Ontario

Ministry of Health

COVID-19 Integrated Testing & Case, Contact and Outbreak Management Interim Guidance: Omicron Surge

Version 3.0 – March 9th, 2022 (amended March 28, 2022)

Highlights of Changes:

- Treatment eligibility criteria removed for testing of outpatients for whom COVID-19 treatment is being considered (page 4)
- New sections on rapid antigen test specimen collection and self use and disposal of waste from rapid antigen tests (page 8)
- Updated immunocompromised case isolation recommendations/definition (page 11)
- Additional details for day 6-10 masking requirements (page 13, 16, 18).
- Updated isolation recommendations for household members of COVID-19 cases/symptomatic individuals (page 16)
- Updated isolation recommendations for close contacts (page 17)
- Updated list of highest risk settings to include Home and community care workers, and hospital schools (page 20)

This guidance document provides basic information only. It is not intended to provide medical advice, diagnosis or treatment or legal advice.

In the event of any conflict between this guidance document and any orders or directives issued by the Minister of Health or the Chief Medical Officer of Health (CMOH), the order or directive prevails.

- Please check the Ministry of Health (MOH) COVID-19 website regularly for updates to this document, mental health resources, and other information,
- Please check the Directives, Memorandums and Other Resources page regularly for the most up to date directives.

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Background

In response to the evolving situation related to the COVID-19 Omicron (B.1.1.529) variant of concern (VOC), the Ministry of Health is providing updated guidance on testing, and case, contact and outbreak management. This guidance is to be used as an interim update. and where conflicting, superseding other guidance documents on the Ministry's website. Relevant **sector-specific guidance** for highest risk settings (i.e. Long-Term Care) should be followed for those specific settings. Given the current epidemiology of Omicron in Ontario, individuals with symptoms indicative of COVID-19 can be presumed to be infected with COVID-19 and initiate timely self-isolation. Ontario continues to strive to mitigate morbidity and mortality from COVID-19, and to mitigate impacts on hospitals and the broader health system, and on society overall.

Surveillance reporting on VOCs in Ontario can be found on the Public Health Ontario webpage.

Prioritization for Molecular[1] Testing for COVID-19 Infection

The following people are eligible for molecular testing (PCR or rapid molecular testing):

- Symptomatic[2] people who fall into one of the following groups:
  - Patient-facing healthcare workers
  - Staff, volunteers, residents/inpatients, essential care providers, and visitors in highest risk settings
    - Highest risk settings include: hospitals (including complex continuing care facilities and paramedic services), and congregate living settings[3] with medically and socially

[1]Results from molecular point-of-care testing should be considered final and no longer require a confirmatory PCR test.

[2] The COVID-19 Reference Document for Symptoms outlines the most common symptoms of COVID-19 that require immediate self-isolation and, if eligible, COVID-19 testing.

[3]See the COVID-19: Congregate Living for Vulnerable Populations Guidance for more information.

vulnerable individuals, including, but not limited to Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, correctional institutions, Provincial Demonstration Schools and hospital schools.

- Home and community care workers
- Household members of staff in highest risk settings and patient-facing health care workers
- Temporary Foreign Workers in congregate living settings
- Patients seeking emergency medical care, at the discretion of the treating clinician
- Outpatients for whom COVID-19 treatment is being considered
- Other outpatients for whom a diagnostic test is required for clinical management, at the discretion of the treating clinician
- Pregnant people
- People who are underhoused or experiencing homelessness
- First responders, including fire, police and paramedics
- Elementary and secondary students and education staff who have received a PCR self-collection kit through their school

- Symptomatic/asymptomatic people:
  - Individuals who are from a First Nation, Inuit, Métis community, and/or who self-identify as First Nation, Inuit, and Métis and their household members
  - Individuals travelling into First Nation, Inuit, Métis communities for work.
  - On admission/transfer to or from hospital or congregate living setting
  - Close contacts and people in the context of confirmed or suspected outbreaks in highest risk 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 directed by public health units.

