

# COVID-19 Provincial Testing Guidance Update

V. 13.0 August 25, 2021

This document is an update to the COVID-19 Provincial Testing Guidance Update issued May 26, 2021. This document also adds to the [Quick Reference Public Health Guidance on Testing and Clearance](#). This information is current as of August 25 2021 and may be updated as the situation on COVID-19 continues to evolve.

It is expected that this guidance will be consistently applied across all regions in Ontario to guide decision making regarding COVID-19 testing of further priority population groups, in conjunction with other [setting-specific guidance](#) as appropriate.

In the event of any conflict between this guidance document and any applicable legislation or orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the legislation, order or directive prevails. Please see Ontario's [COVID-19 website](#) for more general information as well as for updates to this document.

Updates to this document include:

- Asymptomatic screening testing is generally not recommended for individuals who are fully vaccinated.
- Information on self-testing kits (page 4)
- Updated testing guidance for asymptomatic individuals (page 6)
- Updated list of targeted testing groups (page 7)
- Updated testing guidance for facility transfers and hospitals (page 8)
- Updates to testing for asymptomatic patients/residents for facility transfers (page 9)

# Table of Contents

- Types of Tests Available.....3**
- Variants of Concern.....5**
- Guidance for Symptomatic Individuals.....5**
- Guidance for Asymptomatic Individuals.....6**
  - Contacts of confirmed positive cases:.....6
  - Outbreak Investigations:.....7
  - Targeted Testing Groups:.....7
- Guidance for Specific Settings.....8**
  - Facility Transfers.....8
  - Hospitals.....9
  - Long-Term Care and Retirement Homes.....11
  - Other Congregate Living Settings and Institutions.....12
  - Remote/Isolated/Rural/Indigenous Communities.....13
  - Workplaces and Community Settings – Enhanced Contact-Based Testing.....13
  - Other Populations.....13
- Appendix A: Testing Newborns.....15**
- Appendix B: Testing Asymptomatic Cancer Patients.....15**
- Appendix C: Testing for Hemodialysis Patients ..... 16**

## Types of Tests Available

There are three types of tests available in the province of Ontario:

### **1. Laboratory-based molecular testing: nucleic acid amplification test (NAAT), e.g., polymerase chain reaction (PCR) test detects virus or viral fragments**

- a. Purpose: Molecular testing is primarily used for diagnostic purposes.
- b. [Preferred and Acceptable Specimen types](#): A nasopharyngeal swab (NPS) or lower respiratory tract specimen (e.g. sputum, tracheal aspirate) is the preferred specimen in hospitalized patients. Other specimen types may be used for non-hospitalized and asymptomatic patients to support access to testing. Refer to Public Health Ontario's [Coronavirus Disease 2019 \(COVID-19\)-PCR Test Information Sheet for further details](#). To support access to testing, less invasive specimen collection approaches may be considered to maximize test uptake.

### **2. Laboratory-based serology testing: detects antibodies to SARS-CoV-2**

- a. Purpose: Serology testing is available for clinical use under specific clinical indications:
  - i. Patients presenting with symptoms compatible with [Multisystem Inflammatory Syndrome in Children \(MIS-C\)](#) or Adults (MIS-A) who do not have laboratory confirmation of COVID-19 by molecular testing.
  - ii. Testing may be considered for patients with severe illness who have tested negative for COVID-19 by molecular testing and where serology testing would help inform clinical management and/or public health action. Serology testing for these patients requires consultation and approval by the testing laboratory.

**Serology should NOT be used for screening and diagnosis of acute COVID-19 infection, determining immune status, vaccination status.**

### 3. Point-of-Care Testing (POCT)

POCT refers to testing that employs a COVID-19 medical device authorized by the Minister of Health (Canada) for point-of-care use in which analysis is done at or near the point of specimen collection. For interpretation of results from POCT, see [Appendix 9: Management of Individuals with Point-of-Care Results](#) or [Point of Care Testing Use Case Guidance](#). Additional testing (e.g. laboratory-based molecular testing) may be advised for negative antigen tests due to the risk of false negatives or for positive molecular self-tests due to the COVID-19 reporting requirements.

