



**Ontario
Health**

Recommendations for COVID-19 Assessment Centres

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Version History

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May 28, 2020	<ul style="list-style-type: none"><li data-bbox="555 340 750 369">• Initial release
July 7, 2021	<ul style="list-style-type: none"><li data-bbox="555 403 919 432">• Removed outdated content<li data-bbox="555 436 938 466">• Updated links and references

1. Background

In March 2020, health care organizations and providers across Ontario rapidly responded to the need for COVID-19 screening, clinical assessment, and testing by opening dedicated COVID-19 assessment centres. The initial goal of these assessment centres was to minimize the impact on emergency departments to ensure that front-line health care staff were able to respond to patients with acute medical needs. Assessment centres have provided a dedicated avenue for assessment and testing of individuals suspected to have COVID-19, with stringent infection control and prevention measures in place. Assessment centre operators and regional planning leaders should be commended for springing into action and rapidly meeting this need during the COVID-19 pandemic.

As assessment centres have evolved, they have become a valuable community resource, providing comprehensive screening, assessment, education, testing, and disposition management related to COVID-19 for the general public and for other priority population groups as defined by the provincial testing guidance. They provide access to timely testing to reduce the risk of viral transmission, protect other patients in the health care system, steward personal protective equipment (PPE), and support continued diversion of patients from emergency departments. Assessment centres operate in coordination with local health system partners, including public health units and regional steering committees.

Between March 18 and June 14, 2021, there were 9,102,741 visits to the nearly 190 assessment centres and 133 community sites across the province. Since March 2020, Ontario has expanded the provincial testing strategy several times to include testing for more individuals. As of May 24, 2020, testing is available province-wide for all symptomatic people (with at least one symptom of COVID-19, even mild symptoms), and asymptomatic, risk-based testing is available for people who are concerned that they have been exposed to COVID-19 and people who are at risk of exposure to COVID-19 through their employment, building on such practices that were already implemented in some public health units.¹ No Ontarian who is symptomatic or who is concerned that they have been exposed to COVID-19 will be declined a test at an assessment centre (either through appointment or walk-in, per the processes of each individual assessment centre). Testing capacity is focused on three key areas: continuing routine testing with current provincial testing guidance; enhanced testing in areas where outbreaks have been identified; and strategically targeting groups and individuals for asymptomatic surveillance guidance. The approach to testing may continue to evolve based on evidence from Ontario and other jurisdictions as well as public health data.

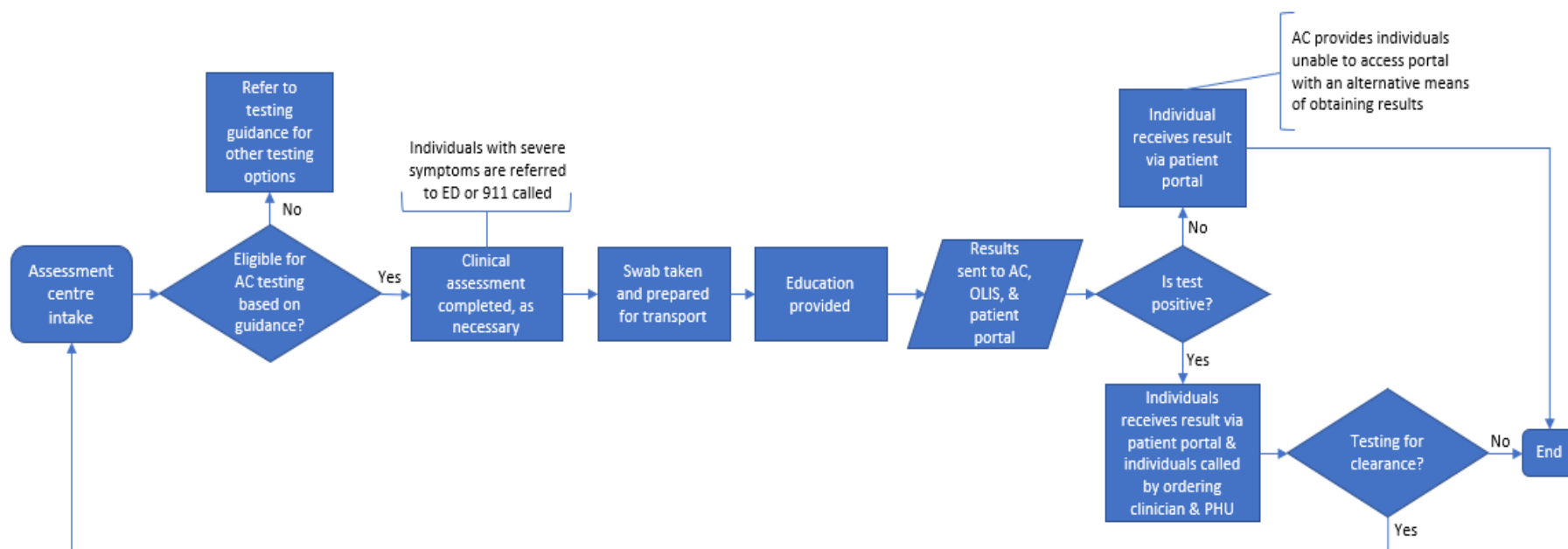
Although the core functions of assessment centres are shared across all centres, there is variation in how these functions are operationalized. Each assessment centre has unique features appropriate to their local context and resource availability, including physical setting, workforce and staffing model, hours of operation, and service modality (e.g., in-home, virtual, in-centre, drive-through). Given that some communities differ with regard to the prevalence of COVID-19, geography, and demography, a certain level of variation in operation practices is appropriate. For example, some assessment centres have implemented mobile testing units to support equitable access to services in small or rural communities. More recently, some assessment centres have begun addressing other community needs, including testing of residents and staff of long-term care and retirement homes and staff of emergency child-care facilities.

