

COVID-19 Patient Assessment Tool for Physicians

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SYMPTOMATIC PATIENTS

Symptoms of COVID-19

Patients presenting with any COVID-19 symptoms should immediately self-isolate.

1 Priority symptoms

Any patient presenting with **one or more** priority symptoms should immediately self-isolate and, if eligible, get tested and treatment, regardless of vaccination status.

☐ Fever > 37.8°C and/or chills

New, worsening, or different from the patient's baseline state (i.e. not due to known causes or conditions):

☐ Cough

☐ Shortness of breath (dyspnea)

☐ New olfactory or taste disorder

2 Secondary symptoms

Any patient presenting with **two or more** secondary symptoms should immediately self-isolate and, if eligible, get tested and treatment, regardless of vaccination status.

Secondary symptoms of COVID-19:

☐ Fatigue, lethargy, malaise

☐ Sore throat or difficulty swallowing

☐ Muscle aches or joint pain

☐ Rhinorrhea or nasal congestion

☐ Nausea, vomiting and/or diarrhea

☐ Headache

Do not delay assessment and treatment of issues that have symptoms which overlap those of COVID-19 (e.g. COPD exacerbation, sinusitis)

Symptoms associated with COVID-19 that should be monitored:

☐ Abdominal pain

☐ Conjunctivitis

☐ Decreased or lack of appetite

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Eligible for molecular testing and treatment

Symptomatic individuals in the community should [self-isolate](#). Select populations are eligible for PCR or rapid molecular testing and antiviral treatment.

Symptomatic individuals:

Eligible for testing and antiviral treatment:

- People aged 60+
- People aged 18+ who have one or more comorbidity that puts them at higher risk of severe COVID-19 disease
- People aged 18+ who are unvaccinated or have not completed their primary series
- People 18+ whose last dose of COVID-19 vaccine was more than six months ago AND have not had a SARS-CoV-2 infection in the past six months
- People 18+ who are immunocompromised

Eligible for testing only (not antiviral treatment):

- Patient-facing health-care workers
- Staff, volunteers, residents/inpatients, essential care providers and visitors in highest-risk settings (e.g. hospitals and congregate living settings)
- Household members of workers in highest-risk settings and patient-facing health-care workers
- Home and community care workers
- International agricultural workers in congregate living settings
- Patients seeking emergency medical care
- Outpatients being considered for COVID-19 treatment
- Pregnant people
- Underhoused or homeless individuals
- First responders, including fire, police and paramedics

Additional groups eligible for testing regardless of symptom status:

- Individuals in Indigenous communities and their household members, and individuals travelling to those communities for work
- Individuals on admission/transfer to or from hospital or congregate living setting
- High risk contacts and individuals exposed to outbreaks in hospitals, LTC or other highest-risk settings
- Individuals, and one accompanying caregiver, with written prior approval for out-of-country medical services
- Pre-surgical patients, newborns born to people with confirmed COVID-19, and patients prior to cancer treatment or hemodialysis
- Staff of highest risk settings who, within the past 10 days, have had close contact with an individual with COVID-19 symptoms/positive test, for the purposes of facilitating return to work

Specific clinical populations eligible for testing:

Patients who require general anesthetic for procedures in hospital or other surgical setting:

- Consider testing with PCR 24-48 hours prior to the procedure date

Newborns born to people with confirmed COVID-19:

- Test by molecular testing at the time of birth, within 24 hours
- Repeat testing 48 hours after birth if baseline test is negative, or if the parental test results are pending at the time of discharge

Cancer patients:

- Any patient may be tested with PCR 24-48 hours before treatment

Hemodialysis patients:

- Any patient may be tested with PCR 24-48 hours before treatment

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Long Term Care and Retirement Homes

Molecular test residents who:

- Are symptomatic
- Fail active screening upon returning to the home after an absence
- Live in same room as someone who develops COVID-19 symptoms
- In an outbreak, refer to local public health unit for direction

Transfers into the home:

- Those transferring from a facility NOT in an outbreak should be molecular tested on **day 5**
- Those transferring from the community should screen and isolate until a negative molecular test taken within 24 hours of admission or on arrival (day 0). Molecular testing should be repeated on or after **day 5**

Where to test eligible patients for COVID-19

NO symptoms or MILD symptoms

Options for testing, for eligible groups:

- In-office (if prepared and able to do so safely); [refer to a guide to offering PCR testing in your practice](#)
- Refer to COVID-19 Assessment Centre, Clinical Assessment Centre or participating pharmacy
- Refer to Emergency Department as appropriate

Follow referral instructions specific to each [COVID-19 Assessment Centre](#).