#### a. Molecular POCT

- i. Purpose: Molecular POCT is for diagnostic or screening purposes, including for confirmatory testing of positive antigen POCT results.
- ii. [Specimen types](#): Upper respiratory tract, which can be collected using a nasopharyngeal swab (NPS) or other swabs approved by Health Canada. Other acceptable specimens to support access to testing include: a combined swab of throat and both nares, deep nasal swab, or anterior nares (both nares).

#### b. Antigen POCT

- i. Purpose: Antigen POCT is used for screening purposes only. **Antigen POCT should NOT be used to test for COVID-19 infection in symptomatic individuals, individuals with known contact with a COVID-19 case or in outbreaks.** Positive antigen POCT results do not have to be reported to the local public health unit but need to be confirmed by molecular testing.
- ii. [Specimen types](#): Upper respiratory tract specimen, which can be collected using an NPS or as outlined in the "[Considerations for Antigen Point-of-Care Testing Guidance](#)" document.

#### c. Self-Testing Kits

- i. Purpose: Self-testing kits should be used for screening purposes only. **Self-testing kits should NOT be used to test for COVID-19 infection in symptomatic individuals, individuals with known**

**contact with a COVID-19 case or in outbreaks.** See the [MOH's website](#) for more information.

### **For all test types:**

All testing must be performed on technologies approved by Health Canada (HC) or otherwise validated by the licensed laboratory (i.e., laboratory-developed test). Laboratories used to collect specimens and conduct testing for COVID-19 must be licensed under the *Laboratory and Specimen Collection Centre Licensing Act* ([LSCCLA](#)) or fall under an exemption under the LSCCLA.

All molecular test results, including molecular POCT and clinical serology test results, should be entered with minimum data elements required for laboratory results into the Ontario Laboratories Information System (OLIS), or where OLIS is not available, results should be reported, as per Ontario Health guidelines and in accordance with the [Health Protection and Promotion Act](#).

With the exception of positive antigen POCT or molecular self-tests, all positive COVID-19 tests performed using a Health Canada approved test, or an assay validated by the laboratory must be reported to the local public health unit as per the [LSCCLA's Reg 682](#) and/or under [Health Protection and Promotion Act](#). Reporting of positive results must be in accordance with CMOH guidance.

## **Variants of Concern (VOC)**

Information on VOC testing is available from Public Health Ontario's [COVID-19 Variants of Concern Test Information Sheet](#).

## **Guidance for Symptomatic Individuals**

Any Ontarian presenting with at least one symptom or sign from the [COVID-19 Reference Document for Symptoms](#) should be considered for COVID-19 molecular testing. Clinicians should continue to use their clinical judgment during patient assessment and in deciding whether to order testing, in consideration of local

epidemiology and exposure risks.

## **Influenza and other seasonal respiratory virus testing**

The following populations who are symptomatic with acute respiratory infection (ARI) are eligible for molecular testing for influenza and other seasonal respiratory viruses:

- Symptomatic hospitalized patients.
- Symptomatic patients tested in institutional settings (non-outbreak).
- Outbreak investigations (up to 4 specimens) from symptomatic patients only. This includes [symptomatic residents, staff and/or essential visitors](#) in an institutional/congregate living setting (e.g., long-term care homes, retirement homes, correctional facilities, shelters, group homes) with ARI. For additional testing in outbreak settings, contact [PHO's Laboratory Customer Service Centre](#) and reference PHO Laboratory's [Respiratory Virus Test Information Sheet Update](#).
- Persons residing in remote communities.

When completing the PHO Laboratory [COVID-19 and Respiratory Virus Test Requisition](#), the appropriate test should be selected in the "Test(s) Requested" (box 5) – either COVID-19 virus alone, respiratory viruses alone, or COVID-19 and respiratory viruses.

## **Guidance for Asymptomatic Individuals**

**Only asymptomatic individuals who are high-risk should be considered for molecular testing, including asymptomatic individuals who have received a positive antigen POCT or positive self-test kit result, and individuals from targeted testing groups, as follows:**

### **Contacts of confirmed positive cases:**

Asymptomatic close contacts of a confirmed case (regardless of vaccination status) should undergo PCR testing at a designated testing centre within 10 days of their last exposure or notification from the COVID Alert app.

