Ministry of Health
and Long-Term Care

Ministère de la Santé
et des Soins de longue durée

Ontario

S· A· R· S·

Directive DNO03-03
December 4, 2003

DIRECTIVE TO ALL ONTARIO ACUTE CARE HOSPITALS CONCERNING DISCHARGE OF NON-SARS PATIENTS UNDER OUTBREAK CONDITIONS

This document applies in a SARS outbreak situation only. In a non-outbreak situation there are no restrictions on the discharge of non-SARS patients.

This Directive replaces the following:

- *Directive to Acute Care Facilities in the Greater Toronto Area (Toronto York and Durham Regions) Concerning Discharge of Non-SARS Patients – Directive 03-02(R), June 25, 2003*
- *Directives to all Ontario Acute Care Hospitals Concerning Discharge of Non-SARS Patients – Directive 03-02(R), June 20, 2003*

The manner in which patients are discharged from hospital to home, to another acute care facility or to non-acute care facilities[1] across the province is dependent on the SARS Health Care Facility Category.

Facilities that discharge patients to another facility must follow the *Provincial Inter-Facility Patient Transfer Directive During Outbreak Conditions – Directive PIPT03-03, October 22, 2003*.

In order to contain the spread of Severe Acute Respiratory Syndrome (SARS), the Ontario Ministry of Health and Long-Term Care advises that all Ontario hospitals must undertake the following procedures **effective immediately upon notification of an outbreak**.

[1] For the purposes of this Directive, non-acute care facilities include long-term care facilities, complex continuing care hospital, rehabilitation hospitals, provincial psychiatric hospitals, children's treatment centres and other residential facilities such as retirement homes, seniors' residences or shelters.

TABLE OF CONTENTS

1 FOR INPATIENTS WHO ARE NON-SARS PATIENTS

1.1 Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 0 or 1 hospital[2]

Patients will be discharged from Category 0 or 1 hospitals following usual routines, subject to an active surveillance program (see Appendix 1, Glossary of Terms)

1.2 Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 2 hospital

The hospital will assess the patient using the SARS Risk Factor Screening Tool (see Appendix 2) prior to discharge.

Patients who answer NO to all of Sections A, B **and** C will be discharged. These patients do not require quarantine, but they should self-monitor (or caregiver should monitor) for symptoms for the next 10 days. If symptoms develop, the patient or caregiver should contact the local public health unit.

Patients who answer YES to **any** of Sections A, B or C will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the patient is discharged with instructions to monitor for symptoms for the next 10 days**. Please note for discharge to non-acute care facilities, hospitals must consult with the local public health unit as to the suitability of the discharge.**

If SARS is now suspected, the hospital will not discharge the patient and will contact the local public health unit and hospital Infection Control department. For discharge of a known SARS patient, refer to *Directive to all Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (Including Probable and Suspect Cases), Directive DS 03-04, December 4, 2003*.

1.3 Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 3 hospital

The hospital will assess the patient using the SARS Risk Factor Screening Tool prior to discharge.

Patients who answer NO to **both** Sections A **and** B will be discharged under quarantine for the next 10 days. Because the patient is in quarantine, patients will be discharged wearing a surgical mask via medical transport service or via private vehicle[3]. The patient will be instructed to self-monitor (or caregiver should monitor) for symptoms for the next 10 days and if symptoms develop notify the local public health unit. The patient must be given written instructions (see Appendix 3).

---

[2] For an explaination of Health Care Facilities SARS Categories see Appendix 1, Glossary of Terms.

[3] Private vehicle refers to the patient's vehicle. Patients must travel unaccompanied in the private vehicle. If the patient is unable to operate a vehicle, then arrange for medical transport.

Patients who answer YES to **either** Section A **or** B will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the hospital will discharge the patient in the same manner as those patients noted above. The quarantine period is to be observed. **Please note for discharge to non-acute care facilities, hospitals must consult with the local public health unit as to the suitability of the discharge.**

Hospitals will fax notification of all patient discharges to local public health unit on a daily basis.

If SARS is now suspected, the hospital will not discharge the patient and will contact hospital Infection Control and the local public health unit. For discharge of a known SARS patient, refer to the *Directive to all Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (Including Probable and Suspect Cases), Directive DS 03-04, December 4, 2003*.