Testing Guidance for Specific Settings and Populations

Prior to Scheduled Surgery

Testing prior to a scheduled (non-urgent/emergent) surgery in a hospital or other surgical setting (e.g., independent health facility, etc.):

- In the context of current COVID-19 epidemiology, any patient with a scheduled surgical procedure requiring a general anaesthetic may be tested with PCR 24-48 hours prior to procedure date.
- Regardless of vaccination status, patients should only go out for essential reasons (e.g., work, school) for 10 days prior to a scheduled procedure as is feasible.
- In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed (at the discretion of the clinician) for a period of at least 10 days or until cleared by public health and/or infection control.

Newborns

Newborns born to people with confirmed COVID-19 at the time of birth should be tested for COVID-19 by molecular testing within 24 hours of delivery, regardless of symptoms.

If parent testing is pending at the time of parent-baby discharge, then follow-up must be ensured such that if parent testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.

Newborns currently in the NICU/SCN born to people with confirmed COVID-19 at the time of birth should be tested within the first 24 hours after birth and, if the initial test is negative, again at 48 hours after birth, regardless of symptoms.

Newborns <48 hours old at time of transfer born to individuals who are asymptomatic and screen negative do not require PCR testing on hospital admission/transfer.

People with Cancer

In the context of current COVID-19 epidemiology (>10 cases per 100,000/week), any patient may be tested with PCR 24-48 hours prior to treatment. In regions with low community transmission of COVID-19 (<10 cases per 100,000/week), routine testing prior to treatment is not required but should be done at the discretion of the treating clinician if they feel it is necessary or indicated, in particular when:

- High dose multidrug chemotherapy is planned
- Radiation treatment will involve treatment of lung tissue
- Treatment is planned in patients with a new ground glass lung opacity
- Treatment (radiation or systemic) is planned in patients who are significantly immunosuppressed

Hematopoietic Cell Therapy

All patients booked for hematopoietic cell therapy should be tested by molecular testing 24-48 hours before their appointment apart from exceptional circumstances, e.g., "Priority A" cases requiring urgent same day treatment.

Hemodialysis Patients

Testing for symptomatic in-centre hemodialysis patients

- Test symptomatic patients using a low-threshold approach.
- Patients with persistent respiratory symptoms or fever despite a negative molecular test should be managed on Droplet and Contact Precautions and be retested as appropriate, based on clinical judgment.

Testing for in-centre hemodialysis patients who reside in Long-Term Care /retirement homes or other congregate living settings

- Periodic testing of asymptomatic hemodialysis patients from Long-Term Care/retirement homes is not recommended where the home does not have known cases.
- Periodic testing of hemodialysis patients in Long-Term Care/retirement homes with known cases or outbreaks should continue regularly until the outbreak is considered cleared.

- If a Long-Term Care/retirement home hemodialysis patient comes from a home where there is currently a COVID-19 outbreak or one is subsequently declared and the patient becomes a laboratory-confirmed case, decisions around additional testing of asymptomatic patients and staff should be left to the discretion of local infection prevention and control as testing decisions will be informed by the size and layout of the unit.
- Testing for in-centre hemodialysis patients who reside in Long-Term Care/retirement homes is to be conducted in the hemodialysis unit, or in accordance with hospital and local public health protocols, if not already done in the home.

Testing for hemodialysis patients in hemodialysis unit where outbreak declared

- If an outbreak is declared in a hemodialysis unit, test all patients in that unit regardless of whether they are symptomatic.
- Retesting should be directed by the outbreak management team overseeing the outbreak, in collaboration with local public health.

Rapid Antigen Testing

Positive rapid antigen test **results do not require PCR/rapid molecular confirmatory testing in most settings, unless otherwise recommended by the public health unit or sector specific guidance** (e.g. Long Term Care Home guidance).

There are several distinct uses for rapid antigen tests, including:

1) Routine Screen testing

- Screen testing is frequent, systematic testing of people who are asymptomatic and without known exposure to a COVID-19 case with the goal of identifying infectious cases that are pre-symptomatic or asymptomatic.
- Screen testing with rapid antigen tests involves routine testing multiple times per week.
- An individual **with confirmed COVID-19 based on a molecular or rapid antigen test** may resume asymptomatic screen testing after 30 days from their COVID-19 infection (based on the date of their symptom onset or specimen collection, whichever is earlier). If there is uncertainty about the validity of the COVID-19 infection (e.g., asymptomatic infection with high cycle

threshold value result), they may resume asymptomatic screen testing immediately.

