

Assessment Centre FAQ – Updated COVID-19 Testing Guidance

(Guidance: V2.0 – January 13, 2022)

PLEASE NOTE: The majority of testing related questions can be answered by reviewing the [COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge](#).

Please see table below for responses to some of the most frequently asked questions from COVID-19 Assessment Centres. Questions are categorized by theme as follows:

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PCR Testing Eligibility	
Question	Answer
Are household members of those working in highest risk settings also eligible for testing, due to risk to highest risk staff?	Yes, symptomatic household members of those working in highest risk settings are eligible for testing.
At the assessment centres are we able to offer ID now to local primary care or community health care workers that are unable to access testing?	All symptomatic patient-facing health care workers are eligible for molecular (PCR/rapid) testing, including ID NOW.
Does primary care staff fall into the highest risk settings health care workers?	No.
If a patient is eligible for testing as a "symptomatic outpatient for whom treatment is being considered", how should this be communicated to the assessment centre to ensure they can be tested?	The patient can be provided with a doctor's note or requisition.
Can people who don't qualify for PCR testing be given self-testing kits?	No. If by "self-testing kit" you mean a "PCR self-collection kit", those should only be distributed to people eligible for testing
What about 65 years and older since there's an increase risk of severe outcome.	All existing eligibility criteria would apply - please see testing eligibility list here: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts_omicron.pdf
Are Paramedics considered patient facing healthcare workers?	Yes.
Does "patient facing" include home care and primary care?	Yes.

Does a receptionist at a MD office count as "patient facing" given they are checking in patients/having face to face conversation? and would they fall into the "test-to-work" strategy?	Auxiliary staff in health care settings would be eligible for PCR testing if symptomatic if they have a 'patient-facing' role (including reception). However, as primary care is not a highest risk setting, they would not fall under the test to work guidance.
Do lab workers fall into the patient facing healthcare worker category?	Yes, lab workers are eligible for symptomatic PCR testing.
Does "temporary foreign worker settings" mean that any workplace where there is even a single temporary foreign worker is eligible to have any employee tested for symptoms?	No this is supposed to include congregate living settings for temporary foreign workers.
If a workplace won't allow a worker to return to work without a negative COVID test, what advice to testing sites provide to people? Are they eligible for testing?	Individuals requesting testing due to workplace requirements are not eligible. Workplaces requiring a negative COVID test from employees are requested to offer testing privately, or adjust requirements to align with provincial testing guidance.
Where do immunocompromised fall within prioritization for testing especially if they are symptomatic?	Currently, there is no prioritization or unique eligibility criteria that applies to individuals who are immunocompromised.
For an essential HCW with a live-in symptomatic family member, can the family member be tested by PCR?	Yes, symptomatic household members of those working in highest risk settings are eligible for testing.
Are police and fire fighters eligible for PCR testing? They are essential workers, are often part of patient facing teams, for example community mental health and many fire fighters in rural communities are volunteers.	Yes, symptomatic first responders, including fire, police and paramedics are eligible for testing.
How does this translate to testing of visitors in acute care and long-term care?	Symptomatic visitors and essential care providers in highest-risk settings are eligible for testing.
If someone has an OB appt or is near delivery date and develops symptoms are they eligible for testing?	Yes, symptomatic people who are pregnant are eligible for testing.

Rapid Antigen Testing (RAT)	
<i>Question</i>	<i>Answer</i>
Are rapid antigen test kits going continue to be distributed to the public, and will there be an opportunity for Assessment Centres to use RATs to supplement PCR testing when needed?	The ministry has plans to expand access to RATs for the public. At this time, RATs are being provided to certain clinical assessment centres.
Asymptomatic patients undergoing procedures with sedation or deep sedation are just as at risk, even potentially more at risk of aerosolizing (coughing etc.). Are these people still eligible for PCR testing to protect an entire Operating Room team (2 nurses, anesthesiologist, surgeon) from potential infection?	Clinicians and primary care providers who require non-eligible patients to be tested for COVID-19 based on individual clinical assessment, risk, or pre-operative requirements will be able to provide patients with a test requisition order. Processes are currently being developed.
Can anyone in the community who is symptomatic come to an AC and request a RAT be done if they aren't eligible for a PCR?	No, RATs are not broadly available to the public through Assessment Centres.

