

**Updated Case and Contact Management and PCR Testing Guidance – Announcement
December 30, 2021**

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Case and Contact Management & Isolation

1. How is the new case and contact guidance different from before? What has specifically changed?

Public health units (PHUs) and the province will focus case and contact management teams on cases in high-risk settings, including hospitals, long-term care facilities, retirement homes, congregate living settings, and First Nation communities. This will protect our most vulnerable and help limit transmission. Below is a summary of the changes to the case and contact management guidance.

Previous Guidance	Updated Guidance
<ul style="list-style-type: none"> • All COVID-19 positive cases and their contacts were contacted directly by a case manager/contact tracer. • More sporadic use of the Virtual Assistant. • Household contacts of a positive case were not required to isolate. • Contacts were asked to seek testing. 	<ul style="list-style-type: none"> • Non high-risk cases will be asked to inform their household and close contacts and provide them with information about self-isolation and testing. Screening guidance will be provided by employers in high-risk settings regarding what to do if you have been identified as a high-risk close contact. • If the individual is related to a high-risk setting, the case will be returned to the public health unit for follow-up of contacts associated with the high-risk setting. • High use of the Virtual Assistant Tool, which sends an SMS case investigation to positive cases • Household members of COVID-19 positive cases and people with COVID-19 symptoms will be asked to self-isolate, regardless of vaccination status. • Close contacts will be asked to seek COVID-19 testing only if they are eligible for testing (unless otherwise instructed by the public health unit or if they work in a high-risk setting). Close contacts who are symptomatic and not eligible for testing should presume to

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	be COVID positive and promptly self-isolate with their household for 5 days if they are fully vaccinated or under 12. The 5 days begin from their symptom onset and until their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) to reduce the risk of transmitting to others. If the close contact is not fully vaccinated or they are immunocompromised, they should self-isolate with their household members for 10 days.
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2. Who are the specific individuals/groups that are now eligible for PCR testing according to this new guidance?

Effective Friday, December 31, 2021, PCR testing will only be recommended for individuals if they belong to the following groups:

- Symptomatic people who fall into one of the following groups:
 - Hospitalized patients
 - Patients in Emergency Departments, at the discretion of the treating clinician
 - Patient-facing health care workers
 - Staff, residents, essential care providers, and visitors in hospitals and congregate living settings, including long-term care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, temporary foreign worker settings, and correctional institutions
 - Outpatients for whom COVID-19 treatment is being considered
 - Underhoused or homeless
- People who are from First Nation, Inuit, and Métis communities and individuals travelling into these communities for work
- Symptomatic elementary and secondary students and education staff who have received a PCR self-collection kit through their school
- People on admission/transfer to or from hospital or congregate living setting
- High risk contacts and asymptomatic/symptomatic people in the context of confirmed or suspected outbreaks in high risk settings, including hospitals, long-term care, retirement homes, other congregate living settings and institutions, and other settings as directed by the local public health unit
- Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP
- Asymptomatic testing in hospital, long-term care, retirement homes and other Congregate Living Settings and Institutions as per provincial guidance and/or Directives

3. What should you do if you have symptoms of COVID-19?

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If you have symptoms of COVID-19, you must isolate. These symptoms include:

- fever or chills
- cough
- shortness of breath
- decreased or loss of taste or smell
- two or more of:
 - runny nose or nasal congestion
 - headache
 - extreme fatigue
 - sore throat
 - muscle aches or joint pain
 - gastrointestinal symptoms (such as vomiting or diarrhea)

If you are fully vaccinated or under 12 years old, you must isolate for 5 days from when your symptoms started. If you are not fully vaccinated or you are immunocompromised, you must isolate for 10 days from when your symptoms started.

You can end isolation only if your symptoms are improved for at least 24 hours, you have no fever, and all public health and safety measures, such as masking and physical distancing, are followed.

All household contacts must also isolate for the same duration regardless of their vaccination status.

If you have symptoms of COVID-19, you should also consider informing close contacts beyond your household contacts by providing them with the link to [Ontario.ca/exposed](https://ontario.ca/exposed). Individuals who are eligible for a lab-based PCR test are encouraged to get tested.

If an individual is ineligible for lab-based PCR testing but is symptomatic and has access to rapid antigen testing (RAT), it may be used to assess the likelihood of COVID-19. A positive rapid antigen test result in an individual that has symptoms consistent with COVID-19 is highly suggestive that the person has COVID-19. If the individual is fully vaccinated or under 12 years of age, they are advised to self-isolate for 5 days from symptom onset and until their symptoms have improved for 24 hours (or 48 hours if they have gastrointestinal symptoms). Do not visit any high-risk settings or individuals who may be at higher risk of illness (e.g., seniors) until 10 days after symptom onset or positive rapid antigen test (whichever is earlier).