2) For people with symptoms (see page 12)

3) For test-to-work purposes (see test to work guidance document)

4) One-off, non-routine/infrequent asymptomatic testing

Infrequent rapid antigen test use should not be relied on as a measure to enable social activities. Instead, individuals should follow existing public health measures (including masking and limiting contacts if recommended by public health), regardless of rapid antigen test use. If an asymptomatic individual without a known exposure to a COVID-19 case decides to complete a rapid antigen test outside of routine screening programs, for example prior to a social event/gathering/visit in a non-highest risk setting, then they should complete it as close to the event as possible (e.g. on the same day, ideally within a few hours of the event) and should understand important limitations to a negative rapid antigen test result including:

- Rapid antigentests have low sensitivity for COVID-19 in people who are asymptomatic; meaning that a negative result could be a false negative.
- People infected with COVID-19 may test negative for several days before testing positive on rapid antigen test. Therefore, a negative rapid antigen test may represent a false negative and the infection status of the individual may change within hours of taking the test.
- Rapid antigen tests have a lower positive predictive value when used for individuals without a known exposure to a confirmed case of COVID-19, meaning that a positive result could be a false positive.

Specimen Collection and Self-Use

- Specimen collection and use of rapid antigen tests should follow the labelling instructions provided by the manufacturer as approved by Health Canada.
- If the manufacturer's labelling instructions (as approved by Health Canada) do not already include combined oral and nasal sampling, users may voluntarily perform the combined oral and nasal sampling method following the rapid antigen test collection instructions found here as it may increase test sensitivity compared with nasal sampling alone.
- If the manufacturer's labelling instructions (as approved by Health Canada) do not already include self-swabbing and self-testing, voluntary self-swabbing and

self-testing may be performed if the user has the appropriate knowledge, skills, and judgment to self-swab and self-test as per the training resources available here, including this instructional video.

Disposal of Waste from Rapid Antigen Tests

- Waste generated from on-site workplace rapid antigen test use is considered a hazardous waste under the Environmental Protection Act. Waste from these tests is exempt from collection, storage and transportation requirements as long as the waste is disposed in Ontario. This waste must still be disposed of at a waste facility approved to handle biomedical waste. Anyone collecting, storing or transporting used rapid antigen tests from an on-site workplace screening program should follow Ontario's guidance on the Safe Handling and Management of Rapid Antigen COVID-19 Testing Waste.
- For waste generated from at-home rapid antigen test use, the regulatory requirements for managing the hazardous waste under the Environmental Protection Act do not apply. Instead, persons undertaking at-home use of rapid antigen tests should consult their local municipality's by-laws on the proper disposal of this waste to ensure it can be disposed of with the household trash.

Public Health Advice for Symptomatic and COVID-19 Positive Individuals

- People who test positive by PCR or rapid molecular tests may be contacted by their local public health unit or by the provincial case and contact management team.
- A **positive rapid antigen test** is highly indicative that the individual has COVID-19, and the individual and their household members are required to self-isolate.
  - Positive rapid antigen tests do NOT need to be confirmed by PCR/rapid molecular test in most settings and do not need to be reported to the public health unit.

- Any sector specific guidance requiring and/or recommending the confirmation and reporting of a positive rapid antigen test should be followed

Individuals with COVID-19 Symptoms

- **Individuals** with COVID-19 symptoms (as below) who are ineligible for PCR/rapid molecular testing are presumed to have COVID-19 infection and are advised to **self-isolate** as soon as possible after symptom onset. See table 1 and flow chart 1 for isolation requirements for individuals with COVID-19 symptoms.
- **COVID-19 symptoms[4] include:**
    - fever and/or chills; OR
    - cough; OR
    - shortness of breath; OR
    - decrease or loss of taste or smell; 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 the individual's symptoms are not included within the COVID-19 symptom list above, they should stay home until symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms), to limit the spread of other illnesses that the individual may have (e.g., common cold virus, Influenza, other viral respiratory or gastrointestinal illness) and to monitor for the development of additional symptoms.
    - Household members and other contacts of these individuals **do not** need to self-isolate, as long as they have no symptoms.

