Ministry of Health
and Long-Term Care

Ontario

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Directive HCP 03-01(R)
June 16, 2003

DIRECTIVE TO ONTARIO HEALTH CARE PROVIDERS IN COMMUNITY SETTINGS AND COMMUNITY HEALTH CARE AGENCIES
(Excluding Community Care Access Centres)

This Directive replaces the following:

Directive to Ontario Health Care Providers in Community Settings and Community Health Care Agencies – Directive HCP 03-01(R),May 13, 2003.

This document requires health care providers in community settings and community health care agencies to undertake the following practices. It incorporates precautions to be invoked routinely (Routine Practices – Enhanced), as well as precautions to be invoked in the event of another outbreak (SARS Outbreak Control Measures) so that providers have an immediate reference. Notification about SARS outbreaks will originate from the local Public Health Unit (see "Risk Identification and Management of new SARS Occurrences" attached).

The Ontario Ministry of Health and Long-Term Care requires all health care providers in community settings, and community health care agencies, including physicians, nurses, nurse-practitioners, midwives, dentists, allied health professionals, and those whose activities are directed by the *Regulated Health Professions Act, 1991*, to undertake the following procedures:

A. System Practices

1. Public Health Units and health care providers in their regions must ensure ongoing effective communication as to the current status of SARS and other communicable diseases in their communities.

2. Community health care providers and agencies must promote hand hygiene and awareness of healthy behaviours (i.e., do not come to work if you are feeling unwell and are potentially infectious).

B. Routine Practices (Enhanced)

1. Health care providers must comply with existing and updated recommendations for infection control, such as from Health Canada – *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care; Recommendations for Ambulatory Care* – (http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/99vol25/25s4/index.html) and from the College of Physicians and Surgeons of Ontario – *Infection Control in the Physician's Office* – (http://www.cpso.on.ca/publications/infect.htm).

2. All health care providers must wear an N95 mask or equivalent and protective eye-wear when assessing and managing persons with symptoms and signs of a respiratory infection (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease.

3. Personal protective equipment must be properly used and maintained consistent with the *Occupational Health and Safety Act* Reg. 67/93 s.10. N95 or equivalent masks must be qualitatively fit tested to ensure maximum effectiveness. (See NIOSH website at www.cdc.gov/niosh -Publication No.99-143).

4. Those who come in first contact with persons who have suspected respiratory infections (e.g., receptionists) must have an N95 mask or equivalent, protective eye-wear and hand sanitation agent immediately available for their own use.

5. All persons with a suspected febrile respiratory illness must be asked if they have been in a SARS affected area in the past ten days. A list of sites with recent local transmission of SARS is available from the World Health Organization at www.who.int/csr/sarsareas, from Health Canada at www.sars.gc.ca or from the Ontario Ministry of Health and Long-Term Care at www.health.gov.on.ca/login using the password sarsrep or by calling the exposure hotline at 1 866 670-3155.

   If patient/client responds yes to the above questions, then contact the local Public Health Unit. While with the client, health care providers must use SARS precautions (gowns, gloves, protective eye-wear and N95 mask or equivalent), at least until a determination of SARS by medical examination is made. The client must wear a surgical mask. If a risk of SARS is suspected, continue precautions and contact the local Public Health Unit. The client must be directed to go to an Emergency

Department for evaluation (call ahead). Transportation for medical examination must be by private vehicle or an ambulance with the client wearing a surgical mask during transport.

6. As soon as feasible in the encounter process, persons presenting for health care when ill (e.g., family physician offices) must be assessed for the possible presence of a febrile respiratory illness, and subsequent office flow must be managed accordingly to minimize risk to others. Specific factors for consideration include:
    a. Identifying those with possible febrile respiratory illness when appointments are booked;
    b. Asking those to identify themselves at presentation if certain symptoms suggestive of febrile respiratory illness are present, through prominent office signage;
    c. Offering a surgical type mask to those with suspected febrile respiratory illness;
    d. Taking a detailed travel history from those presenting with infections;
    e. Minimizing accompanying persons to any appointment, when possible;
    f. Offering hand sanitizers, such as alcohol based hand sanitizer, to persons upon arrival at the office;
    g. Separating those with suspected febrile respiratory illness either to a separate exam room as soon as feasible, and/or to separate seating in the waiting area unless contraindicated or not feasible (e.g., infants); and
    h. Maintaining a clean work environment.