If the individual is partially vaccinated or unvaccinated, or if they are immunocompromised, they should self-isolate for 10 days from the onset of symptoms, or from the date of their test (whichever came sooner).

If you have concerns about your symptoms, contact your doctor, health care provider, or Telehealth for more information and guidance. If you develop severe symptoms requiring medical attention, such as shortness of breath or chest pain, call 911.

If you do not have symptoms of COVID-19 but are feeling unwell, isolate until symptoms have improved for at least 24 hours.

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4. What should you do if you've been exposed to someone who has tested positive for COVID-19?

If you are fully vaccinated and you have no symptoms, you are advised to:

- Self-monitor for symptoms for 10 days since you last interacted with the positive case
- Maintain masking, physical distancing, and adherence to all other public health measures if leaving home
- Do not visit any high-risk settings or individuals who may be at higher risk of illness (e.g., seniors) for 10 days from your last exposure

If you are immunocompromised or not fully vaccinated, you must isolate immediately for 10 days following your last exposure.

If you live with the individual who has tested positive, you must self-isolate while they are isolating.

Individuals who are eligible for testing are encouraged to get tested.

If you live, work, attend, volunteer, or have been admitted in a high-risk health care setting, you must get tested as soon as possible. If you are a worker or volunteer, you must notify your employer and should not visit the high-risk setting for 10 days from your last exposure unless directed through critical infrastructure or health care guidance for early return to work. If you live in a high-risk setting, you should isolate regardless of vaccination status.

5. If you test positive, what should you do?

If you are fully vaccinated, or under 12 years of age, and you test positive from a PCR, rapid molecular, or a rapid antigen test, you must isolate for 5 days from symptom onset and until your symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms), whichever is longer in duration. Do not visit any high-risk settings or individuals who may be at higher risk of illness (e.g., seniors) until 10 days after symptom onset or positive rapid antigen test (whichever is earlier).

If you are partially vaccinated, unvaccinated, or immunocompromised, you should self-isolate for 10 days from the onset of symptoms, or from the date of your test (whichever came sooner).

In addition, household contacts of individuals who have tested positive must also self-isolate during this time. Individuals must isolate regardless of their vaccination status.

You should also notify your close contacts. A close contact is someone who had a prolonged exposure in close proximity (within two metres) to a person with COVID-19.

6. Who is considered a close contact?

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A close contact is anyone you were less than two metres away from for at least 15 minutes, or multiple shorter lengths of time, without personal protective equipment in the 48 hours before your symptoms began or your positive test result, whichever came first.

7. What does self-isolating entail?

When self-isolating, Ontarians are advised to:

- Stay home:
 - Do not go to work, school, or other public places;
 - Stay home unless you need to get tested or require emergency medical care; and
 - Do not use public transportation, taxis, or rideshares.
- Avoid contact with others:
 - No visitors unless essential (e.g., care providers);
 - Stay away from seniors and people with chronic medical conditions (e.g., diabetes, lung problems, immune deficiency);
 - As much as possible, stay in a separate room away from other people in your home and use a separate bathroom if you have one;
 - Make sure that shared rooms have good airflow (e.g., open windows); and
 - If these steps are not possible, keep a distance of at least 2 metres from others at all times and wear a mask.
- Keep your distance:
 - If you are in a room with other people, keep a distance of at least 2 metres and wear a mask or face covering that covers your nose and mouth; and
 - People should wear a mask when they are in the same room as you.
- Wash your hands:
 - Wash your hands often with soap and water;
 - Dry your hands with a paper towel or with cloth towel that no one else will share; and
 - Use an alcohol-based hand sanitizer if soap and water are not available.
- Cover your coughs and sneezes:
 - Cover your mouth and nose with a tissue when you cough or sneeze;
 - Cough or sneeze into your upper sleeve or elbow, not your hand;
 - Throw used tissues in a lined wastebasket, and wash your hands;
 - Lining the wastebasket with a plastic bag makes waste disposal safer; and
 - Clean your hands after emptying the wastebasket.
- If COVID-19 symptoms develop while in self-isolation, get tested if eligible.

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8. What happens if after the five days since symptoms started, the individual still tests positive on day six of symptoms but is feeling better? Do they need to self-isolate?

Testing for clearance is generally not recommended as test results may remain positive after the individual is no longer infectious. As long as the symptomatic or positive individual has completed the 5 or 10 days (as applicable to their vaccine and immune status), and their symptoms have been improving for at least 24 hours, they may discontinue self-isolation. It is important that they maintain masking, physical distancing and adherence to all other public health measures if leaving home.

9. Who is considered to be fully vaccinated? Given the high transmissibility of Omicron, does this mean people need to get their booster dose to be considered fully vaccinated?