[4] Symptoms should not be related to any other known causes or conditions. See the COVID-19 Reference Document for Symptoms for more information.

- If the individual develops additional symptoms such that they now meet the COVID-19 symptom list above, they and their household should follow the guidance above.

Time-Based Clearance for Test-Positive Cases and Individuals with COVID-19 Symptoms

- Infection with COVID-19 likely provides short-term protection against re-infection. Individuals who have recently been infected with COVID-19 (either test-confirmed or symptoms of COVID-19) are still recommended to be up-to-date on their COVID-19 vaccinations for maximal protection against future infection (i.e. receive all recommended doses, including booster doses) in alignment with recommended dose intervals post-infection.

The recommended duration of self-isolation **after the date of specimen collection or symptom onset** (whichever is earlier/applicable) depends on relevant clinical factors such as age, vaccination status, severity of infection, and immune status. In all scenarios, **symptoms need to be improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present prior to ending self-isolation.**

Table 1: Isolation Period for Test-Positive Cases and Individuals with COVID-19 symptoms

Isolation Period	Population
5 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	• Fully vaccinated individuals[5] • Children under the age of 12
10 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	• Individuals 12+ who are not fully vaccinated • Immunocompromised[6] • Hospitalized for COVID-19 related illness (or at discretion of hospital IPAC) • Residing in a highest-risk setting
20 days after the date of specimen collection or symptom onset (whichever is earlier/applicable)	• Severe illness[7] (requiring ICU level of care or at discretion of hospital IPAC)

- If self-isolation is complete after 5 days, additional precautions are needed due to residual risk of ongoing infectiousness.

[5] Individuals are considered fully vaccinated if they have received a full series of a Health Canada authorized vaccine (e.g. two doses of AstraZeneca/Moderna/Pfizer or 1 dose of Janssen) at least 14 days ago.

[6] Examples of **immunocompromised** include cancer chemotherapy, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, taking prednisone >20 mg/day (or equivalent) for more than 14 days and taking other immune suppressive medications. Factors such as advanced age, diabetes, and end-stage renal disease are generally not considered severe immune compromise impacting non-test based clearance.

[7] Severe illness is defined as requiring ICU level of care for COVID-19 illness (e.g., respiratory dysfunction, hypoxia, shock and/or multi-system organ dysfunction).

- For a total of 10 days (or 20 days for immunocompromised individuals) after symptom onset (or date of specimen collection, whichever is earlier/applicable), individuals must:
    - Continue to wear a well-fitted mask in all public settings (including schools and child care, unless under 2 years of age)
        - Individuals should maintain masking as much as possible in public settings. Reasonable exceptions would include temporary removal for essential activities like eating (e.g., when eating in shared space at school/work while maintaining as much distancing from others as possible)
        - Participation in activities where masking can be maintained throughout may be resumed, but individuals should avoid activities where mask removal would be necessary (e.g., dining out)
        - Individuals who are exempt from masking (e.g., children under two years of age, etc.) may return to public settings without masking
    - Not visit anyone who is immunocompromised or at higher risk of illness (i.e., seniors)
    - Not visit or attend work in any highest risk settings.

