



SARS Provincial Operations Centre

Directive 03-04(R)
May 13, 2003

DIRECTIVES TO ALL ONTARIO ACUTE CARE FACILITIES

This Directive replaces the following Directives issued to Acute Care Hospitals:

- *DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS – May 1, 2003*
- *DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS – April 14, 2003*
- *PROVINCIAL DIRECTIVES TO ALL ACUTE CARE HOSPITALS - April 3, 2003*
- *DIRECTIVES TO ALL ACUTE CARE HOSPITALS – April 1, 2003*
- *INTERIM DIRECTIVES TO ALL HOSPITALS OUTSIDE THE GTA/SIMCOE ACUTE CARE HOSPITALS - March 31, 2003*
- *DIRECTIVES TO GTA/SIMCOE COUNTY ACUTE CARE HOSPITALS - March 29, 2003*

The Ontario Ministry of Health and Long-Term Care advises all acute care facilities to undertake the following procedures:

Facilities are to continue to refer to the Health Canada Guidelines: *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health care* (<http://www.hc-sc.gc.ca>) for definitions and expanded information regarding routine practices and additional precautions. In addition, facilities should refer to the Ontario Directives 03-05(R) April 24, 2003, *Directives to all Ontario Acute Care Hospitals Regarding Infection Control Measures for SARS units*.

The hospital categorization (0 –3) system will be maintained throughout the transitional (recovery) phase of the SARS outbreak (see Appendix 1 for SARS categories). Changes have been made to recommendations within all categories. The application of category 2 and 3 measures should be based on individual SARS risk assessment and will be done by the hospital outbreak management team in consultation with the local public health unit (Refer to Risk Identification and Management of New SARS Occurrences – Appendix 2). As more information about the epidemiology of SARS becomes available, recommended practices will continue to evolve.

A chart is appended (Appendix 3) which summarizes the SARS precautions in the “new normal” environment. The chart also includes the precautions for individuals presenting with respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease and their use is recommended during the transitional phase until further guidelines are issued.

For all facilities regardless of Category

Signage

- Please see Appendix 4 for sample sign.
- Signage must be placed at entrances and must be updated weekly for the most recent affected regions. Hospitals can obtain information on affected areas from their local public health unit. A current list of SARS affected areas internationally is available at <http://www.hc-sc.gc.ca>. Hospitals are responsible for updating the signage weekly with the appropriate information on affected areas.

Screening

- Hospitals are no longer required to screen outpatients, staff, or visitors for SARS using the SARS screening tool except as stated below:
 - SARS screening must be performed for all Emergency Department patients and for patients who are direct admissions who bypass the Emergency Department.
 - All Emergency Departments must incorporate SARS screening within the triage process. This will include asking about travel history to affected areas (a list of affected areas is available at <http://www.hc-sc.gc.ca>) and signs and symptoms for SARS.
 - Anyone who presents in the Emergency Department with respiratory symptoms with or without fever suggestive of an infectious disease must apply a surgical mask and be triaged into a single room (preferably negative pressure) within 10 minutes. The triage process will identify patients as suspect or probable SARS or persons under investigation for SARS (PUI).
 - Any accompanying persons of a patient in the Emergency Department who is determined to be SARS (suspect, probable or under investigation) must be assessed for SARS in the ED or sent home with notification of infection control and the local Public Health Unit.
 - SARS screening must be incorporated into the nursing admission history. This will include travel history to affected areas and signs and symptoms for SARS to ensure the screening of direct admits who bypass the triage process (see case definitions – Appendix 5).
 - Any accompanying persons of patients being admitted to hospital, who are determined to be SARS patients by the nursing admission history, must be assessed for SARS and dealt with accordingly.
 - SARS screening must be performed when a hospital is designated as a category 2 or 3 facility.

- The local Medical Officer of Health (MOH) must advise if local SARS epidemiology warrants reintroduction of a SARS screening tool beyond that described above.