7. In the event that the health care providers become aware that the person they are assessing may meet the criteria for probable or suspect SARS or Persons under Investigation for SARS, they must immediately don apparel for SARS precautions of protective eye-wear, N95 mask or equivalent, gown and gloves, notify the local Public Health Unit and complete the encounter as described below under SARS Outbreak Control Measure, Special Considerations. Any other persons involved in the contact of the person must also wear full protection. The person being assessed must be evaluated with the assistance of the SARS Clinical Decision Guide (Ontario) (Appendix F).

C. SARS Outbreak Control Measures

When the local Public Health Unit has declared a SARS outbreak, practitioners must use the following SARS outbreak control measures:

A. General considerations:

1. Only staff essential to providing care should be in the office or clinical setting.

2. Appointments should be booked by telephone, and walk-in visits minimized where possible. Please see Telephone Script (Appendix B) and use if appropriate to your setting. For booked appointments an initial telephone screening may be done (however all those entering the office must be screened on entry). Patients/clients

should be told not to bring any other person with them into the office unless absolutely necessary.

3. SARS notices (Appendix C) should be placed when appropriate at all entrances and prominent locations in the building and at the entrance to the office or facility.

4. All persons entering the office/facility must apply alcohol based hand sanitizer to their hands. Staff must wash their hands after each patient/client contact.

5. Surgical masks must be available upon arrival for those patients/clients who report feeling feverish or have respiratory symptoms and applied after washing hands and upon entry.

6. All persons entering the office/facility (including staff) must be screened with the most current SARS Screening Tool, as provided by the local Public Health Unit. (See Appendix D). Those staff who know they will fail the screening tool must not come to work or provide care for patients/clients in the clinical setting/home until assessed medically and found to be free of SARS.

7. The person doing screening must wear an N95 or equivalent mask while screening and protective eye-wear. If there is any further contact with a person who fails the screen, a mask and protective eyewear must continue to be worn.

8. If a patient/client passes the SARS Screening Tool, routine practices (enhanced) may be used (see Case Finding in Particular Groups Appendix E).

9. When a person fails the SARS Screening Tool on the basis of Section C with or without Section D (i.e. symptoms with or without fever), the health care provider may continue to provide the care for which the visit was initiated and take appropriate precautions. These patients have failed the SARS Screening Tool and, therefore, must also have a medical assessment for SARS.

B. Special considerations

1. If a patient/client fails the SARS Screening Tool on the basis of symptoms with or without fever compatible with SARS, the person must put on a surgical mask and be placed in a single exam room as soon as possible, (and/or alternatively separated by at least one metre from other persons while waiting whenever feasible). Refer to the SARS Clinical Decision Guide (Ontario) (Appendix F) to assist with the assessment of these persons.

2. It is recognized that often the temperature is not taken prior to a health care provider seeing the patient/client. If the answer is yes to Section C (symptoms) of the SARS Screening Tool, anyone entering the office/room in which the patient/client is located must wear an N95 or equivalent mask, eye protection, gown, and gloves when with the person until the temperature is taken.

3. Health care providers/agencies should refer to the appended current SARS Case Record in the Clinical Decision Guide (Ontario) (Appendix F) to assist in identifying the diagnostic category and disposition of the person.

4. Persons who fail the SARS Screening Tool on the basis of yes to Section A (local high risk epidemiological link or currently under quarantine), and who do not have symptoms, must remain masked with a surgical mask during assessment/treatment and following the visit. The health care provider or agency must notify the local Public Health Unit and send the person home into quarantine using a private vehicle, or medical transport.

5. For home visits by health care providers, persons in the home must be screened using the SARS Screening Tool either by calling ahead and/or immediately upon arrival in the home. If screening on arrival, the person doing screening must wear a N95 or equivalent mask while screening and protective eye-wear.

6. Those screened must include any visitors or family of the person who will be in contact with the health professional during the visit.

    a. If all pass the SARS Screening Tool, care may be provided using Routine Practices (Enhanced).
    b. If anyone in the home fails the SARS Screening Tool, the health care provider must manage the risk as if seeing the person in a clinical setting.

7. When a person fails the SARS Screening Tool on the basis of Section C with or without Section D (symptoms with or without fever), the health care provider may continue to provide the care for which the visit was initiated (in home or office) and take appropriate precautions. These patients have failed the SARS Screening Tool and therefore must also have a medical assessment for SARS.

