



**Northwestern
Health Unit**

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March 26, 2020

Health Care Provider Alert: Guidance on testing and clearing COVID-19 cases

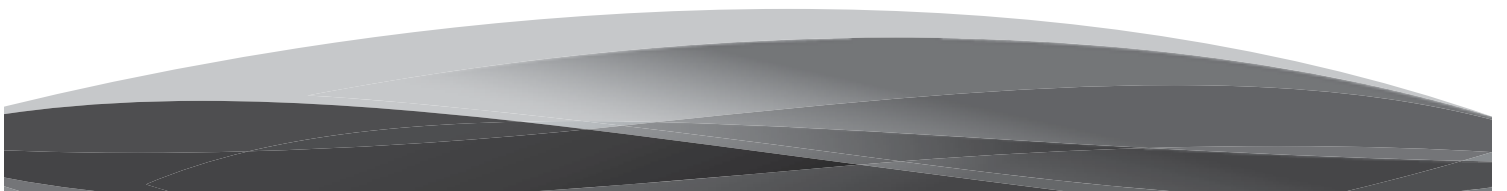
Below is the newly released COVID-19 testing and clearance reference guide from the Ministry of Health. The document can be used to help guide decision making on testing and clearance of individuals suspected or confirmed to have COVID-19.

Please note, this guide replaces the testing criteria that was sent by NWHU on Tuesday, March 24, 2020.

If you have any questions, please contact me.

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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 individuals suspected or confirmed to have COVID-19. This information is current as of March 25, 2020 and may be updated as the situation on COVID-19 continues to evolve.

Who should be tested for COVID-19?

Testing for COVID-19 should be based on clinical assessment, and not based on the case definition.

At this time, there are no criteria for testing and all specimens will be tested if submitted. However, where there are shortages of testing supplies, the following groups should be **prioritized** for testing to inform public health and clinical management for these individuals:

- Symptomatic health care workers (regardless of care delivery setting) and staff who work in health care facilities
- Symptomatic residents and staff in Long Term Care facilities and retirement homes
- Hospitalized patients admitted with respiratory symptoms (new or exacerbated)
- Symptomatic members of remote, isolated, rural and/or indigenous communities
- Symptomatic travellers identified at a point of entry to Canada

Management of individuals who have not been tested

- If individual is asymptomatic and has no exposure risk
 - Provide reassurance and information for [Ontario COVID-19 website](#)
- If individual is asymptomatic, but has exposure risk
 - Provide information on [self-monitoring](#) and [self-isolation](#) for **14 days from exposure risk**

Criteria for when to discharge someone from isolation and consider 'resolved'

For each scenario, isolation after symptom onset should be for the duration specified, and 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'.

- For individuals **at home**:
 - 14 days following symptom onset
 - This applies to individuals whether they were confirmed by testing, and individuals who were not tested but have symptoms compatible with COVID-19

- For **hospitalized** patients:
 - Isolate in hospital until 2 negative tests, obtained at least 24 hours apart
 - If discharged home within 14 days of symptom onset, follow advice for individuals at home

- For **health care workers**:
 - For return to work, 2 negative tests are required, obtained at least 24 hours apart
 - If critical for operations, health care workers may return to work 14 days after symptom onset while wearing appropriate PPE, and continuing use of appropriate PPE until 2 negative specimens at least 24 hours apart.