

Updated COVID-19 Proactive Prevalence Testing: What to do with results?

Update to York Region Long-Term Care/Retirement Homes and Community Living Facilities as of May 13, 2020

York Region Public Health (YRPH) is proceeding with expanded testing (proactive COVID-19 prevalence testing) across all long-term care/retirement homes (LTCH/RH) and community living facilities, based on Provincial direction, even in situations where staff/health care workers (HCW) and residents remain well. This type of testing is done to identify any unknown or asymptomatic cases of COVID-19 in these facilities. **Please continue to report any symptomatic staff or resident, with or without a positive lab test result, to YRPH at 1-877-464-9675 ext. 73588.** The purpose of this notice is to update LTCH/RH and community living facilities on next steps for managing an outbreak with support from YRPH, in the event proactive prevalence testing yields a positive result. Testing for residents should be done within the facility. Please **do not** take your residents to the hospital emergency department for testing, to avoid unnecessary exposure of your residents to illness. If staff testing cannot be supported within the facility, staff should be directed to a COVID-19 Assessment Centre for testing. If you require assistance facilitating testing of residents or staff, contact YRPH at HEOCLiaisonCS@york.ca.

Public Health Measures for Facilities to Implement:

Based on Symptoms and Positive COVID-19 Swab Results from Proactive Prevalence Testing

	Symptoms? (Appendix A)	Case Follow-up	Contact Follow-Up
Staff/Health Care Workers (HCW)	<p>Asymptomatic <i>(i.e., never experienced symptoms; continue to remain well)</i></p> <p><i>Asymptomatic staff/HCW awaiting testing results may continue to work using the required PPE and infection control precautions required by the facility.</i></p>	<p>Positive COVID-19 test results must be IMMEDIATELY reported to YRPH</p> <p>Testing relating to mass screening: Staff/HCW should be off work completely for 14 days if asymptomatic and tested positive for COVID-19. If they are deemed essential to operations and they were tested simply because proactive prevalence testing occurring in the facility, but never had symptoms and remain well, then they can return to work/continue to work wearing required personal protective equipment (PPE) and ensure work-self-isolation for 14 days after the test date.</p> <p>After 14 days, the staff/HCW who had tested positive is considered no longer infectious and work-self-isolation* may be discontinued.</p> <p>Clearance testing for asymptomatic staff/HCW is not needed (see below for more details on clearance testing).</p> <p>However, some staff/HCWs may be directed to have test based clearance by their Employer/Occupational Health and Safety.</p>	<p>Identify all individuals (staff/HCW and residents) exposed to the staff/HCW who has tested positive for COVID-19 during the 14 days prior to the specimen collection date.</p> <p>All close contacts must be assessed for symptoms suggestive of COVID-19, including atypical presentation (Appendix A), which occurred during the 14 days prior to positive test.</p> <p>Confirm all staff/HCWs identified as close contacts have been adhering to PPE use during the 14 days prior to the testing date for the case. Any break in PPE use must be reviewed in detail to assess risk of exposure to COVID-19 from the staff/HCW member who has tested positive.</p> <p>Staff/HCW confirmed to be close contacts must adhere to strict PPE use while at work and ensure work self-isolation* for the 14 days after last 'exposure' to the confirmed case.</p> <p>Residents identified as close contacts of the positive staff/HCW case (those with high risk exposure to the positive staff/HCW including received care from the confirmed staff case within a 2 metres distance for any duration without consistent mask use or hand hygiene) should be isolated for 14 days from last exposure to positive case.</p>
	<p>Symptomatic <i>(i.e., shortly after being tested staff/HCW developed symptoms OR upon further investigation, staff/HCW did have recent symptoms)</i></p> <p><i>Symptomatic</i></p>	<p>ALL Symptomatic employees must be reported to YRPH IMMEDIATELY</p> <p>Symptomatic staff/HCW must be removed from work immediately and must follow self-isolation at home requirements for 14 days before returning to work, unless they required hospitalization because of their symptoms in which case they need to have two consecutive negative specimens taken at</p>	<p>All residents in the facility should be actively monitored for 14 days from last date of work for the positive staff/HCW (or in the event the positive staff/HCW continues to work, for the 14</p>