The definition is currently unchanged of “fully vaccinated” is currently unchanged with the arrival of boosters. Evidence continues to show that a complete COVID-19 vaccine series provides strong protection against COVID-19 infection and severe outcomes.

In Ontario, an individual is considered fully vaccinated if they have received:

- The full series of a COVID-19 vaccine authorized by Health Canada, or any combination of such vaccines,
- One or two doses of a COVID-19 vaccine not authorized by Health Canada, followed by one dose of a COVID-19 mRNA vaccine authorized by Health Canada, or
- Three doses of a COVID-19 vaccine not authorized by Health Canada; and
- Their final dose of the COVID-19 vaccine at least 14 days ago.

The COVID-19 vaccines currently authorized by Health Canada are Pfizer-BioNtech, Moderna, AstraZeneca/COVISHIELD, and Janssen/Johnson & Johnson.

Currently, early evidence suggests that while two doses of the vaccine may have decreased efficacy against the Omicron variant, a third or booster dose can further increase protection against serious illness and hospitalization.

10. Are there exemptions to the 5 days of self-isolation for people who are exposed to a case?

If an individual is fully vaccinated, has no symptoms, is not immunocompromised, is under the age of 12 and does not live with the COVID-19 positive person, they should self-monitor for symptoms for 10 days since they last interacted with the positive case, and maintain masking, physical distancing and adherence to all other public health measures if leaving home.

These individuals will still be asked to not attend high-risk settings such as health care settings or congregate living settings. In scenarios that health and human resource

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capacity would be at risk if a health care worker cannot attend work, they may be able to work under ‘work-self isolation’ and should speak with their employer.

11. How are individuals who are self-isolating supposed to take care of themselves (e.g., get groceries, mental health supports, etc.)?

Supports available through the Ontario Government can be found on [COVID-19: Support for people](#). There may also be local supports available. People should check their [public health unit](#)'s website for any local supports.

In addition, as per the [Management of Cases and Contacts of COVID-19](#) in Ontario, public health units should provide support for self-isolation as needed, including:

- Use of isolation facilities;
- Use of community supports and agencies;
- Mental health supports;
- Courier and delivery supports for food and necessities;
- Emergency financial supports through the provincial government and local regions;
- Provincial unpaid job-protected infectious disease emergency leave and federal government financial supports including employment insurance;
- Additional resources available to support isolation through the [High Priority Communities](#) strategy; and
- If COVID-19 symptoms develop while in self-isolation, get tested if eligible.

Ontario was the first province to introduce unlimited job-protected leave so that nobody has to choose between their job and their health. When combined with the federal program, workers in Ontario also have access to up to 33 paid sick days. These days can be used to take time off work for reasons related to COVID-19, including symptoms of COVID-19, close contact with a positive case, and testing and vaccination.

Employers cannot threaten, fire, or penalize an employee in any other way because the employee took or plans on taking job-protected leave due to COVID-19, and doctors notes are not required for employees to use the leave. You can learn more about job-protected leave [here](#).

12. Is it safe for individuals after their five-day isolation period (day 6-10) to visit their grandparents or other immunocompromised individuals, or go to gyms/restaurants?

Self-isolation may end after five days and when symptoms have resolved or are improving for at least 24 hours. Individuals will need to adhere to public measures in place in whichever setting they are visiting. This includes:

- Maintain masking, physical distancing, and adherence to all other public health measures if leaving home.
- Do not visit any high-risk settings or individuals who may be at higher risk of illness (e.g., seniors) for 10 days from your last exposure/symptom onset.

13. Why aren't individuals required to report a positive rapid antigen test result to their public health unit?

Ontario has a limited supply of rapid tests, and per our guidance this supply is currently being prioritized to the highest-risk settings to help limit transmission and protect our most vulnerable. While the province continues to procure additional rapid tests where possible as well as urging the federal government to make more rapid tests available, at this time not everyone has access to rapid tests to provide a diagnosis.

We know some public health units are requesting that rapid test results be reported to support the localized pandemic response, which we support.

14. What is the “Virtual Assistant” tool and what does it do?

The Virtual Assistant tool uses text messages to connect with individuals who have tested positive for COVID-19 or have been identified as close contacts of someone with a probable case. These text messages link to secure web-based forms with questions that help public health assess symptoms and general health and identify close contacts. The Virtual Assistant also provides important resources to individuals such as isolation instructions, information on where to get tested, and other important COVID-19 information.

If you have tested positive for COVID-19 or have been identified as a close contact, you may choose to receive these texts and are strongly encouraged to respond and complete the secure form in order to ensure the safety of the entire community as part of the province's case and contact management strategy.

This Virtual Assistant tool is available to all public health units and provincial workforce staff that are supporting public health units.

