Ministry of Health and Long-Term Care

et des Soins de longue durée Office of the Deputy Minister

Bureau du Sous-ministre

Ministère de la Santé

10th Floor, Hepburn Block 80 Grosvenor Street Toronto ON M7A 1S2

10e étage, édifice Hepburn 80. rue Grosvenor Toronto ON M7A 1S2

Telephone: (416) 327-4296 Facsimile: (416) 327-1570 Télèphone: (416) 327-4296 Télécopier: (416) 327-8791

January 8, 2004

MEMORANDUM TO: Chief Executive Officer, Acute Care Public Hospitals

Chief Executive Officer, Acute Care Private Hospitals

FROM: Phil Hassen

Deputy Minister

Ministry of Health and Long-Term Care

RE: Infection Control and Surveillance Standards for Febrile

Respiratory Illness (FRI) in Non-Outbreak Conditions

As previously reported, the Ministry of Health and Long-Term Care (MOHLTC) struck the Infection Control Standards Task Force to establish provincial baseline infection control and surveillance standards for febrile respiratory illnesses in acute care hospitals. The Task Force was co-chaired by Drs. James R. MacLean, President and Chief Executive Officer of Markham Stouffville Hospital, and Robin C. Williams, Medical Officer of Health for the Region of Niagara and Clinical Professor, Paediatrics in the Department of Paediatrics, McMaster University. The membership of the Task Force was diverse to reflect the diversity within the health care delivery system.

The Task Force's final report, Preventing Respiratory Illness Protecting Patients and Staff provides baseline standards that build on Health Canada's Infection Control Precautions for Respiratory Infections Transmitted by Large Droplet and Contact (nonoutbreak) and supports a pan-Canada approach to infection control. I have accepted the report.

The full Task Force report was posted to the ministry website on December 23, 2003. The provincial baseline standards for infection control and surveillance for febrile respiratory illnesses in acute care hospitals can be found on the ministry website (http://www.health.gov.on.ca/english/providers/program/pubhealth/sars/sars_mn.html). Each hospital will need to review both these standards and the Health Canada guidelines against existing practices in their setting and make changes as required to achieve the level of the standards. Some hospitals may choose to go beyond the standards; no hospital can choose to go below the standards.



The standards reflect our renewed awareness of the critical importance of basic infection control measures in our increasingly complex world. They also reflect the importance of collaborative approaches among management, workers, hospitals and public health units to enhance the safety of our patients and staff.

These standards are the first of a series that the ministry will be issuing. The concepts and principles in these standards reflect best practices across the health care delivery system. The standards will be reviewed with stakeholders from other settings—non-acute facilities and the community—to customize them for their use.

Your organization may have questions regarding the application of the standards and I urge you to use your internal resources: infection control service, occupational health service, Infection Control Committee, Joint Health and Safety Committee; and your external resources: local public health unit and ministry regional office; to resolve issues.

I would like to take this opportunity to thank the Infection Control Standards Task Force for their vision, their commitment to patients and health care workers, their willingness to work within a consensual model and their tenacity.

(Original signed by)
Phil Hassen