Hospital Physical Plant/Hospital Procedures

- Facilities in which SARS units have been in operation may discontinue operating the SARS units once all known SARS cases have been discharged.
- Hospitals must maintain plans and procedures for operating SARS units to facilitate their re-establishment as required.
- Facilities (in consultation with the local Public Health Unit) may discontinue SARS assessment clinics as community demand diminishes.
- Hospitals must establish and maintain negative pressure isolation room(s) with a minimum of 6 air exchanges per hour (9 air exchanges if building a new facility) per Canadian Standards Association standards, in all Emergency Department and Critical Care areas unless already available.
- Hospitals must establish and maintain at least one negative pressure isolation room in the general inpatient area of the hospital. Hospitals must install HEPA filtration units with no air recirculation into the hospital in the areas noted, if negative pressure isolation rooms are not available.
- Hospitals must limit facility entrances to the minimum required to allow for reasonable access of staff, patients and visitors.
- Hospitals must maintain enhanced surface cleaning in high-risk areas as defined by infection control, including public areas such as washrooms, lobbies and elevators.
- Personal protective equipment must be properly used and maintained consistent with the *Occupational Health and Safety Act* Reg. 67/93 s.10. 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). **This should be initiated immediately in identified high-risk areas.**
- Hospitals must establish and continue on-going hospital promotional campaigns to encourage hand washing and awareness of healthy behaviors (i.e., do not come to work or visit a hospital if you are feeling unwell and could infect others).
- Hospitals must maintain accurate and timely CritiCall information regarding hospital SARS categories, as well as Emergency Department and Critical Care resources.
- Facilities must reinforce hand washing/hand hygiene with staff, patients and visitors.

For Category 0 and 1 facilities

SARS Category 0

Definition: Healthcare facility has no known cases of SARS (suspect or probable).

SARS Category 1

Definition: No unprotected SARS exposure – staff and/or patients. Healthcare facility has one or more cases of SARS (suspect or probable).

Staff

- Staff with febrile illnesses or who are feeling unwell and may be infectious are to exclude themselves from work. Notification and follow up by Occupational Health will occur as per Hospital Policy.
- Staff who become febrile while at work are to notify their supervisor, leave work if authorized and be assessed/followed up by Occupational Health.
- Use routine practices as defined by Health Canada for all patient care which includes hand hygiene, gowns, gloves, masks, protective eye wear if applicable.
- For care of suspect or probable SARS patients use SARS precautions. Refer to the Directive 03-05 (R) April 24, 2003 for information on staff personal protective equipment, SARS patient room requirements and patient care activities.
- When performing aerosol-generating procedures (e.g., intubation on persons under investigation, suspect or probable SARS), continue to follow Directive 03-06(R), May 13, 2003 entitled *Directives to All Ontario Acute Care Hospitals for High-Risk Procedures in Critical Care Areas During a SARS Outbreak*.
- For entry into the room of a patient who has respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease, use precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) until SARS is ruled out.
- SARS precautions are no longer required for direct patient care in Emergency Departments and Critical Care settings for patients without a suspected infectious respiratory disease.
- Implement quality assurance measures such as periodic audits for adherence with routine practices and use of additional precautions in defined circumstances including SARS precautions.
- Hospitals are no longer 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 hospital designate.
- Staff may work in other category 0-1 facilities and in category 2 facilities in areas that are unaffected by unprotected exposure to SARS.