The initial version of this document was developed by the *COVID-19 Response: Assessment Centres Committee*, chaired by Dr. Chris Simpson. A full list of members is presented in [Appendix A](#). This committee was convened in the spring of 2020 and tasked with reviewing current functioning of assessment centres in order to identify opportunities for improvement, optimize standardization of processes that are working well, and support increasing access to testing in accordance with provincial testing guidance. Over the course of three meetings, the committee reviewed recent data and results of a jurisdictional scan, discussed key issues, and came to consensus about several areas where recommendations and guidance would be beneficial for the field. The recommendations developed by the committee were guided by procedural and substantive ethical principles (see [Appendix B](#)). In spring 2021, the document was reviewed and updated to capture the key changes since its initial release.

2. COVID-19 Assessment Centre Process Flow, Inputs, Outputs, and Activities

The process flow diagram in Figure 1 shows the high-level process from intake to post-testing that is shared by assessment centres across the province. Although key components remain the same, some processes are subject to change based on the latest [provincial testing guidance](#) (see [Appendix C](#) for a list of available guidance documents).

Figure 1. COVID-19 Assessment Centre Process Flow Diagram



AC – Assessment centre; ED – Emergency department; OLIS – Ontario Laboratories Information System; PHU – Public health unit

The chart in Figure 2 demonstrates the variation in inputs and the resulting assessment centre processes, which are both influenced by the local community context and may change as [provincial testing guidance](#) is updated. Recommendations and considerations made by the committee have been included where applicable.

Figure 2. COVID-19 Assessment Centre Chart

Population Served (Based on testing guidance)	Referral Source (Referral not required)	Intake Methods	On-Site Assessments	Post-Assessment Centre Scenarios	Follow-up with Individuals
Symptomatic individuals Individuals from a specific priority population group (patients undergoing dialysis, chemotherapy, etc.) Asymptomatic individuals, risk based testing HCW testing for clearance Other (as per MOH Guidance)	Self-referral	Walk-ins only	Clinical assessment	Individual provided with information (self-monitoring and self-isolation instructions, patient portal link, instructions to contact primary care, etc.)	Results available to individuals with OHIP # via patient portal
	Online self-assessment (provincial or regional)				Results available to primary care providers via OLIS
	PHU referral	By appointment only (self or other referral)	Swab collected by HCW (e.g., registered nurse under medical directive, nurse practitioner, or physician)	Special accommodations may be made (e.g., for persons without a permanent residence or precariously housed individuals)	PHU and/or ordering clinician calls positive individual
	Primary care	Mix of walk-ins and appointments			AC provides individuals unable to access portal with an alternative means of obtaining results
	Telehealth Ontario	Drive-throughs	Other testing, where appropriate and available (blood work, etc.)	Individual may be sent to ED	Occupational Health calls HCW, as required
	Virtual screening assessment by AC (online or by phone)	Home visits			---
	Re-directed patient from ED	Mobile units	Virtual visits (online or by phone)	Individual may be admitted directly to the hospital	Individual with positive result may be re-assessed by AC (virtually)
	Re-directed patient from other departments within AC affiliated hospital (Occupational Health, etc.)	Other			Repeat testing initiated, as required (e.g., for clearance)

AC – Assessment centre; ED – Emergency department; HCN- Health card number; HCW – Health care worker; OLIS – Ontario Laboratories Information System; PCP – Primary care provider; PHU – Public health unit

3. Recommendations and Key Considerations for COVID-19 Assessment Centres Based on Lessons Learned

The recommendations developed by the Assessment Centres Committee aim to enable access to COVID-19 assessment and testing to the people who need it (effective), while protecting patients, health care workers, and the community from virus transmission (safe), using the least amount of resources (efficient)..

