

## SARS Provincial Operations Centre

Directive 03-04(R)  
May 1, 2003

### DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS

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

- 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

In order to contain the spread of SARS (Severe Acute Respiratory Syndrome), the Ontario Ministry of Health and Long-Term Care directs that all Ontario hospitals must undertake the following procedures **effective immediately**:

1. Be prepared to continue or implement Code Orange as directed by the Commissioner of Public Safety and the Commissioner of Public Health.
2. Follow access and activity details for each SARS category hospital as per *Description of Activity for Acute Care Facilities by SARS Category*.
3. Restrict access to each hospital site. Ideally, access should be restricted to one staff entrance AND one public entrance for each building. In order to accomplish this, appropriate facilities should be provided at entrance(s).
4. Post appropriate signage on all entrances. See *Healthcare Facility SARS Categories* to determine category.

5. *SARS Screening Tool*:
  - a. If the person fails the “**SARS SCREENING TOOL**” on the basis of the tool’s Section “A”, they cannot enter the hospital and they should be directed to contact Public Health for quarantine.
  - b. If the person **fails** the “**SARS SCREENING TOOL**” otherwise, respond as per instructions on Tool.
  - c. Exception to 5a and 5b: the hospital chief of staff or her/his designate may make an exception if excluding a particular healthcare worker might result in severe health consequences for a patient.
  
6. Valid reasons for entry to the facility include:
  - a. hospital staff with valid identification
  - b. volunteers and hospital auxiliary members
  - c. visitors and others with business at the facility are limited as per SARS Category, see *Description of Activity for Acute Care Facilities by SARS Category*, except for on compassionate grounds (such as palliative care, parent of an admitted child, visiting a patient whose death may be imminent, or attendance by partner at delivery of a child)
  
7. Any persons carrying on activities in the hospital, who develop symptoms while at work must leave their post, notify their supervisor and be assessed immediately by occupational health service or designate.
  
8. Control entrances to the Emergency Department with security personnel permitting entry by emergency patients only. If the emergency patient:
  - fails the *SARS Screening Tool*, **OR**
  - the *SARS Screening Tool* cannot be completed, **OR**
  - has fever greater than or equal to 38<sup>0</sup>C or any history of fever, **OR**
  - has any respiratory symptom:
    - a. A surgical mask must be placed on the patient unless medically contraindicated.
    - b. The patient must be triaged immediately to a separate assessment area, preferably a private room.
    - c. Accompanying visitors or family members must wear a surgical mask, and be instructed on proper hand hygiene.
    - d. Health care workers (HCW) in direct contact with patient must wear full protective equipment (see *Emergency Department Barrier Precautions*).
  
9. 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 3 weeks prior to admission. Maintain an up-to-date list of patients and hospitals for reporting to Public Health if this becomes necessary.
  
10. HCWs should maintain a high index of suspicion when assessing any patients for new onset of fever or respiratory symptoms. Any person developing the

following symptoms or signs after admission – 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 must wear a N95 mask or equivalent when entering the room
- d) Where possible, diagnostic and therapeutic procedures (e.g., imaging, hemodialysis) must be done in the patient's room
- e) Patients should be out of the room for essential procedures only and wear a surgical mask during transport.

11. Hospitals must provide 24-hour Infection Control coverage, which must include holidays and weekends.

12. All hospitals must be prepared to open, re-open or maintain isolation units as necessary.

Attachments:

Description of Activity for Acute Care Facilities by SARS Category  
Healthcare Facility SARS Categories  
SARS Screening Tool for All Ontario Healthcare Settings  
Emergency Department Barrier Precautions

*Original signed by  
Dr. James G. Young*

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Dr. James G. Young  
Commissioner of  
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*Original signed by  
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Dr. Colin D'Cunha  
Commissioner of  
Public Health and Chief Medical  
Officer of Health