Patients

- Patients in the Emergency Department must wear a surgical mask and be placed in a single room with SARS precautions if they have undiagnosed respiratory symptoms (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of a respiratory infectious disease and they have a travel history to affected areas.
- Once admitted, a single room with negative pressure is required for all SARS patients as per the SARS case definitions for persons under investigation (PUI), suspect or probable SARS.
- Discontinue restrictions on all non-SARS patient movement within facility.
- Restrict movement of all patients who are under investigation for SARS, and those patients with suspect or probable SARS. Use SARS precautions if movement within the facility is required for urgent tests/investigations. Patients must wear a surgical mask during transport and staff must wear full SARS protective apparel (gown, gloves, eye protection, N95 mask or equivalent).
- Daily contact sheets must be maintained for all patients with suspect or probable SARS. Upon discharge, the contact sheet must be filed with the patient's chart and becomes part of the medical record.
- Report all suspect and probable SARS cases and persons under investigation (PUI), to Infection Control and the local Public Health Unit.
- Recovering SARS patients must be assessed for ongoing symptoms of SARS prior to discharge.
- For discharged convalescing SARS patients who are to receive in-home services, the hospital must provide the patient with a 48-hour supply of surgical masks, thermometer or disposable thermometer, and contact information for the local Public Health Unit.
- Follow current transfer protocols for inter-facility transfers, *Provincial Inter-Facility Patient Transfer Directive*, May 12, 2003.

Visitors

- Visitors entering the facility are expected to have self screened based on the signage posted at all hospital entrances. Those who have travelled to affected areas and have symptoms of unexplained muscle aches, severe fatigue, headache, recent cough, shortness of breath worse than usual or fever are referred to the Emergency Department.
- Discontinue current visitor restrictions; however, hospitals are encouraged to establish visitor policies that balance the requirement for visitation with the patient's health care needs.
- Visits should be restricted for patients with SARS. Exceptions may be made on compassionate grounds after prior discussion with infection control as well

as the medical and nursing staff caring for the patient. Visitors to follow SARS precautions including protective apparel.

For Category 0 and 1 Facilities

Item	Level of activity
Level of clinical activity	Continue graduated return to normal levels of activity.
Surveillance-Patient triage	<p>Limit facility entrances. N95 masks or equivalent and protective eyewear must be available immediately for triage. Staff, patient, and visitor screening is not required except as stated below. <u>All Emergency Departments</u> will incorporate SARS screening within the triage process. Accompanying persons of Emergency patients who meet the case definition for SARS should also be screened and dealt with accordingly. <u>All inpatient units</u> will incorporate SARS screening into the nursing admission history. Initiate the contact tracing tool in collaboration with Infection Control for patients under investigation, suspect, probable SARS.</p>
Staff, Physicians Residents, Fellows	<p>Unrestricted staffing levels. Adherence to Routine Practices. Adherence to SARS Precautions for care of patients who are under investigation (PUI), suspect or probable SARS. N95 mask or equivalent qualitative fit testing program should be initiated. Staff who are febrile or feeling unwell and are potentially infectious must exclude themselves from work. Staff may work in other category 0-1 facilities and in category 2 facilities in areas of hospital not affected by unprotected exposure.</p>
Visitors	<p>Hospital Visitor Policy review should be undertaken. Visitors to follow SARS Precautions to visit patients who are under investigation, suspect or probable SARS. Limit visitors to SARS patients to compassionate grounds. Visitors to follow SARS precautions. Refrain from visiting the facility if feeling unwell as they might infect others.</p>
Volunteers	<p>Normal levels. Adherence to Routine Practices Adherence to SARS Precautions as per hospital procedures. Refrain from volunteering in the facility if feeling unwell as they might infect others.</p>
All Students	<p>Return to normal. Adherence to Routine Practices Adherence to SARS Precautions for care of patients who are under investigation, suspect or probable SARS. Students who are febrile or feeling unwell and are potentially infectious should exclude themselves from attending the facility.</p>
Researchers	Return to normal levels.
Contractors	<p>Return to normal. Follow established policies related to Infection Control.</p>
Delivery personnel, couriers, floral shops, etc.	Return to normal.

Description of Activity for Acute Care Facilities By SARS Categories 2 and 3

SARS Category 2

Definition: 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).

Note: The SARS Screening Tool must be initiated when a hospital is designated as a category 2 or 3 facility.