1.4 Algorithm

An algorithm summarizing the discharge process for non-SARS inpatients is provided in Appendix 4.

2 FOR EMERGENCY DEPARTMENT PATIENTS, PATIENTS ENTERING A FACILITY FOR DIAGNOSTIC TESTS OR OUTPATIENTS

2.1 Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 0 or 1 hospital

All patients will be screened using the SARS Risk Factor Screening Tool upon entering the hospital.

Emergency patients, outpatients and patients receiving diagnostic tests may complete their visit and be discharged with no special precautions provided that they answer NO to **all** of Sections A, B **and** C on the SARS Risk Factor Screening Tool.

Patients who answer YES to **any** of Sections A, B **or** C on the SARS Risk Factor Screening Tool upon entry will be assessed medically by the hospital. If after medical assessment SARS is not suspected, patients may complete their visit and the hospital will discharge them with no further special precautions.

If SARS is suspected, the hospital will not discharge the patient and will contact the local public health unit and hospital Infection Control department. For discharge of a known SARS patient, refer to the *Directive to all Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (Including Probable and Suspect Cases) Directive DS 03-04, December 4, 2003*.

2.2 Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 2 hospital

All patients will be screened using the SARS Risk Factor Screening Tool upon entering the hospital.

Outpatients and patients receiving diagnostic tests may complete their visit and may be discharged with no special precautions provided that they answer NO to **all** of Sections A, B **and** C on the SARS Risk Factor Screening Tool.

Patients who answer YES to **any** of Sections A, B, **or** C on the SARS Risk Factor Screening Tool upon entry will be assessed medically by the hospital. If after medical assessment SARS is not suspected patients may complete their visit and the hospital will discharge them with no further special precautions.

Emergency Department patients may be discharged with no special precautions if they answer NO to **all** of Sections A, B **and** C on the SARS Risk Factor Screening Tool upon entering the hospital, and if they have been in the Emergency Department for 24 hours or less.

If Emergency Department patients have stayed longer than 24 hours, they must be screened using the SARS Risk Factor Screening Tool prior to discharge.

Patients who answer NO to **all** of Sections A, B **and** C will be discharged. These patients do not require quarantine, but they should self-monitor (or caregiver should monitor) for symptoms for the next 10 days. If symptoms develop, the patient or caregiver should contact the local public health unit.

Patients who answer YES to **any** of Sections A, B **or** C will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the patient is discharged with instructions to monitor for symptoms for the next 10 days**. Please note for discharge to non-acute care facilities, hospitals must consult with the local public health unit as to the suitability of the discharge.**

If SARS is suspected, the hospital will not discharge the patient and will contact Public Health and hospital Infection Control. For discharge of a known SARS patient, refer to the *Directive to all Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (Including Probable and Suspect Cases), Directive DS 03-04, December 4, 2003*.

2.3 Patients discharged home, to another acute care facility or to a non-acute care facility from a Category 3 hospital

The hospital will perform the SARS Risk Factor Screening Tool prior to discharge for all Emergency Department patients and patients receiving emergency diagnostic tests or essential treatments (e.g., renal dialysis).

Patients who answer NO to **both** Sections A **and** B will be discharged under quarantine for the next 10 days. Because the patient is in quarantine, patients will be discharged wearing a surgical

mask via medical transport service or via private vehicle[4]. The patient will be instructed to self-monitor (or caregiver should monitor) for symptoms for the next 10 days and if symptoms develop notify the local public health unit. The patient must be given written instructions (see Appendix 3).

Patients who answer YES to **either** Section A **or** B will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the hospital will discharge the patient in the same manner as those patients noted above.

Please note for discharge to non-acute care facilities, hospitals must consult with the local public health unit as to the suitability of the discharge. Hospitals will fax notification of all patient discharges to the local public health unit on a daily basis.

If SARS is suspected, the hospital will not discharge the patient and will contact hospital Infection Control department and the local public health unit. For transfer of a known SARS patient, refer to the *Directive to all Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (Including Probable and Suspect Cases), Directive DS 03-04, December 4, 2003*.

2.4 Algorithm

An algorithm summarizing the discharge process for non-SARS patients who are Emergency Department patients, patients entering a facility for diagnostic tests or outpatients is provided in Appendix 5.

