Ministry of Health
and Long-Term Care

Ontario

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Directive L03-04(R)
June 16, 2003

DIRECTIVE TO ALL ONTARIO NON-ACUTE CARE FACILITIES

This Directive replaces the following Directives:

Directives to All Ontario Non-Acute Care Facilities – L03-04 May 13, 2003.

Directives to All Ontario Non-Acute Care Facilities – L03-02(R) April 18, 2003.

Directives to All Ontario Non-Acute Care Facilities – L03-02 April 5, 2003.

Directives to GTA/Simcoe Long-Term Care Facilities – March 29, 2003.

This document directs non-acute care facilities to undertake the following practices. It incorporates precautions to be invoked routinely (Routine Practices Enhanced) as well as measures to be invoked in the event of an outbreak. Notification about SARS outbreaks will originate from the local Public Health Units (see Risk Identification and Management of new SARS Occurrences attached, Appendix C).

All non-acute care facilities should comply with existing and updated recommendations for infection control, as from Health Canada – *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care;* (http://www.hc-sc.gc.ca/pphb-dgspsp/publicat/ccdr-rmtc/99vol25/25s4/index.html). Non-acute care facilities should maintain regular and specific educational and quality programs to ensure all who carry out their activities in these facilities understand and can comply with these recommendations.

Public Health Units and non-acute care facilities in their regions must ensure ongoing effective communication as to the current status of SARS and other communicable diseases in their communities.

In addition, the Ontario Ministry of Health and Long-Term Care directs all non-acute care facilities to undertake the following procedures:

A. Routine Practices (Enhanced)

Facility

- Limit facility entrances and sign-in registration at the facility's discretion.
- Establish/continue on-going facility promotional campaigns to encourage hand washing and awareness of healthy behaviours (e.g., if you are feeling unwell and could infect others, do not visit or come to work.)
- Post signage to be reviewed and updated when necessary, (see Appendix B) to notify visitors that they are not to enter if ill, and to identify themselves to reception immediately upon entry if they have had exposure to an affected facility or geographic area in the previous ten days. (Affected areas are listed at http://www.health.gov.on.ca). Entrance will then depend upon a clinical evaluation at the facility's discretion in such cases.

Staff

- Reinforce hand hygiene using signage at the entrance and throughout the facility in patient[1] care areas, as well as before and after patient care.
- Staff with febrile illnesses, or who are feeling unwell and may be infectious, are to exclude themselves from work. Staff who develop a febrile illness while at work are to notify their supervisor and be assessed by Occupational Health staff or a designate if available, or leave for clinical evaluation in accordance with the facility's policy.
- Non-acute care facilities must continue vigilance for possible sporadic SARS cases.
- Use routine practices as defined by Health Canada for all patient contact. For exposure to patients/residents with respiratory symptoms or fever suggestive of an infectious disease, staff are directed to utilize SARS precautions (N95 mask or equivalent, gown, gloves and protective eyewear) until SARS has been ruled out by medical assessment.
- Personal protective equipment must be properly used and maintained consistent with the Regulation for Health Canada and Residential Facilities (O. Reg 67/93. S.10) under The *Occupational Health and Safety Act.* 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).
- Non-acute care facilities are not required to provide 24-hour infection control coverage; however, a process needs to be in place to ensure ongoing

[1] In this document the term patient also refers to residents and clients.

continuity of infection control practices and consultation during off hours through an assigned designate.

Patients/residents

- Hand washing agents must be accessible in patient rooms and other common areas such as dining facilities.
- SARS screening must be incorporated into the nursing admission history for all new admissions. This will include history of exposure to affected areas and facilities as well as signs and symptoms of SARS.
- If the Medical Officer of Health advises that SARS is present in the region or the transfer is from a region where SARS is present, the SARS Screening Tool must be applied to all transfers.
- Until diagnosed, patients with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) or fever suggestive of infectious respiratory illnesses must be isolated in a single room when possible.
- Patients with like illnesses may share a room only if necessary for operational reasons. Staff must use SARS precautions (N95 mask or equivalent, gown, gloves and protective eyewear) until SARS has been ruled out by medical assessment.
- Patients with respiratory symptoms (unexplained cough, shortness of breath, fever, or difficulty breathing) or fever suggestive of an infectious respiratory illness should wear a surgical mask where feasible and tolerated (this may not be feasible if the patient is cognitively impaired) when outside of their room, or when inside their room if the room is shared with another.
- There is no restriction on patient movement within a facility for patients who are not in isolation, except at the facility's discretion.
- Follow current transfer protocols for inter-facility transfers, *Provincial Inter-Facility Patient Transfer Directive, May 12, 2003*.