Testing

15. How is the testing guidance different from before? What are the changes specifically?

Previous Guidance	Updated Guidance
<p>1. PCR TESTING</p> <ul style="list-style-type: none"> • Anyone symptomatic or a close contact of a confirmed case eligible for testing • Eligibility for asymptomatic testing included: 	<p>1. PCR TESTING: Narrowed eligibility; only the following groups/populations eligible</p> <ul style="list-style-type: none"> • <u>Symptomatic</u>¹ people who fall into one of the following groups eligible for testing: <ul style="list-style-type: none"> ○ Hospitalized patients

¹ Symptomatic is defined as having at least one symptom or sign from the [COVID-19 Reference Document for Symptoms](#).

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<ul style="list-style-type: none"> ○ Workers (including support workers), visitors (including caregivers) and government inspectors of long-term care homes ○ Temporary Foreign Workers ○ Individuals who identify as Indigenous ○ Residents in homeless shelters ○ Individuals, and one accompanying caregiver, with written prior approval for out of country medical services from the General Manager, OHIP ○ Individuals who are travelling into remote/isolated First Nation and Indigenous communities for work purposes. <p>2. RAPID ANTIGEN TESTING (RAT)</p> <ul style="list-style-type: none"> ● Only for asymptomatic individuals ● All positive results required confirmatory testing via PCR 	<ul style="list-style-type: none"> ○ Patients in Emergency Departments, at the discretion of the treating clinician ○ Patient-facing healthcare workers ○ Staff, volunteers, residents/inpatients, essential care providers, and visitors in hospitals and congregate living settings, including Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, temporary foreign worker settings, and correctional institutions ○ Outpatients for whom COVID-19 treatment is being considered <ul style="list-style-type: none"> ○ Underhoused or homeless ● Symptomatic elementary and secondary students and education staff who have received a PCR self-collection kit through their school. ● People who are from First Nation, Inuit, and Métis communities and individuals travelling into these communities for work ● People on admission/transfer to or from hospital or congregate living setting ● High-risk contacts and asymptomatic/symptomatic people in the context of confirmed or suspected outbreaks in highest risk settings, including hospitals, long-term care, retirement homes, other congregate living settings and institutions, and other settings as directed by the local public health unit ● Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services from the General Manager, OHIP ● Asymptomatic testing in hospital, long-term care, retirement homes and other congregate living settings and institutions as per provincial guidance and/or Directives, or as
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	<p>directed by public health</p> <p>2. RAPID ANTIGEN TESTING: Expanded use cases</p> <ul style="list-style-type: none"> • Continued use for asymptomatic individuals (i.e. for routine screening) • Expanded use for individuals/workers exposed to COVID-19 as an alternative to isolation (i.e. enabling them to return to work provided they do daily rapid antigen tests for a period of time) • Expanded use for symptomatic individuals • Most rapid antigen tests do not require confirmatory PCR testing
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16. Which sectors are eligible for work self-isolation (“test-to-work”) when there is a critical staffing shortage that could severely compromise patient safety or critical workforce needs?

“Test-to-work” is a strategy to support work-self isolation to meet critical workforce needs for highest risk settings. This strategy provides access to PCR testing and rapid antigen testing for critical workforce staff only in the circumstance that they have been exposed to a positive case but are otherwise asymptomatic, and if they need to work in order to perform a critical function. Staff are able to return to work when they would otherwise be on self-isolation at home. Highest risk settings include:

- Long-term care homes
- Retirement homes
- Other congregate living settings (i.e., First Nation elder care lodges, group homes, shelters, hospices, temporary foreign worker settings, and correctional institutions)
- Health care workers providing care to immunocompromised individuals

17. If a symptomatic individual works in a highest risk setting, they should avoid work for 10 days from symptom onset. What is the rationale behind allowing them to return to work on day 7 after symptom onset or a positive rapid antigen test result?

If staff who are needed due to critical staff shortages, and rapid antigen testing is available, staff in the highest risk health care settings who have been advised to self-isolate, may return to work on work self-isolation if they are:

- fully vaccinated; AND
- remain asymptomatic; AND
- are actively screened ahead of each shift; AND
- continuously test negative on required testing

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For hospitals with established infection prevention and control (IPAC) and occupational health teams, positive staff can return to work after 5 days of isolation and perform low risk activities with strong IPAC measures in place.

Fourth Doses for Older Adults Living in Congregate Settings

18. When will older residents of congregate settings receive their fourth dose?

Residents of long-term care homes, licensed retirement homes and First Nations elder care lodges will generally receive their fourth dose in their residence (either within the home or through a mobile clinic). Their fourth dose can be administered at a minimum of three months (or 84 days) following their third dose.

19. Does the fourth dose change the definition of who is fully immunized?

No, it does not. For the purposes of public health measures, individuals are still defined as fully vaccinated at 14 or more days after receiving their second dose.