Although some variation is expected due to local community context, there are basic foundational elements that should be standard across all assessment centres. As assessment centres evolve and become more standardized, decisions should be guided by relevant substantive ethical principles, including fairness, utility, solidarity, social justice, equity, stewardship, and autonomy, and processes for decision-making should be guided by the relevant procedural ethical principles (outlined in [Appendix B](#)).

I. LOCATION AND OPERATIONAL STRUCTURE

Recommendations:

- Assessment centres should select a location and modality that takes into account the needs of their local community and should use multiple communication methods to inform the public of how to gain access. To promote equitable access to all, including individuals and groups who may be physically or socially isolated or displaced, assessment centres may need to adapt their services and communication strategies to meet the specific needs of the community (e.g., in-home or mobile testing)
- Assessment centres must work with regional Ontario Health staff to ensure their location and hours of operation are up to date on a daily basis. This is to ensure the Ministry of Health can continue to provide Ontarians with up-to-date information. Assessment centres must ensure this information is also available within their community and can work with local public health units, Ontario Health, and other health care provider partners to expand communication campaigns

Topic	Considerations
Proximity to a health care facility	<ul style="list-style-type: none"> • When possible, align the assessment centre with a health care facility, where the functions of the assessment centre can be in a separate part of the building or in a temporary facility <ul style="list-style-type: none"> ○ The benefits of having a physical location near a health care facility include easy access to supports (e.g., emergency department, IT systems, redeployed staff, laboratory and other resources), which are beneficial for providing care for patients with severe symptoms and providing flexibility during a surge in volumes • Use regional data to inform decisions about where to locate or re-locate any assessment centres and to determine the number of centres required for the community (e.g., proximity to population, number of assessment centres serving the community)
COVID-19 testing and/or clinical	<ul style="list-style-type: none"> • Each assessment centre should assess the needs of their local community to determine whether the assessment centre should offer testing only, or should also provide clinical assessment (e.g., consider the population served by the

assessment functions	<p>assessment centre and the availability of clinical assessment at other centres nearby)</p> <ul style="list-style-type: none"> • The provision of testing at the assessment centre is a minimum expectation, and the ability to offer clinical assessment should be available in the community when needed
Priority populations	<ul style="list-style-type: none"> • In partnership with regional response structures, the operational structure should be reviewed with a lens to increase access to priority populations as identified in evolving provincial testing guidance
Symptomatic and asymptomatic individuals	<ul style="list-style-type: none"> • Given the recent province-wide expansion in testing criteria to include asymptomatic individuals, assessment centres should: <ul style="list-style-type: none"> ○ Reinforce the need to maintain physical distancing between patient encounters ○ Consider the feasibility of establishing two streams within the assessment centre or between assessment centres in the local community (based on local context and circumstances): <ul style="list-style-type: none"> ▪ One stream for those who are symptomatic and require assessment and testing ▪ One stream for those who are asymptomatic and may require testing only
Modality (in-centre, drive-through, in-home)	<ul style="list-style-type: none"> • Ensure that the modality used allows for an inclusive and respectful approach to ensure culturally safe care • Different modalities (drive-through, in-centre, in-home, mobile) may better serve a particular community as there are advantages and disadvantages to each <ul style="list-style-type: none"> ○ <i>Drive-through</i> modality: <ul style="list-style-type: none"> ▪ Increases efficiency and scalability to meet volume demands ▪ Conserves PPE and minimizes waste ▪ Reduced need for cleaning the area between each patient ▪ Maintains physical distancing between patient encounters ▪ Eliminates the need for a waiting room ▪ Pre-supposes that symptoms are mild ○ <i>In-centre</i> modality: <ul style="list-style-type: none"> ▪ A common in-person, ambulatory care format that is familiar to the public ▪ Reduces barriers for particular populations (e.g., language barriers, access to a vehicle for drive-through format) ▪ Requires extra attention to ensure proper physical distancing of those seeking testing; assessment centres must account for this to ensure safety ○ <i>In-home</i> modality: <ul style="list-style-type: none"> ▪ Assessment centre staff travel directly to the individual’s home to provide assessment and testing ▪ Care is provided in a safe and familiar environment ▪ Reduces barriers for the individual ▪ Serves harder-to-reach populations (e.g., remote geography) ○ <i>Mobile/outreach</i> modality:

	<ul style="list-style-type: none"> ▪ Assessment centre staff travel to the population in the community that needs assessment and testing (e.g., mobile bus or outreach team) ▪ Serves harder-to-reach vulnerable populations ▪ Outreach teams can support large-scale testing in a congregate setting (e.g., long-term care home) ▪ Requires scheduling and clear communication processes as mobile testing locations change
Intake method (walk-in or by appointment)	<ul style="list-style-type: none"> • The intake method must include direct self-referrals (by telephone, online, or walk-in) in addition to referrals (e.g., from 911, Telehealth Ontario, primary care, public health units) • Ensure that the intake method used at the assessment centre meets the needs of the local community (e.g., consider the options available at other centres in the region) • Based on the provincial testing guidance, pre-screening is not required. However, assessment centres should consider whether intake should be scheduled for patient flow and efficiency. Intake can be completed virtually (by phone or video) or in person • The walk-in intake method provides a low-barrier way to access assessment and testing, but requires systems in place to ensure that appropriate physical distancing can be achieved. Meanwhile, booking people for appointments where possible can increase efficiency and decrease the time that patients spend at the assessment centre
Communication and outreach	<ul style="list-style-type: none"> • Consult with existing community groups to ensure that the assessment centres are meeting their needs whenever possible • Publicly communicate the location(s) and operating hours of assessment centres, as well as ways for people to directly book appointments, using a variety of strategies such as social media, websites, local media, and news releases. All locations and operating hours are also available on the COVID-19 assessment centre locations website • Enable the public to contact the assessment centre directly by telephone to minimize additional steps through Telehealth Ontario, primary care, or public health units • Provide clear signage for assessment centres, including information about patient flow (e.g., indicating patient flow as a one-way passage, physical distancing reminders) and what to expect (e.g., how to navigate the centre) • Ensure communication and outreach are available in multiple languages to meet the needs of the local community
Hours of operation	<ul style="list-style-type: none"> • Consider standardizing hours of operation based on local community needs and testing guidance (e.g., set operating hours based on volumes, consider equitable access) • Ensure that there is access to an assessment centre seven days a week within the community
Oversight and accountability	<ul style="list-style-type: none"> • Ensure there is regular regional connection with Ontario Health for updates and coordination regarding changes in practice and management of issues

II. STAFFING MODEL

Recommendations:

- Assessment centres should use a staffing model that is cost-effective, sustainable, and allows for timely ongoing training as new information becomes available
- Assessment centres should ensure that an effective and efficient process is in place for staff to use the most updated testing guidance materials and be informed of any changes

Topic	Considerations
Staffing model (composition and roles)	<ul style="list-style-type: none"> • Create a team to effectively and efficiently provide care. Each team member should have a specific role. The team may be made up of administrative/non-health care worker support, nurse practitioners, physician assistants, registered nurses, registered practical nurses, primary care providers, or other specialists (e.g., internists, emergency physicians, respirologists) • Use medical directives to fully optimize team members' skills • Use dedicated staffing models. This can help to facilitate keeping staff up to date and develop expertise in skills, including administration of swabbing to minimize variability and false negatives • Use dedicated administrative and scheduling support to enable smooth operations and patient flow. Some jurisdictions have successfully integrated the use of trained non-medical staff to carry out tasks related to registration, so that health care professionals can carry out tasks related to the physical assessment and specimen collection²
Communication and education	<ul style="list-style-type: none"> • Ensure strong educator support to provide ongoing and just-in-time training • Ensure staff have a centralized location to access updated guidance materials, which promotes information sharing and a single source of accurate guidance • Provide a clear accountability structure for developing and updating processes • Regularly huddle with staff to clarify any concerns with new guidelines and solidify knowledge • Well-established assessment centres can support the training and development of newer centres to spread best practices across sites; assessment centres should establish these communities of practice at a regional level, in partnership with Ontario Health regional staff
Strategy and sustainability	<ul style="list-style-type: none"> • Ensure staffing models are flexible to quickly ramp up and down as the pandemic evolves and testing guidance changes (e.g., consider the sustainability of staffing models)