8. Persons under quarantine:

    a. Who become ill with symptoms of SARS, must be referred to the nearest Emergency Department or SARS assessment clinic if available (with advanced notification) for care. Transportation must be by private vehicle or an ambulance with the person wearing a surgical mask.
    b. Who are not ill with symptoms of SARS and who require care that cannot wait beyond the quarantine period, may be seen by health care providers at home or in a clinical setting. The person being seen must wear a surgical mask and remain isolated. Health care providers in contact with the quarantined person must wear a N95 or equivalent mask and protective eye-wear. Further additional protection (gown and gloves) must be used when procedures warrant it. Transportation must be by private vehicle or an ambulance with the person wearing a surgical mask.

9. Following an office visit with a patient who may have SARS, the following must be done:

a. Once the person has left the office, the exam room used by the person must not be used again until all surfaces are thoroughly disinfected. Thoroughly clean all horizontal surfaces and frequently touched surfaces such as doorknobs, equipment etc.
b. Masks, gloves and disposable gowns must be removed from the person's room and discarded with routine waste.
c. Protective eyewear must be washed in soap and water after use.
d. If the person waited in the waiting room, disinfect or destroy magazines, toys and touched surfaces if there is any possibility that they may have been contaminated.
e. The person cleaning the affected areas must wear gloves.
f. All non-disposable equipment must be disinfected prior to reuse.

Disinfectants that may be used include stabilized accelerated hydrogen peroxide products, phenolics, quaternary ammonium compounds, and 1/100 dilution of household bleach

10. Logs of all persons attending for care must be maintained (e.g., appointment or billing records).

11. Unless otherwise directed, health care providers operating in buildings (e.g., professional office buildings) associated with, but not physically part of, an acute (e.g., hospital) or non-acute facility are subject to that facility's directive, unless:
    a. The health care providers can convincingly demonstrate to the facility's leadership (e.g., hospital CEO) and the Medical Officer of Health that operations are distinct without possibility of cross contamination.

12. SARS outbreak control measures will remain in effect (unless otherwise directed) until Public Health lifts the outbreak. This will likely happen after two full incubation periods have elapsed since the last identified case in the community/health care facility.

    SARS information can be found at the following websites:

    Ontario – http://www.health.gov.on.ca

    Health Canada (SARS) – www.sars.gc.ca

    U.S. Centers for Disease Control - http://www.cdc.gov/

    World Health Organization (SARS) - http://www.who.int/csr/sars/en/

Appendices:

- A. Risk Identification and Management of New SARS Occurrences
- B. Sample Telephone Script (for use where appropriate)
- C. Sample SARS Notice (for use where appropriate)
- D. Current SARS Screening Tool
- E. Case Finding in Particular Age Groups
- F. SARS Clinical Decision Guide (Ontario)
- G. Follow Up Instructions for Patients with Fever and Respiratory Illness

Original signed by

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Appendix A

Risk Identification and Management of New SARS Occurrences

1. A system of five risk levels, representing a continuum of risk, will be used to identify the SARS situation in Ontario and define the appropriate public health actions:

   Level 1 – No cases in Ontario or in neighbouring/connected jurisdictions
   Level 2 – Imported cases in a local jurisdiction in Ontario or a neighbouring/connected jurisdiction, and no evidence of transmission
   Level 3 – Transmission within well-defined health care or community settings (e.g., household, school classroom, or workplace)
   Level 4 – Limited unlinked cases in the community
   Level 5 – Widespread cases in the community

   Levels 2 through 5 may occur in a single jurisdiction (health unit) or in more than one health unit at any given time.

2. The Medical Officer of Health will identify the appropriate risk level for his/her jurisdiction based on the current case status, in consultation with the Public Health Branch of the Ministry of Health and Long-Term Care. Coordination of status when more than one health unit is involved will be the responsibility of the Public Health Branch.

3. Other health units also judged to be at risk because of risk connections (population mixing, commuting, travel etc) to a health unit at a higher level of risk may be included in the classification level for the affected health unit, at the discretion of the local Medical Officer of Health in consultation with the Public Health Branch. This step could also be applied to health units adjacent to another province or a US jurisdiction with SARS.

4. The Medical Officer of Health, in consultation with the Public Health Branch, is responsible for declaring an outbreak (transmission as in Levels 3, 4 and 5) within the health unit jurisdiction as follows:
   - In a specific setting when there is evidence of unprotected exposure or transmission in that setting, or
   - across the health unit, when there is more than one setting involved or there is significant community exposure from an outbreak in a defined setting.