Test-Based Clearance

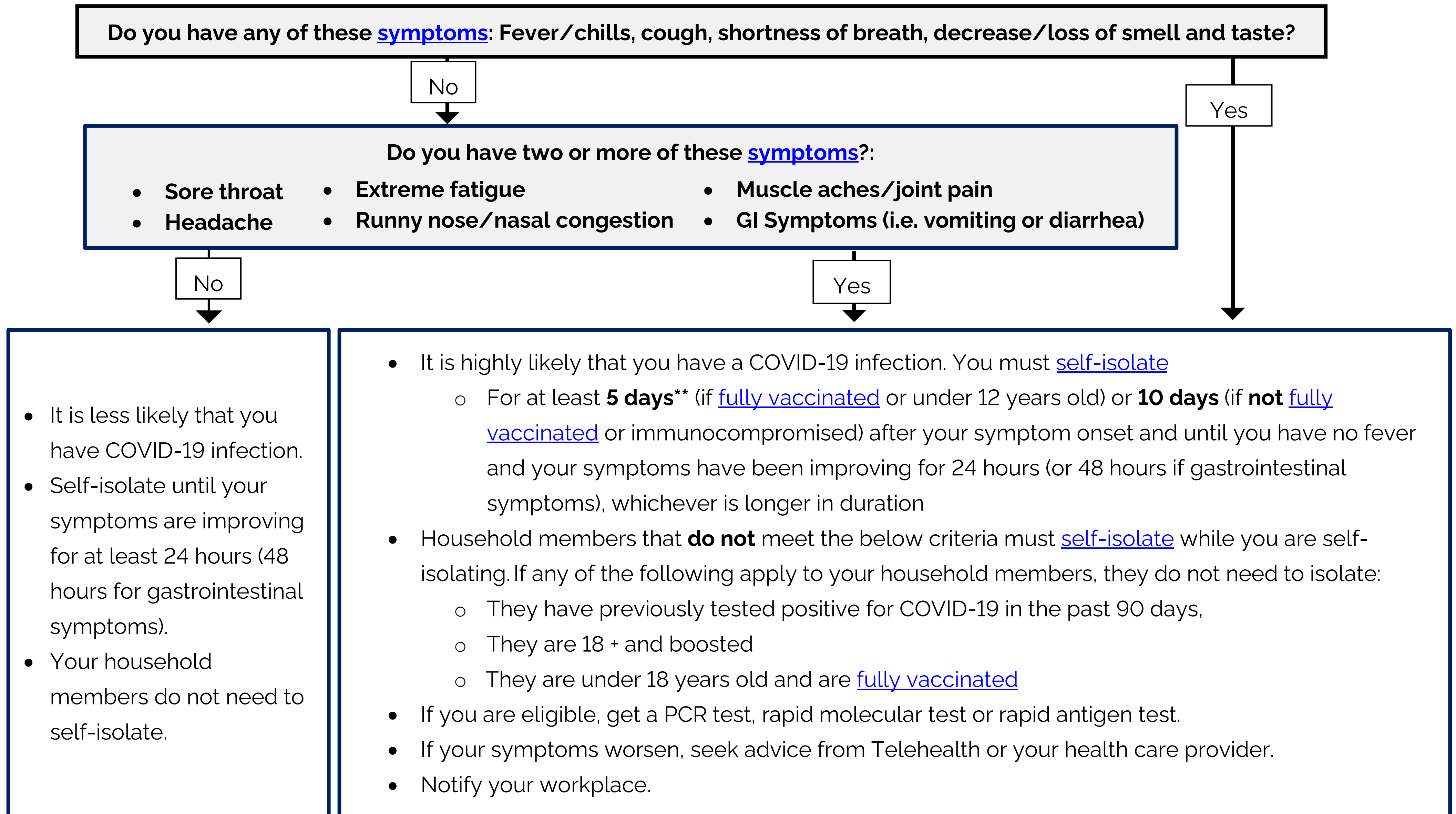
- Workers who are test-positive cases or isolated due to COVID-19 symptoms are **not required** to provide proof of a negative test result or a positive serological test result to their employers in order to return to work.
- It is expected that workers who have tested positive or who have symptoms of COVID-19 abide by public health direction (and occupational health, where applicable) and advice on when they would be considered clear to return to work.
- Generally, test-based clearance for COVID-19 test-positive cases (rapid antigen test or molecular) is not recommended (e.g., use of rapid antigen test to obtain a negative result to end self-isolation period early after an initial positive test).
    - An exception is for early return to work in highest-risk settings during critical work shortages. See COVID-19 Interim Guidance: Omicron

Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance for more information on early return to work.

Individuals with COVID-19 symptoms with access to rapid antigen tests

- Molecular testing is no longer being recommended for all individuals in the community with symptoms compatible with COVID-19. If individuals with COVID-19 symptoms have access to rapid antigen tests, rapid antigen tests may be used to assess the likelihood that symptoms are related to COVID-19, otherwise individuals should isolate following the time-based clearance guidance above.
    - A single negative rapid antigen test in an individual with COVID-19 symptoms does not mean that they do not have COVID-19 infection.
    - If two consecutive rapid antigen tests, separated by 24-48 hours, are both **negative**, the symptomatic individual is less likely to have COVID-19 infection, and they are advised to self-isolate until they have no fever and symptoms are improving for at least 24 hours (or 48 hours if gastrointestinal symptoms).
        - The household members of the symptomatic individual with two negative tests may also discontinue self-isolation, as long as they are asymptomatic and have not had a positive test result themselves.

