Ministry of Health

Novel Coronavirus (COVID-19) Guidance for Community Laboratories and Specimen Collection Centres

Version 1 – February 13, 2020

This guidance provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

What you need to know

1. All licensed community laboratories and specimen collection centres (SCCs) should undertake active screening (asking questions about symptoms and travel/exposures) and passive screening (signage) of patients for COVID-19.
2. A patient who screens positive in person needs to be separated from other patients and staff so that they are at least 2 meters apart (use a separate room where available) and given a surgical/procedure mask.
3. Community laboratory and SCC operators/managers should notify their local public health unit that a patient has screened positive.
4. A patient who screens positive over the phone should be asked to rebook their appointment, for when they are no longer symptomatic and/or outside the 14-day period.
5. If the lab order is urgent, the patient should be advised to call the health care provider who ordered the lab test for referral to an appropriate laboratory setting (i.e., one that can implement droplet/contact/airborne precautions).
   - Most community laboratories and SCCs are not appropriately equipped.
   - Under no circumstances are collection methods that generate respiratory aerosols to be used on patients who screen positive.
6. Community laboratory and SCCs must not conduct testing for COVID-19.
7. Community laboratories and SCCs must have written measures and procedures for worker safety, developed in consultation with the joint health and safety committee or health and safety representative including measures and procedures for infection prevention and control.

Screening and Triage

Licensed community laboratories and SCCs are being requested to conduct passive and active screening of all patients.

1. Passive screening

- Signage should be posted at the point of entry to the office/laboratory and at reception areas for patients with symptoms to self-identify, perform hand hygiene, wear a procedure/surgical mask, and have access to tissues and a waste receptacle.

2. Active screening at reception areas

Sample Screening

Is the patient presenting with:

1. Fever, and/or new onset of cough, or difficulty breathing,

   AND any of the following:

2. Travel to mainland China in the 14 days before the onset of illness

   OR

   Close contact with a confirmed or probable case of COVID-19

   OR

   Close contact with a person with acute respiratory illness who has been to mainland China in the 14 days before their symptom onset.

- All patients should be screened over the phone before scheduling appointments whenever possible.

- Where patients present without phone screening, trained staff should screen patients upon entry using the above screening tool.

- Staff conducting screening should ideally be behind a barrier to protect them from droplet/contact spread. A plexiglass barrier can help protect reception staff from the droplets generated by sneezing/coughing patients.

- In screening areas where physical barriers cannot be put in place, staff should use appropriate Personal Protective Equipment (PPE) including gloves, gowns, surgical/procedure mask and eye protection.

3. *What to do if a patient screens positive by phone?*

- A patient who screens positive over the phone should be asked to rebook their appointment for when they are no longer symptomatic and/or outside the 14-day period, if possible.

- A patient who screens positive over the phone should be advised to call their primary health care provider or telehealth and/or be referred to their local hospital (for more severe illness)

- If the lab order is urgent, the patient should call the health care provider who ordered the lab test for referral to an appropriate laboratory setting (i.e., one that can implement droplet/contact/airborne precautions).

4. *What to do if a patient screens positive at the community laboratory or SCC?*

- A patient who screens positive needs to be separated from other visitors and employees so that they are at least 2 meters apart (use a separate room were available) and given a surgical/procedure mask while conversations with the local public health unit take place and a plan for travel and further COVID-19 assessment is made.

- Urgent routine specimen collection for a patient who has screened positive may only happen in laboratory and SCC settings if the safe use of N95 respirators and contact and droplet precautions during routine specimen collection are in place (i.e. equipped with isolation rooms with appropriate airflow).
  - Most community laboratories and SCCs are not appropriately equipped.
  - Under no circumstances are collection methods that generate respiratory aerosols to be used on patients who screen positive.

- Patient-contact surfaces (i.e., areas within 2 meters of the patient who has screened positive) should be disinfected as soon as possible (refer to [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#) for more information about environmental cleaning).

5. ***What to do if a patient has travel history to mainland China within the last 14 days but is asymptomatic?***

- Any asymptomatic patient with a travel history to Hubei province, China in the past 14 days should be advised to stay home/self-isolate and contact their local public health unit for further direction on activity restrictions.

- If an asymptomatic patient has a travel history to another affected area in the past 14 days (e.g., mainland China, outside Hubei) and they have concerns about possible exposures to COVID-19 cases in affected areas in the past 14 days, they should call their local public health unit.

Occupational Health & Safety and Infection Prevention & Control Advice for Community Laboratories and SCCs

With community laboratories and SCCs, the ministry recommends the use of Routine Practices and Additional Precautions (contact, droplet) for active screening of patients. These precautions include:

- use of gloves, gowns, procedure/surgical mask and eye protection

- hand hygiene

For more information on Routine Practices and Additional Precautions, community medical laboratory technologists and technicians should refer to [PIDAC Routine Practices and Additional Precautions In All Health Care Settings.](#)

Occupational illness

In accordance with the Occupational Health and Safety Act and its regulations, an employer must provide a written notice within four days of being advised that a worker has an occupational illness, including an occupationally-acquired infection, or if a claim has been made to the Workplace Safety and Insurance Board (WSIB)

by or on behalf of the worker with respect to an occupational illness, including an occupational infection, to the:

- Ministry of Labour, Training and Skills Development
- Joint Health and Safety Committee (or health and safety representative), and
- trade union, if any.

Occupationally-acquired infections and illnesses are reportable to the WSIB.

Testing

At this time, community laboratories and SCCs must not conduct testing for COVID-19.

Reporting

Laboratory and SCC operators should use routine reporting procedures to notify their local Public Health unit. COVID-19 is a designated disease of public health significance (O. Reg. 135/18) and thus reportable under the *Health Protection and Promotion Act* .

What is known about the COVID-19

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and COVID-19. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

On December 31, 2019, the World Health Organization (WHO) received notification of cases of pneumonia of unknown etiology in the city of Wuhan, Hubei Province in China. Chinese authorities identified a novel coronavirus (COVID-19) as the causative agent on January 7, 2020.

Common signs of infection include fever, respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread include performing hand hygiene (either use of alcohol-based hand rub [ABHR] or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g., covering mouth and nose when coughing and sneezing, using tissues to contain respiratory secretions).

While we may see many cases with travel history to the impacted region, the overall risk to the community remains low. There is currently no evidence of sustained COVID-19 transmission in the community in Ontario.

For more information

If you have any questions, please consult the ministry's website on COVID-19, the ministry's Guidance for Health Workers and Health Sector Employers on COVID-19 contact your local Public Health Unit.

General Advice to Community Laboratories and SCCs

There are several things that community laboratories and SCCs can do to prevent themselves, their staff, and patients from becoming sick with this virus:

- Post signage on clinic/office doors and reception areas informing persons to self-identify if they are experiencing fever, new onset of cough, acute respiratory illness, and have a travel history to mainland China in the last 14 days since onset of illness or contact with a person who has the above travel history and is ill (see screening procedures above). Similar messaging can be communicated on telephone messages and websites.

- Have procedure/surgical masks, tissues and hand sanitizer available to patients and staff in laboratories and SCCs.

- Review infection prevention and control/occupational health and safety policies and procedures with staff. For example, staff should not come to work when they are sick.