III. INFECTION CONTROL AND PREVENTION STRATEGIES

Recommendation:	
<ul style="list-style-type: none"> Assessment centres must implement measures to prevent and minimize spread of infection and steward PPE 	
Topic	Considerations
Design for minimal direct contact between people	<ul style="list-style-type: none"> Use appropriate administrative and engineering controls based on the set-up of the assessment centre (e.g., protective barriers/screens, drive-through screening) Design the assessment process with all public health guidance in mind, including minimal direct contact between people (e.g., maintaining physical distancing at all times other than for clinical assessments; virtual intake where possible; use of drive-through, virtual, or in-home modalities where appropriate; conducting intake using mobile phones or electronic systems ahead of time)
Administrative and engineering controls	<ul style="list-style-type: none"> Use administrative and engineering controls to limit the possibility of virus transmission (e.g., physical barriers such as plexiglass, a buddy system with a designated 'clean' staff member who will maintain physical distance for duties such as documentation and a 'dirty' staff member who will be in close contact for collecting the swab)
Appropriate use of PPE, hand hygiene, and cleaning procedures	<ul style="list-style-type: none"> Ensure that appropriate use of PPE, hand hygiene, and disinfecting procedures are in place (e.g., cleaning procedures for equipment, furniture, and spaces between patients)
Use of PPE stewardship strategies	<ul style="list-style-type: none"> Appropriate PPE should be used based on Public Health Ontario and Ontario Health recommendations (e.g., droplet precautions for COVID-19 require surgical/procedural mask, isolation gown, gloves, and eye protection) Implement appropriate PPE stewardship strategies (e.g., extended use of PPE when appropriate, 'buddy system'). See additional stewardship strategies in Ontario Health's recommendations in Optimizing the Supply of PPE During the COVID-19 Pandemic

IV. TESTING GUIDANCE AND CLINICAL ASSESSMENT PROCESSES

Recommendations:	
<ul style="list-style-type: none"> • Assessment centres should put in place standardized processes for intake, referrals, clinical assessment, and management of patients, including those presenting with severe symptoms • Assessment centres should ensure mechanisms are in place to respond quickly to changing guidance on intake, referrals, and testing • Assessment centres should implement an inclusive and respectful approach to ensure culturally safe care 	
Topic	Considerations
Testing guidance	<ul style="list-style-type: none"> • Guidance on testing, symptoms, and screening are updated regularly by the Ministry of Health (Guidance for the Health Sector). Assessment centres should have in place a mechanism to respond quickly as testing guidance changes (COVID-19 Provincial Testing Guidance, COVID-19 Reference Document for Symptoms)
Consistent messaging and public awareness	<ul style="list-style-type: none"> • Provide clear, up-to-date messaging on when to get tested; consider using local media to ensure public awareness • Ensure public awareness efforts are available in multiple languages to meet the needs of the local community
Referral sources	<ul style="list-style-type: none"> • Although referrals <u>are not required</u> to access an assessment centre, referrals may currently come from several different sources, including direct self-referrals, 911, Telehealth Ontario, primary care, public health units, hospitals, emergency departments, and occupational health and safety (see Appendix D for referral form information)
Clinical assessment and vital signs	<ul style="list-style-type: none"> • At minimum, pulse oximetry and heart rate should be measured for all symptomatic patients. Vital signs and physical assessment are completed at the discretion of the health care provider and determined based on the patient's presenting signs and symptoms
Management of severe symptoms	<ul style="list-style-type: none"> • When intake or assessment identifies severe symptoms, patients should be referred to the emergency department or 911 called if needed
Culturally safe care	<ul style="list-style-type: none"> • Assessment centres should be inclusive and culturally safe environments. Staff should be familiar to the Indigenous community and/or will have undergone Indigenous Cultural Safety Training
French language services	<ul style="list-style-type: none"> • Assessment centre services should be actively offered in French by on-site staff if available or through interpreter services

