Ministry of Health

COVID-19 Quick Reference Public Health Guidance on Testing and Clearance

This information can be used to help guide decision making on testing and clearance of contacts of cases or individuals suspected or confirmed to have COVID-19. This information is current as of July 29 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Please refer to the COVID-19 Provincial Testing Guidance Update.

Diagnosing COVID-19

In a **symptomatic patient** in whom COVID-19 is suspected, only a single (1) NP swab is required for laboratory testing. Laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A single positive result is sufficient to confirm the presence of COVID-19.
- In a patient with *no known exposures*, a single negative result is sufficient to exclude COVID-19, at that point in time. Depending on the clinical scenario (i.e. persistent, new or worsening symptoms), repeat testing can be considered.
- In a symptomatic patient *currently within their 14-day self-isolation as a result of a known exposure*, a single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual should remain in self-isolation for the remainder of their 14-day period, and if symptoms change or worsen, repeat testing.

In an **asymptomatic patient,** laboratory confirmation of COVID-19 infection is performed using a validated assay, consisting of a positive nucleic acid amplification test (NAAT; e.g. real-time PCR or nucleic acid sequencing) on at least one specific genome target.

- A positive test in an asymptomatic individual may represent two possible scenarios:
    - **current** infection that is asymptomatic or pre-symptomatic (i.e., the individual develops symptoms afterwards), OR
    - **prior** infection (with or without symptoms) as testing can remain positive for several weeks after infection.

Version 9.0
July 29, 2020

- A single positive result is sufficient to confirm current or prior infection with SARS-CoV-2.
- **All asymptomatic individuals** who have a **first-time positive test** must be managed as if they have **current** COVID-19 infection in terms of immediate self-isolation until cleared, see below for details.
    - A positive result in an asymptomatic individual with low pre-test probability should be retested as soon as possible and may be cleared with a single negative retest, as per the Public Health Management of Cases and Contacts of COVID-19 in Ontario.
- An asymptomatic individual who has been advised by local public health to get tested due to exposure to a case or as part of an outbreak investigation should be tested within 14 days from their last exposure.
    - A single negative result is sufficient to exclude COVID-19 at that point in time. However, the individual must continue to follow public health advice provided to them based on their exposure risk for the rest of their 14 days from last unprotected exposure to the case, regardless of the negative result as they may still be incubating.
    - Re-testing after an initial negative test within the quarantine period is not recommended if the individual remains asymptomatic.
    - Re-testing should be conducted if the asymptomatic individual who initially tested negative develops symptoms.

An individual that has **previously had laboratory-confirmed COVID-19 AND was cleared**, should generally **not be re-tested** due to persistent shedding.

Serological tests are still in development and are currently not approved for the diagnosis of SARS-CoV-2 infection, and are not reportable to local public health. Any results of serological tests should not be used to inform public health management of individuals.

Management of individuals who have not been tested

- If individual is asymptomatic and has no known exposure risk
    - Provide reassurance and direct them to the Ontario COVID-19 website for further information
- If individual is asymptomatic, but has an exposure risk (for example: an individual who has refused testing)
    - Provide information on self-monitoring and self-isolation for **14 days from date of last known exposure**

Criteria for when to discharge someone with probable or confirmed COVID-19 from isolation and consider 'resolved'

- For each scenario, isolation after symptom onset should be for the duration specified **provided that the individual is afebrile, and symptoms are improving for at least 72 hours**. 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, their case status should be updated in iPHIS to 'resolved'.
- If an individual has tested positive but has never had symptoms, isolation recommendations should be **based on date of specimen collection**. After an individual completes their isolation period, they should continue to practice physical distancing measures as recommended for everyone at this time.
- If an asymptomatic individual has tested positive AND has a prior history of symptoms compatible with COVID-19, clearance should still be based on specimen collection date. At the discretion of the local public health unit, the period of communicability and clearance may be based on symptom onset date depending on timing of symptoms (e.g., recent symptoms) and likelihood that symptoms were due to COVID-19 (e.g., known exposure to a confirmed COVID-19 case prior to symptom onset).

Approaches to Clearing Cases

Approach	When to Use	Instructions
Non-Test Based Waiting 14 days from symptom onset (or 14 days from when swab was taken if persistently asymptomatic)	All cases may be cleared by a non-test based approach	Can discontinue isolation at **14 days after symptom onset** (or 14 days from positive test collection date if never had symptoms), provided that the individual is afebrile and symptoms are improving for at least 72 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.

Approach	When to Use	Instructions
Test Based Two consecutive negative specimens collected at least 24 hours apart.	Not routinely recommended, but may be used at the discretion of a hospital to discontinue precautions for admitted patients	Continue isolation until **2 consecutive negative specimens collected at least 24 hours apart**. • Testing for clearance may begin after the individual has become afebrile and symptoms are improving for at least 24 hours. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection. • If swab remains positive, test again in approximately 3-4 days. If swab is negative, re-test in 1-2 days (and at least 24 hours apart). • Tick the box labelled 'For clearance of disease' on the PHO Laboratory COVID-19 Test Requisition, or clearly write this on the requisition if submitting to another laboratory.

