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 > 37.8°C
- ❑ New or worsening cough
- ❑ Shortness of breath (dyspnea)
- ❑ Sore throat

- ❑ Difficulty swallowing
- ❑ New olfactory or taste disorder(s)
- ❑ Nausea/vomiting, diarrhea, abdominal pain

- ❑ Runny nose or nasal congestion – *in absence of underlying reason for these symptoms such as seasonal allergies or post-nasal drip, etc.*
- ❑ Clinical or radiological evidence of pneumonia

Consider atypical signs and symptoms, particularly in children, the elderly and those with developmental disabilities:

- Unexplained tachycardia, including age-specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O_2 sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

- Unexplained fatigue/malaise/myalgias
- Delirium (acutely altered mental status and inattention) .
- Unexplained or increased number of falls
- Acute functional decline
- Exacerbation of chronic conditions

- Chills
- Headaches
- Croup
- Conjunctivitis
- Multisystem Inflammatory Syndrome in children:
  - Presentation may include persistent fever, conjunctivitis, gastrointestinal symptoms (nausea, abdominal pain vomiting and diarrhea) and rash. See WHO or CPSP case definitions.

Test in the appropriate setting

Give all symptomatic patients instructions about immediate self-isolation

MILD symptoms	SEVERE 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.	**Send patient to Emergency Department** *Remember to phone ED ahead and arrange for safe transfer of patient to minimize contact/spread*

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Physicians should continue to use their discretion to make decisions on which individuals to test.

ASYMPTOMATIC PATIENTS (1 of 2)

General Population

The following asymptomatic individuals in the general population should be tested:

- **Contacts of a confirmed case**. These should be tested within 14 days of their last exposure.
  - Test as soon as possible if the individual had ongoing exposure to case while infectious; had similar acquisition exposures as the case; is part of an outbreak investigation
  - Test at least 5-7 days after exposure if the individual was only exposed to the case and has no similar acquisition exposures
- **Those at risk through their employment**
- **Any individual concerned they may have COVID-19 or been exposed to COVID-19**

Advise all asymptomatic individuals seeking testing to self-isolate immediately.

> **Notes about asymptomatic testing:**
> - **Positive result:** a <u>single</u> positive result is sufficient to confirm COVID-19 infection (current or prior). First-time positive results must be managed as if they have a current infection (self-isolate 14 days), unless directed otherwise by public health unit.
> - **Negative result:** a negative result does <u>not</u> rule out potential for incubating illness. Asymptomatic individuals should self-isolate for 14 days from the date of a 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.

Specific Populations and Settings

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

Hospitals:

- **Admissions or transfers <u>from</u> 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 <u>not</u> low.
  - 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 in hospital <u>or</u> 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 <u>to</u> any long-term care home, retirement home or hospice.** Test and clear <u>prior</u> 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.
  - *See page 3 for further guidance on Transfers*

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Physicians should continue to use their discretion to make decisions on which individuals to test.

ASYMPTOMATIC PATIENTS (2 of 2)

Specific Populations and Settings continued

Test the following asymptomatic individuals:

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

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.
- **If public health determines there is an outbreak:** test all individuals associated with the outbreak area.

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.

EXCEPTION: When transferring from hospital to long-term care home, retirement home or hospice, test and clear asymptomatic patients prior to transfer

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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).

Cancer patients, prior to starting immunosuppresive cancer treatment. This includes:
- **Patients undergoing radiation treatment****, 24-48 hours before their simulation appointment (if the period between simulation and first treatment exceeds one week, consider re-testing). Centres should also develop a repeat testing strategy appropriate for the circumstances of each patient.
- **Patients undergoing systemic treatment**** **or hematopoietic cell therapy,** 24-48 hours before their initial appointment except in exceptional circumstances (i.e. Priority A case requiring same-day treatment).

Hemodialysis patients
- **In-centre hemodialysis patients who live in a long-term care or retirement home** and who have not been tested already. Consider periodic testing and coordinate with any testing being done in the home.
- **All patients in a hemodialysis unit where an outbreak has been declared**

**There should be a low threshold for re-testing patients undergoing radiation or systemic treatment under guidance of the treating oncologist. See Appendix A in the testing guidance document for considerations.

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Clearing cases: approach and when to consider 'resolved'

- Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.
- Once a case is discharged from isolation, Public Health Unit should update case status to 'resolved' in iPHIS

Approach to clearance is time-based for most cases

- All cases may be cleared with a time-based (non-test based) approach
- 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.

NOTE: testing is still required for transfers to and from health care facilities and congregate living settings (including long-term care homes, retirement homes, hospices).

For confirmed and possible cases, including: • **Symptomatic positive** (regardless of severity of illness or recovery setting) • **Symptomatic, not tested** • **Asymptomatic, positive**	**Non-Test Based Approach (time-based)** **Isolate until:** • **14 days after symptom onset**, provided the individual is afebrile and symptoms are improving for at least 72 hours OR • **14 days after specimen collection date** if asymptomatic (even if they had prior symptoms compatible with COVID-19)
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)

COVID-19 Patient Assessment Tool for Physicians

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, or
- The employer/Occupational Health and Safety directs the employee to have test-based clearance

In exceptional circumstances:
If clinical care would be compromised without additional staffing, an <u>asymptomatic worker</u> 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 compromised without additional staffing, a <u>COVID-19 positive worker</u> may return to work under **work self-isolation*** before the 14-day isolation period is complete or before the receipt of two consecutive negative tests 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
SYMPTOMATIC	**POSITIVE**	May return to work under **work self-isolation*** as early as 72 hours after illness resolving (including resolution of fever and symptom improvement).
SYMPTOMATIC	**NEGATIVE**	May return to work 24 hours after symptom resolution If self-isolating due to a COVID-19 exposure, return to work should be under **work self-isolation*** until 14 days after date of exposure.
ASYMPTOMATIC	**POSITIVE**	If <u>known exposure</u> and still asymptomatic, possibly return to work under **work self-isolation*,** 72 hours after specimen collection date If <u>no known exposure</u> and still asymptomatic, conduct follow-up test as soon as possible: • If follow-up test is positive or repeat test is not available, self-isolate from the date of the first specimen collection. • If follow-up test is negative, return to work as usual.

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 14 days after your symptoms started. If you're sick for longer than 14 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.

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, 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 6.0, August 6, 2020)
2. Ontario Ministry of Health COVID-19 Guidance: Primary Care Providers in a Community Setting (Version 5, May 22, 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 9.0, July 29, 2020)
5. Ontario Ministry of Health COVID-19 Provincial Testing Guidance update (Version 7.1, August 14, 2020)
6. Ontario Chief Medical Officer of Health Directive #3 for Long-Term Care Homes (June 10, 2020)
7. Ontario Ministry of Health Management of Cases and Contacts of COVID-19 in Ontario (version 8.0, June 23, 2020)
8. Coomes et al. Five Things to Know About Quarantine. CMAJ 2020 March 30;192:E338. doi: 10.1503/cmaj.200393