Do we deter patients that walk in and do not meet the criteria? If so, do we provide them with a rapid test?	PCR testing is only available for individuals who meet the eligibility criteria. At this time, RATs are being provided to certain clinical assessment centres, and are not for broad public distribution.
Is Rapid Molecular Testing able to be used for day 1 testing for work isolation (Asymptomatic, High Risk Exposure) instead of a PCR?	Yes, rapid molecular testing can be used in place of PCR testing if available.
Should high risk healthcare settings seek to confirm a positive RAT in a healthcare worker by PCR?	In general, no. In exceptional circumstances, PHUs may direct confirmatory testing as part of case/outbreak investigation.
Where are we to get RAT for asymptomatic HCW staff with symptomatic household?	HCW in the highest risk settings can access RATs through their employer if they have initiated a test-to-work initiative.
Will healthcare workers be able to pick up RATs from assessment centres for test for work ?	No, they need to access them through their employer.
Our Public Health unit has asked that healthcare workers do not get PCR testing if they are positive on a RAT- can you clarify this?	Per guidance , positive rapid antigen tests no longer require confirmatory PCR testing.

AC Operations	
<i>Question</i>	<i>Answer</i>
Should ACs honour existing appointments following provincial guidance changes?	ACs should honor appointments already booked and only apply updated eligibility criteria on appointments being booked after guidance is released. As a general rule, ACs should not book more than 2-5 days ahead to align more closely with current isolation guidelines.
How does this guidance change affect the recent communication about self-administered PCR tests at Assessment Centres. Will we continue to be able to leverage this option to preserve clinical HHR?	Self-collection PCR testing can continue to be leveraged at ACs to preserve clinical HHR, but should only be offered to patients who meet the current eligibility criteria.
Is everyone supposed to continue to be able to book appointments at all assessment centres for assessment, but just won't be tested? or should we only encourage those who meet the criteria?	Assessment Centres should only encourage those who meet the eligibility criteria to book testing appointments. It is recommended sites add a banner to their booking system indicating who is eligible to book a test.
Is there a process for checking for eligibility for anyone booking an appointment or coming to a walk-in assessment centre?	The Ministry of Health is developing a one-pager reference sheet to quickly navigate the current eligibility criteria. This document will be shared broadly and published on the ministry webpage once finalized.
Many hospitals are PCR testing all new admissions - even those who do not have COVID symptoms - is this an acceptable use of PCR tests under this new guidance?	No, please see guidance .
Can you clarify if primary care/FHT can send patients for PCR testing	Yes, if a healthcare provider determines PCR testing is appropriate to manage patient care, they may order clinical assessment for potential testing at their discretion.

What type of proof or documentation should testing sites require to confirm if an individual is working in a high risk setting, and/or if they are being tested in the context of an outbreak?	There is no required proof or documentation for testing, however ACs can implement additional screening processes as they deem appropriate.
Confirmation on rapid molecular (e.g. ID NOW) tests that are done instead of PCR. Positive results should still be reported to public health, correct?	Yes, and any result should be reported into OLIS