Volunteers

- Facilities must maintain current volunteer contact lists.
- Volunteers with febrile illnesses, or who are feeling unwell and may be infectious, are to exclude themselves from work.
- Volunteers who develop a febrile illness while at work are to notify the Volunteer Coordinator and be assessed by Occupational Health staff or a designate if available, or leave for clinical evaluation in accordance with the facility's policy.

Visitors

- Facilities at their discretion may introduce sign-in registration at the facility entrance.
- Hand washing agents must be available throughout the facility for use by visitors.
- Visitors entering the facility are expected to have self-screened based on the signage posted at all facility entrances. Those who have visited affected areas or locations at which there has been exposure and have symptoms of unexplained muscle aches, severe fatigue, headache, recent cough, shortness of breath worse than usual or fever are referred to the nearest Emergency Department or SARS assessment clinic (if available). Senior staff at the facility will arrange for the visitor's transfer to a SARS assessment clinic or Emergency Department and will advise the receiving facility.
- Visits, including use by community or professional groups, are at the discretion of the facility.
- All visitors are to observe isolation precautions, when visiting any patients/residents who are in isolation.

B. SARS Outbreak Control Measures

In the event of an outbreak of SARS that is identified and communicated by the local Public Health Unit, non-acute care facilities must add procedures of SARS precautions as follows:

Facility

- All persons entering the facility must complete a SARS Screening Tool. If the person fails the SARS Screening Tool, they should be directed to contact the local Public Health Unit.
- Control entry to each site. Restrict access to one entrance for each building, if possible. Post appropriate staff at each entrance to apply the SARS Screening Tool.
- Post appropriate signage on all entrances. All persons entering the facility, including healthcare workers (HCWs) and visitors, must have a valid reason for entry and must complete the SARS Screening Tool.
- Restrict use and entry to facility by community and professional groups.
- Restrict entry via shipping and receiving departments.
- Non-essential staff including delivery personnel, couriers, floral shops etc. are not to enter the facility.
- All facilities must keep a daily contact sheet and record <u>all</u> contacts (i.e., all HCWs and visitors) of the facility and print names, date of visit and contact phone number. The contact sheets must be kept on permanent record in the facility.

Staff

- If staff fail the SARS Screening Tool, they will be directed to contact the local Public Health Unit. Senior staff at the facility will arrange for the staff member's transfer to a SARS assessment clinic or Emergency Department and will advise the receiving facility.
- Staff with febrile illnesses, or who are feeling unwell and may be infectious, are to exclude themselves from work. Staff who develop a febrile illness while at work are to notify their supervisor and be assessed by Occupational Health staff or a designate if available, or leave for clinical evaluation in accordance with the facility's policy. Senior staff at the facility will arrange for the staff member's transfer to a SARS assessment clinic or Emergency Department and will advise the receiving facility.
- Infection control measures must include hand hygiene accessible in patient rooms and common areas such as dining facilities.
- HCWs should use routine practices as defined by Health Canada for all patient contact and maintain a high index of suspicion for SARS symptoms when assessing patient for new onset of fever or respiratory symptoms. If SARS is suspected, an urgent on-site medical assessment is required. If after an on-site medical assessment SARS is still suspected, the patient must be transferred to the appropriate facility. HCWs should follow SARS precautions (N95 mask or equivalent, gown, gloves, protective eyewear), place a surgical mask on the patient and notify EMS and the receiving facility of the patient's status, prior to transfer.
- Personal protective equipment must be used properly and maintained consistent with the Regulation for Health Care and Residential Facilities (O. Reg 67/93. S.10) under The *Occupational Health and Safety Act*. N95 or equivalent mask must be qualitatively fit tested to ensure maximum effectiveness. See the NIOSH website at www.cdc.gov/niosh (Publication No.99-143) for further information.
- Non-acute care facilities are not required to provide 24-hour infection control coverage; however, a process needs to be in place to ensure ongoing continuity of infection control practices and consultation during off hours through an assigned designate.
- Staff working in a Category 0, 1 or 2 facility may work at other Category 0 or 1 health care facilities or Category 2 facilities in areas that are not affected by unprotected exposure to SARS.