You have symptoms and are concerned you may have COVID-19. Now what?



Note: Symptoms should not be related to any other known causes or conditions. See the COVID-19 Reference Document for Symptoms for more information.

**For 10 days after symptom onset (or 20 days for immunocompromised individuals): maintain masking in public setting (including schools and child care, unless under 2 years of age), do not visit or work in any highest risk setting, do not visit vulnerable individuals (e.g. immunocompromised individuals or seniors).

Management of Household Members

- COVID-19 positive cases/individuals with COVID-19 symptoms should isolate away from household members where possible to avoid ongoing exposure.[8]
- Household members of the COVID-19 positive case/individual with COVID-19 symptoms, should generally **self-isolate** while the individual with COVID-19 symptoms is isolating[9], **with the following exceptions**:
    - Household members who are **18 years of age and older and have already received their booster dose** are not required to self-isolate
    - Household members who are **under 18 years of age and are considered fully vaccinated[10]** are not required to self-isolate
    - Household members who have **previously tested positive for COVID-19 in the last 90 days** (based on positive rapid antigen test or molecular test results), are not required to self-isolate and **can** attend high-risk settings, as long as they are currently asymptomatic.[11]
- If self-isolation is complete after 5 days, or if self-isolation is not required, **for a total of 10 days after the last exposure to the COVID-19 case, ALL household members must:**
    - Self-monitor for symptoms and self-isolate if they develop any symptom of COVID-19;
    - Continue to wear a well-fitted mask in all public settings (including schools and child care, unless under 2 years of age)
        - Individuals should maintain masking as much as possible in public settings. Reasonable exceptions would include removal for essential activities like eating (e.g., when eating in shared space at school/work and maintaining as much distancing as possible)

[8] If care is needed, where possible it should be provided by a household member who is fully vaccinated or boosted and not immune compromised.

[9] Immunocompromised household members that do not meet the self-isolation exceptions should self-isolate for 10 days after last exposure to the case/symptomatic person.

[10] Individuals are considered fully vaccinated if they have received a full series of a Health Canada authorized vaccine (e.g. two doses of AstraZeneca/Moderna/Pfizer or 1 dose of Janssen) at least 14 days ago.

[11] Physical proof of a previous positive COVID-19 test result is not required.

        - Participation in activities where masking can be maintained throughout may be resumed, but individuals should avoid activities where mask removal would be necessary (e.g., dining out)
        - Individuals who are exempt from masking (e.g., children under two years of age, etc.) may return to public settings without masking
    - Not visit anyone who is immunocompromised or at higher risk of illness (i.e. seniors)
    - Not visit or attend work in any highest-risk settings (unless they have previously tested positive for COVID-19 on a rapid antigen test or molecular test in the past 90 days).
- For self-isolating household members that have not developed symptoms, if any other household member develops COVID-19 symptoms, they **should extend** their self-isolation until the last symptomatic (or COVID-19 positive) person has finished their self-isolation period.
    - The initial COVID-19 positive case/individual with symptoms of COVID-19 **does not have to extend** their self-isolation period based on other household members becoming ill.

Management of Non-Household Close Contacts

Definition of Close Contacts:

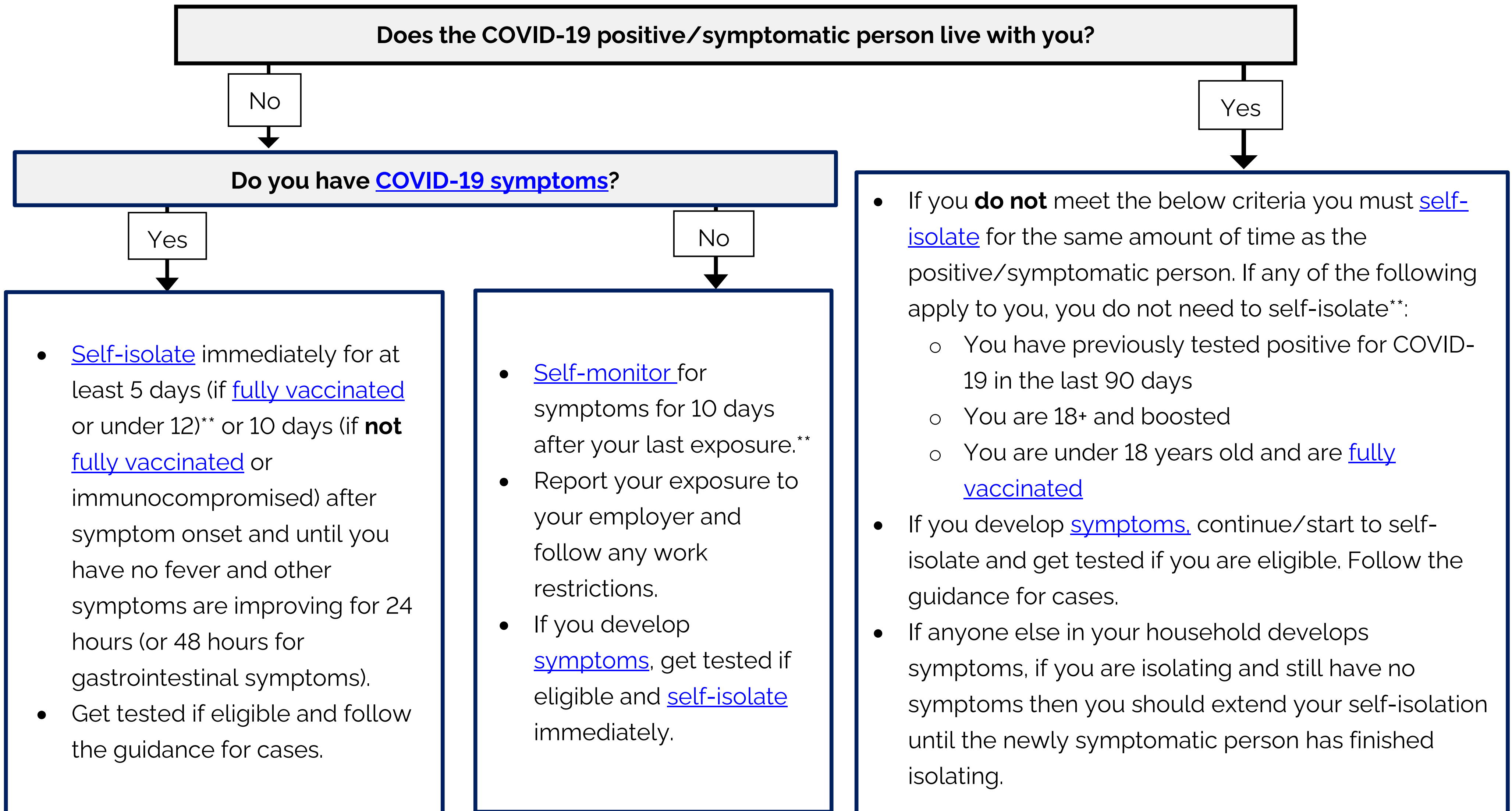
- Close contacts include those who had contact with the ill/COVID-19 positive individual within the 48 hours prior to their symptom onset if symptomatic or 48 hours prior to the specimen collection date (if asymptomatic/applicable) and until they started self-isolating; AND
    - Were in close proximity (less than 2 meters) for at least 15 minutes or for multiple short periods of time without appropriate measures as masking, distancing and/or use of personal protective equipment (as per Management of Cases and Contacts of COVID-19 in Ontario).
        - If the symptomatic/COVID-19 positive individual attends group settings (e.g., childcare, school, in-person work), generally, contacts in those settings (e.g., the classroom cohort) would **not** be considered close contacts due to the layering of health and safety measures in place in these settings. However, specific individuals in those settings may be identified by the case as

close contacts based on the nature of their interactions with the case (e.g. breach in measures, interactions outside of the setting).