5. When an unprotected SARS exposure or evidence of SARS transmission occurs in a health care setting, the facility's outbreak management team and the Medical Officer of Health, in consultation with the Public Health Branch, will decide on the measures to be taken in line with current directives and science. Depending on the circumstances, these may or may not be facility wide. The Medical Officer of Health is responsible for ensuring that appropriate communications take place with other health care providers (e.g., CCAC).

Appendix B

Sample Telephone Script

Are you calling because you are ill? If NO (ignore script); if YES please listen…

You have reached [HEALTH PROFESSIONAL'S OFFICE]. Please listen to the entire message. Due to a current outbreak of Severe Acute Respiratory Syndrome or (SARS), this office is taking precautions to control the spread of the disease. If you've been in contact with someone with active SARS, or if you have visited a health care facility that is now closed due to SARS or traveled to [AFFECTED AREAS] AND you have a fever, headache, muscle aches, malaise, cough or shortness of breath please DO NOT COME INTO THE OFFICE. You can either call TeleHealth Ontario at 1-866-797-0000 or the nearest EMERGENCY DEPARTMENT or SARS clinc.

Appendix C

STOP

Read Carefully Before Entering

Have you been in unprotected contact with a patient with SARS in the past 10 days? **OR**
In the past 10 days, have you been to a health care facility that is closed due to SARS?

If the answer to **EITHER** of these questions is **YES**, please contact your local Public Health Unit.

AND

If you have any of the following: unexplained muscle aches, severe fatigue, severe headache, a cough that started in the last week, shortness of breath worse than usual, or any fever, you should not enter the office and please go to the Emergency Department or SARS clinic.

(contact phone numbers)

Have you returned from [AFFECTED AREAS] in the past 10 days?

AND

Do you have any of the following: unexplained muscle aches, severe fatigue, severe headache, a cough that started in the last week, shortness of breath worse than usual, or any fever?

If the answer to **BOTH** of these questions is **YES**, you should not enter the office. You should go to the nearest Emergency Department or SARS Clinic immediately.

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Appendix D

Severe Acute Respiratory Syndrome (SARS) SCREENING TOOL For Ontario Healthcare Settings

The screening tool must be completed by **all** persons entering this facility.

SECTION A:

1. Have you had contact with a person with SARS in the last 10 days while not wearing protection against SARS? **OR** ❒No ❒Yes → Quarantine applies, notify Public Health
2. Within the last 10 days have you been in a health care facility while it was closed due to SARS? **OR**
3. Have you been to a potential SARS exposure site (see www.health.gov.on.ca/login password sarsrep) during the exposure period? **OR**
4. Are you under quarantine, or have you been contacted by Public Health and put on home-isolation?

SECTION B:

Have you been to [INSERT AFFECTED AREAS (see www.health.gov.on.ca/login password sarsrep)] in the last 10 days? ❒No ❒Yes

SECTION C: Are you experiencing any of the following symptoms?

- Unexplained myalgia (muscle aches) **OR**
- Unexplained malaise (severe tiredness or unwell) **OR**
- Severe headache (worse than usual) **OR**
- Cough (onset within 7 days) **OR**
- Shortness of Breath (worse than what is normal for you) **OR**
- Feeling feverish, had shakes or chills in the last 24 hours

❒No ❒Yes

SECTION D: Record the temperature if answer to C is yes.

Temperature	ºC	(Is the temperature above 38ºC?) ❒No ❒Yes

❒ **PASS**
-Response is NO to all Sections A through C
-If only Section B is Yes → Provide education materials about SARS

❒ **FAIL**
-If **only A** is **Yes** → Quarantine and notify Public Health
-If **A or B** is **Yes AND C or D** is **Yes** → Emergency Department or SARS Clinic (Call ahead)
-If **A and B** are **No AND C and D** are both **Yes** → Clinical Evaluation (droplet precautions)
-If only **C** is **Yes** → Home for up to 72 hours with self-isolation and twice daily temperature monitoring; Follow up with Family Doctor, Occupational Health or TeleHealth Ontario (1 866 797 0000) **Or** clinical evaluation and clinical discretion

I declare that to the best of my knowledge the information that I have provided for the purpose of completing the SARS Screening Tool is true.