Original signed by

Dr. James G. Young
Commissioner of Public Safety

Original signed by

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

[4] Private vehicle refers to the patient's vehicle. Patients must travel unaccompanied in the private vehicle. If the patient is unable to operate a vehicle, then arrange for medical transport.

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.

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 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 (e.g., air way suctioning).

Febrile Respiratory Illness (FRI): temperature greater than 38^0 C and new or worsening cough or shortness of breath. During non-outbreak conditions this includes a fever of greater than38^0C **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 than38^0C **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.

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 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 hand washing 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 local public health unit right away

8) Any new onset of cough or shortness of breath is to be reported to the local public health unit right away

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). In declaring an outbreak the local Medical Officer of Health takes into account global and neighbouring jurisdiction conditions and the potential impact of those conditions.

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). PPS is to be used for any health care worker involved in a high-risk respiratory procedure.

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 or equivalent 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 (e.g., 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)
2. single room with HEPA filtration unit which achieves at least 9 air exchanges per hour
3. single room, with no special air handling
4. 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, or nurse practitioner, 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-dgspsp/dpg_e.html#infection).

RSV: respiratory syncytial virus, a common respiratory virus especially common in winter months and recognized as 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 health care facility closed due to SARS before the onset of symptoms, 10 days prior to the onset of this illness
- Instructed by the local public health unit 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 Screening Tool. There are various algorithms to reflect patient care in different settings.

SARS Risk Factor Screening Tool: a tool to be used by health care workers during triage, admitting, and outpatient /ambulatory settings. 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 long-term care facility* 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, China, 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 (e.g., health care workers during a SARS outbreak).

Measures include but are not limited to the following:

1) Arrive at the workplace wearing a mask
2) Go directly to the quarantine workplace area
3) Take breaks and meals in the designated quarantine area
4) Use Respiratory and Contact Precautions, which include gown, gloves, N95 mask or equivalent, and eye protection, while working in the quarantined area
5) Leave work wearing a clean procedure mask
6) Avoid public transit
7) For persons who were exposed to SARS virus and considered contacts, follow home quarantine measures

APPENDIX 2

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	*If yes to symptoms in **Sections A or B** record temperature*
RECORD TEMPERATURE	*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

APPENDIX 3

FOLLOW UP INSTRUCTIONS FOR PATIENTS WITH FEVER AND RESPIRATORY ILLNESS

My doctor has sent me home on self-monitoring. What does this mean and what should I do?

Your doctor feels that your symptoms are mild enough to send you home for observation. However, while at home it is important that you monitor your own health to be sure that your symptoms do not progress. In addition, you must take proper precautions so that you do not pass an infection on to others.

How do I self-monitor?

- Measure your temperature with your own thermometer twice a day over the next 72-hour period. Record the results on a piece of paper with the dates and times.

