



SARS Provincial Operations Centre

Directive CC03-04

May 13, 2003

DIRECTIVE TO ALL COMMUNITY CARE ACCESS CENTRES

This Directive replaces the following Directives:

Directives to All Ontario Community Care Access Centres Concerning the Provision of Service to Non-SARS Clients - CC03-03, April 18, 2003.

Directives to All Ontario Community Care Access Centres Management of Clients Recovering from SARS and Receiving In-home Service- Directive CC03-02, April 14, 2003.

Directive issued to GTA/Simcoe Community Care Access Centres – March 29, 2003.

This document directs Community Care Access Centres to undertake the following practices. It incorporates precautions to be invoked routinely (Routine Practices – Enhanced), as well as measures to be invoked in the event of another outbreak (SARS Outbreak Control Measures) so that providers have an immediate reference. Notification about SARS outbreaks will originate from the local Public Health Units (see Appendix A- Risk Identification and Management of News SARS Occurrences).

The Ontario Ministry of Health and Long-Term Care directs Community Care Access Centres to undertake the following procedures:

A. System Practices

1. Public Health Units and Community Care Access Centres in their regions must ensure ongoing effective communication as to the current status of SARS and other communicable diseases in their communities.
2. CCACs and service providers must promote hand hygiene and awareness of healthy behaviours (i.e., do not work if you are feeling unwell and are potentially infectious).

B. Routine Practices (Enhanced)

1. Health care providers must comply with existing and updated recommendations for infection control, such as from Health Canada – *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care* available at <http://www.hc-sc.gc.ca>.
2. All CCAC staff and service providers must wear a N95 mask or equivalent and practice hand hygiene frequently, when assessing, managing, or providing service to persons with symptoms and signs of a respiratory infection, (unexplained cough, hypoxia, shortness of breath or difficulty breathing) suggestive of an infectious disease. For additional protection against respiratory infection, protective eyewear may be used whenever a N95 mask is used.
3. All persons with a suspected febrile respiratory illness must be asked if they, or family contacts, have been in a SARS affected area in the past ten days. A list of sites with recent local transmission of SARS is available from the World Health Organization at www.who.int/csr/sarsareas, from Health Canada at www.sars.gc.ca or from the Ontario Ministry of Health and Long-Term Care at www.health.gov.on.ca/login using the password sarspro.

If clients respond yes to the above questions, then consult the local Public Health Unit immediately. During contact with the client or while in the home, service providers must use SARS precautions (gowns, gloves, protective eye wear and N95 mask or equivalent), until a medical evaluation has ruled out SARS.

The client must wear a surgical mask. The client must be directed to go to an Emergency Department for evaluation (call ahead). Transportation for medical examination must be by private vehicle or an ambulance with the client wearing a surgical mask during transport.

4. 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).
5. When SARS is not present in the CCAC region, or in the region from which the referral is being made, or in hospitals that are referring clients into the region, no screening of staff or clients is required. (Otherwise, carry out procedures as in Sections C and D below.)

C. SARS Outbreak Control Measures

When the local Public Health Unit has declared a SARS outbreak that may affect CCAC clients and staff, the CCAC must use the following SARS outbreak control measures:

Staff

1. All CCAC staff must be screened at the beginning of each shift using the current version of the SARS Screening Tool. The local Public Health Unit will provide an up-to-date screening tool.
2. CCACs must require all service providers to implement screening for all care providers using the SARS Screening Tool at the beginning of each shift.
3. Staff who fail the SARS Screening Tool must undergo evaluation as per the Screening Tool's recommendations. If they need to travel to obtain this evaluation, then staff must use a private vehicle or an ambulance with the staff member wearing a surgical mask during transport.

Clients

1. CCACs must screen all new clients referred for in-home, school and placement services from the community and Long-Term Care facilities using the current version of the SARS Screening Tool.
2. For home visits by CCAC staff and service providers, persons in the home must be screened using the SARS Screening Tool either by calling ahead and/or immediately upon arrival in the home. If screening on arrival, the person doing screening must wear a N95 mask or equivalent while screening. For additional protection against respiratory infection, protective eyewear may be used whenever an N95 or equivalent mask is used. Those screened must include any visitors or family of the person who will be in contact with the health professional during the visit.
 - a. If all individuals pass the SARS Screening Tool, care may be provided using Routine Practices. All CCAC staff and service providers must wear a N95 mask or equivalent when assessing, managing, and providing service to persons with symptoms and signs of a respiratory infection suggestive of an infectious disease. This also applies to situations where a person with signs of respiratory symptoms is encountered during the provision of service. For additional protection against respiratory infection, protective eyewear may be used whenever a N95 mask is used.
 - b. If anyone in the home fails the SARS Screening Tool, CCAC staff and service providers will manage the risk as per directions on the SARS Screening Tool. The client (or applicable family member) must be given a surgical mask. Full SARS precautions (gowns, gloves, protective eye wear and N95 mask or equivalent) must be used by CCAC staff and service providers.
3. CCACs will provide their own staff and service providers with the required precaution supplies.

