

# Important Health Notice

Information for Healthcare Professionals

January 7, 2004

Volume 1 Issue 1

Page 1 of 2

## Update on Global SARS Situation

Dear Colleagues:

As you are aware, a single case of Severe Acute Respiratory Syndrome (SARS) has been confirmed in Guangdong Province, People's Republic of China. Two additional cases were under investigation in the Philippines but have been confirmed not to be SARS. The Ministry of Health and Long-Term Care (MOHLTC) is monitoring the global situation closely and is working with Health Canada to ensure Ontario's healthcare system is informed immediately of any new developments regarding SARS.

Given the current global SARS situation and responses to the memorandum from the Deputy Minister dated November 26, 2003, acute care hospitals are urged to expedite their infection control training for outbreak conditions.

While Ontario's healthcare system continues to operate under non-outbreak conditions, all healthcare providers are advised to adopt heightened vigilance for febrile respiratory illness (FRI) in patients and clients. A provincial Infection Control Standards Task Force recently submitted recommendations regarding infection control and surveillance standards for FRI in acute care hospitals under non-outbreak conditions. These recommendations have now been established as provincial infection control and surveillance standards and are outlined in [Preventing Respiratory Illnesses, Protecting Patients and Staff: Infection Control and Surveillance Standards for Febrile Respiratory Illness \(FRI\) in Non-Outbreak Conditions in Acute Care Hospitals](#), available at <http://www.health.gov.on.ca>

### Acute Care Hospitals should:

- Screen for FRI
- Expedite training on outbreak directives
- Review and ensure compliance with provincial infection control / surveillance standards

These standards were developed by an Infection Control Task Force comprised of a broad range of healthcare disciplines and are based on Health Canada's *Infection Control Precautions for Respiratory Infections Transmitted by Large Droplet / Contact: Infection Control Guidance in a Non-Outbreak Setting When an Individual Presents With a Respiratory Infection*. Hospital staff should review the provincial standards carefully and ensure they are in place in each facility.

These standards will be adapted for non-acute care facilities and community healthcare settings (physician practices, dental offices, community health centres, community care access centres, community support service agencies and the pre-hospital care environment) in the near future. In the interim, healthcare providers in **all** non-acute settings are asked to review the standards for acute care hospitals against their current practices.

Healthcare providers should screen patients and clients for FRI and, as appropriate, if they have visited China, Taiwan or Hong Kong. Screening questions are attached for your convenience.

### Healthcare Providers in Non-Acute Settings should:

- Screen for FRI
- Review provincial hospital infection control / surveillance standards for use in your setting

The MOHLTC would like to thank all of Ontario's healthcare providers for their dedication, hard work and continuing vigilance as we work together to strengthen our healthcare system and protect healthcare workers and the public from SARS and other infectious diseases.

Sincerely,

Allison J. Stuart  
Director, Emergency Management Unit  
Ministry of Health and Long-Term Care

# Febrile Respiratory Illness Screener

## Screening Questions to be Asked of Patients as Part of an Active Screening Process

### 1. Do you have new / worse cough or shortness of breath?

- if 'no', stop here (no further questions)
- if 'yes', continue with next question:

### 2. Are you feeling feverish, have you had shakes or chills in the last 24 hours?

- if 'no', take temperature; if >38 C, continue with next questions, otherwise stop (no further questions)
- if yes, take temperature and continue with next questions:

*Initiate droplet precautions if "yes" to 1 and 2.*

### 3. Is any of the following true?

- Have you lived in or visited China, Taiwan or Hong Kong within the last 30 days?
- Have you had contact in the last 30 days with a sick person who has traveled to these same areas?

Patients with FRI (fever and respiratory symptoms) and answered 'yes' to any of these exposures / conditions may potentially have severe respiratory illness (SRI).

*Initiate droplet precautions and notify infection control if "yes" to 1, 2 and 3.  
Infection control to notify public health.*

Additional questions to be asked of all admitted patients:

- 4. Do you work for a healthcare agency or organization?**
- 5. Are you a resident of a long-term care institution?**

*Initiate droplet precautions and notify infection control if "yes" to 1, 2 and either 4 or 5.  
Infection control to notify public health.*

Community healthcare providers will note that this document was developed for acute care hospitals. The following actions are recommended in community-based settings when a patient/client answers positively to Questions 1, 2, and 3 above.

- Initiate droplet precautions (see below)
- Isolate the client from other clients and staff
- Place a surgical mask on the client
- If further assessment is required, arrange for the client to be taken to an Emergency Department for evaluation. Call ahead.
- Transportation for medical examination must be by private vehicle or medical transport with the client wearing a surgical mask during transport.
- Contact the local medical officer of health.

### Droplet Precautions<sup>1</sup>:

The use of surgical masks and eye protection or face shields on the part of healthcare workers when encountering patients who have respiratory infections especially if associated with coughing, sneezing, felt to be transmissible principally by large respiratory droplets particularly when within one metre of such a patient. Also used where appropriate to protect the mucous membranes of the eyes, nose and mouth of the healthcare worker during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions (e.g., airway suctioning).

<sup>1</sup> Preventing Respiratory Illnesses, Protecting Patients and Staff. Infection Control and Surveillance Standards for Febrile Respiratory Illness (FRI) in Non-Outbreak Conditions in Acute Care Hospitals, December, 2003