Interviewee: **Signature:** **Date:**

June 16, 2003

Appendix E

Case Finding in Particular Groups

Health professionals are reminded that infectious illnesses may present atypically in children, the frail elderly, people who are immunocompromised, and those with underlying disease.

In infants and young children the primary symptoms may be fever, respiratory distress, and tachypnea, while additional symptoms that may precede primary symptoms include lethargy, irritability, and loss of appetite. While older children may present primarily with symptom complexes similar to adults, additional symptoms that may precede primary symptoms include loss of appetite, diarrhea, and confusion. Rhinitis alone that does not progress to other symptoms is not consistent with SARS.

In the frail elderly, the immunocompromised, or individuals with underlying disease, SARS may not present with fever or even a cough – although they usually have an abnormal chest x-ray and oxygen desaturation.

Appendix F

SARS CLINICAL DECISION GUIDE (ONTARIO)

How to use the SARS Clinical Decision Guide

This guide is for use when a SARS outbreak exists in a community or for use with travelers returning from SARS-affected areas who may have SARS.

The diagnosis of SARS continues to be a challenge as identifying a link to a known probable case becomes increasingly more complex. Although the epidemiological link will always be important when it is present, it may not always be identified initially. This link may not be found for several days, or it will become evident in several days if other close contacts of the patient become ill. It is for this reason that high vigilance for SARS needs to be maintained for every case of pneumonia during a SARS outbreak in the community.

The disposition decision is a very important decision that all health care professionals will face. The decision to admit to hospital, discharge on home isolation with specific follow up, or as required will be based on the diagnostic category of the patient. The SARS Clinical Decision Guide provides direction in dealing with all patients and must be used for all patients you are assessing for SARS. Patients who are diagnosed with community acquired pneumonia (clinically not SARS) and other febrile respiratory illnesses will need the attending provider's advice and specified follow up.

The health care professional will need to consider the clinical presentation primarily, any known epidemiological link, and "other considerations" in arriving at a diagnostic category for patients that present with respiratory illness to the office/clinic or the hospital emergency department.

Other considerations are: i) close contacts of the patient have a febrile or respiratory illness, ii) patient has had a recent hospital admission or visit, and iii)patient has recently been in an affected community.

Defining the Diagnostic Category for your Patient

To define the diagnostic category for your patient, refer to the attached SARS Case Definitions and the SARS Definition of Persons Under Investigation (Health Canada). The definitions for suspect and probable cases are now in keeping with those of the WHO. Refer to the Ontario Ministry of Health and Long-Term Care website at www.health.gov.on.ca/login using the password sarsrep or Health Canada website www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/ for changes to the case definitions (see attached). It is important that health care professionals use these specific definitions in identifying the category of each patient. The diagnostic category is determined by

applying the clinical presentation information with the epidemiological information that can be identified.

The epidemiological link is important when it is identified. At initial presentation the likelihood that a community-acquired pneumonia is SARS is dependent on the clinical course, progression, severity and the prevalence of SARS in your community. Affected areas/communities will be identified by Public Health and communicated to physicians. The higher the prevalence the more likely the pneumonia is due to SARS. It is also important to identify any recent admission/visit to hospital, or the presence of other close contacts that are ill, since this may increase your suspicion that the pneumonia is SARS, during a community outbreak. Individual patients need separate consideration. If there is any doubt then consultation must be sought.

Using the Diagnostic Category to Determine Your Clinical Decision

Due to the implications to the hospital, public health and community, the diagnoses of suspect and probable SARS becomes important. Consultation is encouraged if there is any doubt about the diagnosis.

The clinical decision can be derived from the SARS Clinical Decision Guide (Ontario):

1. The physician must notify the local Public Health Unit immediately about ALL probable SARS patients. These patients must be admitted to hospital and expert advice sought on management.

2. and 3. The physician must notify the local Public Health Unit immediately about ALL suspect SARS patients and persons under investigation. The local Public Health Unit will investigate for any epidemiological links and decide on the period of quarantine after their investigation.

   The options for the management of suspect or PUI patients are:

   i) Emergency Department assessment and hospital admission and notification of infection control, or

   ii) consultation with expert if available, or call 1-866-212-2272 and admission, or discharge (with prior local Public Health Unit discussion) on home isolation for 72 hours and follow-up. Information sheets for isolation are available from Public Health and should be given to the patient when reviewed. Patients must have a clinical follow-up within 72 hours if discharged. This may occur with their own physician, clinic or the emergency department.

