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Directive PIPT03-03
October 22, 2003

PROVINCIAL INTER-FACILITY PATIENT TRANSFER DIRECTIVE DURING OUTBREAK CONDITIONS

This Directive replaces the following:

- *Provincial Inter-Facility Patient Transfer Directive, May 12, 2003.*

Health care facilities will be required to follow the transfer authorization process outlined in this directive as soon as any SARS case is identified in the world. Implementation at this stage ensures a heightened vigilance and allows The Provincial Transfer Authorization Centre (PTAC) to play a key role in surveillance. PTAC is more than a transfer control system within and between Ontario healthcare facilities. PTAC protects our provincial borders from unknown, unmanaged infectious diseases and other medical risks.

Once implemented this directive will remain in effect until there are no active SARS cases worldwide.

Original signed by

Dr. James G. Young
Commissioner of Public Security

Original signed by

Dr. Colin D’Cunha
Commissioner of Public Health
and Chief Medical Officer of Health

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1 PATIENT TRANSFER AUTHORIZATION PROCEDURE DURING OUTBREAK CONDITIONS

EMERGENCY TRANSFERS

MEDICALLY NECESSARY CRITERIA (EMERGENCY)

*One or more body systems are abnormal and rapidly deteriorating in association with an acute illness or injury. Intense monitoring and medical interventions are required to correct and stabilize the patient's condition. Condition requires immediate specialty care for **any one** of the following that can not be provided in sending health care facility.*

- Abnormal or deteriorating neurological status
- Life-threatening cardiac emergencies
- Significant or life-threatening traumatic injuries
- Threat to maternal or fetal life
- Airway compromise or severe respiratory distress
- Acute paediatric illness requiring specialized care

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| <p>IF</p> <ol style="list-style-type: none"> 1. Both the sending and receiving health care facilities are a Category¹ 0 or 1, AND 2. The patient is not in RCP² (Fever or Respiratory Symptoms with SARS Risk Factors) or RCP(E)³ (Fever or Respiratory Symptoms with SARS Contact History), AND 3. The patient is not in isolation, AND 4. Any one of the medically necessary criteria is met, AND 5. Receiving health care facility has committed to an appropriate bed or treatment space. | <p>THEN</p> <p>Fax the Provincial Transfer Authorization Centre (PTAC) at 416-397-9061 for the transfer request. If approved an authorization number will be issued immediately and will be faxed to you. The sending facility then contacts the local Central Ambulance Communications Centre (CACC) with the authorization number to dispatch the ambulance.</p> <p>Infection Control Practitioner (ICP) notification is not required.</p> |
| <p>IF</p> <ol style="list-style-type: none"> 1. The sending or receiving health care facility is a Category 2 or 3, OR 2. The patient is in RCP (Fever or Respiratory Symptoms with SARS Risk Factors) or RCP(E) (Fever or Respiratory Symptoms with SARS Contact History), OR 3. The patient is in isolation, OR 4. None of the medically necessary criteria are met, OR 5. The sending and receiving health care facilities cannot agree. | <p>THEN</p> <p>Fax the PTAC at 416-397-9061 for the transfer request. The PTAC physician will provide direction and approval for the transfer. If an authorization number is issued, it will immediately be faxed to you. The sending facility then contacts the local CACC with the authorization number to dispatch the ambulance.</p> <p>ICP notification is required for #1 and #2.</p> |

¹ For Health care facility categories (see Appendix 1 – *Glossary of Terms*)
² Respiratory and Contact Precautions (see Appendix 1 – *Glossary of Terms*)
³ Respiratory and Contact Precautions (Enhanced) (see Appendix 1 – *Glossary of Terms*)