Isolation Periods/ Test-to-Work	
<i>Question</i>	<i>Answer</i>
Should primary care providers follow the Test to Work strategy with their employees?	No, they are not a highest risk setting and should follow usual CCM guidance for return to work of cases and contacts.
If a HCW has a symptomatic family member - the household should isolate for 5 days. But the test to work says that with an ongoing exposure HCW would work self isolate for 10 days with RAT testing following initial negative PCR. Correct?	While the safest approach is not allowing workers back to the highest-risk setting for 10 days following exposure, all layers of protection in the hierarchy of controls should be optimized to reduce the risk of having an exposed individual in the workplace if needed. Considerations are provided in provincial guidance for the early return of asymptomatic close contacts and cases in staffing shortages through a sequential list where workplaces should only move to the next level once capacity has been surpassed at the prior level.
Is PCR test a required part of the test to work process with RAT or can it be eliminated and RAT be solely used for test to work protocols?	Test to work does not require PCR testing and two sequential negative RAT tests (on days 6 and 7, or 9 and 10) can enable an early return to work. Please see guidance .
Can you clarify the isolation period required for an individual who is fully vaccinated, but lives with a positive case who is unvaccinated. Is it 5 days isolation or 10?	All household members (regardless of their vaccination status) will need to self-isolate while the case is self-isolating. Please see guidance .
Do asymptomatic healthcare workers that have a positive household member need to self-isolate for the required 5 days? Can they "self-isolate" at work if there are worker shortages?	Asymptomatic health care workers in highest risk settings can follow test-to-work protocols for potential early return to work. Please see guidance .
If close contact to a confirmed positive case (from a social gathering or hockey game) but no symptoms, are you required to self-isolate or is self-isolation only when someone in your household is showing symptoms?	Asymptomatic self-isolation is only required if a household member is either confirmed or suspected COVID positive or if you work in a highest risk setting.
If staff have a child that has tested positive, therefor ongoing exposure, does the 10 days start after the 5 days of isolation of child, or 10 days after onset of symptoms?	The individual must isolate with the household contact until their isolation period is complete and notify the employer and follow any work restrictions and early clearance guidance. If symptoms develop, the individual should get tested and follow the guidance for cases.
Why can vaccinated Ontarians who develop COVID-19 symptoms only isolate for five days (down from 10) as part of the recent guidance changes, but health care workers have to wait longer to return to work?	While the safest approach is not allowing workers back to the highest-risk setting for 10 days following exposure, all layers of protection in the hierarchy of controls should be optimized to reduce the risk of having an exposed individual in the workplace if needed. Considerations are provided in the updated provincial testing guidance for early return of

	asymptomatic close contacts and cases in staffing shortages through a sequential list where workplaces should only move to the next level once capacity has been surpassed at the prior level.
Can you please confirm if Healthcare workers are required to self-isolate for 10 days or 5 days?	For HCW that work in highest risk settings that are fully vaccinated and exposed to a close contact with COVID-19, they must self-isolate with the household contact until their isolation period is complete and notify their employer and follow any work restrictions and early clearance guidance. If they develop symptoms, the HCW in the highest risk setting should get tested and follow the guidance for potential early return to work. Please see guidance .
For RAT return to work, for potential return on day 7, is that just for those considered critical in hospital, or all workers?	Only for those who need to return to work based on critical shortages. Other workers who are not in highest risk settings would generally be able to return to work after 5 days of isolation as a case (if fully vaccinated and not immunocompromised).
If someone has been isolating due to symptoms or a positive test and later their household member becomes symptomatic or tests positive, would that initial person need to extend their isolation period due the household member?	All household members (regardless of their vaccination status) will need to self-isolate while the case is self-isolating. Please see guidance . If household members develop COVID-19 they should follow isolation directions for symptomatic individuals and if eligible they should seek testing. The initial household member(s) with COVID-19 symptoms do not have to extend their self-isolation period based on other household members becoming ill.
For test to work, do HCW test 9 and 10 days from date of last close contact or from date of symptom onset of household exposure?	HCW can test to return-to work on the 9th and 10th day from date of symptom onset of household exposure.