V. REQUISITION FORM AND SPECIMEN HANDLING PROCESSES

Recommendations:	
<ul style="list-style-type: none"> Assessment centre sites must complete the Public Health Ontario requisition form for COVID-19 tests, regardless of which lab the specimen is being sent to As available, adopt digital solutions to support electronic order entry <p>Specimens for COVID-19 testing should be handled and transported according to the Transportation of Dangerous Goods Act and its Regulations. It is the responsibility of the sender (the assessment centre) to adhere to these regulations</p>	
Topic	Considerations
Completion of requisition form	<ul style="list-style-type: none"> All fields on the requisition form must be completed to ensure accurate and timely reporting of results to the submitter and public health unit In order for results to appear in the provincial portal, all patient identification fields – including health card number – must be completed
Handling of specimens	<ul style="list-style-type: none"> Place COVID-19 specimens, labelled with at least two pieces of information to identify the patient (name, date of birth, health card number), in sealed biohazard bags and include the requisition in the outer pouches. The requisition should not be in contact with the specimen Place the individual biohazard bags together in sealed large plastic bags, along with some absorbent material Place the large plastic bags into a rigid outer shipping container Address and label the container with “UN3373” and “COVID-19 specimens” along with the testing laboratory address Store specimens at 2–8°C until shipping and include frozen ice packs in the container If a specimen is not expected to be transported to a network laboratory within 24 hours, it is important to freeze in order to avoid expiration
Routing of specimens	<ul style="list-style-type: none"> COVID-19 specimens may be transported to any public, community, or hospital laboratory that is part of the Provincial Diagnostics Network; the network may reach out to assessment centres to suggest routing in order to optimize turnaround time In the case that any one lab receives more specimens than can be processed in a timely fashion, the network will manage rerouting and communication of results to the assessment centre If unsure about how to transport specimens to a laboratory for testing, assessment centres should work with the Provincial Diagnostics Network Operations Centre to determine appropriate routing (covid-19.diagnostics@ontariohealth.ca) To reduce turnaround times in Northern Ontario, Ontario Health will work towards ensuring that lab processing of specimens will be performed in Northern Ontario except in unforeseen circumstances

VI. FOLLOW-UP PROCESSES AFTER TESTING

Recommendation: <ul style="list-style-type: none"> Assessment centres should provide information to patients who were tested on how to self-monitor and self-isolate, where to access testing results, and other relevant information 	
Topic	Considerations
Discharge and patient education	<ul style="list-style-type: none"> Each assessment centre should have a patient education and discharge process for all patients that provides information on how to self-monitor and self-isolate, where to access testing results, and other relevant information (e.g., who to contact if the patient has additional questions) (see Appendix E) Provide clear, succinct, and harmonized instructions for all patients, whether they test positive or negative Recommended practices for patient education include using multimodal methods (e.g., oral and written materials in the most common languages for each community) For specific populations, consider how results will be made available and acted upon (e.g., for persons without a permanent residence or who are precariously housed, consider additional follow-up to share test results and/or social supports for self-isolation) If there are any concerns that a patient will not follow isolation instructions, notify the local public health unit
Communication of test results	<ul style="list-style-type: none"> Assessment centres should have a process in place to ensure patients receive their test results (whether positive or negative) <ul style="list-style-type: none"> Positive results: <ul style="list-style-type: none"> Most patients who provide their health care number will be able to access their test results through the online provincial COVID-19 Test Result Viewer (through Ontario Laboratories Information System [OLIS]) In addition, patients with positive results must be contacted by the ordering clinician (e.g., assessment centre staff, primary care provider) Patients with positive results will also be contacted by their local public health unit with further instructions on how to self-isolate and for contact tracing Negative results: Most patients who provide their health card number will be able to access their negative test results through the online provincial COVID-19 Test Result Viewer Assessment centres should support patients to access their test results online (whether positive or negative) using the provincial COVID-19 Test Result Viewer <ul style="list-style-type: none"> Provide a hand-out with written instructions on how to access test results online and who the patient can contact if they have difficulty accessing their results (see Appendix E) Assessment centres must have a process in place to report both positive and negative results to patients, particularly where patients are calling to report that they are unable to find their test results. In these

	<p>instances, it is the responsibility of the assessment centres to locate and follow up with the patient on their results</p> <ul style="list-style-type: none"> ○ For individuals who may have difficulty accessing the patient portal (e.g., individuals without computer access, individuals without a green OHIP card), assessment centres must offer an alternate way for them to receive their test results ● Primary care providers are also able to access test results through OLIS and clinical viewers ● Local public health units are responsible for case management for patients who test positive³ ● If testing is based on a referral from a health care organization’s occupational health and safety team, health care workers may be contacted by the occupational health and safety team for follow-up instructions related to their workplace ● Assessment centres should put processes in place to reduce any delays in communicating test results, in addition to safeguarding privacy and maintaining confidentiality
Testing for clearance	<ul style="list-style-type: none"> ● Guidelines for self-isolation and re-testing for clearance should be consistently applied at all assessment centres (see COVID-19 Quick Reference Public Health Guidance on Testing and Clearance)

VII. REPORTING AND MONITORING

Recommendation:	
<ul style="list-style-type: none"> ● Data collection and reporting should be based on guidance provided by the Ministry of Health (see Appendix F) 	
Topic	Considerations
Data collection	<ul style="list-style-type: none"> ● Assessment centres must put in place mechanisms to ensure that data is collected in a consistent and standardized way and submitted in a timely manner
Evaluation	<ul style="list-style-type: none"> ● Assessment centres should review their data compared to other assessment centres and identify areas for quality improvement ● Identify any additional metrics to collect to support quality improvement, research, or program evaluation goals ● Consider a developmental evaluative approach to aid in enabling innovative and adaptive approaches

