

## COVID-19 Patient Assessment Tool for Physicians

### SYMPTOMATIC PATIENTS

#### Test symptomatic patients

Any patient presenting with at least one symptom or sign from the list (even if mild) should be considered for testing. Physicians should continue to use their clinical judgement and consider local epidemiology and exposure risks.

##### Symptoms and Signs:

Fever  $\geq 37.8^{\circ}\text{C}$

**New, worsening, or different from the patient's baseline state** (i.e., not due to known causes or conditions):

- Cough
- Shortness of breath (dyspnea)
- Sore throat or difficulty swallowing
- Rhinorrhea or nasal congestion
- New olfactory or taste disorder(s)
- Nausea, vomiting or diarrhea
- Abdominal pain (persistent or ongoing)

##### NOTES:

- For symptoms where there is clinical evidence of a different diagnosis (e.g. bacterial infection), treat the issue. Consider COVID-19 testing in parallel.
- A COVID-19 test is the only way to definitively confirm or rule out COVID-19

##### Clinical Features:

- Clinical or radiological evidence of pneumonia

**Consider atypical signs and symptoms, particularly in infants, children, older persons and those with developmental disabilities:**

- Chills
- Headaches
- Conjunctivitis
- Fatigue, lethargy, malaise
- Myalgias
- Decreased or lack of appetite
- Multisystem Inflammatory Syndrome in children (MIS-C):
  - Presentation may include persistent fever, conjunctivitis, gastrointestinal symptoms and rash. See [WHO](#) or [CPSP](#) case definitions.

**Atypical signs that cannot be explained by other causes may include:**

- New or unusual exacerbation of chronic conditions
- Tachycardia, including age-specific tachycardia in children
- Low blood pressure for age
- Hypoxia ( $\text{O}_2$  sat  $< 92\%$ )
- Difficulty feeding in infants
- Delirium (acutely altered mental status and inattention)
- Unexplained or increased number of falls
- Acute functional decline

### Testing for Influenza

Testing for influenza in the community is not recommended in the outpatient setting. Testing should only be offered to the following populations who are symptomatic with influenza-like illness:

- Symptomatic institutionalized and hospitalized patients
- Outbreaks (up to 4 specimens from symptomatic patients only)
- Persons residing in remote communities

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## Where to test patients for COVID-19

Give all symptomatic patients instructions about immediate [self-isolation](#).

### MILD symptoms

**Options for testing:**

- In-office (if prepared and able to do so safely)
- Refer to COVID-19 Assessment Centre
- Refer to Emergency Department

Follow referral instructions specific to each [COVID-19 Assessment Centre](#). Where applicable, ensure safe transfer of patient to minimize contact/spread.

NOTE: Assessment Centres will accept all symptomatic individuals for testing, with or without the referral of a healthcare provider. Tests are by appointment only.

### SEVERE symptoms

**Send patient to Emergency Department**

*Remember to phone ED ahead and notify them of the patient needing to be evaluated for COVID-19; arrange for safe transfer of patient to minimize contact/spread.*

## ASYMPTOMATIC PATIENTS (1 of 3)

### NO symptoms

#### Test at Assessment Centre

Asymptomatic individuals who are at higher risk, including:

- Contacts of a confirmed case of COVID-19
- Patients who test positive on a rapid antigen test

Give both of these groups instructions about immediate [self-isolation](#).

Asymptomatic low-risk individuals identified as part of a targeted testing campaign\* (test at Assessment Centre or pharmacy)

Notes about testing contacts of a confirmed case

Test within 14 days of last exposure or notification from local public health or the COVID Alert app.

AND

Test as soon as possible:

- If the individual had ongoing exposure to case while infectious or had similar acquisition exposures as the confirmed case
  - If test was collected 0-6 days after last exposure, repeat testing on or after day 10 after last exposure
- If the individual is part of an outbreak investigation,
  - Repeat testing as directed by local public health

OR

If the individual was only exposed to the case and has no similar acquisition exposure:

- Test on or after day 7 after last exposure to the case
- If a test was collected 0-6 days after exposure, high risk contacts should repeat testing on or after day 10 of quarantine

#### Test at Pharmacy

Asymptomatic low-risk individuals identified as part of a targeted testing campaign\* (test at Assessment Centre or pharmacy)

Testing available at select [pharmacy locations](#), by appointment only.