Advice to Non-Household Close Contacts

- Individuals who have tested positive for COVID-19 (on a rapid antigen test, PCR test or rapid molecular test) and individuals with COVID-19 symptoms are advised to inform their close contacts of their potential exposure to COVID-19. For a total of 10 days after the last exposure to the COVID-19 case, close contacts must:
    - Self-monitor for symptoms and self-isolate if they develop any symptom of COVID-19;
    - Continue to wear a well fitted mask in all public settings (including schools and child care, unless under 2 years of age);
        - Individuals should maintain masking as much as possible in public settings. Reasonable exceptions would include removal for essential activities like eating (e.g., when eating in shared space at school/work and maintaining as much distancing as possible)
        - Participation in activities where masking can be maintained throughout may be resumed, but individuals should avoid activities where mask removal would be necessary (e.g. dining out);
        - Individuals who are exempt from masking (e.g., children under two years of age, etc.) may return to public settings without masking
    - Not visit anyone who is immunocompromised or at higher risk of illness (i.e. seniors);
    - Not visit or attend work in any highest-risk settings (unless they have previously tested positive for COVID-19 on a RAT or molecular test in the past 90 days).
- Close contacts are advised to follow directions as per flow chart 2.

You've been identified as a close contact of someone who has tested positive for COVID-19 or someone with COVID-19 symptoms. Now what?



Wear a well-fitted mask in public (including schools and child care, unless under 2 years of age), physical distance and maintain other public health measures for 10 days following your last exposure if leaving home. You should **NOT visit or attend work in any highest risk settings and not visit individuals who may be at higher risk of illness (i.e. seniors or immunocompromised) for 10 days after your last exposure.

Management of COVID-19 Cases and Contacts in Highest Risk Settings

Relevant **sector-specific guidance** for highest risk settings (e.g. LTCHs) should be followed for those specific settings where conflicting with the below guidance.

Highest Risk Settings Definition

- Hospitals (including complex continuing care facilities and paramedic services), home and community care workers and congregate living settings with medically and socially vulnerable individuals, including, but not limited to, Long-Term Care, retirement homes, First Nation elder care lodges, group homes, shelters, hospices, correctional institutions, and hospital schools.

Case Management

- If an individual who lives, works, attends, volunteers or is admitted in any of the highest risk settings and has symptoms of COVID-19, they should self-isolate immediately and seek molecular testing.
- If the individual who has tested positive on a molecular test lives, works, attends, volunteers or is admitted in any of the highest risk settings above, the local public health unit or the provincial case and contact management staff will follow-up with the case and close contacts in those highest risk settings.
    - Highest risk settings should notify their local public health unit of individuals who test positive on a rapid antigen test and did not receive molecular confirmatory testing if they are associated with a suspect or confirmed outbreak in the setting. Molecular confirmatory testing is generally not required for positive rapid antigen tests in highest-risk settings (unless otherwise recommended by PHU or sector-specific guidance such as LTCH guidance).
- If a COVID-19 positive person works in a highest risk setting, they should not attend work for 10 days after symptom onset (or after specimen collection date if asymptomatic).
    - See COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance for more information on early return to work if needed.

- If the case **lives** in a highest risk setting, they should isolate for at least 10 days after symptom onset (or after positive specimen collection date if asymptomatic) AND until they are afebrile and symptoms are improving for 24 hours (or 48 hours if gastrointestinal symptoms).

Close Contacts in Highest Risk Settings

- Close contacts who **live** in a highest risk setting should generally self-isolate for 10 days after last exposure.
    - See sector specific guidance for isolation requirements for certain highest risk settings (e.g. COVID-19 Guidance: Long-Term Care Homes and Retirement Homes for Public Health Units, or direction from the local hospital infection prevention and control team for hospitalized patients).
- Asymptomatic close contacts who **work/volunteer/attend** a highest risk setting can follow guidance for contacts regarding self-monitoring/self-isolation in the community (i.e., outside of the highest risk setting), unless otherwise directed by the public health unit.
- Close contacts should not be working in highest risk settings for 10 days after last exposure, unless required for critical work shortages (see COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings Guidance).
    - Close contacts who have previously tested positive for COVID-19 in the last 90 days (based on positive rapid antigen test or molecular test results) **can** attend work in the highest-risk setting, as long as they are currently asymptomatic. These individuals are advised to self-monitor for symptoms for 10 days after last exposure.