4. Future Considerations

Due to the rapidly changing landscape during the COVID-19 pandemic, there are several key issues to consider for the medium- to long-term future of assessment centres. These issues include:

- Evaluation of assessment centre performance, including identification of key indicators
- Sustainability of staffing models and identification of ideal staffing model(s)
- Efficiency and fiscal stewardship of assessment centres (value for money and sustainability)
- The role of assessment centres in research
- The evolving role of assessment centres (e.g., community surveillance, case finding)
 - As testing guidance changes
 - As health care services that were previously ramped down resume
 - As public health measures are loosened and communities/businesses re-open
 - As technology advances (e.g., serological testing, testing for research purposes)
- Health system optimization to align with the requirements of the rapidly changing landscape

5. Closing

This document presents a set of recommendations that are designed to support assessment centres in providing effective, efficient, and safe care during the COVID-19 pandemic in accordance with relevant ethical principles. Key considerations are presented to reduce unnecessary variation and promote standardization, and to support flexibility to respond to evolving assessment and testing needs for people in Ontario.

References

- (1) Angus H, Williams D, Anderson M. Memorandum: Additional Direction on Testing Strategy [Internet]. Toronto, ON: Ministry of Health, Office of the Deputy Minister; 2020 May 24 [cited 2020 May 24]. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx
- (2) Public Health Agency of Canada. COVID-19 pandemic guidance for the health care sector [Internet] 2020 Apr 22 [cited 2020 May 19]. Available from: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/covid-19-pandemic-guidance-health-care-sector.html>
- (3) Ministry of Health, Health System Emergency Management Branch. Management of cases and contacts of COVID-19 in Ontario [Internet]. Toronto, ON: Ministry of Health; 2021 May 6 (version 12.0) [cited 2021 June 25]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

Appendices

Appendix A. COVID-19 Response: Assessment Centres Committee

The following committee members were involved in developing the initial document released on May 28, 2020:

Name	Title(s) and Institution(s)
Chris Simpson (Chair)	Executive Vice-President, Medical, Ontario Health Professor, Division of Cardiology, Queen's University Affiliate Scientist, Institute for Clinical Evaluative Sciences
Andrew McCallum	Special Advisor to Ministry of Health re: COVID-19 Response, Former CEO of Ornge
Cheryl Osborne	Patient Care Director, Emergency Services and Ambulatory Care, Markham Stouffville Hospital
Dianne Godkin	Senior Ethicist, Trillium Health Partners
Gary Garber	IPAC Physician, Infection Prevention and Control Department Health Protection Portfolio, Public Health Ontario
Howard Ovens	Chief Medical Strategy Officer, Sinai Health System; Ontario Provincial Lead, Emergency Medicine
Jacqueline Park	Assessment Centre Manager and Emergency Department Process Improvement Coordinator, Thunder Bay Regional Health Sciences Centre
Jennifer Everson	Vice-President, Clinical, Ontario Health (West)
John Trickett	Director, The Ottawa Hospital; Assessment Centre Lead
Lee Fairclough	President, St. Mary's General Hospital
Paul Preston	Vice-President, Clinical, Ontario Health (North)
Ruben Rodriguez	Site Operations Manager, Humber River Hospital
Wendy Hansson	President & CEO, Sault Area Hospital
Zain Chagla	Associate Professor, Department of Medicine, McMaster University; Medical Director, Infection Control, St. Joseph's Healthcare Hamilton; Infectious Diseases and Internal Medicine Consultant, St. Joseph's Healthcare/Hamilton Health Sciences

Appendix B. Guiding Ethical Principles

As assessment centres evolve and become more standardized, decisions and decision-making processes should be guided by the following substantive and procedural ethical principles.

Substantive ethical principles

- **Fairness:** Assessment centres should treat like cases similarly. If treating cases differently, there should be an ethically justifiable reason for doing so
- **Utility:** Assessment centres should operate in ways that allow us to have the greatest impact on decreasing mortality and morbidity of the overall population
- **Solidarity:** Assessment centres should collaborate with their community, institutions, and regions to achieve the goal of decreasing mortality and morbidity of the overall population
- **Equity:** Assessment centres should promote access to all according to need and do not unfairly disadvantage certain groups or individuals
- **Stewardship:** Assessment centres should manage resources carefully and responsibly and, whenever possible, implement the most economical alternatives
- **Autonomy:** Assessment centres should provide individuals with the information they need to make informed decisions

Procedural ethical principles

The committee was guided by the following procedural ethical principles in the development of the recommendations in this document.

