other congregate/institutional setting
 - Patients requiring frequent contact with the healthcare system
 - E.g. patients undergoing chemotherapy/cancer treatment, dialysis, pre-/post-transplant, pregnant persons, neonates.
 - Healthcare workers
 - First responders
 - Persons living in the same household as a healthcare worker, care provider or first responder
 - [Essential workers](#) as identified by the Province
 - Remote/isolated/rural/Indigenous communities
 - Cross-border workers
- Not everyone requires testing. Most people with mild symptoms will recover with no complications. Clinicians should use their discretion to make decisions on which individuals to refer for assessment and testing.
- **Please see attached Provincial Testing Guidance Update**

Signs & Symptoms

- Patients with one of the following signs or symptoms should be considered for testing if they fall into one of the priority population groups above:
 - Fever (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 Patients

- Testing of asymptomatic persons is generally **not** recommended. Exceptions include:
 - Asymptomatic residents/staff/visitors in the context of a long-term care or retirement home outbreak, based on risk assessment by Halton Region Public Health
 - Asymptomatic patients being transferred from hospital to a long-term care, retirement home or hospice. These patients must be tested and results received prior to transfer.

Referring Patients for Assessment & Testing

- 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 905-632-3737 ext. 6550 to book an appointment at the Joseph Brant Hospital COVID Assessment Clinic.
- **Not every individual referred to an assessment centre will be tested.**
- Please inform patients that the decision to test will be based on the assessment centre physician's clinical judgement.
- Healthcare providers may perform clinical assessment and testing in the primary care setting if they are able to wear the appropriate personal protective equipment for contact/droplet precautions. This includes gloves, gown, surgical/procedure mask, and eye protection.
- Physicians requiring small quantities of testing swabs related to specific patient needs can contact Halton Region Public Health at 311. Swabs will need to be picked up at the Halton Region Public Health office.

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 15, 2020

As the COVID-19 outbreak 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 April 8, 2020. This document also adds to the Quick Reference Public Health Guidance on Testing and Clearance. This information is current as of April 15, 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 the addition of:

1. Residents of Other Congregate Living Settings and Institutions
2. Persons Working in Congregate Living Settings and Institutions
3. Persons Living in Same Household of Healthcare Workers/Care Providers/First Responders
4. Specific Priority Populations
5. Essential Workers
6. Cross-border workers

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 one of the following symptoms revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

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 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

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 one of the following symptoms revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

Asymptomatic patients: Please note that the ministry has asked hospitals to temporarily stop transferring patients to long-term care and retirement homes. However, in the unlikely event that a transfer is still required, asymptomatic patients transferred from a hospital to a long-term care home or retirement home must be tested, 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 in a 14-day self-isolation period following transfer.

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 one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

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

Testing of asymptomatic persons is generally not recommended, unless as directed by the local public health unit as part of outbreak management in the congregate setting

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 one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

Testing of asymptomatic persons is generally not recommended, unless as directed by the local public health unit as part of outbreak management in the congregate setting.

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:

Persons in line with the provincial case definition, who are experiencing one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

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

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) 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 one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

Testing of asymptomatic persons is generally not recommended.

7. 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 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. 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 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 one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in older persons, children and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

- Testing of asymptomatic persons is generally not recommended
- 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.

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 one of the following symptoms or signs revised from previous guidance:

- 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.

Atypical presentations of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability. For a list of potential atypical symptoms, please see Appendix.

Testing of asymptomatic persons is generally not recommended.

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 one of the following symptoms or signs revised in previous guidance:

- 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.

Testing of asymptomatic persons is generally not recommended.

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. homeless shelters, prisons, correctional facilities, day care for essential workers, group homes, community supported living, disability-specific communities/congregate settings (as per outbreak guidance)
- Hospitalized patients admitted with symptoms compatible with COVID-19 respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or Indigenous communities
- Symptomatic travelers 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.
- Clinicians should 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
- 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)