Staff

- Hand washing (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full SARS precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) must be used for:
 1. Direct patient contact in all area(s) affected by the unprotected exposure;
 2. Direct patient contact in any area of the hospital with a patient who fails the SARS Screening Tool or has respiratory symptoms suggestive of a transmissible respiratory infectious disease; and
 3. Taking care of PUI, suspect or probable SARS patients.
- When performing aerosol-generating procedures on (e.g., intubation) on persons under investigation, suspect or probable SARS, continue to follow Directive 03-06(R) May 13, 2003 entitled *Directives to All Ontario Acute Care Hospitals for High-Risk Procedures in Critical Care Areas During a SARS Outbreak*.
- No communal eating. All staff to eat alone or a minimum of two (2) metres from one other person.

Patients

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients.
- Patient must wear a surgical mask in Emergency Department if the patient fails the SARS Screening Tool or has respiratory symptoms.
- Restrict patient movement within facility.
- Restrict movement of all patients who are under investigation for SARS, and those patients with suspect or probable SARS. Use SARS precautions if movement within the facility is required for urgent tests/investigations. The patient must wear a surgical mask during transport and staff are to wear SARS protective apparel (gown, gloves, eye protection, N95 mask or equivalent).
- Daily contact sheet on which all contacts (health care workers and visitors) of person's under investigation, suspect or probable SARS, print name, date, time and contact phone number. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.

- Recovering SARS patients must be screened using the SARS Screening Tool prior to discharge.
- For discharged convalescing SARS patients who are to receive in-home services, the hospital must provide the patient with a 48-hour supply of surgical masks, thermometer or disposable thermometer, and contact information for the local Public Health Unit.
- Follow current transfer protocols for inter-facility transfers, *Provincial Inter-Facility Patient Transfer Directive*, May 12, 2003.

Visitors

- Visitors entering the facility must be screened using the SARS Screening Tool. Those who have traveled to affected areas and have symptoms of unexplained muscle aches, severe fatigue, headache, recent cough, shortness of breath worse than usual or fever must be referred to the Emergency Department.
- Visitors are not allowed in SARS affected areas for other than special circumstances (critically ill patient, palliative care patient, labour partner or parents (one at a time) of a child).
- Good hand hygiene (entrance, throughout facility in patient care areas as well as before and after patient care).
- SARS precautions if visiting SARS patient including protective apparel.
- SARS precautions if visiting area(s) affected by unprotected exposure.

SARS Category 2 (Continued)

Item	Level of activity
Level of clinical activity	The hospital outbreak management team and the local Medical Officer of Health will determine degree of restrictions of hospital activity.
Staff, Physicians Residents, Fellows	Only essential staff in areas 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. Other staff may work in hospital but not in affected area unless necessary. N95 mask or equivalent qualitative fit testing program should be in place.
Surveillance	Full surveillance using a SARS Screening Tool for all entry into the affected area. N95 mask or equivalent must be worn by screener. Screening failure requires clinical assessment. SARS must be considered for any patient already in hospital, entering the Emergency Department or presenting to clinic with a compatible clinical picture or exposure history. Patients who meet the SARS case definition must be isolated.
Visitors	Visitors entering the facility must be screened. Visitors not allowed in SARS affected areas of the hospital other than in special circumstances. Visitors take SARS precautions if visiting SARS patient or if visiting area(s) affected by unprotected exposure.
Volunteers	Limit to essential for patient care only with same precautions as staff.
Researchers	In areas affected by the SARS exposure, limit to essential researchers. Other researchers allowed in areas unaffected by the SARS exposure.
Students	Restrictions will be determined by the hospital outbreak team in consultation with the local Public Health Unit.
Contractors	No entry to affected areas. Further limit entry as dictated by outbreak investigation team in consultation with local Public Health Unit.
Delivery personnel, couriers, floral shops, etc.	No restrictions other than not to SARS affected units.