- Contacts who have had ongoing exposure to the case while the case has been infectious, or who had similar acquisition exposures as the case, should be tested as soon as possible. If the initial specimen was collected on day 0-6 after the last exposure, a second specimen should be collected on or after day 7 after the last exposure.
- Contacts who are part of an outbreak investigation should be tested as soon as possible, and have repeat testing as directed by the local public health unit.
- Contacts who were only exposed to the case and who do not share acquisition exposures should be tested on or after day 7 after their last exposure to the case. If an initial test was collected between days 0-6 after their exposure, all high risk of exposure contacts need repeat testing on or after day 7.

If the test result is negative, asymptomatic contacts who have been advised to self-isolate by public health must remain in self-isolation for 10 days from their last exposure to the case. If an asymptomatic contact tests negative and then subsequently becomes symptomatic, they should be re-tested as soon as possible and self-isolate immediately if not already.

### **Outbreak Investigations:**

Asymptomatic workers and residents at specific outbreak sites may be considered for testing at the direction of public health.

### **Targeted Testing Groups:**

**Asymptomatic** individuals without known high-risk exposures and not part of outbreak investigations, but from certain populations may be considered for screening testing.

Eligible individuals include:

1. Workers (including support workers), visitors (including caregivers) and government inspectors of long-term care homes
2. Temporary Foreign Workers
3. Individuals who identify as Indigenous
4. Individuals, and one accompanying caregiver, with written prior approval for

out-of-country medical services from the General Manager, OHIP

5. Individuals who are travelling into remote/isolated First Nation and Indigenous communities for work purposes.
6. Pre-camp testing for campers (not all campers are children) and staff attending overnight summer camps (until September 6, 2021). Pre-camp testing for campers (not all campers are children) and staff attending overnight summer camps (2021) is available at pharmacies only.

Note that individuals with a positive result obtained through an antigen POCT and requiring a confirmatory test (including, but not limited to, individuals who are part of an organization or setting that is participating in the Provincial Antigen Screening Program) are eligible for confirmatory testing using a laboratory-based molecular test or a rapid molecular POCT.

## Antigen POCT

Antigen POCT is used for screening purposes only and should NOT be used for symptomatic individuals or individuals with known close contact with a positive COVID-19 case.

## Guidance for Specific Settings

### Facility Transfers

Examples of facility transfers include, but are not limited to:

- Admissions to hospital from another hospital, long-term care home, retirement home or other congregate living setting/institution (including group homes and equivalent higher-risk settings)
- Patients entering a residential treatment facility (e.g. a mental health or addiction program)
- Transfers from, or repatriation to community hospitals and regional tertiary/quaternary centres; or
- Transfers from an acute site to a post-acute site (e.g. patient transferred from



hospital to complex continuing care/rehab) within a multi-site organization

### **Symptomatic Patients/Residents**

Any symptomatic patient transferred between facilities (i.e. leaving one facility and entering another, even within same multi-site organization), should be tested (using molecular testing) upon admission to the destination facility.

At any time, an individual who has previously tested positive for COVID-19 and has since recovered should be tested if they have had a new high-risk exposure and symptoms. The decision to test should be based on the clinical judgment of a health care provider and/or be at the discretion of public health.

### **Asymptomatic Patients/Residents**

Testing of fully vaccinated individuals who are asymptomatic with no known COVID-19 exposure: As per PIDAC's Interim Guidance on Infection Prevention and Control for Health Care Providers and Patients Vaccinated Against COVID-19 in Hospital and Long-Term Care Setting, testing is no longer recommended for asymptomatic fully vaccinated people who are being transferred.

Local PHUs and health organizations may make alternate testing recommendations/policies based on local epidemiology and within outbreak contexts.

There is one exception to the above guidance:

Newborn infants (<48 hours old at time of transfer) born to individuals who are asymptomatic and screen negative for symptoms: Such newborns should be considered exempt from routine COVID-19 testing on admission to the destination facility. See [Appendix A](#) on newborn testing.

### **Hospitals**

Testing prior to a scheduled (non-urgent/emergent) surgery in a hospital or other surgical setting (e.g. independent health facility, etc):

- Testing prior to surgery will be determined by COVID-19 Regional Steering Committee/Response Table, and may vary across Ontario regions.

