
SUBJECT: Updated Guidance for COVID-19 Testing
Date: April 13, 2020
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To: Primary Care Providers, Emergency Departments, Hospitals, Infection Control Practitioners, Assessment Centres, Long Term Care Facilities, Retirement Homes, EMS
From: Dr. Nicola Mercer, Medical Officer of Health and CEO

Please note that the Ministry of Health has updated its guidance regarding who should be tested for COVID-19. These changes should be implemented in your practice immediately.

Testing Guidance for Hospitals, Long Term Care Facilities, and Retirement Homes

All symptomatic patients or residents must be tested. This includes any individual with any of the following features:

- 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.

Testing Guidance for Community Practitioners and Assessment Centres

When 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;
- 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); and
- Individuals referred for testing by WDGPH.

Clinicians should continue to apply their clinical judgement when determining which individuals to test and consider testing those with underlying medical risk factors for poorer outcomes including Diabetes, Hypertension, older age and coronary heart disease.

Except in specific circumstances as directed by Public Health during Outbreak investigations, testing asymptomatic individuals is not recommended.

Discharge Process from Hospital to LTCF or RH

Patients who are discharged from hospital to an LTCF/RH must be actively screened for symptoms and tested for COVID-19 prior to the transfer. **A negative result does not need to be received in order for the transfer to proceed. Public Health is asking all LTCs and RHs homes to follow the Ministry process and not create your own rules.** Please refer to the attached checklist outlining tasks during the transfer process.

Individuals who are admitted to LTCF/RH must be in self-isolation for 14 days following admission. For patients who are not arriving from hospital, the LTCF/RH must arrange for a COVID-19 test during this 14-day isolation period, but it is not necessary to have a negative COVID-19 test prior to admission.

Testing During a COVID-19 Outbreak

A single case of COVID-19 constitutes an outbreak.

In consultation with WDGPH, a risk assessment will be conducted and WDGPH will determine the groups that need to be tested.

Groups which may be tested include:

- All residents living in adjacent rooms;
- All staff working on the unit/care hub;
- All essential visitors that attended at the unit/care hub; and
- Any other contacts deemed appropriate for testing based on a risk assessment by local public health.

Guidance for All Health Care Employers

Please actively test all staff with COVID-19 symptoms or refer them to the nearest Assessment Centre. Wellington Health Care Alliance is in the process of also setting up an Assessment Centre.

Headwaters COVID-19 Assessment Centre

140 Rolling Hills Drive, Orangeville
9:00 AM – 5:00 PM every day
No referral needed, walk-ins accepted

Guelph COVID-19 Assessment Centre

151 Victoria Rd N, Guelph
8:00 AM – 8:00 PM every day
No referral needed, walk-ins accepted

For more information, refer to contact or website:

Name/Title: WDG Public Health, Physicians Call Centre

Contact: 1-800-265-7293 ext. 7011 / www.wdgpublichealth.ca

CHECKLIST for Transfer (Discharge) from Hospital to LTCF/RH

24 Hours Before Discharge

- Collect an NP swab for COVID-19.
- Conduct an active screen for symptoms of COVID-19.
 - If POSITIVE, postpone discharge.
- Collect a set of vital signs, including temperature.
 - If $T \geq 37.8$ °C, postpone discharge.

Day of Discharge

- Review result of the COVID-19 swab, if available.
 - If POSITIVE, postpone discharge.
 - If NEGATIVE, proceed with discharge.
 - If PENDING, proceed with discharge.
- Conduct an active screen for symptoms of COVID-19.
 - If POSITIVE, postpone discharge.
- Collect a set of vital signs, including temperature.
 - If $T \geq 37.8$ °C, postpone discharge.

Transfer using Appropriate Patient Transport

- Abide by social distancing principles, maintaining at least 2m/6ft distance where possible.
- Wear a non-medical mask.
- Follow strict handwashing and respiratory etiquette.
- Droplet/contact precautions are not required during patient transport.

Responsibility of the Hospital

Admission at LTCF/RH

- Conduct an active screen for symptoms of COVID-19.
 - If POSITIVE, do not admit.
- Collect a set of vital signs, including temperature.
 - If $T \geq 37.8$ °C, do not admit.
- Admit the resident to a private room (or other suitable setting where self-isolation can be maintained)
- Ensure that the resident, staff, and any essential visitors are aware that the resident is in self-isolation.
- Ensure that droplet/contact PPE is available for staff or essential visitors who need to visit the resident.
- Ensure that the resident's room has signage indicating the isolation status.
- Establish a process for following up the results of the COVID-19 swab.

Daily, from admission at LTCF/RH until 14 days later

- Check for results of the COVID-19 test.
 - If POSITIVE, keep the resident in isolation and immediately notify WDGPH.
 - If NEGATIVE, then the resident's self-isolation can be discontinued 14 days after admission.
- Twice daily, conduct an active screen for symptoms of COVID-19.
 - If POSITIVE, keep the resident in isolation and immediately notify WDGPH. Collect an NP swab for COVID-19.
- Twice daily, collect a set of vital signs, including temperature.
 - If $T \geq 37.8$ °C, keep the resident in isolation and immediately notify WDGPH. Collect an NP swab for COVID-19.

Responsibility of the LTCF/RH