2 PATIENT TRANSFER AUTHORIZATION PROCEDURE

NON-EMERGENCY TRANSFERS

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| IF | <ol style="list-style-type: none">1. Both the sending and receiving health care facilities are a Category 0 or 1, AND2. The patient is not in RCP (Fever or Respiratory Symptoms with SARS Risk Factors) or RCP(E) (Fever or Respiratory Symptoms with SARS Contact History), AND3. Receiving health care facility has committed to an appropriate bed or treatment space | THEN | <p>Please fax your completed patient transfer authorization form to PTAC at 416-397-9061. Approval and an authorization number will be faxed back. The sending facility then contacts the local CACC or transfer service with the authorization number to dispatch the ambulance or transfer vehicle.</p> <p>ICP notification is not required.</p> |
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| IF | <ol style="list-style-type: none">1. The sending or receiving health care facility is a Category 2 or 3, OR2. The patient is in RCP (Fever or Respiratory Symptoms with SARS Risk Factors) or RCP(E) (Fever or Respiratory Symptoms with SARS Contact History), OR3. The sending and receiving health care facilities cannot agree | THEN | <p>Please fax your completed patient transfer authorization form to PTAC at 416-397-9061. Approval and an authorization number will be faxed back. The sending facility then contacts the local CACC or transfer service with the authorization number to dispatch the ambulance or transfer vehicle.</p> <p>ICP notification is required for #1 and #2.</p> |
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PLEASE NOTE:

- ◆ For all transfers of patients who are SARS Risk Factor Screening Tool Positive (i.e., answered YES to Section A, B, or C) and transfers to or from a Category 2 or 3 health care facility: ICP notification is required
- ◆ For any patient who is in precautions or isolation, the Receiving Physician must be notified.

3 PATIENT TRANSFER AUTHORIZATION FORM - OUTBREAK

This form must be **COMPLETELY** filled out before authorization can be provided.

Enquiries call 416-638-7301

REQUESTED TRANSFER DATE: _____ (Please note: Authorization #s are only valid for 24 hours)

- Patient requires transportation and medical supervision by a **paramedic**
- Patient requires transportation only, please indicate transportation provider _____

SENDING HEALTH CARE FACILITY

Patient Surname: _____ First Name: _____

Sending Health Care Facility: _____ Category: _____

Health Care Facility Unit: _____ Room: _____

Health Care Facility Unit Telephone (area code mandatory): () _____ - _____, ext: _____

Health Care Facility Unit Fax number (area code mandatory): () _____ - _____

A SARS Risk Factor Screening Tool, with today's date must be completed and faxed to 416-397-9061, before authorization will be granted. Patient sex : M F Date of birth _____

SARS Risk Factor Screening Tool: Positive (YES to Section A, B or C) Negative

Is the patient in RCP, RCP(E), or isolation? YES NO

Has patient come in contact with a communicable disease? YES NO

Does patient have history of pneumonia? YES NO

Does patient currently have a fever? YES NO

RN/Clerk – filling out this form must provide:

Name (print) _____ **Signature** _____

REASON FOR TRANSFER AND CURRENT DIAGNOSIS (include details of all YES answers):

Sending Infection Control Practitioner (ICP) notified (ICP notification required **only for patients who are SARS Risk Factor Screening Tool Positive, or, patients transferred to or from Category 2 or 3 health care facilities.**)

Sending Physician Name: _____

RECEIVING HEALTH CARE FACILITY

Receiving Health Care Facility: _____ Category: _____

Health Care Facility Unit: _____ Room: _____

Health Care Facility Unit Telephone (area code mandatory): () _____ - _____, ext:

Health Care Facility Unit Fax number (area code mandatory): () _____ - _____

Receiving Infection Control Practitioner (ICP) notified (ICP notification required **only for patients who are SARS Screen Positive, or, to or from Category 2 or 3 health care facilities.**)

Receiving Physician Name: _____

APPENDIX 1 - GLOSSARY OF TERMS

Active Surveillance Program: a term to describe surveillance activities for SARS within an acute care facility. The intent of such a program is the early detection of clusters of potential SARS cases requiring investigation.

There are two types of Active Surveillance Program: Febrile Respiratory Illness (FRI) Surveillance and Intensive Hospital (IH) Surveillance.

ARDS: Adult Respiratory Distress Syndrome is the rapid onset of progressive malfunction of the lungs usually associated with the malfunction of other organs due to the inability to take up oxygen. The condition is associated with extensive lung inflammation and small blood vessel injury in all affected organs.

Cluster: a grouping of cases of a disease (e.g. respiratory illness indicative of SARS) within a specific in time frame and geographic location suggesting a possible association between the cases with respect to transmission.

CXR: Chest x-ray (roentgenogram).

