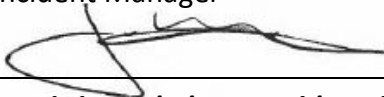


Guidance Document for COVID-19



Title: When to Test and When to Isolate Patients for COVID-19	Version #: 5
Approved: Incident Manager	Approval Date: June 23, 2022
Signature: 	
<i>This document is intended to provide guidance to staff/professional staff during COVID-19</i>	

PURPOSE

Provides guidance for staff and professional staff for testing and isolating patients for COVID-19, in accordance with current Ontario Ministry of Health guidelines, Thunder Bay District Health Unit recommendations and TBRHSC guidelines.

GUIDELINE

The following procedure is used to decide whether or not to PCR test a patient for COVID-19 at admission, during the course of the patient stay, prior to an AGMP / surgical procedure, and at discharge and to determine what additional precautions to apply depending on whether or not COVID-19 testing of all admission is in place at the time.

PROCEDURE

1. Perform COVID-19 screening. If the patient screens positive for COVID-19, record the following as applicable:
 - a. If tested positive in the past 10 days (or 20 if severe illness/immune compromise): positive test date and type of test (rapid antigen test or PCR), if symptomatic: symptoms, and date of onset and date resolved (if resolved), and
 - b. If high risk exposure in the past 10 days: nature of exposure and last date of contact with the positive case or outbreak.
 - c. If symptomatic: symptoms, and date of onset/worsening and whether or not the symptoms are related to other known causes or conditions.
2. Ask the patient if they were previously a confirmed case and cleared more than 10 (20 if severe illness or immune compromise) but fewer than 90 days ago. If the patient says yes, record the following as applicable:
 - a. Positive test date and type of test (rapid antigen test or PCR), and
 - b. If the patient is symptomatic, are they experiencing new/worsening symptoms the most responsible physician suspects could represent a new infection, and
 - c. If the patient had a high-risk exposure in the past 10 days, is this a new exposure distinct from their previous infection.
3. Consider in sequence the patient scenarios listed in Table 1 to identify the most appropriate match for the patient.
4. Referring to the most recent communication from IMT to determine whether the hospital is in a Code Level Response that requires testing for all admissions.
 - a. If mandatory COVID-19 testing of all admissions is in place, use Table 1 to determine if COVID-19 test is required and, if required, collect sample unless contraindicated¹. Apply additional precautions as indicated in Table 1 in addition to any required by routine and additional precautions.

- b. If mandatory COVID-19 testing of all admissions is not in place use Table 3 to determine if COVID-19 test is required and, if required, collect sample unless contraindicated¹. Apply additional precautions as indicated in Table 3 in addition to any required by routine and additional precautions.

MANDATORY COVID-19 ADMISSION TESTING IS IN PLACE

Table 1: When to test and when to isolate for COVID-19 based on patient scenario

	Patient Scenario	COVID-19 PCR test required^{1,2}	Additional Precautions
1	Passes COVID-19 screening	<ul style="list-style-type: none"> A. Patient has an admission order to any inpatient unit B. Transfer from a healthcare facility outside of Northwestern Ontario, or C. Transfer from hospital to First Nation, Inuit or Métis communities, or D. Transfer from hospital to a long term care facility or the transitional care unit (TCU) E. Has a scheduled surgical procedure requiring general or spinal anesthesia or an AGMP 	As per routine and additional precautions.
2	Known positive COVID-19 case confirmed by PCR test or rapid antigen test ³ from within the last 10 days (or 20 days if severe illness or severe immune compromise)	No	Airborne ⁴ /Droplet/Contact (minimum of green)
3	High-risk exposure in the last 10 days to a confirmed COVID case or a COVID-19 outbreak ⁵ .	At the direction of IPAC ⁶	Airborne ⁴ /Droplet/Contact (minimum of green)
4	Symptomatic for COVID-19 now or within the past 10 days ⁷	Yes if: <ul style="list-style-type: none"> A. Transfer/admission to the hospital from anywhere B. Transfer from hospital to First Nation, Inuit or Métis communities, C. Transfer from hospital to a long term care facility or the transitional care unit (TCU) D. Has a scheduled surgical procedure requiring general or spinal anesthesia or an AGMP E. Aerosol generating medical procedures (AGMPs) are anticipated to be performed F. New or worsening symptoms of COVID-19 	Airborne ⁴ /Droplet/Contact (minimum of green). *If no high-risk exposure within the past 10 days, suspect COVID-19 status is cleared by the MRP if an alternate diagnosis is documented and the COVID-19 test result is negative.
5	Patient requires COVID-19 testing as outlined in a scenario above, but refuses testing.	N/A	Airborne ⁴ /Droplet/Contact (minimum of green)