Direct asymptomatic patients and those with mild symptoms to self-isolate and [self-monitor at home](#) or be monitored by their primary care provider.

SEVERE symptoms

Send patient to Emergency Department

Severe symptoms include:

- Severe difficulty breathing
- Severe chest pain
- Feeling confused
- Losing consciousness

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Types of COVID-19 tests available

The following types of COVID-19 tests are currently available in Ontario.

	Lab-Based Tests		Point-of-Care Tests	
	Molecular (PCR)	Serology	Rapid Molecular	Rapid Antigen (including tests done at home)
Use for Diagnosis?	Yes Positive result = confirmed case	No Do not use for screening, diagnosis or determining immune or vaccination status	Yes Positive result = confirmed case	Yes, for positive results only Positive result = confirmed case A single negative result cannot be used to rule out COVID-19 Two negative results collected 24 to 48 hours apart mean that a symptomatic individual is less likely to have COVID-19
Specimen Type	Nasopharyngeal swab (NPS) preferred* For seriously ill patients, NPS or lower respiratory tract specimen preferred due to high sensitivity	Blood sample	Nasopharyngeal swab (NPS) preferred*	Nasopharyngeal swab (NPS) preferred* Supervised and unsupervised self-swabbing permitted (excluding NPS) Combined oral and nasal swabbing , for tests done at home
Rapid tests are now deregulated; swabs can be performed by any trained individual (excluding NPS)				
Use Cases	Diagnosis , for eligible populations Clearance, in very limited cases	<ul style="list-style-type: none"> Patients with MIS-C or MIS-A symptoms who do not have lab confirmation by PCR Patients with severe illness who test negative by PCR If considering monoclonal antibody treatment 	Diagnosis , for eligible populations	Screening (i.e. frequent, systematic testing of asymptomatic individuals, for example, at workplaces) Diagnosis, for positive results only Test-to-work in critical staffing shortages One-off, non-routine asymptomatic testing (for example, before a social event)**

*If NPS is contraindicated or unavailable, options include (in descending order of sensitivity): 1. Any of the following: throat and both nares; oral (buccal) and deep nasal swab; deep nasal swab, 2. Saliva (for molecular and rapid molecular tests in non-hospitalized patients), 3. Both nares or throat (for molecular and rapid molecular tests in non-hospitalized patients).

**Individuals should follow existing public health measures regardless of rapid antigen test use.

Refer to Public Health Ontario's [Specimen Collection and Handling resource](#) for instructions on performing swabs.

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Isolation requirements

Individuals who have symptoms/test positive should notify any high-risk contacts of their exposure (i.e. anyone they came into close contact with 48 hours prior to symptom onset if symptomatic or 48 hours prior to testing positive if asymptomatic).

Individuals with COVID-19 symptoms and/or a positive test	
Individuals in the general population who have COVID-19 symptoms (with or without a positive COVID-19 test)	<ul style="list-style-type: none"> Isolate until symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and afebrile. Follow precautions for 10 days from symptom onset*
Asymptomatic individuals in the general population who have a positive COVID-19 test	<ul style="list-style-type: none"> Do not need to self-isolate. Follow precautions for 10 days from the positive test*
Individuals who have COVID-19 symptoms and/or a positive test AND are: <ul style="list-style-type: none"> living in a highest risk setting**, OR immunocompromised, OR hospitalized for COVID-19 	<ul style="list-style-type: none"> Isolate for at least 10 days from symptom onset/positive test AND until symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and afebrile.
Individuals with: <ul style="list-style-type: none"> severe illness (requiring ICU care), OR follow precautions for 10 days from symptom onset* severe immune compromise 	<ul style="list-style-type: none"> Isolate for at least 20 days from symptom onset/positive test AND until symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and afebrile, unless otherwise directed by hospital IPAC.

Close contacts (includes household and non-household close contacts)	
Individuals in the general population who were exposed to a person with COVID-19	<ul style="list-style-type: none"> Do not need to self-isolate. Follow precautions for 10 days from the last exposure*.
Individuals who live in a highest risk setting** who were exposed to a person with COVID-19	<ul style="list-style-type: none"> May need to self-isolate based on the sector-specific isolation guidance, direction from local PHU, or direction from the local hospital IPAC team for hospitalized patients.

* Individuals should do the following for **10 days** from symptom onset/positive test/exposure:

- Continue to self-monitor for symptoms
- Isolate if any symptoms develop
- Wear a mask in all public settings
- Avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (i.e. seniors)
- Avoid non-essential visits to highest-risk settings

** **Highest risk settings include:** 1) hospitals and health care settings, including complex continuing care facilities and paramedic services; 2) home and community care workers; 3) congregate living settings

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Return to work for health care workers

Notify your workplace and follow any work restrictions if you have COVID-19 symptoms and/or test positive, or if you have an exposure.