Droplet Precautions: (see also Routine Practices) The use of surgical or procedure masks and eye protection or face shields for patients who have respiratory infections especially if associated with coughing, sneezing, felt to be transmissible principally by large respiratory droplets particularly when within 1 meter of such a patient. Also used where appropriate to protect the mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions (eg air way suctioning).

Febrile Respiratory Illness (FRI): temperature greater than 38⁰ C and new or worsening cough or shortness of breath. During non-outbreak conditions this includes a fever of greater than 38⁰ C **and** new or worsening cough or shortness of breath to increase the specificity of this designation. During outbreak conditions, to maximize the sensitivity to potential SARS infection, this includes a fever of greater than 38⁰ C **or** new or worsening cough or shortness of breath. The context in which FRI is determined must take the outbreak vs. non-outbreak conditions into account.

Febrile Respiratory Illness (FRI) Surveillance Program: a type of Active Surveillance Program for SARS characterized by surveillance for febrile respiratory illness in patients in Emergency Departments and patients being admitted through regular admitting procedures to the acute care facility.

Hand Hygiene: hand washing with soap and running water or alcohol-based hand sanitizers

Health Care Facility: a location where ill people are examined and assessed by health care workers and/or provided with direct health care services. Locations may range from private physician offices, ambulatory clinics or diagnostic facilities, to hospitals.

Health Care Facilities SARS Categories: a categorization system established by the Ontario Ministry of Health and Long-Term Care to determine precautionary measures to be taken during a SARS outbreak. The levels are as follows:

SARS Category 0: Health care facility has no known cases of SARS (suspect or probable).

SARS Category 1: No unprotected SARS exposure – staff and/or patients. Health care facility has one or more cases of SARS (suspect or probable).

SARS Category 2: Any unprotected SARS exposure within the last 10 days but without transmission to staff or patients. The health care facility may or may not currently have one or more cases of SARS (suspect or probable).

SARS Category 3: Unprotected SARS exposure with transmission to health care workers and/or patients. The health care facility may or may not currently have one or more case of SARS (suspect or probable).

High-Risk Respiratory Procedure: any procedure with the potential to generate respiratory droplets, including, but not limited to nebulized therapy, endotracheal intubation, bronchoscopy, bag-valve mask ventilation, non-invasive ventilation (CPAP, BiPAP), and ventilation using high frequency oscillation.

Home Quarantine: To prevent potential transmission of SARS virus by persons who have been in contact with a known probable or suspected case of SARS and may be in the incubation period of illness.

Measures include but are not limited to the following:

- 1) Remain home during the period of quarantine
- 2) No visitors during the period of quarantine
- 3) A surgical or procedure mask to worn when in the presence of other persons. Masks should be changed approximately every 4 hours if worn for extended periods of time
- 4) Meals are to be taken away from other household members
- 5) Persons under quarantine should sleep alone in a separate room
- 6) Frequent handwashing is emphasized to all household members
- 7) Body temperature is to be taken twice daily. Any temperature reading 38 degrees Celsius is to be reported to the Public Health Department right away
- 8) Any new onset of cough or shortness of breath is to be reported to the Public Health Department right away

Intensive Hospital (IH) Surveillance Program: a type of Active Surveillance Program for SARS characterized by surveillance for either fever **or** respiratory illness in patients in Emergency Departments, patients being admitted to the facility and inpatients.

This program is limited to health care facilities within the area of a **current** SARS outbreak as designated by the MOHLTC in consultation with the local Medical Officer of Health.

Non-Outbreak: *Non-outbreak* refers to the conditions once a SARS Outbreak is declared over by the local Medical Officer of Health (MOH) or in a region where no SARS outbreak has occurred. Facilities within the region may have one or more SARS patient(s), either local cases or those imported through travel activity, provided there has been no transmission within the hospital population.

Outbreak: For the purposes of SARS activity, an *outbreak* is defined as local transmission of SARS. The local Medical Officer of Health is responsible for declaring a SARS outbreak. An outbreak may be setting-specific (e.g., a hospital with transmission) or health unit wide (e.g. transmission in more than one setting or significant community exposure).

