

# S · A · R · S ·

## Questions and Answers November 12, 2003

### Directives

**Q1: The Directives released on October 22, 2003 describe activities in outbreak conditions only. Does the ministry plan to release Directives for non-outbreak conditions?**

A1: The ministry will release infection control standards for health care providers in non-outbreak conditions. These standards will cover the delivery of health care in a range of settings including institutions, community and home care. Until these standards are established, the current directives pertaining to non-outbreak conditions will prevail.

**Q2: The October 22 Directives focus on acute care. Will there be directives for non-acute and community practice settings?**

A2: Yes, the ministry will release outbreak directives for community practice, non-acute, Community Care Access Centres and community service providers and pre-hospital care. These directives are currently scheduled for release in November 2003.

### Monitoring and Surveillance

**Q3: Are health care facilities still required to enter their SARS Health Care Facility Category on CritiCall each day?**

A3: No. There are no active SARS cases in the world at this time. In the event of a recurrence of SARS anywhere in the world, reporting will be mandatory. If you believe that your facility has a potential exposure, you must update the CritiCall screen immediately and alert your local public health unit.

**Q4: Why is the April 20, 2003 Directives to All Ontario Acute Care Hospitals Regarding the CritiCall Database still in effect?**

A4: This directive ensures that the province has up to date information on the availability of critical care resources and negative pressure rooms. These resources serve not only SARS patients, but also patients with other communicable diseases. For this reason all Ontario critical care units with the capability for mechanical ventilation must provide an update to the Ontario CritiCall database every 12 hours.

**Q5: Are there any other types of surveillance that health care facilities should be carrying out during the current flu season?**

A5: Health care facilities should exercise a high degree of vigilance and work closely with infection control to ensure that patients who exhibit SARS Systems and Temperature (as defined in Sections A and B of the *SARS Risk Factor Screening Tool*) are managed using the appropriate precautions.

Occupational health departments should monitor staff illness rates and ensure that staff do not work when they are ill.

Further information on active surveillance programs will be included in the upcoming infection control standards.

### **Patient Transfers**

**Q6: The Provincial Inter-Facility Transfer Directive During Outbreak Conditions (dated October 22, 2003) describes a process for coordinating patient transfers using the Provincial Transfer Authorization Centre (PTAC). Does this mean that PTAC is closed until the next outbreak?**

A6: No, PTAC continues to remain operational. **All** inter-facility transfers require an authorization number using the current process. The ministry is convening a working group which will make recommendations on the role of PTAC in non-outbreak conditions. In the meantime, health care facilities should continue to follow this process until they receive written notice from the ministry.

### **Screening**

**Q7: In Section D of the SARS Risk Factor Screening Tool, why are there a number of countries mentioned when there is no SARS currently in those countries?**

A7: The World Health Organization has deemed these countries to be either nodal areas (areas where SARS transmission occurred) or countries of potential re-emergence. This is considered a risk factor for SARS. We are obliged and

responsible to maintain a vigilance and awareness, and to monitor people with symptoms of respiratory illness, and SARS contact history for SARS Risk Factors.

**Q8: What is a nodal area?**

A8: Currently, based on expert opinion, a nodal area is an area which previously experienced sustained local transmission of SARS or receives large numbers of persons from the potential zone of re-emergence of SARS-CoV. In Canada, this would include the Greater Toronto Area and Vancouver.

**Q9: What is a zone of re-emergence**

A9: Currently, based on expert opinion, China (including mainland China, Taiwan Province and Hong Kong Special Administrative Region) is considered to be the zone for potential re-emergence of SARS Co-V. It is also considered highly likely that novel influenza viruses may arise from this zone.

Upon detection of any emerging or re-emerging pathogens internationally, the "potential zones of emergence/re-emergence" will be reviewed and updated as necessary.

**Infection Control**

**Q10: What are some immediate, low-cost infection control changes we can implement in our facilities?**

A10: Some minor structural changes or processes to implement could include:

- installing plexiglass shields at triage, admitting, and outpatient stations:
- making hand sanitizing stations with supplies available throughout the facility:
- signage regarding respiratory hygiene and handwashing, and considering more restrictive visiting hours.

**Q11: Should health care workers be concerned about diarrhea as one of the symptoms of respiratory illness?**

A11: Diarrhea, as a common symptom of respiratory illness has been shown to be a mode of infection transmission, along with other bodily secretions. Respiratory and Contact Precautions are intended to be an appropriate mechanism for preventing transmission through handling of stools, and other bodily secretions with which health care workers may come in contact, in the course of health care provision.