	If you do not work in a highest risk setting* (e.g. community-based physicians):	If you work in a highest risk setting* (e.g. hospital-based physicians, etc.):
You have COVID-19 symptoms and/or test positive	<ul style="list-style-type: none"> • May return to work if your symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and you are afebrile. <p>You should do the following for 10 days after symptom onset/positive test:</p> <ul style="list-style-type: none"> • If asymptomatic, isolate if any symptoms develop • Wear a mask in all public settings • Avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (i.e. seniors) • Avoid non-essential visits to highest-risk settings 	<ul style="list-style-type: none"> • May return to work 10 days from symptom onset/positive test. <p>AND</p> <ul style="list-style-type: none"> • Your symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and you are afebrile.
You have COVID-19 symptoms and/or test positive AND you are immunocompromised	<ul style="list-style-type: none"> • May return to work 10 days from symptom onset/positive test if your symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and you are afebrile. 	
You were exposed to a person with COVID-19 (includes both household and non-household close contacts)	<ul style="list-style-type: none"> • May return to work immediately if you have no symptoms. • You should do the following for 10 days from symptom onset: <ul style="list-style-type: none"> • Continue to self-monitor for symptoms • Isolate if any symptoms develop • Wear a mask in all public settings • Avoid non-essential visits to anyone who is immunocompromised or at higher risk of illness (i.e. seniors) • Avoid non-essential visits to highest-risk settings 	<ul style="list-style-type: none"> • Speak with your employer to report the exposure and follow workplace guidance for return to work. • Continue to self-monitor for symptoms for 10 days after last exposure. • Isolate if any symptoms develop and seek molecular testing if eligible. • For additional measures, refer to page 8.

* **Highest risk settings include:** 1) hospitals and health care settings, including complex continuing care facilities and paramedic services; 2) home and community care workers; 3) congregate living settings

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Critical staffing shortages in highest risk settings

In critical staffing shortage situations, exceptions can be made to allow health-care workers in highest-risk settings to return to work early.

The fewest number of staff who are close contacts or symptomatic/test positive should be returned to work as possible. If staff must return to work early, staff who pose the lowest risk to patients and co-workers should return to work before staff who pose moderate and highest risk.

Prioritize staff for early return to work who are nearest to completing their self-isolation period.

Work self-isolation precautions:

- Avoid working with vulnerable patients/residents (e.g. immunocompromised, unvaccinated)
- Adhere meticulously to PPE and IPAC measures, including ensuring well-fitting source control masking (e.g. fit-tested N95, non-fit tested N95s, KN95s or a well-fitting medical mask)
- If returning to work after COVID-19, work only with COVID-19 patients
- Complete active screening ahead of each shift and take temperature twice a day to monitor for fever
- Avoid eating meals in a shared space with other staff
- Work on a single ward, where possible
- Work in only one facility, where possible

Staff with COVID-19 symptoms or a positive test:

Lowest risk staffing option	Return after 10 days from symptom onset or positive test (whichever earliest), AND if symptoms have been improving for at least 24 hours (48 hours for gastrointestinal symptoms) and you are afebrile.
Moderate risk staffing option	Return on day 7 from symptom onset or positive test, AND only work with COVID-19 patients.
Highest risk staffing option	Return earlier than day 7 (but as late as possible*) from symptom onset or positive test, AND only work with COVID-19 patients. * e.g. day 6 preferable to day 5

Staff who are asymptomatic close contacts:

Speak with the employer to report the exposure and follow workplace guidance for return to work.

Individuals who are required to work in person may attend work right away if they:

- Continue to self-monitor for symptoms for 10 days after the last exposure
- Isolate if any symptoms develop and get molecular testing as soon as possible

Additional workplace measures for those self-monitoring for 10 days include:

- Close contacts with a household (ongoing) exposure should get an immediate PCR or rapid molecular test and if test is negative, re-test on day 5
- Close contacts with a discrete (one-time) exposure should get a PCR or rapid molecular test on day 5
- Consider rapid antigen testing for 10 days (either instead of or in addition to PCR or rapid molecular testing)

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SOURCES:

Ontario Ministry of Health [Management of Cases and Contacts of COVID-19 in Ontario](#)
(Version 15, August 31, 2022)

Ontario Ministry of Health [COVID-19 Provincial Testing Guidance](#) (Version 15.1, June 15, 2022)

Ontario Ministry of Health: [COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units](#) (Version 7, June 27, 2022)