

COVID-19 Testing & Clearance Guidelines Dec 30, 2021

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High Risk Setting - Definition

All Congregate living settings such as:

- long-term care homes,
- retirement homes,
- First Nation elder care lodges,
- **group homes,**
- shelters, hospices,
- temporary foreign worker settings, and
- correctional institution

Prioritized PCR Testing

PCR tests are being prioritized and will only be allowed for the following individuals:

- **Symptomatic and a staff member or volunteers of high-risk setting (this includes group homes), OR**
- **Symptomatic** residents of high-risk settings.
- **Symptomatic** Essential care providers, and visitors in congregate living settings.
- Screening of high-risk contacts (roommates for example) when no symptoms are present will not be routinely done.
- Confirmation of positive RAT is allowed for high-risk settings only (includes group homes).

Rapid Antigen Tests - New Omicron Directives for Use

Rapid Antigen Tests - New Omicron Directives

Different uses for RAT

- Periodic Screening
- Screening individuals with symptoms
- Test-to-work (aka “work-isolation”)

RAT for Periodic Screening

- Routine testing one or more times per week.
- Those that use RAT for screening should understand the limitations:
 - RATs have low sensitivity for COVID-19 in people who are asymptomatic and without a known exposure to a confirmed case of COVID-19.
 - People infected with COVID-19 may test negative for several days before testing positive on RAT. Therefore, a negative test may represent a false negative and the infection status of the individual may change within hours of taking the test.
 - Should be stressed that even with a negative RAT one must still follow existing public health measures including masking and limiting contacts.

Due to these limitations, we are recommending that RAT for screening purposes be done as close to the start time of the employee's shift as possible, or on-site right before a visit for essential visitors.

RAT for Individuals with Symptoms

If a RAT is available, may be used to assess the likelihood that symptoms are related to COVID-19.

Refined symptom list:

- Fever and/or chills; OR
- Cough; OR
- Shortness of breath; OR
- Decrease or loss of taste or smell; OR

OR, Two or more of:

- runny nose/nasal congestion
- headache
- extreme fatigue
- sore throat
- muscle aches/joint pain
- gastrointestinal symptoms (i.e. vomiting or diarrhea)

If symptoms do not include any of the above, the individual is less likely to have COVID-19 infection and is advised to self-isolate until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).

RAT for Individuals with Symptoms

- A positive RAT is highly indicative that the individual has COVID-19, and the individual is required to self-isolate for 10 days in congregate care.
- If two consecutive RATs, separated by 24-48 hours, are both negative, the symptomatic individual is less likely to have COVID-19 infection, and the individual is advised to self-isolate until symptoms are improving for at least 24 hours.
- If the symptomatic individual works in a high risk setting (group homes, SIL), they should avoid work for 10 days from symptom onset.
- **If RAT is available, these individuals can return to work on day 7 from the date of symptom onset or positive test (whichever is earlier) if they meet the following criteria:**
 - Have two consecutive negative RATs at least 24 hours apart on day 6 and day 7, AND
 - Their symptoms have been improving for at least 24 hours (or 48 hours if gastrointestinal symptoms

Important Note

- 5-day isolation period is for general public, not for workers in high-risk settings (group homes, SIL).
- Returning on day 5 is **NOT** an approved approach from OPH.

Test-to-work - Outline

- Strategy to support “work-self isolation” to meet critical workforce needs for highest risk settings, in which staff are able to return to work when they would otherwise be on self-isolation at home.
- Safest approach for congregate care is to self-isolate for full 10 days OR return after 7 days with negative RAT on day 6 and day 7.
- However, if there is a critical staffing shortage where the health and safety supported individuals is at risk, staff who have tested positive may return to work earlier under certain rules (next slide).

Test-to-work – Critical Staffing Levels

If critical staffing shortage poses health and safety risk for supported individuals, staff who have tested positive may return to work earlier (earlier than day 7) IF:

- asymptomatic;
- are fully vaccinated;
- Must wear fit-tested, seal-checked N95 respirators at all times.
- Must take breaks isolated from others in dedicated room.
- Other staff working along side the staff returning early must also wear fit tested N95 respirators at all times.
- These staff should not work with immunocompromised individuals.
- Those with 3 doses of the vaccine should be prioritized to return early over those with only 2 doses.
- An agency has the responsibility to bring back the fewest number of positive staff as possible.

Test-to-work – Staff Identified as High-Risk Contacts

Staff who are household contacts of positive cases, or have been otherwise advised to self-isolate due to high-risk exposure, may return to work immediately on “work self-isolation” if they:

- remain asymptomatic;
- are actively screened ahead of each shift;
- are fully vaccinated ; and
- continuously test negative on required RAT testing (we recommend at beginning of every shift).
- Staff should wear a **level 3 mask** at all times along with other required PPE.
- ****Staff exposed to positive case wearing full PPE is not considered high risk exposure.**