Personal Protective System (PPS): a full body suit or equivalent protective apparatus consisting of head, face and neck protection with or without enclosed body protection; or a powered air purifying respirator (PAPR).

Respiratory and Contact Precautions (RCP): infection control procedures for institutional and community-based settings with the intent of protecting the Health care worker from SARS.

1. Common Elements for both institutional and community-based settings:

A. *Personal protective equipment, (PPE):*

- Staff to use an N95 or equivalent mask, eye protection, gown, and gloves.
- Remove PPE after there is no further contact with the patient/client in the following order: Remove gloves, clean hands, remove gown, clean hands, remove eye protection and finally the N95 mask. Wash hands carefully after removing the final PPE. Avoid touching other objects or people until after removing PPE and washing hands.
- Disinfect non-disposable equipment (e.g.: stethoscope, testing items) and anything the client used or touched before it is used for others.
- When the patient leaves the examining room it should be cleaned with a hospital grade disinfectant.

B. *Patient Management:*

- Isolate the patient/client immediately from other patients/clients and staff.
- Whenever the patient/client is in a public setting (eg in the hallway, or waiting room), in the same room with others, and during transport, the patient/client must wear a surgical mask, unless medically contraindicated..
- Limit visitation to the symptomatic patient/client except for essential or compassionate reasons. Visitors should wear PPE.

2. For Institutional Settings:

Patient Accommodation for Hospitals: Patients are to be placed as follows (in order of decreasing preference):

1. Single room with negative pressure ventilation, with at least 6 air exchanges per hour or 12 air exchanges if the building is a new facility, as per Canadian Standards Association, Sept 2001 (highest preference) single room with HEPA filtration unit which achieves at least 9 air exchanges per hour
2. single room, with no special air handling
3. semi-private room, cohorted with patients with similar SARS Risk Factors and/or symptoms or diagnosis

3. For Community-Based Settings:

Includes physician's offices, community health practice settings, non-acute care facilities, and home and community care:

- Physician, if present, to assess the patient
- If SARS is possible, or if hospitalization is required, arrange for the patient/client to be taken to an Emergency Department for evaluation (call ahead)
- Transportation for medical examination must be by private vehicle or medical transport with the patient/client wearing a surgical mask during transport.
- Contact the local Public Health Unit, as appropriate

Respiratory and Contact Precautions (Enhanced) (RCP|E): an enhanced form of infection control procedures, which require the following in addition to procedures under Respiratory and Contact Precautions:

A. Personal Protective Equipment: also includes a full face shield and hair covering

B. Patient Accommodation in hospitals: patients assessed to be at risk for having SARS, based on the SARS Risk Management Algorithms have priority for the highest level of accommodation

Respiratory Symptoms: new or worse cough (onset within 7 days) OR new or worse shortness of breath (worse than what is normal for the patient).

Routine Practices (See also "Droplet precautions"): The Health Canada term to describe the system of infection prevention recommended in Canada to prevent transmission of infections in health care settings. These practices describe prevention strategies to be used with all patients during all patient care, and include:

- Hand washing or cleansing with an alcohol-based sanitizer before and after any direct contact with a patient.
- The use of additional barrier precautions to prevent health care worker contact with a patient's blood and body fluids, non intact skin or mucous membranes.
 - Gloves are to be worn when there is a risk of body fluid contact with hands; gloves should be used as an additional measure, not as a substitute for hand washing.
 - Gowns are to be worn if contamination of uniform or clothing is anticipated.

- The wearing of masks and eye protection or face shields where appropriate to protect the mucous membranes of the eyes, nose and mouth
- During procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

The full description of routine practices to prevent transmission of nosocomial pathogens can be found on the Health Canada website (http://www.hc-sc.gc.ca/pphb-dgsp/dpg_e.html#infection).

RSV: respiratory syncytial virus, a common respiratory virus especially common in winter months and recognized a common cause of symptomatic respiratory infection in children, the elderly and individuals who are immunocompromised.

