



SARS Provincial Operations Centre

Directive HCP 03-01
April 23, 2003

DIRECTIVES TO ONTARIO HEALTH CARE PROVIDERS IN COMMUNITY SETTINGS AND COMMUNITY HEALTH CARE AGENCIES

This document replaces former documents directed to health professionals in outpatient settings, physicians in outpatient settings, community health centres and midwives.

Health care providers in community settings and community health care agencies play an important role in the efforts to deal with SARS as it enters the community setting. The goal of the directives is to limit the number of SARS cases presenting to health care providers' offices and community health care agencies while allowing the practitioner to continue to provide on-going care and deal with most other respiratory illnesses. These steps should maintain both a very high vigilance for SARS and a safe workplace.

To contain the spread of SARS (severe acute respiratory syndrome), the Ontario Ministry of Health and Long-Term Care advises all health care providers in community settings, and community health care agencies, including physicians, nurses, nurse-practitioners, midwives, dentists, allied health professionals, and those whose activities are directed by the Regulated Health Disciplines Act to undertake the following procedures:

General considerations

1. The evolution of SARS in Ontario has made it necessary to take extreme measures to control the outbreak.
2. Appointments should be booked by telephone, and walk in visits minimized where possible. Please see appended Telephone Script and use if appropriate to your setting. For booked appointments telephone screening must be done. Patients/clients should be told not to bring any other person with them into the office unless absolutely necessary.
3. SARS Notices (sample appended) should be placed when appropriate at all entrances and prominent locations in the building and at the entrance to the office or facility.

4. All persons entering the office/facility must apply alcohol based hand gel to their hands. Staff should wash their hands after each patient/client contact.
5. Surgical masks must be available at the office/facility entrance door for those patients/clients who have fever or respiratory illness, and applied after washing their hands and before they enter. A sign should be posted when appropriate that says, "Please put on a mask before you enter if you have a fever, cold or cough."
6. All persons entering the office/facility (including staff) must be screened with the most current SARS Screening Tool, (appended). Staff who know they will fail the screening tool should not come to work until assessed medically and cleared.
7. The person doing screening should wear a N95 or equivalent mask while screening. If there is any further contact with a person who fails the screen, a mask should also be worn.
8. If a patient/client passes the SARS Screening Tool, routine practices may be used (see Case Finding in Particular Age Groups appended).
9. If a patient/client fails the SARS Screening Tool on the basis of C and/or D alone, the person must put on a surgical mask if not already being worn and be placed in a single room or alternatively separated from other persons as much as possible, by at least 1 metre.
10. It is recognized that often the temperature is not taken prior to a health care provider seeing the patient/client. If the answer is yes to any of Part C of the SARS Screening Tool, anyone entering the person's room should wear a N95 or equivalent mask and gloves when with the person until the temperature is taken. At that point a decision can be made about the level of precautions taken for the rest of the encounter. If the person has a known epidemiological link to SARS, the health care provider should wear full barrier protection (N95 or equivalent mask, gloves, gown and protective eye wear) while examining the person. Disposable equipment should be used if possible.
11. Health care providers/agencies should refer to the appended SARS Case Record/Clinical Decision Guide (Ontario) to identify the diagnostic category and disposition of the person.

Special considerations

12. Persons who fail the SARS Screening Tool on the basis of yes to Section A, and who do not have symptoms, should remain masked during assessment/treatment and following the visit. The health care provider or agency should notify Public Health and send the person home into quarantine using a private vehicle, agency vehicle, or medical transport.
13. For persons who fail the SARS Screening Tool on the basis of yes to C and/or D alone, (i.e. symptoms only) and are seen in a clinical setting:
 - a. Refer to the SARS Case Record/Clinical Decision Guide (Ontario)

- b. A surgical mask or equivalent must be placed on the person unless medically contraindicated.
 - c. The person must be triaged immediately to a separate assessment area, preferably a private room. Health care providers with direct contact must wear a N95 or equivalent mask, gown, gloves and protective eye wear at all times while caring for the person.
- 14. When a person fails the SARS Screening Tool on the basis of C and/or D alone (i.e. symptoms only), the health care provider may continue to provide the care for which the visit was initiated and take appropriate precautions. These patients have failed the SARS screening tool and therefore must also have a medical assessment for SARS.
- 15. For home visits by health care providers, persons in the home should be screened using the SARS Screening Tool by calling ahead and/or immediately upon arrival in the home. The person doing screening should wear a N95 or equivalent mask while screening. Those screened must include any visitors or family of the person who will be in contact with the health professional during the visit.
 - a. For persons who pass the screening tool, care may be provided using routine practices.
 - b. For persons who fail the screening tool, the health care provider should manage the risk as if seeing the person in a clinical setting.
- 16. Persons under quarantine:
 - a. Who become ill with symptoms of SARS, should be referred to the nearest Emergency Department (with advanced notification) for care. Transportation should be by private vehicle, agency vehicle, or an ambulance with the person wearing a surgical mask.
 - b. Who are not ill with symptoms of SARS and who require care that cannot wait beyond the quarantine period, may be seen by health care providers at home or in a clinical setting. The person being seen must wear a surgical mask and remain isolated. Health care providers in contact with the quarantined person must wear a N95 or equivalent mask. Additional protection, (gowns, gloves and protective eye wear) should be used when procedures warrant it.
- 17. If the above screening strategy is followed, it will be unusual for a health professional to have an unprotected exposure to a person with SARS.
- 18. Following an office visit with a patient determined to have suspect or probable SARS, the following should be done:
 - a. All non-disposable equipment should be disinfected prior to reuse.
 - b. Once the person has left the office, the room used by person should not be used until all surfaces are thoroughly disinfected. Thoroughly clean all horizontal surfaces and frequently touched surfaces such as doorknobs, equipment etc.
 - c. Masks, gloves and disposable gowns must be removed from the person's room and discarded with routine waste.
 - d. Protective eye wear must be washed in soap and water after use.