   Mechanisms must be put in place to ensure clinical follow-up of suspect or PUI patients within 72 hours. These mechanisms must include a follow-up list of all patients with daily call back to the patient and clear instructions to return for a repeat visit to the office, clinic or hospital if symptoms worsen. At the return assessment the patient must be re-assessed for SARS. Patients with worsening symptoms must be admitted. Patients improving must be reassessed in another 72 hours as the cycle of reassessment is continued until the

patient is better and discharged from follow-up or a diagnosis of SARS is made.

4. Patients with community-acquired pneumonia with no epi link present, and clinically not consistent with SARS, may be admitted if the medical condition is severe enough, or discharged home with clinical follow up in the form of a repeat visit or telephone contact. The patient must seek medical attention at any time should their condition worsen. They should be given "Follow Up Instruction for Patients with Fever and Respiratory Illness" included at the end of this document. Public Health is notified for those who are admitted if any of the "other considerations" are present. For those not admitted Public Health should be notified if they have recently been to an affected community and other considerations are present. (refer to Clinical Decision Guide: Case Record)

   Persons with other febrile respiratory illnesses may be discharged home. They must be given advice to remain at home on isolation for 72 hours until they are improved, or to seek medical attention if they worsen. Provide the patient with "Follow Up Instruction for Patients with Fever and Respiratory Illness". Public Health should be notified if they have recently been to an affected community and other considerations are present. (refer to Clinical Decision Guide: Case Record)

The Importance of the Epidemiological Link

The epidemiological link is an extremely important clinical factor if identified. When present, the patient is at higher risk for developing SARS. Should patients with a definite link have any symptoms consistent with SARS then they become either a person under investigation or suspect SARS as defined above

The **epidemiologic links** are: one or more of the following exposures during the 10 days prior to onset of symptoms:

- Close contact[1] with a person who is a suspect or probable case **OR**
- Recent travel or visit, to an identified setting in Canada where exposure may have occurred (e.g. hospital, household, workplace, school etc.) **OR**
- Recent travel to an Area with recent local transmission outside of Canada.[2]

The people at greatest risk are those with a known unprotected contact with a probable SARS patient. Travelers returning from affected areas are at risk of SARS. Physicians can access the list of identified settings where exposure may have from the Ontario Ministry of Health and Long-Term Care at www.health.gov.on.ca/login using the password "sarsrep" or by called 1-866-670-3155.
Other considerations: i) patient has recently been in an affected community, ii) patient has had a recent admission or visit to a hospital in an affected area, and iii) close contacts of the patient have a febrile or respiratory illness and have been in an affected community, become relevant in patients when a community experiencing an outbreak.

[1] Close contact: having cared for or lived with, or had face-to-face (within 1 metre) contact with, or having direct contact with respiratory secretions and/or body fluids of a person with SARS.
[2] www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/

Public Health Unit Management

The Public Health Units have risk stratified the cases that you will be referring to them for contact management and follow-up. It is important that you refer only those that have been identified using the SARS Clinical Decision Guide. This will allow them to follow up the cases that are most likely SARS or linked to SARS while allowing the health care provider to clinically follow those cases that do not meet the criteria for SARS.

Precautions While Examining Patients

Physicians are reminded to use appropriate precautions when in contact with all patients that have febrile and respiratory illnesses.

Summary

It is important to remain vigilant for SARS in all patients, especially travelers, that present with febrile respiratory illnesses. The SARS Clinical Decision Guide (Ontario) is meant to assist the health care provider in making decisions around disposition of the patient.

References:

http://image.thelancet.com/extras/03art4453web.pdf
http://jama.ama-assn.org/cgi/content/full/289.21.JOC30885v1
www.health.gov.on.ca/login/sarsrep
www.who.int/csr/sarsareas
www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/

SARS Clinical Decision Guide: CASE DEFINITIONS (Health Canada)