SARS Category 3

Definition: Unprotected SARS exposure with transmission to health care workers and/or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).

Note: The SARS Screening Tool must be initiated when a hospital is designated as a category 2 or 3 facility.

Staff

- Hand washing (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- When performing aerosol-generating procedures on (e.g., intubation) on persons under investigation, suspect or probable SARS, follow Directives 03-06(R) May 13, 2003, *Directives to All Ontario Acute Care Hospitals for High-Risk Procedures in Critical Care Areas During a SARS Outbreak*.
- SARS precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) must be used for ALL direct patient contact in areas defined by the hospital outbreak investigation team in consultation with local public health unit.
- Cohort staff on each unit (i.e., staff to stay on single unit for entire shift).
- No communal eating. All staff to eat alone or a minimum of two (2) metres from one other person.

Patients

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients.
- Patient must wear surgical mask in Emergency Department if the person fails the SARS Screening Tool or has respiratory symptoms consistent with a transmissible infectious disease
- Restrict patient movement within facility.
- Restrict movement of all patients who are under investigation for SARS, and those patients with suspect or probable SARS. Use SARS precautions if movement within the facility is required for urgent tests/investigations. Patients must wear a surgical mask during transport and staff are to wear full SARS protective apparel (gown, gloves, eye protection, N95 mask or equivalent).
- Daily contact sheet on which all contacts (HCWs and visitors), print name, date, time and contact phone number for all inpatients. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.
- Recovering SARS patients are to be screened using the SARS Screening Tool prior to discharge.
- For discharged convalescing SARS patients who are to receive in-home services, the hospital will provide the patient with a 48-hour supply of surgical masks, thermometer or disposable thermometer, and contact information for the local Public Health Unit.
- Follow current transfer protocols for inter-facility transfers, *Provincial Inter-Facility Patient Transfer Directive*, May 12, 2003.

Visitors

- Visitors entering the facility must be screened using the SARS Screening Tool. Those who have traveled to affected areas and have symptoms of unexplained muscle aches, severe fatigue, headache, recent cough, shortness of breath worse than usual or fever are referred to the Emergency Department.
- Restrict visitors based on facility outbreak team risk assessment. No visitors to affected area other than for special circumstances (critically ill patient, palliative care patient, labour partner or parents (one at a time) of a child).
- Good hand hygiene (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full SARS precautions.

SARS Category 3 (continued)

Item	Level of activity
Level of clinical activity	The hospital outbreak management team in consultation with the local Public Health Unit will determine extent of closures. In circumstances where the transport of patients to another facility is not safe due to patient acuity, they should receive care in the current facility.
Staff, Physicians	Working quarantine for essential staff only; all others on home quarantine. N95 mask qualitative fit testing program must be in place.
Surveillance	Full surveillance using the SARS Screening Tool for all entry into the hospital. N95 mask or equivalent to be worn by screener. Failure requires clinical assessment. SARS must be considered for any patient in hospital with a compatible clinical picture. Patients under investigation, suspect and probable SARS must be isolated.
Visitors	Visitors entering the facility must be screened using the SARS Screening Tool. Visitors not allowed in SARS affected areas other than special circumstances. Visitors take full SARS precautions.
Volunteers	Limit to essential, wearing protective equipment as described above; others on home quarantine if had been exposed.
Researchers	Working quarantine for essential researchers. Otherwise home quarantine if had been exposed.
Residents, fellows	Allowed if essential for patient care, no rotation.
All Students	Quarantine protocols to be put in place if in institution during exposure period. Restrict entry. University and Colleges may have own directives which take precedence if more restrictive.
Delivery personnel, couriers, floral shops, etc.	To facility doors only. Hospital staff to accept from that point.