**\* Current targeted testing campaigns include the following asymptomatic individuals:**

- Workers or visitors of long-term care homes (not on outbreak)
- Workers of retirement homes (not on outbreak)
- Residents or workers in homeless shelters or other congregate settings (not on outbreak)
- International students that passed 14-day quarantine
- Farm workers
- Individuals who identify as Indigenous
- Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services
- Individuals travelling to remote/isolated Indigenous communities for work
- All school and childcare staff

**Low risk, asymptomatic individuals should NOT be considered for lab-based testing**

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## ASYMPTOMATIC PATIENTS (2 of 3)

### Specific Populations and Settings

Test specific asymptomatic individuals related to each of the following settings:

#### Hospitals:

- **Admissions or transfers from other sites or facilities.**  
Test upon arrival or admission.
- **Patients who require general anesthetic:** test 24-48 hours from procedure date when local community transmission of COVID-19 is not low.
  - Applies to patients with procedures in hospital or other surgical setting
  - Where local community transmission of COVID-19 is low, testing is not required
  - All patients should self-isolate for at least 14 days prior to a scheduled procedure
  - A regional approach to testing prior to surgery should be adopted
- **Contacts of a patient who is diagnosed with lab-confirmed COVID-19 while in hospital or who is diagnosed with COVID-19 within a 14-day period where they could have acquired the infection in hospital.**  
Contacts to test include:
  - All patients, essential visitors on unit/care hub
  - All staff working on the unit/care hub who were not wearing Droplet/Contact precautions
  - Any other contacts deemed appropriate in consultation with hospital IPAC and Occupational Health
- **Transfers to any long-term care home, retirement home or hospice.** Test and clear prior to transfer, unless the individual had confirmed COVID-19 and has been cleared.
  - Transfer within 24 hours of negative test result Hospitals may only discharge to long-term care home when it is a re-admission and the home is not experiencing a COVID outbreak
  - In exceptional circumstances, admissions to long-term care or retirement homes in outbreak may take place if approved by the local public health unit and if there is concurrence between the public health unit, home and hospital.

### **Asymptomatic testing notes:**

#### **Lab-based tests:**

- **Positive lab test result:** a single positive lab test result is sufficient to confirm COVID-19 infection (current or prior). First-time positive cases must be managed as if they have a current infection (self-isolate 10 days), unless directed otherwise by public health unit.
- **Negative result:** a negative result does not rule out potential for incubating illness. Asymptomatic high-risk individuals (confirmed contacts or part of outbreak) should self-isolate for 14 days from the date of last known exposure.
- **Re-testing:** Re-test asymptomatic individuals who test negative but later develop symptoms.
- **Broad testing:** Consult your local public health unit when considering broad testing in a group-living setting, workplace or community setting.

#### **Rapid, point-of-care tests:**

- **Antigen test:** positive result is a screen-positive; refer individual for diagnosis by lab-based testing. Individual must self-isolate 14 days, unless directed otherwise by public health unit.
- **Molecular rapid test:**
  - **Positive result in asymptomatic close contacts or symptomatic individuals:** confirms the case
  - **Positive result in asymptomatic individuals without close contact:** diagnosis must be confirmed by lab-based testing, ordered in parallel. Individual must self-isolate 14 days, unless directed otherwise by public health unit.
  - **Negative result in asymptomatic close contacts:** must confirm by lab-based testing.

### Long Term Care and Retirement Homes

- Residents living in same room as someone who develops COVID-19 symptoms
- All staff and residents of a home that has one or more lab-confirmed cases of COVID-19; repeat testing of all staff and residents who test negative should occur 3-7 days from the initial testing and continue every 3-7 days until no new cases are identified

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## ASYMPTOMATIC PATIENTS (3 of 3)

### Specific Populations and Settings continued

Test the following asymptomatic individuals:

#### Other Congregate Living Settings and Institutions

- All staff, residents and attendees of a facility that has one or more lab-confirmed case of COVID-19
- Patients entering a residential mental health or addiction program. Test prior to admission

#### Rural, Isolated, Remote and Indigenous Communities

- Contacts of a confirmed case. Do this in consultation with the local public health unit

#### Schools

- Contacts of a confirmed case. Do this in consultation with the local public health unit
- During outbreaks in accordance with public health unit guidance

#### Workplaces and Other Community Settings (e.g. religious gathering, community centre)

- **If there is a single confirmed case:** test any close contacts of the case. If contacts are difficult to determine, consider broader testing in consultation with local public health.
- **If public health determines there is an outbreak:** test all individuals associated with the outbreak area.