Case Definitions	Clinical Symptoms	Epidemiologic link /Contacts	Other
1. Probable Case	A person meeting the suspect case definition together with radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome (RDS) on chest x-ray (CXR).	One or more of the following exposures during the 10 days prior to onset of symptoms: • Close contact[3] with a person who is a suspect or probable case **OR** • Recent travel or visit, to an identified setting in Canada where exposure may have occurred (e.g. hospital, household, workplace, school etc.) **OR** • Recent travel to an Area with recent local transmission outside of Canada.[4]	No other known cause of the current illness
2. Suspect Case	Fever (over 38 degrees Celsius) **AND** Cough, or difficulty breathing	One or more of the following exposures during the 10 days prior to onset of symptoms: • Close contact[1] with a person who is a suspect or probable case **OR** • Recent travel or visit, to an identified setting in Canada where exposure may have occurred (e.g. hospital, household, workplace, school etc.) **OR** • Recent travel to an Area with recent local transmission outside of Canada.[2]	No other known cause of the current illness.
3. Persons Under Investigation	Fever over 38 degrees **AND** One or more of chills, rigors, malaise, headaches, myalgia	One or more of the following exposures during the 10 days prior to onset of symptoms: • Close contact[1] with a person who is a suspect or probable case **OR** • Recent travel or visit, to an identified setting in Canada where exposure may have occurred (e.g. hospital, household, workplace, school etc. **OR** • Recent travel to an Area with recent local transmission outside of Canada.[2]	No other known cause of the current illness.

[3] Close contact: having cared for or lived with, or had face-to-face (within 1 metre) contact with, or having direct contact with respiratory secretions and/or body fluids of a person with SARS.

[4] www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/

SARS CASE RECORD / CLINICAL DECISION GUIDE (ONTARIO)

June 16, 2003

Today's date:

Patient name / identification (or label):
Date of birth / age:
Telephone number:
Address:

Symptoms Indicate date of onset if symptom present	**Epidemiologic Link** Indicate last date of exposure to epidemiologic link
☐ Chills or rigors ☐ Malaise ☐ Headache ☐ Fever _____ ^{0}C ☐ Cough ☐ Difficulty breathing ☐ Other:	☐ Known contact with a SARS patient ☐ Identified as a patient under quarantine ☐ Worked on a SARS unit / cared for a SARS patient ☐ Worked / visited hospital or ward with SARS exposure ☐ Visited a setting with a SARS exposure www.health.gov.on.ca/login password sarsrep ☐ Recent travel to an area with local transmission outside of Canada http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/prof_e.html

If there is no epidemiologic link, the following "OTHER CONSIDERATIONS" will affect the disposition of the patient:

1. Patient has recently been in an identified affected community within the 10 days prior to onset of symptoms.
2. Patient has had a recent hospital admission or visit to a hospital in an identified affected community within the 10 days prior to onset of symptoms.
3. Patient has recently been in an identified affected community AND has a close contact who has a febrile or respiratory illness.
4. Patient has a close contact with a febrile or respiratory illness AND the close contact has had a recent hospital admission or visit to a hospital in an identified affected community.

HISTORY / PHYSICAL EXAMINATION:

VITAL SIGNS:

Temp: O2 Sat (if done): (normal > 94% on room air)

BP: HR: RR:

LABORATORY TEST RESULTS If done, check if normal or provide actual value if abnormal:

☐ WBC ☐ CPK ☐ CXR results if done
☐ AST ☐ ALT
☐ LDH
Other:

See over for decision table ……

	Diagnosis	Public Health Notification	Patient Disposition
Epidemiologic Link	☐ Probable Case Fever AND cough or difficulty breathing AND infiltrate on X-ray AND epi-link	Notify public health	Emergency department assessment and hospital admission with infection control notification
	☐ Suspect cases Fever AND cough or difficulty breathing AND epi-link	Notify public health	☐ Emergency department assessment and hospital admission with infection control notification; OR ☐ Consultation, if available, and admit; OR ☐ Consultation if available and discharge on home isolation with clinician to follow-up by telephone or visit at 72 hours; Temperature check BID until improved, or return if worsens.
	☐ Persons under investigation Fever AND at least one of: chills, rigors, malaise, myalgia or headache AND epi-link	Notify public health	☐ Emergency department assessment and hospital admission with infection control notification; OR ☐ Consultation, if available, and admit; OR ☐ Consultation if available and discharge on home isolation with clinician to follow-up by telephone or visit at 72 hours; Temperature check BID until improved, or return if worsens.
No Epidemiologic Link	☐ Community acquired pneumonia **requiring hospitalization**, no epi-link	**Notify public health only if:** - **Patient has been in an identified affected community within the 10 days prior to onset of symptoms; OR** - Patient has a close contact with febrile or respiratory symptoms and the close contact has had a recent hospital admission or visit to a hospital in an identified affected community.	Emergency department assessment and hospital admission
	☐ Community acquired pneumonia **NOT requiring hospitalization,** no epi-link	Notify public health only if: - Patient has had a hospital admission or visit to a hospital in an identified affected community in the 10 days before onset; OR - Patient has recently been in an identified affected community and has a close contact who has a febrile or respiratory illness; OR - Patient has a close contact with febrile or respiratory symptoms and the close contact has had a recent hospital admission or visit to a hospital in an identified affected community	☐ Admit on isolation; OR ☐ Discharge on home isolation with clinician to follow-up by telephone or visit at 72 hours; Temperature check BID until improved, or return if worsens.
	☐ Other febrile respiratory illness, no epi-link	Notify public health only if: - Patient has had a recent hospital admission or visit to a hospital in an identified affected community; OR - Patient has a close contact with febrile or respiratory symptoms and the close contact has had a recent hospital admission or visit to a hospital in an identified affected community	Discharge home unless admission is indicated based on consultation with public health. If discharged home should be on isolation for 72 hours with follow-up instructions including temperature check BID until improved, or return if worsens.