Original signed by

Dr. James G. Young
Commissioner of
Public Security

Original signed by

Dr. Colin D’Cunha
Commissioner of
Public Health and Chief Medical
Officer of Health

Appendix 1

Definitions:

SARS Precautions:	A new category of precautions requiring the use of N95 masks or equivalent, 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 health care workers and/or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).

Appendix 2

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).

Appendix 3

SUMMARY OF SARS TRANSMISSION PREVENTION PRACTICES

The following protective precautions are recommended until aetiology is established, or patient is afebrile for 24 hours:

Diagnostic Category	Hand washing before and after patient contact	N95 mask on attending staff and visitors	Eye protection for all attending staff and visitors	Gown for all attending staff and visitors	Gloves for all attending staff and visitors	Accommodation	Surgical mask on patient
Respiratory Symptoms Suggestive of an Infectious Disease	YES	YES	YES	NO	YES	<ul style="list-style-type: none"> • Single room preferred, cohort like cases • Mask may be used if housed with other patients 	YES*
<ul style="list-style-type: none"> • Persons Under Investigation (PUI) • SARS probable and suspect 	YES	YES	YES	YES	YES	<ul style="list-style-type: none"> • Negative pressure rooms with SARS Precautions 	YES*

*Apply surgical mask to patients when staff in the room unless otherwise contraindicated (e.g., paediatric patients)

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 Hospital's Emergency
Department**

Appendix 5

Severe Acute Respiratory Syndrome (SARS) Case Definitions (Canada and Ontario)

Case definitions and related recommendations are subject to revision as future epidemiological/laboratory information becomes available.

Suspect case:

A person presenting with:

- Fever (over 38 degrees Celsius),

AND

- One or more **respiratory symptoms** including cough, shortness of breath, difficulty breathing,

AND

One or more of the following:

- Close contact¹ within 10 days of onset of symptoms with a suspect or probable case,
- Recent travel within 10 days of onset of symptoms to a WHO reported 'affected area',
- Recent travel or visit within 10 days of onset of symptoms to a defined setting that is associated with a cluster of SARS cases,

AND

- No other known cause of current illness.

¹ Close contact means having cared for, lived with or had face-to-face (within one metre) contact with, or having had direct contact with respiratory secretions and/or body fluids of a person with SARS.

Probable Case:

A person meeting the suspect case definition together with severe progressive respiratory illness suggestive of atypical pneumonia or acute respiratory distress syndrome with no known cause.

OR

A person meeting the suspect case definition with an unexplained acute respiratory illness resulting in death, with an autopsy examination demonstrating the pathology of acute respiratory distress syndrome with no known cause.

Comments:

- In addition to fever and respiratory symptoms, SARS may be associated with other symptoms including: headache, myalgia, loss of appetite, malaise, confusion, rash and diarrhoea.
- Severe respiratory illness may be characterized by decreased oxygen saturation requiring oxygen support including ventilation. Chest X-ray abnormalities may or may not be present.

Areas outside Canada with recent Local Transmission
For updates see http://www.who.int/csr/sarsareas

**Severe Acute Respiratory Syndrome (SARS)
Definition of Persons Under Investigation (Ontario)**

Case definitions and related recommendations are subject to revision as future epidemiological/laboratory information becomes available.

Persons Under Investigation (PUI) (Ontario)

A person presenting with:

- Fever (over 38 degrees Celsius),
- OR**
- One or more of chills, rigors, malaise, myalgia or headache,

AND

One or more of the following:

- Close contact within 10 days of onset of symptoms with a suspect² or probable case,
- Recent travel within 10 days of onset of symptoms to an area outside Canada with recent local transmission of SARS, (see www.who.int/csr/sarsareas),
- Recent travel or visit within 10 days of onset of symptoms to a defined setting, or encounter with a group, that is associated with a cluster of SARS cases,

AND

- No other known cause of current illness.

Areas outside Canada with recent Local Transmission
For updates see http://www.who.int/csr/sarsareas

² Addition to Health Canada definition