- For areas with low community transmission of COVID-19, testing prior to a scheduled surgical procedure is not required. In areas where community transmission of COVID-19 is not low (>10 cases per 100,000/week), any patient with a scheduled surgical procedure requiring a general anaesthetic and who is not fully vaccinated should be tested 24-48 hours prior to procedure date. Pre-procedure testing is not recommended for fully vaccinated patients who are asymptomatic and do not have a high risk exposure to a COVID-19 case.
- Patients who are not fully vaccinated should only go out for essential reasons (e.g. work, school) for as close to 10 days prior to a scheduled procedure as is feasible.
- In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed for a period of at least 10 days and until cleared by public health and/or infection control.

### **Testing of hospitalized patients:**

In the event a patient develops **laboratory-confirmed COVID-19**, within a 14-day period where the case could have reasonably acquired their infection in the hospital, and the case was not cared for on Droplet/Contact Precautions, asymptomatic contacts of the confirmed case should be tested regardless of vaccination status and including:

- All patients on the unit/care hub
- All staff working on the unit/care hub while the case was not on Droplet/Contact Precautions
- All essential visitors that attended the unit/care hub
- Any other contacts deemed appropriate for testing based on a risk assessment by Infection Prevention and Control

Infection Prevention and Control/Occupational Health may also, based on a risk assessment, determine if any additional testing is required, or whether any of the

above-mentioned individuals do not require testing.<sup>1</sup>

In asymptomatic inpatients, a negative result should not change contact management, as the individual may still be in their incubation period.

In the event a hospitalized patient is diagnosed with community acquired **laboratory-confirmed COVID-19**, and the patient was not cared for on Droplet/Contact Precautions, asymptomatic contacts of the confirmed patient, while the confirmed case was infectious, should be tested, determined in consultation with Infection Prevention and Control and Occupational Health:

- Any patient in the same patient care area when the case was not under Droplet/Contact precautions
- Any staff who cared for the patient who had close prolonged contact within 2 meters not wearing appropriate personal protective equipment.

Infection Prevention and Control/Occupational Health may also, based on a risk assessment, determine if any additional testing is required, or whether any of the above-mentioned individuals require testing.

See the [COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#) for recommendations on infection control management. Fully vaccinated individuals are defined as being ≥14 days after receiving the second dose of a two-dose COVID-19 vaccine series or the first dose of a one-dose COVID-19 vaccine series.

## Long-Term Care and Retirement Homes

### Definitions:

- **Long-term care homes:** has the same meaning as in the *Long-Term Care Homes Act, 2007*

---

<sup>1</sup> Note: Testing recommendations based on a single case are at the direction of the acute care Infection Prevention and Control and Occupational Health. If an outbreak is declared, additional testing recommendations are determined by the Outbreak Management Team including the local public health unit.

- **Retirement homes:** Privately-owned, self-funded residences that provide rental accommodation with care and services for seniors who can live independently with minimal to moderate support.

**In the event a resident living in a long-term care or retirement home develops [symptoms](#) of COVID-19**, asymptomatic residents, regardless of immunization status, living in the same room should be tested immediately along with the symptomatic resident under the direction of local public health.

For asymptomatic residents who have been identified as a close contact of a known case, regardless of their vaccination status, a negative result should not change public health management as the individual may still be in their incubation period.

Re-testing of asymptomatic individuals who initially test negative is recommended if they develop symptoms.

In the event of an outbreak, the local public health unit is responsible for managing the outbreak response. For more information, refer to MOH's [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#).

**Note: Antigen POCT must not be used to test symptomatic individuals or in settings in outbreak.**

## **Other Congregate Living Settings and Institutions**

**Definition:** Other congregate living settings and institutions include homeless shelters, group homes, community supported living, disability-specific communities/congregate settings, short-term rehab, hospices, and other shelters.

**Note:** Correctional facilities should follow sector-specific guidance on testing.

The approach to outbreak testing in congregate living settings and institutions may vary depending on the nature of the setting. In general, in the event of an outbreak declared in the setting, consideration should be given to testing all staff in the facility AND all residents/attendees in the facility, based on the direction of local public health. Local public health may also, based on a risk assessment, determine if any additional testing is required.

In asymptomatic persons, a negative result should not change public health

management as the individual may still be in their incubation period. See [the Management of Cases and Contacts of COVID-19 in Ontario](#) and the [COVID-19 Fully Immunized and Previously Positive Individuals: Case, Contact and Outbreak Management Interim Guidance](#) for more information.

