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Directive 03-09
May 31, 2003

**DIRECTIVE TO ACUTE CARE FACILITIES IN THE GREATER
TORONTO AREA (TORONTO, YORK, AND DURHAM REGIONS)***

**Note: Peel, Halton and Simcoe County are excluded at this time*

In order to contain the spread of SARS (Severe Acute Respiratory Syndrome), the Ontario Ministry of Health and Long-Term Care directs acute care facilities in the GTA to take the following action immediately:

1. Hospital staff shall use full SARS precautions (gowns, gloves, N95 mask or equivalent, protective eye-wear) in all patient care areas. As directed by Public Health, the Hospital may enhance this requirement to other areas of the Hospital.
2. As required by Directive 03-08, the volume of patient activity in each hospital must be reduced to allow the hospital to continue to respond to its Emergency Department needs. It is anticipated that this will require curtailment of ambulatory activity, booked procedures and non-urgent surgeries. *(The Hospital for Sick Children, University Health Network and Sunnybrook and Women's College Health Science Centre are exempt from this provision).*
3. Hospitals must be prepared to implement Code Orange as directed.
4. Hospitals must restrict access to each hospital site. Ideally, access should be restricted to one staff entrance AND one public entrance for each building.
5. Hospitals are to post appropriate signage as required by Directive 03-04(R). The signage must be updated **daily** to reflect the most recent affected areas and facilities. This information can be obtained by referring to the www.health.gov.on.ca/login site.

6. Hospitals must implement full surveillance using the SARS Screening Tool at all entrances for all persons entering the facility.
 - a) The hospital chief of staff or her/his designate may make an exception for a health care worker who fails the screen if the exclusion might result in severe health consequences for a patient and it is clinically appropriate to do so.
 - b) SARS precautions (gowns, gloves, N95 mask or equivalent, protective eye-wear) are to be used by the screener.
 - c) Taking temperature is not required as part of the screening process with the exception of staff on work quarantine.
 - d) Health Care Workers, including physicians, must sign the screening forms. Signatures for visitors and patients are to be requested but are not mandatory.
7. For all patients on admission to a health care facility, document the names of all other hospitals the patient has been admitted to or treated at in the 10 days prior to admission. Maintain an up-to-date list of patients and hospitals for reporting to Public Health if this becomes necessary.
8. **Health care workers should maintain a high index of suspicion when assessing any patients for new onset of fever or respiratory symptoms.** Fever alone must be considered as a sign of potential infection and should be considered even in the absence of other signs or an epidemiological link. Therefore, any person developing the following symptoms or signs after admission – fever, dry cough, unexplained hypoxia, shortness of breath or difficulty breathing – must be treated as follows:
 - a) Transfer to a single room if available. If a single room is not available, cohort similar case presentations (e.g., congestive heart failure cases with other patients with congestive heart failure) and maintain at least one metre spatial separation between beds. If there is more than one patient in a room, the curtains must remain closed between beds to minimize droplet transmission.
 - b) Patient activity should be restricted i.e. patients should remain in their room with the door closed until SARS is ruled out
 - c) All visitors and health care workers take full SARS precautions (gowns, gloves, N95 mask or equivalent, and protective eye-wear). Where possible, diagnostic and therapeutic procedures (e.g., imaging, haemodialysis) must be done in the patient's room
 - d) Patients should be out of the room for essential procedures only and wear a surgical mask during transport.
9. All Hospitals must be prepared to open or maintain isolation units as necessary.
10. This Directive supplements but does not replace the following Directives. The

Directions issued in this document are to be considered to be an enhancement of previous Directions as appropriate. The following relevant Directives remain in place:

1. DIRECTIVES TO ALL ACUTE CARE FACILITIES (03-04(R)).
2. INTERIM HEALTHCARE ALLIANCE INFECTIOUS DISEASE CONTROL AND MANAGEMENT PLAN, May 30, 2003
3. DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS FOR HIGH-RISK PROCEDURES INVOLVING SARS PATIENTS CRITICAL CARE AREAS (03-06R)
4. UPDATED PROVINCIAL INTER-FACILITY PATIENT TRANSFER DIRECTIVE, May 12, 2003
5. DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS CONCERNING DISCHARGE OF NON-SARS PATIENTS (03-02R)
6. DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS CONCERNING DISCHARGE OF SARS PATIENTS (03-03)

Original signed by

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