	<p><i>staff/HCW awaiting testing results must be off work.</i></p>	<p>least 24 hours apart to be “cleared” to return to work.</p> <p>In exceptional circumstances where clinical care would be severely compromised without additional staffing, an earlier return to work may be considered under work-self-isolation* . Symptomatic staff/HCW who tested positive for COVID-19 must remain off work until at least 72 hours after symptoms have resolved (resolution defined as absence of fever and improvement in respiratory and other symptoms). These staff/HCW will be considered infectious until 14 days after onset of symptoms and must wear a surgical mask throughout while at work and adhere to additional PPE and infection control measures as required by the facility.</p> <p>Clearance testing for staff/HCW is not needed unless they were hospitalized (see below for more details on clearance testing). However, some staff/HCWs may be directed to have test based clearance by their Employer/Occupational Health and Safety</p>	<p>days following strict implementation of PPE for the positive staff/HCW).</p> <p>Contact follow-up outside of the work environment for staff/HCW who test positive for COVID-19 will be carried out by YRPH.</p>
<p>Resident(s)</p>	<p>Asymptomatic OR Symptomatic</p>	<p>ALL COVID-19 positive or symptomatic resident(s) must be reported to YRPH IMMEDIATELY</p> <p>All residents who have a positive COVID-19 are considered to be confirmed case of COVID-19 including symptomatic resident(s) who are unable to tolerate testing. Those who are unable to tolerate the testing are considered probable cases (i.e., treated as confirmed cases).</p> <p>Resident(s) who test positive for COVID-19 must be isolated within their room and/or cohorted with other ill individuals if isolation in a single room is not possible and contact/droplet precautions implemented immediately for 14 days from specimen collection date or onset of symptoms, whichever is longer.</p> <p>Review resident(s) medical records for any symptoms suggestive of COVID-19, to help identify possible date of symptom onset.</p> <p>Clearance testing for residents is not needed unless they were hospitalized (see below for more details on clearance testing).</p>	<p>Identify Essential Visitors/Agency Staff that visited or provided care to the confirmed COVID-19 positive asymptomatic resident(s) during the 14 days prior to test date. If these essential visitors/Agency staff currently or previously had symptoms of COVID-19, and have not yet been tested, advise YRPH who will arrange for these individuals to be directed for testing at a COVID-19 Assessment Centre. YRPH will provide these individuals with a letter to ensure testing at the COVID-19 Assessment Centre will occur.</p> <p>Other resident(s) within the facility identified as close contacts of resident(s) who are confirmed COVID-19 cases must be isolated to their rooms and/or cohorted with other ill individuals if isolation in a single room is not possible and contact and droplet precautions implemented immediately and for 14 days from last date of exposure to the confirmed case. In units where residents may wander or are difficult to isolate, the entire unit may be put on contact and droplet precautions, with consultation and under the direction of YRPH</p> <p>All staff/HCW that interacted with resident cases without the required PPE during the two days before symptom onset (or 14 days prior to test date if confirmed resident case is asymptomatic) must immediately begin self-isolating at home or work-self-isolation if critical to operations.</p> <p>All resident(s) in the facility should be actively monitored for 14 days from last date of exposure to the confirmed case.</p>

* "Work-self-isolation" means maintaining self-isolation measures outside of work for 14 days from symptom onset (or 14 days from positive specimen collection date if consistently asymptomatic) to avoid transmitting to household members or other community contacts. While at work, the staff/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 staff/HCW should ideally be cohorted to provide care for COVID-19 positive patients/residents if possible. The staff/HCW on work self-isolation should not work in multiple locations.

Approaches to Clearing Resident Cases

For each scenario, isolation after symptom onset should be for the duration specified provided that the individual is afebrile, and symptoms are improving. 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 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.

	When to Use	Instructions
<p>Non-Test Based Approach</p> <p>Waiting 14 days from symptom onset (or 14 days from when swab was taken if persistently asymptomatic)</p>	<p>Appropriate for most individuals who have recovered from mild to moderate illness (i.e., never hospitalized) including individuals who live in congregate settings (e.g., long-term care homes, shelters)</p>	<p>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. Absence of cough is not required for those known to have chronic cough or who are experiencing reactive airways post-infection.</p>
<p>Test Based Approach</p> <p>Two consecutive negative specimens collected at least 24 hours apart.</p>	<p>To remove individuals from isolation who had severe illness (specifically, were hospitalized for their COVID-19 illness), and</p> <ul style="list-style-type: none"> - who remain in hospital after symptom improvement; OR - who are being discharged from hospital to continue isolating in a congregate living setting (e.g., long-term care homes, shelters) 	<p>Continue isolation until 2 consecutive negative specimens collected at least 24 hours apart.</p> <ul style="list-style-type: none"> - Clearance testing may begin after the individual has become afebrile and symptoms are improving. - 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

Source: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_testing_clearing_cases_guidance.pdf

Notes: If test based clearance is not feasible in any scenario, the non-test based clearance approach may be used. Individuals who were hospitalized and are being discharged home, can be cleared from isolation using a non-test based approach.

Status of COVID-19 Institutional Outbreaks in York Region

Proactive prevalence testing is an important component of a comprehensive response being implemented to address COVID-19 among our vulnerable populations in LTCH/RH and community living facilities, to ensure facilities are provided with every resource necessary to stop the spread. Detailed information on COVID-19 outbreaks in institutional settings in York Region, including outbreaks, resident/staff cases and deaths, can be found at york.ca/covid19.

Questions

Long-Term Care/Retirement Homes and Community Living Facilities can direct inquiries to HEOCLiaisonCS@york.ca or 1-877-464-9675 ext. 50240, Monday to Sunday from 9:00 a.m. to 5:00 p.m.

Appendix A: COVID-19 Symptoms

The following outlines symptoms which have been most commonly associated with COVID-19. This information is current as of May 11, 2020 and may be updated as the situation on COVID-19 continues to evolve. If there is a discrepancy between this list and other guidance, this list should be considered as the most up to date.

Common symptoms of COVID-19 include:

- Fever (temperature of 37.8°C or greater)
- New or worsening cough
- Shortness of breath (dyspnea)

Other symptoms of COVID-19 can include:

- 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, post nasal drip, etc.

Other signs of COVID-19 can include:

- Clinical or radiological evidence of pneumonia

Atypical symptoms/signs of COVID-19 should be considered, particularly in children, older persons, and people living with a developmental disability.

Atypical symptoms can include:

- Unexplained fatigue/malaise
- 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 vasculitis in children

Atypical signs can include:

- Unexplained tachycardia, including age specific tachycardia for children
- Decrease in blood pressure
- Unexplained hypoxia (even if mild i.e. O² sat <90%)
- Lethargy, difficulty feeding in infants (if no other diagnosis)

Source: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_reference_doc_symptoms.pdf