- **Inclusiveness:** Perspectives of key stakeholders have been considered and input sought when time permits
- **Reasonableness:** Assessment centres make decisions in accordance with best available evidence
- **Transparency:** There is a clear process for communicating information about assessment centre recommendations, including rationale, to those most impacted
- **Responsiveness:** There is a process in place to revisit and revise recommendations and assessment processes as new information emerges
- **Accountability:** There is a clear governance structure that identifies who is responsible for the conduct of assessment centres; assessment centres have clear governance structures in place

Appendix C. Resources for COVID-19 Assessment Centres

Guidance documents:

The assessment centres are operationalized based on several existing supporting resources, including the following guidance documents:

- Ministry of Health:
 - [COVID-19 Reference Document for Symptoms](#)
 - [COVID-19 Provincial Testing Guidance](#)
 - [COVID-19 Patient Screening Guidance Document](#)
 - [COVID-19 Quick Reference Public Health Guidance on Testing and Clearance](#)
 - [Data collection](#) (Health Data Branch Web Portal)
- Public Health Ontario:
 - [COVID-19 Testing](#) (including specimen collection and handling, requisitions, kit ordering, etc.)
- Ontario Health:
 - [Recommendations on Optimizing the Supply of PPE during the COVID-19 Pandemic](#)

Appendix D. Standardized Elements for Referral Forms

The essential elements to include on an assessment centre referral form are as follows:

1. Important information for referrers
 - Clearly indicate any assessment centre exclusions and how these individuals should be redirected (e.g., no patients younger than two years of age, direct patients with severe symptoms to the nearest emergency department)
 - Indicate how patients who test positive will be contacted with results (e.g., positive results will be delivered to the patient by the ordering health care provider or his/her delegate)
2. Patient information
 - Patient demographic information, including contact information (phone number and email address)
3. Referring information
 - Phone and fax number of referring health care provider
4. Reason for referral
 - Include a checkbox to indicate if patient is symptomatic or if asymptomatic
5. Appointment information for patients
 - Instructions on how to access the assessment centre (e.g., how to make an appointment, where the entrance of the assessment centre is)
 - What to bring to their appointment
 - How to contact the assessment centre (e.g., a phone number to call)

Appendix E. Standardized Elements for Patient Discharge and Education Materials

The following post-testing handouts are available from [Public Health Ontario](#):

- How to self-monitor – COVID-19: [English](#), [French](#)
- Reference document for symptoms – COVID-19: [English](#), [French](#)
- How to self-isolate – COVID-19: [English](#), [French](#)
- Self-isolation: Guide for caregivers, household members and close contacts – COVID-19: [English](#), [French](#)

The following additional instructions and handouts are available from Public Health Ontario:

- Reduce your risk from COVID-19: Fact sheet for people at greater risk of serious illness from COVID-19, such as older adults and people with chronic medical conditions: [English](#), [French](#)
- Take care of yourself and each other – COVID-19: [English](#), [French](#)
- How to care for pets and other animals – COVID-19: [English](#), [French](#)
- Physical distancing – COVID-19: [English](#), [French](#)
- COVID-19: Non-medical masks and face coverings: [English](#), [French](#)

The essential elements to include in post-testing instructions for patients are as follows:

1. Instructions on what to do if your symptoms get worse or you develop symptoms
2. Instructions on how to self-monitor symptoms, self-isolate, and instructions for close contacts
3. URL and instructions on how to access test results on the provincial online [COVID-19 Test Result Viewer](#)
4. Instructions for how to obtain test results if the patient is unable to access the results online, including contact information for the ordering health care provider (e.g., primary care provider office or the assessment centre)
5. The time frame in which test results may become available after the test is performed
6. Instructions to continue to self-isolate while waiting for test results
7. Note that the public health unit will follow up only with individuals who test positive
8. Instructions on what to do if a positive, negative, or indeterminate test result is received

Appendix F. Data Reporting and Monitoring

Assessment centre data is submitted to the Ministry of Health daily via the Health Data Collection Service (HDSC) tool (previously the Daily Bed Census tool) which is hosted on the Ministry's [Health Data Branch Web Portal](#). The data maintained within the HDSC tool is used by health service providers and the Ministry of Health to support assessment centre activities and the Ministry of Health's planning initiatives. There is a standardized data submission tool and a frequently asked questions and answer guide available on the portal, and a technical specifications guide is currently in development.