### Specific Clinical Populations

#### **Newborns born to mothers with confirmed COVID-19:**

- Test at the time of birth, within 24 hours.
- If in the NICU/SCN, the baby should be tested again at 48 hours if the initial test is negative.
- If maternal testing is pending at time of discharge, follow-up must be ensured to test the baby in the event that the mother tests positive (if bringing the baby back for testing is impractical, the baby should be tested before discharge).

#### **Hemodialysis patients:**

- All patients in a hemodialysis unit where an outbreak has been declared

#### Transfers Between Settings:

- **Test patients upon admission to destination healthcare facility** for admissions or for transfers from another healthcare facility (including other sites of a multi-site organization), long-term care home, retirement home or congregate living setting.

#### **EXCEPTIONS:**

1. When transferring from hospital to long-term care home, retirement home or hospice, test and clear asymptomatic patients prior to transfer.
2. Newborns (<48 hours old at time of transfer) born to women who are asymptomatic and screen negative do not need to be tested on admission to the destination facility.

**Cancer patients**, in regions with low community transmission of COVID-19, routine testing prior to treatment is not required but should be done at the discretion of the treating physician, in particular when:

- High dose multidrug chemotherapy is planned
- Radiation treatment will involve treatment of lung tissue
- Treatment is planned in patients with a new ground glass lung opacity
- Treatment (radiation or systemic) is planned in patients who are significantly immunosuppressed)

**Hematopoietic cell therapy (HCT) patients** should be tested 24-48 hours before their appointment except in exceptional circumstances (i.e. Priority A case requiring same-day treatment).

# COVID-19 Patient Assessment Tool for Physicians

## TYPES OF COVID-19 TESTS AVAILABLE

The following types of COVID-19 tests are currently available in Ontario.

	Lab-Based Tests		Point-of-Care Tests	
	Molecular (PCR)	Serology	Rapid Molecular	Rapid Antigen
<b>Use for Diagnosis?</b>	<p><b>Yes</b></p> <p>Single positive result = confirmed case</p>	<p><b>No</b></p> <p>Do not use for screening, diagnosis or determining immune status</p>	<p><b>Yes, select scenarios only</b></p> <p>Positive result = confirmed case for symptomatic individuals and/or close contacts</p> <p>For asymptomatic individuals without close contact, confirm diagnosis via duplicate swab for lab-based PCR</p>	<p><b>No</b></p> <p>Use only for screening of asymptomatic, low-risk individuals in specific settings</p> <p>Confirm positive results with lab-based PCR</p>
<b>Specimen Type</b>	<p><b>Nasopharyngeal swab (NPS) preferred*</b></p> <p>For seriously ill patients, lower respiratory tract specimen preferred due to high sensitivity</p>	<p><b>Blood sample</b></p>	<p><b>Nasopharyngeal swab (NPS) preferred*</b></p>	<p><b>Nasopharyngeal swab (NPS) preferred*</b></p>
<b>Use Cases</b>	<p><b>Diagnosis</b></p> <p>Clearance, in very limited cases</p>	<p><b>Limited indications:</b></p> <ul style="list-style-type: none"> <li>• Patients with MIS-C symptoms who do not have lab confirmation by PCR</li> <li>• Patients with severe illness who test negative by PCR</li> </ul>	<p><b>Diagnosis or screening where access and turnaround time is an issue:</b></p> <ul style="list-style-type: none"> <li>• Rural and remote communities</li> <li>• Pop-up testing in hotspots</li> <li>• Symptomatic children for school clearance</li> </ul>	<p><b>Screening for:</b></p> <ul style="list-style-type: none"> <li>• Vulnerable settings (e.g. long-term care homes)</li> <li>• Workplaces (i.e. rapid antigen screening pilot program for employers)</li> </ul>

\* If NPS is contraindicated or unavailable, options include (in descending order of sensitivity):

- Throat and both nares or deep nasal swab
- Anterior nares (both nostrils) or throat
- Saliva (in non-hospitalized patients)

Refer to Public Health Ontario's [Specimen Collection and Handling resource](#) for instructions on performing swabs.

