



## **SARS Provincial Operations Centre**

**Directive HCP 03-01(R)**

**May 13, 2003**

### **DIRECTIVE TO ONTARIO HEALTH CARE PROVIDERS** **IN COMMUNITY SETTINGS AND COMMUNITY** **HEALTH CARE AGENCIES** **(Excluding Community Care Access Centres)**

This Directive replaces the following:

*Directive to Ontario Health Care Providers in Community Settings and Community Health Care Agencies – Directive HCP 03-01, April 23, 2003-05-13*

This document requires health care providers in community settings and community health care agencies to undertake the following practices. It incorporates precautions to be invoked routinely (Routine Practices – Enhanced), as well as precautions 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 Unit (see “Risk Identification and Management of new SARS Occurrences” attached).

The Ontario Ministry of Health and Long-Term Care requires 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 Professions Act, 1991*, to undertake the following procedures:

#### **A. System Practices**

1. Public Health Units and health care providers in their regions must ensure ongoing effective communication as to the current status of SARS and other communicable diseases in their communities.
2. Community health care providers and agencies must promote hand hygiene and awareness of healthy behaviours (i.e., do not come to 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; Recommendations for Ambulatory Care* – (<http://www.hc-sc.gc.ca>) and from the College of Physicians and Surgeons of Ontario – *Infection Control in the Physician's Office* – (<http://www.cpsso.on.ca/publications/infect.htm>).
2. All health care providers must wear an N95 mask or equivalent, when assessing and managing 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 an N95 mask is used.
3. 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](http://www.cdc.gov/niosh) -Publication No.99-143).
4. Those who come in contact first with persons who have suspected respiratory infections (e.g., receptionists) must have an N95 mask or equivalent and hand sanitation agent immediately available for their own use. For additional protection against respiratory infection, protective eyewear may be used whenever an N95 mask is used.
5. All persons with a suspected febrile respiratory illness must be asked if they 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](http://www.who.int/csr/sarsareas), from Health Canada at [www.sars.gc.ca](http://www.sars.gc.ca) or from the Ontario Ministry of Health and Long-Term Care at [www.health.gov.on.ca/login](http://www.health.gov.on.ca/login) using the password sarspro.

If patient/client responds yes to the above questions, then contact the local Public Health Unit. While with the client, health care providers must use SARS precautions (gowns, gloves, protective eye wear and N95 mask or equivalent), at least until a determination of SARS by medical examination is made. The client must wear a surgical mask. If a risk of SARS is suspected, then contact the local Public Health Unit. 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.

6. As soon as feasible in the encounter process, persons presenting for health care when ill (e.g., family physician offices) must be assessed for the possible presence of a febrile respiratory illness, and subsequent office flow must be managed accordingly to minimize risk to others. Specific factors for consideration include:

- a. Identifying those with possible febrile respiratory illness when appointments are booked;
  - b. Asking those to identify themselves at presentation if certain symptoms suggestive of febrile respiratory illness are present, through prominent office signage;
  - c. Offering a surgical type mask to those with suspected febrile respiratory illness;
  - d. Taking a detailed travel history from those presenting with infections;
  - e. Minimizing accompanying persons to any appointment, when possible;
  - f. Offering hand sanitizers, such as alcohol based hand sanitizer, to persons on presentation to the office;
  - g. Separating those with suspected febrile respiratory illness either to a separate exam room as soon as feasible, and/or to separate seating in the waiting area unless contraindicated or not feasible (e.g., infants); and
  - h. Maintaining a clean work environment.
7. In the event that the health care providers become aware that the person they are assessing may meet the criteria for probable or suspect SARS or Persons under Investigation for SARS, they must immediately don apparel for SARS precautions of protective eye wear, N95 mask or equivalent, gown and gloves, notify the local Public Health Unit and complete the encounter as described below under SARS Outbreak Control Measure, Special Considerations. Any other persons involved in the contact of the person must also wear full protection. The person being assessed must be evaluated with the assistance of the SARS Clinical Decision Guide (Ontario) (Appendix F).

### **C. SARS Outbreak Control Measures**

When the local Public Health Unit has declared a SARS outbreak, practitioners must use the following SARS outbreak control measures:

#### **A. General considerations:**

1. Only staff essential to providing care to be in the office or clinical setting.
2. Appointments should be booked by telephone, and walk-in visits minimized where possible. Please see Telephone Script (Appendix B) and use if appropriate to your setting. For booked appointments an initial telephone screening may be done (however all those entering the office must be screened on entry). Patients/clients should be told not to bring any other person with them into the office unless absolutely necessary.
3. SARS notices (Appendix C) 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 sanitizer to their hands. Staff must wash their hands after each patient/client contact.

