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Directive DS03-04
December 4, 2003

DIRECTIVE TO ALL ONTARIO ACUTE CARE HOSPITALS
CONCERNING DISCHARGE OF SARS PATIENTS
(INCLUDING PROBABLE AND SUSPECT CASES)

This directive applies in both outbreak and non-outbreak situations (i.e., for any person discharged with suspect or probable SARS)

This Directive replaces the following:

- *Directives to All Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (including Probable and Suspect Cases) - Directive 03-03(R), June 20, 2003.*

Facilities that discharge patients to another facility must follow the appropriate Provincial Inter-Facility Patient Transfer Directive.

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**.

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1 RECOVERING SARS PATIENTS

Recovering SARS patients and patients with suspect or probable SARS in either the acute or convalescent stages, may **not** be discharged to non-acute care facilities.¹ The only exception to this statement would be if, in an outbreak situation, the Ministry of Health and Long-Term Care designated a specific facility to receive recovering SARS patients.

For patients recovering from SARS for whom community services are required, discharge planning must involve the hospital medical staff, the local public health unit and the CCAC Case Manager.

1.1 Convalescent Stage

The convalescent stage is considered to be finished 10 days **after** the resolution of fever (without antipyretic medication) with resolving (or resolved) cough. The attending clinician and the local public health unit should decide, based on new or ongoing symptomatology, or host factors, whether continuation of isolation beyond the 10-day period is warranted. This recommendation acknowledges uncertainty regarding the transmissibility of this illness in the elderly.

2 ISOLATION REQUIREMENTS

Recovering SARS patients must remain in isolation in the home, or designated care facility, or in hospital if awaiting placement in a non acute-care facility (as described in #1 above) for a total of 10 days after the resolution of fever (without antipyretic medication) with resolving (or resolved) cough. The attending clinician and the local public health unit will determine the date of discontinuation of isolation.

Hospitals will consult with the local public health unit if there is a concern about the suitability of the residence to which the patient is to be discharged.

3 VENTILATED PATIENTS

Long-term SARS patients who have been ventilated in hospital must be reviewed by the involved internist (infectious diseases or respiratory specialist) and the local public health unit to determine if they meet the criteria for being designated as a SARS case (in accordance with current recommendations for designation of non-active SARS patients).

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.

SARS patients remaining in the hospital can be deemed non-active if **one** of the following criteria are met:

A. A patient

- no longer requires assisted ventilation **and**
- is at least 28 days post-onset of symptoms **and**
- has been afebrile for at least 10 days while not taking antipyretic medication (note that fever due to complications such as deep venous thrombosis should not prolong isolation).

OR

B. A patient

- who requires on-going mechanical ventilation must be at least 35 days post-onset of symptoms **and**
- must have at least one coronavirus PCR test from both stool and a nasopharyngeal swab (taken day 21 or later) which are negative, **and**
- must have a respiratory status due to SARS (assessed by the attending infectious disease physician, or internist or respirologist) which has been stable or improving for 10 days.

In general such patients would be expected to be afebrile for the 10 days before discontinuing isolation; however, the extent to which fever was due to complications associated with ICU stay may be taken into consideration.

When a case meets these criteria, the hospital infection control department and the local public health unit will assess the case. The decision to deem the case non-active and discontinue SARS precautions will be a consensus decision of the local public health unit and the hospital infection control department. The public health unit will close its file and remove case from active list.

4 SUPPLIES FOR DISCHARGE TO HOME

Upon discharge the hospital will provide the patient with:

- 48-hour supply of surgical masks,
- Thermometer or disposable thermometers, and
- Contact information for the local public health unit.

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

APPENDIX 1

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