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## Approach to clearance is time-based for most cases

- All cases may be cleared with a time-based (non-test based) approach
- Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection
- A test-based approach may be used to determine whether precautions for admitted patients can be discontinued (e.g. in hospital)
- Symptomatic individuals who **test negative for COVID-19** and who have **no known COVID-19 exposure** may resume activities 24 hours after symptom resolution
- Individuals with a **known COVID-19 exposure** should **self-isolate for 14 days** from the date of exposure, even if a test is negative

### Mild to moderate illness AND no severe immune compromise

- Mild to moderate illness includes the majority of cases of COVID-19.

### Non-Test Based Approach (time-based)

#### Isolate until:

- **10 days from symptom onset** (or 10 days from positive test collection date if never had symptoms), provided the individual is afebrile and symptoms are improving for at least 24 hours

### Severe illness (requiring ICU level of care) OR severe immune compromise

- Severe illness is defined as requiring ICU level of care for COVID-19 illness
- Severe immune compromise examples include cancer chemotherapy, taking immune suppressive medications, etc.

### Non-Test Based Approach (time-based)

#### Isolate until:

- **20 days from symptom onset** (or 20 days from positive test collection date if asymptomatic and severe immune compromise), provided the individual is afebrile and symptoms are improving for at least 24 hours

### Not routinely recommended

but may be used at the discretion of a hospital to discontinue precautions for admitted patients

### Test-Based Approach

**Isolate until 2 consecutive negative specimens are collected at least 24 hours apart.** Testing for clearance can start after the individual becomes afebrile and symptoms are improving for at least 24 hours.

#### NOTES:

- Tick the box labelled 'for clearance of disease' on the PHO test requisition or indicate this on a requisition sent to another lab
- If swab is positive, test again in 3-4 days.
- If first swab is negative, re-test in 1-2 days (and at least 24 hours apart)

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## Return to work for health care workers

### While waiting for test results:

- If **symptomatic**, must be off work
- If **asymptomatic**, may continue to work using the precautions recommended by the facility

### Clearance for return to work:

Follow recommendations for the general population (i.e. use a time-based approach) unless:

- The health care worker was hospitalized during course of illness: use a test-based approach at the discretion of the hospital while they are admitted, or
- The employer/Occupational Health and Safety directs the employee to have test-based clearance

### In exceptional circumstances:

If clinical care would be severely compromised without additional staffing, an asymptomatic worker who is self-isolating due to high risk exposure may return to work under work **self-isolation\***

### In exceptionally rare circumstances:

If clinical care would be severely compromised without additional staffing, an asymptomatic COVID-19 positive worker may return to work under **work self-isolation\*** before 14 days from their last exposure or 10 days from positive specimen collection date, or before the receipt of two consecutive negative test results. This approach recognizes that the health care worker may still be infectious. The worker must not pose a risk to other workers or patients

Return to work under **work self-isolation\*** as follows:

Presentation	COVID-19 Test Result	Instructions
<b>SYMPTOMATIC</b>	<b>POSITIVE</b>	May return to work under <b>work self-isolation*</b> as early as 72 hours after illness resolving (including resolution of fever and symptom improvement).
<b>SYMPTOMATIC</b>	<b>NEGATIVE</b>	May return to work 24 hours after symptom resolution If self-isolating due to a COVID-19 exposure, return to work should be under <b>work self-isolation*</b> until 14 days after date of exposure.
<b>ASYMPTOMATIC</b>	<b>POSITIVE</b>	<b>If <u>known exposure</u></b> and still asymptomatic, possibly return to work under <b>work self-isolation*</b> , 72 hours after specimen collection date <b>If <u>no known exposure</u></b> and still asymptomatic, conduct follow-up test as soon as possible: <ul style="list-style-type: none"> <li>• If follow-up test is positive or repeat test is not available, self-isolate from the date of the first specimen collection.</li> <li>• If follow-up test is negative, return to work as usual.</li> </ul>

\***Work self-isolation** means:

- **Work only at one location**
- **Maintain self-isolation outside of work**
- **When at work:**
  - adhere to universal masking
  - maintain physical distance of >2m except to provide direct care
  - perform meticulous hand hygiene
  - ideally cohort to provide care for COVID-19+ patients/residents

This should continue for 14 days from symptom onset or specimen collection date (for asymptomatic positive).