- e. If a suspect or probable SARS person waited in the waiting room, all surfaces and toys must be disinfected and magazines discarded.

Disinfectants that may be used include stabilized hydrogen peroxide products, phenolics, quaternary ammonium compounds, and 1/100 dilution of household bleach.

19. Logs of all persons attending for care must be maintained, such as appointment or billing records.

Appended:

- Sample Telephone Script
- Sample SARS Notice
- SARS Screening Tool
- Case Finding in Particular Age Groups

Original signed by
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Original signed by
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Commissioner of
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Sample Telephone Script

Are you calling because you are ill? If NO (ignore script); if YES please listen...

You have reached [HEALTH PROFESSIONAL'S OFFICE]. Please listen to the entire message. Due to a current outbreak of Severe Acute Respiratory Syndrome or (SARS), this office is taking precautions to control the spread of the disease. If you've been in contact with someone with active SARS, or if you have visited a hospital that is now closed due to SARS or traveled to Vietnam, China, Hong Kong, Singapore, or Taiwan AND you have a fever, headache, muscle aches, malaise, cough or shortness of breath please DO NOT COME INTO THE OFFICE. You can either call TeleHealth Ontario at 1-866-797-0000 or the nearest EMERGENCY DEPARTMENT or SARS assessment centre.

STOP

Read Carefully Before Entering

Have you been in unprotected contact with a patient with SARS in the past 10 days? **OR**

In the past ten days, have you been to a health care facility that is closed due to SARS?

If the answer to **EITHER** of these questions is **YES**, please contact your local Public Health Unit.

AND

If you have any of the following: muscle aches, severe fatigue, severe headache, a cough that started in the last week, shortness of breath worse than usual, or any fever, you should not enter the office and please go to the Emergency Department or SARS clinic.

(contact phone numbers)

Have you returned from China, Hong Kong, Vietnam, Singapore or Taiwan in the past ten days?

AND

If you have any of the following: muscle aches, severe fatigue, severe headache, a cough that started in the last week, shortness of breath worse than usual, or any fever?

If the answer to **BOTH** of these questions is **YES**, you should not enter the office. You should go to the nearest Emergency Department or SARS Clinic immediately.

If you have a fever, cold or a cough please put on a mask when entering!

Severe Acute Respiratory Syndrome (SARS) SCREENING TOOL For All Ontario Healthcare Settings

This screening tool is to be used by all Ontario healthcare settings.
It must be completed by all persons entering this facility.

SECTION A:		
1. Have you had unprotected contact with a person with SARS in the last 10 days? OR	<input type="checkbox"/> No	<input type="checkbox"/> Yes → Quarantine applies, notify Public Health
2. In the last ten days have you been to a health care facility that is closed due to SARS? OR		
3. Are you under quarantine, or have you been contacted by public health and put on home-isolation?		

SECTION B:		
Have you been to China, Hong Kong, Vietnam, Singapore or Taiwan in the last 10 days?	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION C: Are you experiencing <u>any</u> of the following symptoms?		
<ul style="list-style-type: none"> • Myalgia (muscle aches) OR • Malaise (severe tiredness or unwell) OR • Severe headache (worse than usual) OR • Cough (onset within 7 days) OR • Shortness of Breath (worse than what is normal for you) OR • Feeling feverish, had shakes, or chills in the last 24 hours 	<input type="checkbox"/> No	<input type="checkbox"/> Yes

SECTION D: Record the temperature if answer to C is yes.				
Temperature	°C	(Is the temperature above 38°C?)	<input type="checkbox"/> No	<input type="checkbox"/> Yes

<input type="checkbox"/>	-Response is NO to all Sections A through C
PASS	-If only Section B is Yes → Provide education materials about SARS

<input type="checkbox"/>	-If only A is Yes → Quarantine and notify Public Health
FAIL	-If A or B is Yes AND C or D is Yes → Emergency Department or SARS Clinic (Call ahead)
	-If A and B are No AND C and D are both Yes → Clinical Evaluation (droplet precautions)
	-If only C is Yes → Home for up to 72 hours, Self-isolation, monitor temperature twice daily; Follow up with Family Doctor, Occupational Health or TeleHealth Ontario (1 866 797 0000)

I declare that to the best of my knowledge the information that I have provided for the purpose of completing the SARS Screening Tool is true.		
Interviewee:	Signature:	Date:

Appendix – Case Finding in Particular Age Groups

Health professionals are reminded that infectious illnesses may present atypically in children and the frail elderly.

In infants and young children the primary symptoms may be fever, respiratory distress, and tachypnea, while additional symptoms that may precede primary symptoms include lethargy, irritability, and loss of appetite. While older children may present primarily with symptom complexes similar to adults, additional symptoms that may precede primary symptoms include loss of appetite, diarrhea, and confusion. Rhinitis alone however, that does not progress to other symptoms, is not consistent with SARS.

In the frail elderly, the immunocompromised, or individuals with underlying disease, SARS may not present with fever or even a cough – although they usually have an abnormal chest x-ray and oxygen de-saturation.