Patients/residents

- On admission, document the names of all other health care facilities the patient has been admitted to, or treated at, during the preceding 10 days. An up-to-date list of patients and health care facilities contacts will facilitate reporting to local public health authorities if this becomes necessary.

- All admissions from acute care facilities must follow the *Directive to All Ontario Non-Acute Care Facilities for Admissions and Transfers from Hospitals of Non-SARS Patients, L03-03, April 11, 2003*.
- All facilities must keep a daily contact sheet on which all contacts (i.e., all HCWs and visitors) of the facility must print their names, date of visit, and contact phone number. The contact sheets must be kept on permanent record in the facility.
- If a patient fails the SARS screening tool, staff must use SARS precautions (i.e., the use of gowns, gloves, protective eyewear and N95 masks or equivalent). If after an on-site medical assessment SARS is still suspected, the patient must be transferred to the appropriate facility.
- Until diagnosed, patients with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) or fever suggestive of infectious respiratory illnesses must be isolated in a single room when possible.
- Patients with like illnesses may share a room only if necessary for operational reasons. Staff must use SARS precautions (N95 mask or equivalent, gown, gloves and protective eyewear) until SARS has been ruled out by medical assessment.
- Patients with respiratory symptoms (unexplained cough, shortness of breath, fever, or difficulty breathing) or fever suggestive of an infectious respiratory illness should wear a surgical mask where feasible and tolerated (this may not be feasible if the patient is cognitively impaired) when outside of their room, or when inside their room if the room is shared with another.
- Current transfer protocols for inter facility transfers, *Provincial Inter-Facility Patient Transfer Directive May 12, 2003,* must be followed.
- There is no restriction for patients leaving the facility to go on casual or vacation leave. Patients and families should be counselled to take appropriate precautions such as monitoring for signs of SARS or any other illness, not visiting hospitals and notifying the facility when the patient will be returning. The SARS Screening Tool must be applied prior to and on return from leave.

Volunteers

- The facility should introduce a restrictive Volunteer Policy.
- Any volunteer who develops symptoms (see SARS Screening Tool) while in the facility must be directed to leave the facility immediately and contact the local Public Health Unit. Senior staff at the facility will arrange for the volunteer's transfer to a SARS assessment clinic or Emergency Department and will advise the receiving facility.
- Volunteers who may come in contact with patients with suspected infectious respiratory illnesses or fever must adhere to SARS precautions. This means that those volunteers should wear an N95 mask or equivalent, gown, gloves and protective eyewear.

Visitors

- There is no need to ban visitation but the facility should introduce a restrictive Visitors Policy (i.e., the number of visitors is restricted to one (1) per resident at a time, except for compassionate grounds, registration, along with screening is mandatory).
- Outside group use of the facility should be reviewed and limited at the facility's discretion.
- Any visitor or volunteer who develops symptoms (see SARS Screening Tool) while in the facility must be directed to leave the facility immediately and contact the local Public Health Unit. Senior staff at the facility will arrange for the volunteer's transfer to a SARS assessment clinic or Emergency Department and will advise the receiving facility.