SARS Contact History: SARS contact history in a patient with febrile and/or respiratory illness is defined as any one of:

- Unprotected contact with a person with SARS in the last 10 days prior to the onset of this illness
- Were present in a healthcare facility closed due to SARS before the onset of symptoms, 10 days prior to the onset of this illness
- Instructed by Public Health to be in quarantine or isolation.
- Travel to a SARS affected area in the 10 days prior to the onset of illness

SARS Risk Management Algorithm: a tool to be used by health care workers to assist in the management of a patient based on information derived from the SARS Risk Factor Assessment Tool. There are various algorithms, depending on whether the health care worker is in a facility operating under FRI or IH Surveillance, or in the community.

SARS Risk Factor Assessment Tool: a tool to be used by health care workers during triage, admitting, and outpatient /ambulatory settings (or otherwise defined by FRI or IH surveillance). This tool gathers information from the patient regarding temperature, respiratory illness, contact history and SARS Risk Factors.

SARS Risk Factors: SARS risk factors in a patient with febrile and/or respiratory illness are defined as:

- Travel (patient or household/close family) to a former or current SARS affected area in the last 30 days.
- Admission to a hospital* or nursing home* in the 10 days prior to the onset of this illness.
- Household members or other close contacts with fever or pneumonia.
- Health Care Worker with direct patient contact in a healthcare facility.
- (*Only facilities in Toronto, York, Durham regions of Ontario or Taiwan, Singapore or Hong Kong are considered as positive Risk Factors.)

Working Quarantine: To prevent the potential transmission of SARS virus by persons who have been in contact with a known probable or suspected case of SARS and may be in the incubation period of illness and those who work in an area where exposures to SARS may have

occurred. The precautionary measures are to be applied to those who meet the above criteria and whose work has been identified as essential (eg health care workers during a SARS outbreak).

Measures include but are not limited to the following:

- 1) Arrive to the workplace wearing a mask
- 2) Go directly to the quarantine workplace area
- 3) All breaks and meals are to be taken in the designated quarantine area
- 4) Respiratory and Contact Precautions, which include gowns, gloves, masks, and eye protection, are to be worn while working in the quarantined area
- 5) All staff on working quarantine are to leave work wearing a clean procedure mask
- 6) Public transit is to be avoided
- 7) For persons who were exposed to SARS virus and considered contacts, they are to apply Home Quarantine Measure when not at work

APPENDIX 3 - SARS RISK FACTOR SCREENING TOOL

Patient Name/Information

Date _____

Unit _____

SECTION A: SARS Symptoms			
Are you experiencing any of the following symptoms?			
• New / worse cough (onset within 7 days) OR	NO	YES	
• New / worse shortness of breath (worse than what is normal for you)	NO	YES	

SECTION B: Temperature			
Are you feeling feverish, had shakes or chills in the last 24 hours?	NO	YES	<i>If yes to symptoms in Sections A or B record temperature</i>
<i>RECORD TEMPERATURE</i> <input type="text"/>	Is the temperature above 38°C?	NO	YES

SECTION C: SARS Contact History			
1. Have you had contact with a person with SARS while not wearing protection against SARS in the 10 days prior to onset of this illness?	NO	YES	
2. Have you been in a healthcare facility designated as Category 2 or 3 in the last 10 days prior to onset of this illness? (insert facility)	NO	YES	
3. Has Public Health asked you to be in home quarantine or isolation in the 10 days prior to onset of this illness?	NO	YES	
4. Have you been to any of the following SARS affected areas in the last 10 days? (facility to insert areas)	NO	YES	If yes, identify area?

SECTION D: SARS Risk Factors			
1. Have you, or a member of your household or someone you have had close contact with, traveled within the last 30 days to China?	NO	YES	If yes, identify area? Who?
2. Have you been admitted to a hospital* in the 10 days prior to the onset of this illness?	NO	YES	If yes, name facility:
3. Does anyone in your household, or a close contact, have fever or pneumonia?	NO	YES	If yes, who?
4. Are you a healthcare worker with direct patient contact in a healthcare facility?	NO	YES	If yes, where?
5. Do you live in a nursing home* that has had a respiratory infection outbreak in the 10 days prior to the onset of your illness?	NO	YES	If yes, name facility:

Apply the appropriate Assessment Algorithm to data

Patient Signature

Interviewer Signature

Nurse Signature (required if admitted)

*Only facilities in Toronto, York, Durham regions of Ontario or Taiwan, Singapore or Hong Kong are considered as positive Risk Factors.