Table 2: Symptom Algorithm	
Test for COVID-19 if 1 of these symptoms unless contraindicated ¹ :	<ul style="list-style-type: none"> ▪ Fever (temperature of 37.8°C or greater) and/or chills ▪ Cough that is new or worsening (e.g. continuous, more than usual if chronic cough) including croup (barking cough, making a whistling noise when breathing)⁸ ▪ Shortness of breath (dyspnea, out of breath, unable to breathe deeply, wheeze, that is worse than usual if chronically short of breath)⁸ ▪ Decrease or loss of smell or taste⁸
Test for COVID-19 if 2 of these symptoms unless contraindicated ¹ :	<ul style="list-style-type: none"> ▪ Extreme fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual or unexplained ▪ Muscle aches or joint pain that are unexplained, unusual, or long-lasting⁸ ▪ Nausea, vomiting and/or diarrhea⁸ ▪ Sore throat (painful swallowing or difficulty swallowing)⁸ ▪ Rhinorrhea or nasal congestion (runny nose or stuffy nose)⁶ ▪ Headache that is new and persistent, unusual, unexplained, or long-lasting⁸ ▪ Gastrointestinal symptoms (i.e. vomiting or diarrhea)⁸

Footnotes

1 – Do not test a patient for COVID-19 if any of the following are true:

- a) Is a known confirmed COVID-19 case that has not previously been cleared
- b) Is a previously cleared confirmed case and testing will occur within 90 days after clearance and there is no clinical indication for testing (e.g. there are no new COVID-19 symptoms) and no direction to test in the context of a new exposure or outbreak investigation. If suspicion of re-infection within 90 days after clearance (i.e., new symptoms or new high-risk exposure) of a previously cleared confirmed case exists, contact IPAC / Public Health and only test via Public Health Lab.
- c) Has a negative test result within the past 24 hours unless experiencing new or worsening symptoms of COVID-19 or testing is requested at the direction of public health or IPAC
- d) Nasal or oral injury

2 – Test within 24 hours prior to admission or transfer. Testing performed >24 hours prior to a surgical procedure requiring a general anaesthetic or an AGMP, is valid if the patient was instructed to and isolated appropriately from the time of testing to the procedure and passes COVID-19 screening (e.g., no high risk exposures to COVID-19 and no COVID-19 symptoms).

3 – Rapid antigen tests can include tests from an authorized testing site (i.e. pharmacy) or take home tests. Physical proof of a positive rapid antigen test is not required, a verbal clinical history with date of positive tests is acceptable provided the following is documented in the patient’s chart: type of test, positive date, symptom onset date if symptomatic, and date resolved if resolved.

4 – Negative pressure room not required unless patient undergoes AGMP.

5 – Confirm exposure history via verbal report by patient / essential care provider / transferring agency or facility/ Public Health / IPAC and document nature of the exposure and date of last exposure in the chart. Refer to IPAC’s intranet webpage for a listing of facilities known to be on COVID-19 outbreak.

6 - Testing requirements generally are to test as soon as possible following exposure and on or after day 5 following exposure. IPAC will advise on requirements specific to each patient.

7 – Refer to Symptom Algorithm (Table 2)

8 - Symptom is not related to other known causes or conditions.

MANDATORY COVID-19 ADMISSION TESTING IS NOT IN PLACE

Table 3: When to test and when to isolate for COVID-19 based on patient scenario

	Patient Scenario	COVID-19 PCR test required^{1,2}	Additional Precautions
1	Passes COVID-19 screening	No unless: A. Transfer/admission to 1A acute oncology (rooms 120-132), or B. Transfer from a healthcare facility outside of Northwestern Ontario, or C. Transfer from hospital to First Nation, Inuit or Métis communities, or D. Transfer from hospital to a long term care facility or the transitional care unit (TCU) E. Has a scheduled surgical procedure requiring general or spinal anesthesia or an AGMP	As per routine and additional precautions.
2	Known positive COVID-19 case confirmed by PCR test or rapid antigen test ³ from within the last 10 days (or 20 days if severe illness or severe immune compromise)	No	Airborne ⁴ /Droplet/Contact (minimum of green)
3	High-risk exposure in the last 10 days to a confirmed COVID case or a COVID-19 outbreak ⁵ .	At the direction of IPAC ⁶	Airborne ⁴ /Droplet/Contact (minimum of green)
4	Symptomatic for COVID-19 now or within the past 10 days ⁷	Yes if: A. Transfer/admission to the hospital from anywhere B. Transfer from hospital to First Nation, Inuit or Métis communities, C. Transfer from hospital to a long term care facility or the transitional care unit (TCU) D. Has a scheduled surgical procedure requiring general or spinal anesthesia or an AGMP E. Aerosol generating medical procedures (AGMPs) are anticipated to be performed F. New or worsening symptoms of COVID-19	Airborne ⁴ /Droplet/Contact (minimum of green). *If no high-risk exposure within the past 10 days, suspect COVID-19 status is cleared by the MRP if an alternate diagnosis is documented and the COVID-19 test result is negative.
5	Patient requires COVID-19 testing as outlined in a scenario above, but refuses testing.	N/A	Airborne ⁴ /Droplet/Contact (minimum of green)

References:

- Ontario Ministry of Health. COVID-19 Provincial Testing Guidance. April 11, 2022: Version 15.0. Available: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/COVID-19_provincial_testing_guidance.pdf
- Ontario Ministry of Health. COVID-19 Guidance: Acute Care. June 11, 2022: Version 8.0. Available: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_acute_care_guidance.pdf
- Ontario Ministry of Health. Management of Cases and Contacts of COVID-19 in Ontario. April 19, 2022: Version 14.1. Available:
- https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

All Hospital COVID-19 updates are available on the iNtranet at <https://comms.tbrhsc.net/covid-19-information>