Recommendations for Health Care Workers Return to Work

- Health care workers (HCWs) should follow **isolation and clearance with a non-test based approach** unless they have required hospitalization during the course of their illness, in which case a test based approach may be used at the discretion of the hospital (see above). Some HCWs may be directed to have test based clearance by their employer/Occupational Health and Safety.
- Symptomatic HCWs awaiting testing results must be off work
- Asymptomatic HCWs awaiting testing results may continue to work using the appropriate precautions recommended by the facility, which will depend on the reason for testing (i.e., asymptomatic HCW is not on self-isolation following a high-risk exposure)

In **exceptional circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work under work self-isolation may be considered for an asymptomatic HCW who is self-isolating due to a high-risk exposure.

In **exceptionally rare circumstances** where clinical care would be severely compromised without additional staffing, an earlier return to work of a COVID-19 positive HCW that has not been cleared may be considered under work self-isolation recognizing the staff may still be infectious (see table below). Any COVID-19 positive worker who is, in an exceptionally rare circumstance, being allowed to return to work earlier than would otherwise be the case must not pose a risk to other workers or patients.

Work self-isolation means maintaining self-isolation measures outside of work for 14 days of self-isolation for those with high-risk exposures, or 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) for cases, to avoid transmitting to household members or other community contacts. While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing (remaining greater than 2m/6 ft from others) except when providing direct care, and performing meticulous hand hygiene. These measures at work are required to continue until non-test based clearance (or test based clearance if required by employer/Occupational Health and Safety). The COVID-19 positive HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The HCW on work self-isolation should not work in multiple locations.

Symptoms at/around time of testing	**Test Result**	**Instructions**
Yes	Positive	• Work self-isolation could start after a minimum of 72 hours after illness resolving, defined as resolution of fever and improvement in respiratory and other symptoms
Yes	Negative	• May return to work 24 hours after symptom resolution • If the HCW was self-isolating due to an exposure at the time of testing, return to work should be under work self-isolation until 14 days from last exposure
Never symptomatic at time of test	Positive	• If there has been a recent potential exposure (e.g., tested as part of an outbreak investigation or other close contact to a case), work self-isolation (i.e., return to work) could start after a minimum of 72 hours from the positive specimen collection date to ensure symptoms have not developed in that time, as the positive result may represent early identification of virus in the pre-symptomatic period • If there is a low pre-test probability (e.g., there has been no known recent potential exposures such as tested as part of surveillance and no other cases detected in the facility or on the unit/floor, depending on the facility size), see Public Health Management of Cases and Contacts of COVID-19 in Ontario for repeat testing guidance. If follow-up testing is negative, the HCW is cleared and can return to work as per usual.

Recommendations for Return to Work in Non-Health Care Settings

- Return to work for workers who are confirmed or probable cases and work in non-health care settings requires clearance as outlined earlier in this document and in the Public Health Management of Cases and Contacts of COVID-19 in Ontario guidance.
- Workers are not required to provide proof of a negative test result to their employers in order to return to work. It is expected that workers who have tested positive abide by public health direction and advice on when they would be considered clear to return to work.
- Return to work for workers who are self-isolating due to a high-risk exposure can occur after the end of their self-isolation period.
- Work self-isolation should NOT be considered for confirmed or probable COVID-19 cases in non-healthcare setting (including asymptomatic positive workers within their isolation period), for large workplace outbreaks, for large numbers of exposed workers in a given workplace, or for any worker linked to an outbreak where workers also live in a congregate living setting.
- There may be exceptional circumstances where the Public Health Unit may consider work self-isolation for workers who are in self-isolation from a high-risk exposure, excluding the scenarios outlined above. This should be done in consultation with the Ministry Emergency Operations Centre, Public Health Ontario. Work self-isolation is generally **not** recommended for any workers in non-health care settings due to the potential for contacts with high risk exposures to be infectious, and barriers to ensuring appropriate and consistent infection prevention and control measures to prevent transmission.
    - Considerations for exceptional circumstances should include: health and safety, and ethical and equity considerations (including with respect to whether the worker(s) serve a “critical” function, and promoting the wellbeing of and minimizing the harm to workers and the community); minimizing risk related to transportation to and from work (e.g.., no carpooling / ride-sharing or public transit use); alternatives to work-self isolation (e.g., work from home, alternate staff); availability of Occupational Health or other similar resources that can support training and monitoring of PPE and non-medical mask usage, and other barriers to effective implementation of IPAC measures required for work self-isolation, including barriers to symptom screening, physical distancing, and appropriate PPE use and masking for source control. Employers must take into consideration the safety of other workers and compliance with the OHSA to ensure that the return of any worker is safe for both the returning worker and others in the workplace.