D. SARS Outbreak Control Measures and Control Measures for Transition from SARS Outbreak

1. For clients referred to CCACs:
 - a. From Category 0 or 1 Hospitals
 - i. CCACs will provide services to clients admitted to home care
 - ii. CCAC staff and service providers will practise Routine Practices (Enhanced) as part of client care
 - iii. For clients convalescing from SARS, see Section E. below
 - b. From Category 2 Hospitals
 - i. For clients discharged from a Category 2 hospital, the CCAC will confirm with the hospital that the SARS Screening Tool has been completed.
 - ii. Unless otherwise directed, CCAC staff will provide service to clients discharged from a Category 2 hospital who have PASSED the SARS Screening Tool administered by the hospital or have been medically assessed and no SARS is suspected. Clients will be discharged with written instructions from the hospital to self-monitor for symptoms for a period of up to ten days.
 - iii. For clients convalescing from SARS, see Section E. below
 - c. From Category 3 Hospitals
 - i. For clients discharged from a Category 3 hospital, the CCAC will confirm with the hospital that the SARS Screening Tool has been completed.
 - ii. CCAC staff and service providers are required to use SARS precautions (gowns, gloves, protective eye wear, and N95 masks or equivalent) for all direct and indirect client care and during related visits in the home, until the period of home isolation has been lifted by the local Public Health Unit and CCAC receives written/fax notification.
 - d. From the community (**during an outbreak only**)
 - i. Clients and other in-home persons will be screened as per paragraph 2 above.

- ii. If the client passes the SARS Screening Tool, Routine Practices (Enhanced) may be used as part of client care.
 - iii. If anyone in the home fails the Screening Tool, CCAC staff and service providers will manage the risk as per directions on the Screening Tool. Clinical evaluation must occur, with subsequent direction provided in writing to the client and the CCAC as to the necessary precautions to be taken. The client will be given a surgical mask. Full SARS precautions (gowns, gloves, protective eye wear and N95 mask or equivalent) must be used by CCAC staff and service providers.
- e. In-home isolation or quarantine
- i. CCAC staff and service providers are required to use full SARS precautions (gowns, gloves, protective eye wear and N95 mask or equivalent) for all direct and indirect client care, and during related visits in the home, until the period of home isolation has been lifted by the local Public Health Unit and the CCAC receives written/fax notification.

E. For Clients Convalescing from SARS and Receiving In-Home Service

1. For clients recovering from SARS in hospital for whom community services are required, discharge planning must involve the hospital medical staff, the local Public Health Unit, and the CCAC Case Manager.
2. Hospitals and CCACs must consult with the local Public Health Unit if there is a concern about the suitability of the home to which the patient is to be discharged. Please see the document “Public Health Management of SARS Cases and Contacts” from the Health Canada website at www.hc-sc.gc.ca
3. The hospital will provide the clients upon leaving with:
 - a. 48-hour supply of surgical masks
 - b. Thermometer or disposable thermometers
 - c. After 48 hours the CCAC will provide the client with surgical masks and other essential supplies as required for care.
 - d. Contact information for the local Public Health Unit.
3. Clients will receive daily surveillance instructions from the local Public Health Unit upon discharge from hospital including:
 - a. Daily symptom screen
 - b. Daily compliance assessment
 - c. Monitoring household members for symptoms of SARS.
5. The local Public Health Unit will determine the date of discontinuation of isolation.

6. CCAC staff and service providers must use full SARS precautions (gowns, gloves, protective eye wear, and N95 mask or equivalent) when providing services to a recovering SARS patient on home isolation until the period of home isolation has been lifted by the local Public Health Unit and CCAC receives written/fax notification.
7. CCAC and service providers will maintain logs of all their contacts with convalescing SARS patients.

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Appendix A

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).