Severe Acute Respiratory Syndrome (SARS)
Case Definitions (Health Canada and Ontario)

Case definitions and related recommendations are subject to revision as future epidemiological/laboratory information becomes available.
http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/sarscasedef-0604_e.html

Suspect case:

A person presenting with:

- Fever (over 38 degrees Celsius),

AND

- Cough or breathing difficulty,

AND

One or more of the following exposures during the 10 days prior to the onset of symptoms:

- Close contact[1] with a person who is a suspect or probable case,
- Recent travel to an "Area with recent local transmission" of SARS outside of Canada
- Recent travel or visit to an identified setting in Canada where exposure to SARS may have occurred (e.g. hospital [including any hospital with an occupied SARS unit], household, workplace, school etc.).* This includes inpatients, employees or visitors to an institution if the exposure setting is an institution.

OR

A person with unexplained acute respiratory illness resulting in death after 1 November 2002, but on whom no autopsy has been performed

[1] Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

AND

One or more of the following exposures during the 10 days prior to the onset of symptoms:

- Close contact[1] with a person who is a suspect or probable case,
- Recent travel to an "Area with recent local transmission" of SARS outside of Canada
- Recent travel or visit to an identified setting in Canada where exposure to SARS may have occurred (e.g. hospital [including any hospital with an occupied SARS unit], household, workplace, school etc.). This includes inpatients, employees or visitors to an institution if the exposure setting is an institution.

Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

* The list of potential SARS exposure sites in Ontario can be obtained at the following address:
www.health.gov.on.ca/english/public/updates/archives/hu_03/hu_sars.html

[1] Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

Probable Case:

A suspect case with radiographic evidence of infiltrates consistent with pneumonia or respiratory distress syndrome (RDS) on chest x-ray (CXR).

OR

A suspect case with autopsy findings consistent with the pathology of RDS without an identifiable cause.

Exclusion Criteria

A suspect or probable case should be excluded if an alternate diagnosis can fully explain their illness.

Comments:

- In addition to fever and cough or breathing difficulty, SARS may be associated with other symptoms including: headache, myalgia, loss of appetite, malaise, confusion, rash and diarrhoea.

Areas outside Canada with recent Local Transmission
For updates see http://www.who.int/csr/sarsareas

Severe Acute Respiratory Syndrome (SARS)
Definition of Persons Under Investigation (Ontario)

Case definitions and related recommendations are subject to revision as future epidemiological/laboratory information becomes available.
http://www.hc-sc.gc.ca/pphb-dgspsp/sars-sras/sars-pui_e.html

Persons Under Investigation (PUI) (Ontario)

A person presenting with:

- Fever (over 38 degrees Celsius),

OR

- One or more of chills, rigors, malaise, myalgia or headache,

AND

One or more of the following exposures during the 10 days prior to the onset of symptoms:

- Close contact[1] with a person who is a suspect or probable case,
- Recent travel to an "Area with recent local transmission" of SARS outside of Canada
- Recent travel or visit to an identified setting in Canada where exposure to SARS may have occurred (e.g. hospital [including any hospital with an occupied SARS unit], household, workplace, school etc.). This includes inpatients, employees or visitors to an institution if the exposure setting is an institution.

AND

- No other known cause of current illness.

Areas outside Canada with recent Local Transmission

For updates see http://www.who.int/csr/sarsareas

[1] Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

Appendix G

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.