5. Surgical masks must be available upon arrival for those patients/clients who report feeling feverish or have respiratory symptoms and applied after washing hands and upon entry.
6. All persons entering the office/facility (including staff) must be screened with the most current SARS Screening Tool, as provided by the local Public Health Unit. (See Appendix D). Those staff who know they will fail the screening tool must not come to work or see patients/clients in the clinical setting/home until assessed medically and found to be free of SARS.
7. The person doing screening must wear an N95 or equivalent mask while screening. For additional protection against respiratory infection protective eyewear may be used whenever an N95 mask is used. If there is any further contact with a person who fails the screen, a mask and protective eyewear (if utilized) must continue to be worn.
8. If a patient/client passes the SARS Screening Tool, routine practices (enhanced) may be used (see Case Finding in Particular Groups Appendix E).
9. When a person fails the SARS Screening Tool on the basis of Section C with or without Section D (i.e. symptoms with or without fever), 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.

## **B. Special considerations**

1. If a patient/client fails the SARS Screening Tool on the basis of symptoms with or without fever compatible with SARS, the person must put on a surgical mask and be placed in a single exam room as soon as possible, (and/or alternatively separated by at least one metre from other persons while waiting whenever feasible). Refer to the SARS Clinical Decision Guide (Ontario) (Appendix F) to assist with the assessment of these persons.
2. 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 Section C (symptoms) of the SARS Screening Tool, anyone entering the office/room in which the patient/client is located must wear an N95 or equivalent mask, eye protection, gown, and gloves when with the person until the temperature is taken.
3. Health care providers/agencies should refer to the appended current SARS Case Record/Clinical Decision Guide (Ontario) to assist in identifying the diagnostic category and disposition of the person.

4. Persons who fail the SARS Screening Tool on the basis of yes to Section A (local high risk epidemiological link or currently under quarantine), and who do not have symptoms, must remain masked with a surgical mask during assessment/treatment and following the visit. The health care provider or agency must notify the local Public Health Unit and send the person home into quarantine using a private vehicle, or medical transport.
5. For home visits by health care 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 or equivalent mask while screening. For additional protection against respiratory infection, protective eyewear may be used whenever an N95 mask is used.
6. 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 pass the SARS Screening Tool, care may be provided using Routine Practices (Enhanced).
  - b. If anyone in the home fails the SARS Screening Tool, the health care provider must manage the risk as if seeing the person in a clinical setting.
7. When a person fails the SARS Screening Tool on the basis of Section C with or without Section D (symptoms with or without fever), the health care provider may continue to provide the care for which the visit was initiated (in home or office) and take appropriate precautions. These patients have failed the SARS Screening Tool and therefore must also have a medical assessment for SARS.
8. Persons under quarantine:
  - a. Who become ill with symptoms of SARS, must be referred to the nearest Emergency Department (with advanced notification) for care. Transportation must be by private 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. For additional protection against respiratory infection, protective eyewear may be worn whenever an N95 mask is used. Further additional protection (gown and gloves) must be used when procedures warrant it. Transportation must be by private vehicle or an ambulance with the person wearing a surgical mask.
9. Following an office visit with a patient who may have SARS, the following must be done:
  - a. Once the person has left the office, the exam room used by the person must not be used again until all surfaces are thoroughly disinfected. Thoroughly

- clean all horizontal surfaces and frequently touched surfaces such as doorknobs, equipment etc.
- b. Masks, gloves and disposable gowns must be removed from the person's room and discarded with routine waste.
  - c. Protective eyewear must be washed in soap and water after use.
  - d. If the person waited in the waiting room, disinfect or destroy magazines, toys and touched surfaces if there is any possibility that they may have been contaminated.
  - e. The person cleaning the affected areas must wear gloves.
  - f. All non-disposable equipment must be disinfected prior to reuse.

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

10. Logs of all persons attending for care must be maintained, such as appointment or billing records.
11. Unless otherwise directed, health care providers operating in buildings (e.g., professional office buildings) associated with, but not physically part of, an acute (e.g., hospital) or non-acute facility are subject to that facility's directive, unless:
  - a. The health care providers can convincingly demonstrate to the facility's leadership (e.g., hospital CEO) and the Medical Officer of Health that operations are distinct without possibility of cross contamination.
12. SARS outbreak control measures will remain in effect (unless otherwise directed) until Public Health lifts the outbreak. This will likely happen after two full incubation periods have elapsed since the last identified case in the community/health care facility.

SARS information can be found at the following websites:

Ontario – <http://www.health.gov.on.ca>

Health Canada (SARS) – [www.sars.gc.ca](http://www.sars.gc.ca)

U.S. Centers for Disease Control - <http://www.cdc.gov/>

World Health Organization (SARS) - <http://www.who.int/csr/sars/en/>

**Appended:**

- Risk Identification and Management of New SARS Occurrences
- Sample Telephone Script (for use where appropriate)
- Sample SARS Notice (for use where appropriate)
- Current SARS Screening Tool
- Case Finding in Particular Age Groups
- SARS Clinical Decision Guide (Ontario)

*Original signed by*

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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).

## **Appendix B**

### **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 health care facility that is now closed due to SARS or traveled to [AFFECTED AREAS] 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 clinic.

# STOP

Read Carefully Before Entering

A large, empty rectangular box with a thin black border, intended for entering contact information.

(contact phone numbers)

A second large, empty rectangular box with a thin black border, identical to the one above, intended for entering contact information.