Original signed by

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Routine Practices (Enhanced) Summary

Item	Level of activity-
Level of clinical activity	• Return to normal levels of activity.
Staff, physicians and students	• Normal levels. • Adherence to Routine Practices (Enhanced), and • Adherence to SARS precautions (N95 mask or equivalent, gown, gloves and protective eyewear) for patients with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) or fever suggestive of an infectious disease until SARS has been ruled out by medical assessment. • Staff, physicians or students with febrile illnesses or who are feeling unwell and could infect others, to exclude themselves from the facility.
Surveillance- Patient/ resident triage	• At facility discretion, limit facility entrances. • Staff and visitors to self-monitor. • Isolate patients with a fever >38C, or one or more respiratory symptoms (cough, shortness of breath or difficulty breathing) until SARS or other infectious disease is ruled out.
Visitors	• Visitation and group use at facility discretion. • Follow facility policy when visiting someone in isolation. • Visitors with febrile illness or feeling unwell and could infect others to exclude themselves. • Visitors to identify themselves if they have been exposed to an affected facility or area.
Volunteers	• Normal levels. • Adherence to Routine Practices (Enhanced), and • Adherence to SARS precautions (N95 mask or equivalent, gown, gloves and protective eyewear) for patients with suspected infectious respiratory illnesses or fever.
Contractors	• Return to normal. • Adherence to Routine Practices (Enhanced)

SARS Outbreak Summary for Non-Acute Care Facilities

Item	Level of activity-
Level of clinical activity	• If Category 0 or 1, return to normal levels of activity; if Category 2 or 3, the facility outbreak management team and local MOH will determine degree of restrictions of activity.
Staff, physicians and students	• In addition to adherence to Routine Practices (Enhanced), adherence to additional precautions for patients/residents with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease. • Staff or students with febrile illnesses or who are feeling unwell and could infect others, to exclude themselves from the facility. • SARS Screening Tool to be completed. If failure, the facility must contact the local Public Health Unit. • If category 2 or 3, only essential staff in area affected by the unprotected exposure. These staff must work in the affected area only and cannot work at other facilities or other health care settings. • Quarantine protocols apply to exposed staff.
Surveillance-Patient/ resident triage	• Limit facility entrances • Full surveillance using a SARS Screening Tool for entry into the facility. N95 mask or equivalent to be worn by screener. Screening failure requires clinical assessment. • SARS must be considered for any patient/client in the facility with a compatible clinical picture or exposure history. • Isolate patients with a fever >38C, or one or more respiratory symptoms (cough, shortness of breath or difficulty breathing) until SARS or other infectious disease is ruled out.
Visitors	• Limit visitation and group use at facility discretion. • Follow facility policy when visiting someone in isolation. • Visitors with febrile illness or feeling unwell and could infect others to exclude themselves. • SARS Screening Tool to be completed. If failure, the facility must contact the local Public Health Unit. • For category 2 or 3 facilities, visitors not allowed in SARS affected areas other than in compassionate grounds (e.g., palliative care) and must wear full SARS protection in these areas.
Volunteers	• In addition to adherence to Routine Practices (Enhanced), adherence to additional precautions for patients/residents with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease. • SARS Screening Tool to be completed. If failure, the facility must contact the local Public Health Unit.
Contractors	• No entry to affected areas unless essential if Category 1, 2 or 3. • Adherence to Routine Practices (Enhanced) or SARS precautions on affected unit. • SARS Screening Tool to be completed. If failure, the facility must contact the local Public Health Unit.

Appendix A

Definitions:

SARS Precautions:	A new category of precautions requiring the use of N95 masks, eye protection (prescription eyeglasses are not protective), gowns, and gloves for contact of all PUI, suspect or probable SARS cases.
Hand Hygiene:	This includes hand washing with soap and running water or alcohol-based hand sanitizers.
SARS Category 0:	Healthcare facility has no known cases of SARS (suspect or probable).
SARS Category 1:	No unprotected SARS exposure – staff and/or patients. Healthcare 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 healthcare 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 HCWs and/or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).

Appendix B

STOP

Read carefully before entering

Have you been in 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?

OR

Have you returned from [affected areas] in the past 10 days?

If the answer to any of the above is yes,

AND

You have any of the following: unexplained muscle aches, severe fatigue, headache, recent cough, shortness of breath worse than usual, or any fever.

Please go to the nearest Emergency Department or SARS Assessment Clinic

Appendix C

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).