## **Remote/Isolated/Rural/Indigenous Communities**

In the event of a confirmed case of COVID-19 in a remote, isolated, rural or Indigenous community, testing of contacts at low-risk of exposure as well as contacts at high-risk of exposure, should be considered, in consultation with the local public health unit.

## **Workplaces and Community Settings – Enhanced Contact-Based Testing**

In the event of **one laboratory-confirmed case of COVID-19** identified in a workplace or community setting (e.g. religious gathering, recreational centre) during their period of communicability, exposed individuals in the workplace or community setting, determined in consultation with local public health, should be tested including:

- Close contacts of the case
- In settings where contacts are difficult to determine, broader testing may be considered

In the event of an **outbreak in a workplace or community setting**, as determined by local public health, all individuals associated with the outbreak area should be considered for testing.

In asymptomatic persons who are not fully vaccinated and were not previously positive within the past 90 days, a negative result should not change public health management as the individual may still be in their incubation period. In the event of ongoing transmission in an outbreak, repeating testing of asymptomatic persons who initially tested negative during the outbreak may be advised by the local public health unit to assess for additional asymptomatic/pre-symptomatic cases in an outbreak.

## **Other Populations**

Specific testing guidance has been developed for certain people requiring frequent

contact with the healthcare system due to their current course of treatment for an underlying condition :

- Newborn testing – See Appendix A
- Testing for Cancer Patients- See Appendix B
- Testing for Hemodialysis Patients – See Appendix C

## Appendix A: Testing Newborns

Newborns born to people with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.

If maternal testing is pending at the time of mother-baby dyad discharge, then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.

Newborns currently in the NICU/SCN born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours of life and, if the initial test is negative, again at 48 hours of life, regardless of symptoms.

## Appendix B: Testing People with Cancer who are Asymptomatic

Routine testing of all patients prior to radiation or systemic treatment is not recommended. Rather, a regional approach should be adopted after reviewing local epidemiology by regional COVID response committees. 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 if he/she feels it is necessary or indicated, 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

### **Recommendations for Hematopoietic Cell Therapy**

- 1) All patients booked for hematopoietic cell therapy should be tested 24-48 hours before their appointment apart from exceptional circumstances, e.g., Priority A case requiring urgent same day treatment.

# Appendix C: Testing for Hemodialysis Patients

## 1. Testing for symptomatic in-centre hemodialysis patients

- Test symptomatic patients using a low-threshold approach, incorporating ["atypical symptoms"](#)
- Patients with persistent respiratory symptoms or fever despite a negative test should be managed on Droplet and Contact Precautions and be retested as appropriate, based on clinical judgement.

## 2. Testing for in-centre hemodialysis patients who reside in LTC/retirement homes (~450 patients total) or other congregate living settings

- Periodic testing of asymptomatic patients from LTC or retirement homes is not recommended where the home does not have known cases.
- Periodic testing of hemodialysis patients in LTC/retirement homes with known cases or outbreaks should continue regularly until the outbreak is considered cleared.
- If a LTC/retirement home patient comes from a home where there is currently a COVID-19 outbreak or one is subsequently declared and the patient becomes a laboratory-confirmed case, decisions around additional testing of asymptomatic patients and staff should be left to the discretion of local infection prevention and control as testing decisions will be informed by the size and layout of the unit.
- Testing for in-centre hemodialysis patients who reside in LTC or retirement homes to be conducted in the hemodialysis unit, or in accordance with hospital and local public health protocols, if not already done in the home.

There may be consideration given to periodic testing of staff not known to be positive, however, this should be coordinated with the ongoing active testing occurring in the homes. However, this should not be used as a basis for additional precautions in the homes, such as isolation and droplet precautions for these patients in a facility upon their return (e.g. long-term care homes).

## 3. Testing for hemodialysis patients in hemodialysis unit where outbreak declared

- If an outbreak is declared in a hemodialysis unit, test all patients in that unit regardless of whether they are symptomatic. In addition, all staff working in that hemodialysis unit must be tested.



- Retesting should be directed by the outbreak management team overseeing the outbreak, in collaboration with local public health.