School Testing	
<i>Question</i>	<i>Answer</i>
Are medically complex, symptomatic children in scope?	<p>Children who are admitted to hospital and children who require emergency medical services are eligible. Children are also eligible for PCR testing if they have access to self-administered PCR swabs through school.</p> <p>PCR self-collection kits: As an interim approach until rapid antigen tests are distributed, and in alignment with guidance, the PCR self-collection testing option in schools will continue with a targeted focus on students and staff who develop symptoms commonly associated with COVID-19 while at school.</p> <p>Rapid antigen tests: Starting the week of January 10, 2022, school boards will begin receiving shipments of rapid antigen tests. As a starting point, tests will be distributed to staff, elementary students, and children in child care. Expansion to secondary students is expected shortly thereafter with a commitment to</p>

	ongoing provision of rapid antigen tests, pending supply.
Can school children only get access to pcr testing through take home kits	<p>Yes, and only through those distributed to symptomatic students by a participating school. In alignment with the updated case and contact management and testing guidance, PCR take home self-collection kits will be available for staff and students who develop symptoms most commonly associated with COVID-19 while at school.</p> <p>Take home PCR self-collection kits are being used as an interim testing option – in preparation for broader access to rapid antigen tests for schools and licensed child care. Therefore, additional PCR self-collection kits will not be distributed once existing supplies are used.</p>
Can we still test symptomatic children at the AC as well as processing a test that they have done themselves?	Symptomatic children are not eligible for PCR/rapid molecular testing done through an AC other than if they have dropped off a specimen collected through a self-collection kit provided to them by their school. The PCR self-collection testing option in schools will continue until the existing supply of PCR self-collection kits is used.
What about an exposed parent for an inpatient in a pediatric setting?	Symptomatic staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings, including hospitals, are eligible for PCR testing.
What if there is no access to a self collection kits for school aged kids? Can they come to an assessment center to get a swab?	No, they are not eligible for PCR testing. Starting the week of January 17, 2022, rapid antigen tests will be distributed to staff, elementary students, and children in child care for use if they develop symptoms most commonly associated with COVID-19, while at school or at home. Expansion of rapid antigen testing to secondary students is expected shortly thereafter with a commitment to ongoing provision of rapid antigen tests, pending supply.

Clinical Assessment Centres	
<i>Question</i>	<i>Answer</i>
Most primary care physicians are not seeing patients in their office, if they have COVID like symptoms. We have set up an ILI to see patients to keep them out of the ED, for rapid strep, scripts for ear infections, etc. Should we no longer be seeing these patients? Or see them and not do a COVID test?	Continue to see patients to diagnose potential non-COVID illnesses, testing is not necessary, unless they meet current eligibility criteria. Please see guidance .
How will the assessments without tests be funded? Right now, we are only paid for the visit if we perform a test?	This funding structure is currently being developed and will be communicated directly to Clinical Assessment Centres.

<p>What is the messaging for our patients wanting to see a physician but who do not fit the COVID testing criteria?</p>	<p>If symptomatic, patients should be told to isolate as required per the provincial guidance, and/or should follow direction as indicated by their clinical assessment.</p>
<p>If a health care provider completes an assessment at our ILI clinic and feels the patient should have a PCR swab but does not fit the criteria will the health care providers discretion be acceptable?</p>	<p>Yes, if a healthcare provider completes a clinical assessment and determines PCR testing is needed to determine a diagnosis, they may order testing at their discretion.</p>
<p>Will there be guidance for obtaining vitals (abbreviated and full sets) at assessment centers?</p>	<p>Assessment guidance is at the discretion of the health care provider, however at minimum, pulse oximetry and heart rate should be measured for all symptomatic patients. In addition, vital signs and physical assessment are completed at their discretion and determined based on the patient's presenting signs and symptoms.</p>
<p>Can you please clarify the criteria "Symptomatic outpatients for whom COVID-19 treatment is being considered"? Is the CAC expected to make that determination, i.e test people 70+ with risk factors?</p>	<p>Yes, the clinical assessment centre and assessing clinicians are expected to make the determination of whether treatment should be considered for a patient.</p>