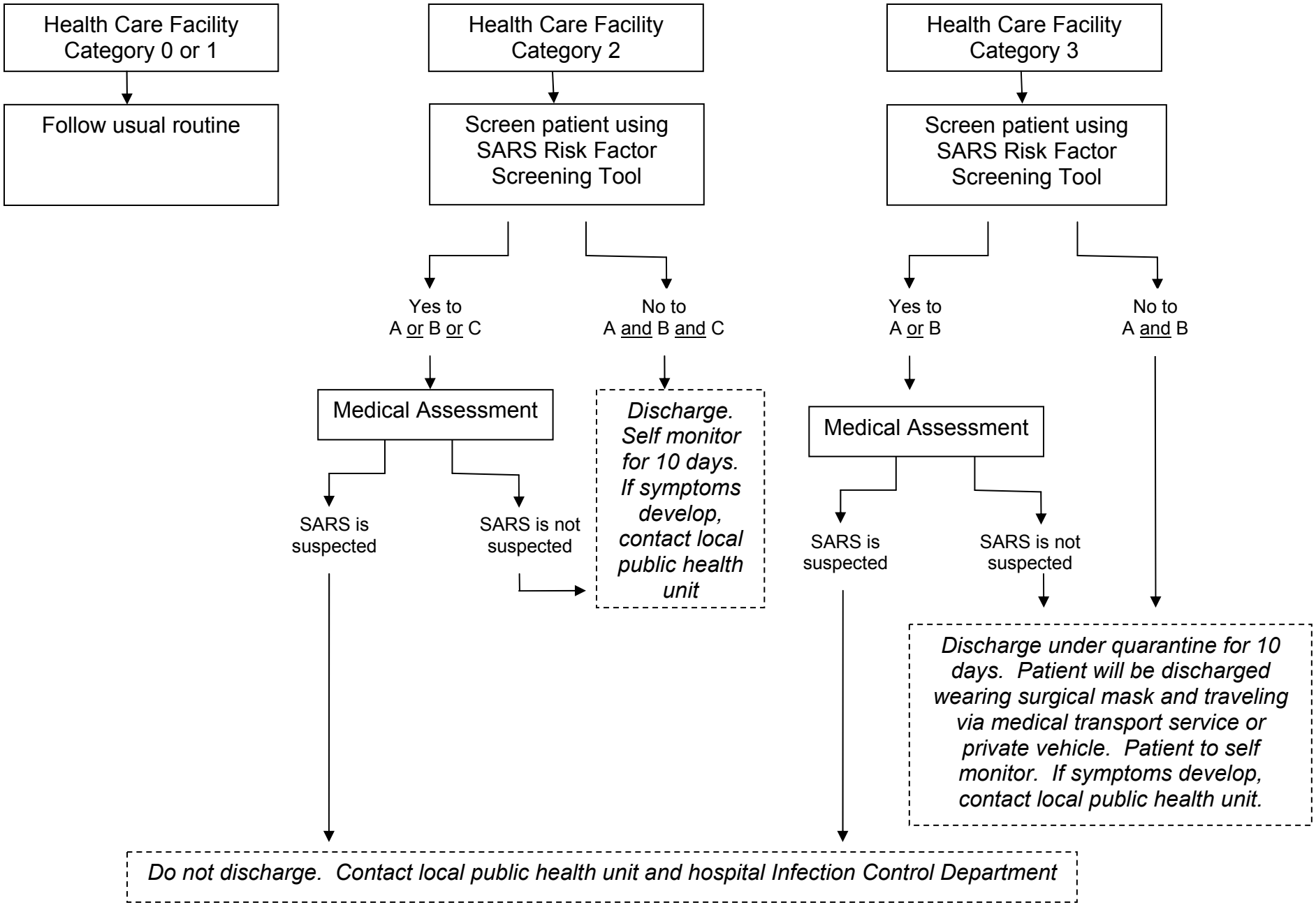
- If you develop a new fever (over 38° C/100.4° F), you should call your doctor and/or Telehealth Ontario at 1-866-797-0000 (TTY 1-866-797-0007) where you will be advised how to seek medical attention.

- If you begin to develop other new symptoms such as shortness of breath, difficulty breathing, or if your symptoms worsen, you should immediately call your doctor and/or Telehealth Ontario at 1-866-797-0000 (TTY 1-866-797-0007) where you will be advised how to seek medical attention.

What precautions do I take to prevent my family members and friends from becoming ill?

- Remain at home for the next 72 hours or until you are feeling better. Do not go to work, school or public places.
- Wash your hands frequently.
- Remind others in your household to wash their hands often, especially if they have spent time in the same room as you.
- Limit your contact with other people.
- Cover your mouth with a tissue when you cough or sneeze. Wash your hands immediately after covering your mouth, and after blowing your nose.
- Do not share personal items, such as towels, drinking cups, cutlery, thermometers, and toothbrushes.
- Dispose of used tissues directly into a garbage bag used only by you.
- Rest and drink plenty of fluids.
- Family members who become ill must stay home and call their physician.
- At the end of 72 hours, if you are feeling entirely well, you can return to work or school and resume normal activity. If your symptoms persist, call your doctor.

APPENDIX 4 -DISCHARGE OF NON-SARS PATIENTS DURING A SARS OUTBREAK
Risk Management Algorithm for Hospital Inpatients



APPENDIX 5 -DISCHARGE OF NON-SARS PATIENTS DURING A SARS OUTBREAK

Risk Management Algorithm for Emergency Department Patients, Patients entering a facility for diagnostic tests or Outpatients