# COVID-19 Patient Assessment Tool for Physicians

## Terminology and directions to use with patients

### Self Monitor

Continue your normal activities within the current public health recommendations and avoid public spaces where possible. Watch for symptoms (cough, fever, shortness of breath).

**Why?** You aren't sure if you were exposed. If you do develop symptoms, you need to self-isolate immediately.

**Who?** Members of the public and all health care workers, as you may be exposed unknowingly.

*Example: Members of Parliament who worked with Justin Trudeau should self-monitor.*

### Self-Isolate (if exposed)

This is also known as self-quarantine or quarantine. Stay home and away from others for the duration of the incubation period (14 days).

**Why?** You have been exposed to a case. You need to stay away from others to limit spread in case you develop symptoms.

#### Who?

- Anyone who travelled outside of Canada in last 14 days.
- Anyone exposed to a confirmed case of COVID-19.
- Anyone with close contact with a person with acute respiratory illness who has recently travelled.

*Example: Justin Trudeau was self-isolating because he was exposed to his wife Sophie, who is a confirmed case.*

### Self-Isolate (if sick)

Stay home and away from all others until 10 days after your symptoms started. If you're sick for longer than 10 days, call back for direction.

**Why?** You have active symptoms. You need to stay away from others to avoid spread.

#### Who?

- People with mild symptoms (cough, fever or shortness of breath) who have not been tested.
- Confirmed COVID-19 cases, including asymptomatic and symptomatic with mild or moderate symptoms that can be managed at home.
- Those with severe illness or who are severely immunocompromised should isolate for 20 days

*Example: Sophie Gregoire-Trudeau was in self-isolation because she was diagnosed with COVID-19.*

## Cleaning your office

**Office:** A full disinfection of the office is needed daily and high-touch surfaces (such as doorknobs) should be wiped down at least twice per day using a hospital-grade disinfectant.

Cover less-used equipment that cannot be relocated so it is not contaminated.

Use keyboard covers or a wipeable keyboard.

**Examination Room:** After every patient visit, clean and disinfect all surfaces in direct contact with patient and within 2 metres (6 feet) of the patient. This includes treatment areas, horizontal surfaces and any equipment used (e.g. exam table, blood pressure cuff, stethoscope, thermometer, armrests of the chair).

A low level, hospital grade disinfectant is enough to inactivate COVID-19. Give the disinfectant enough contact time before bringing in the next patient (check the label for contact time – typically 3-5 minutes).

#### See also:

Health Canada [List of disinfectants with evidence for use against COVID-19](#)

British Columbia CDC COVID-19 instructions for [Environmental Cleaning and Disinfectants for Physicians' Offices](#). See page 2 for a list of disinfectants.

#### SOURCES:

1. Ontario Ministry of Health [COVID-19 Reference Document for Symptoms](#) (Version 7.0, September 21, 2020)
2. Ontario Ministry of Health [COVID-19 Guidance: Primary Care Providers in a Community Setting](#) (Version 7, November 9, 2020)
3. Ontario Ministry of Health [COVID-19 self-assessment tool](#)
4. Ontario Ministry of Health [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#) (Version 12.0, Feb. 18, 2021)
5. Ontario Ministry of Health [COVID-19 Provincial Testing Guidance Update](#) (Version 10.0, February 17, 2021)
6. Ontario Ministry of Health: [COVID-19 Guidance: Considerations for Rapid Antigen Point-of-Care Screening](#) (Version 2.0, Feb. 17, 2021)
7. Ontario Ministry of Health: [Rapid Diagnostic Test \(RDT\) – Testing Guidance](#) (Version 1.0, February 17, 2021)
8. Ontario Chief Medical Officer of Health [Directive #3 for Long-Term Care Homes](#) (October 14, 2020)
9. Ontario Ministry of Health [Management of Cases and Contacts of COVID-19 in Ontario](#) (version 9.1, October 9, 2020)
10. Coomes et al. [Five Things to Know About Quarantine](#). CMAJ 2020 March 30;192:E338. doi: 10.1503/cmaj.200393