Appendix D

## 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.

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

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

<b>SECTION D:</b> 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
<b>PASS</b>	-If only Section B is Yes → Provide education materials about SARS
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<input type="checkbox"/>	-If <b>only A</b> is Yes → Quarantine and notify Public Health
<b>FAIL</b>	-If <b>A or B</b> is Yes <b>AND C or D</b> is Yes → Emergency Department or SARS Clinic (Call ahead)
	-If <b>A and B</b> are No <b>AND C and D</b> are both Yes → Clinical Evaluation (droplet precautions)
	-If only <b>C</b> is Yes → Home for up to 72 hours with self-isolation and twice daily temperature monitoring; Follow up with Family Doctor, Occupational Health or TeleHealth Ontario (1 866 797 0000) <b>Or</b> clinical evaluation and clinical discretion

<b>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.</b>		
Interviewee:	Signature:	Date:

## **Appendix E**

### **Case Finding in Particular Groups**

Health professionals are reminded that infectious illnesses may present atypically in children, the frail elderly, people who are immunocompromised, and those with underlying disease.

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 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 desaturation.

## Appendix F

# **SARS CLINICAL DECISION GUIDE (ONTARIO)**

**Revised May 13, 2003**

### **How to use the SARS Clinical Decision Guide**

This guide is for use when a SARS outbreak exists in a community or for use with travellers returning from SARS-affected areas who may have.

The diagnosis of SARS remains a challenge as the identification of a link to a known probable case becomes more complex. Although the epidemiological link will always be important when it is present, it may not always be identified initially. This link may not be found for several days, or it will become evident in several days if other close contacts of the patient become ill. It is for this reason that high vigilance for SARS needs to be maintained for every case of pneumonia during a SARS outbreak in the community.

The disposition decision is a very important decision that all health care professionals will be faced with. The decision to admit to hospital, discharge on home isolation with follow up, or send home on isolation with self-monitoring and follow-up as required will be based on the diagnostic category of the patient. The SARS Clinical Decision Guide provides direction in dealing with all patients and must be used for all patients you are assessing for SARS. Patients who are diagnosed with community acquired pneumonia (non SARS) and other febrile respiratory illnesses will need the attending provider's advice and specified follow up or self-monitoring.

The health care professional will need to consider the clinical presentation primarily and any known epidemiological link in arriving at a diagnostic category for patients that present with respiratory illness to the office/clinic or the hospital emergency department.

### **Defining the Diagnostic Category for your Patient**

To define the diagnostic category for your patient, refer to the attached SARS Case Definitions (Canada and Ontario) and the The SARS Definition of Persons Under Investigation (Ontario). Refer to the Ontario or Health Canada website for any changes to the case definitions (see attached). It is important that health care professionals use these specific definitions to identify the category of patient that they are dealing with. The diagnostic category is determined by applying the clinical presentation information with what epidemiological information can be identified.

It may be useful at this point to review the most current definitions:

1. A probable case is a person meeting the suspect case definition (clinical symptoms of fever and one or more respiratory symptoms including cough, shortness of breath, or difficulty breathing) together with severe progressive

- respiratory illness suggestive of atypical pneumonia or acute respiratory distress syndrome with no known cause and an epidemiological link. Probable cases may have radiographic abnormalities.
2. A suspect case is a person with both clinical symptoms fever and one or more respiratory symptoms including cough, shortness of breath, or difficulty breathing and an epidemiological link. Suspect cases do not yet have radiographic abnormalities nor progression or worsening of respiratory symptoms.
  3. A person under investigation is a person with clinical symptoms of a fever or one or more of chills, rigors, malaise, headache, myalgia, and an epidemiological link. Note that the patient with severe respiratory illness with atypical pneumonia without an epidemiologic link is not considered a person under investigation in the absence of a community outbreak.

The epidemiological link is important when it is identified. At initial presentation the likelihood that a community-acquired pneumonia is SARS is dependent on the clinical course, progression, severity and the prevalence of SARS in your community. The higher the prevalence the more likely to consider the pneumonia is SARS. However this is not a reliable indicator in any individual patient and each case needs separate consideration. If there is any doubt then consultation must be sought.

### **Using the Diagnostic Category to Determine Your Clinical Decision**

Due to the implications to the hospital, public health and community, the diagnoses of suspect and probable SARS becomes important. Consultation is encouraged if there is any doubt about the diagnosis.

The clinical decision can be derived from the SARS Clinical Decision Guide (Ontario):

1. The physician must notify the local Public Health Unit immediately about ALL probable SARS patients. These patients must be admitted to hospital and expert advice sought on management.
2. The physician must notify the local Public Health Unit immediately about ALL suspect SARS patients and persons under investigation. The local Public Health Unit will investigate for any epidemiological links and decide on the period of quarantine after their investigation.

The options for the management of these patients are:

- i) Emergency Department assessment and hospital admission and notification of infection control, **or**
- ii) consultation with expert if available, or call 1-866-212-2272 for review and advice on the patient's disposition: admission, or discharge with prior local Public Health Unit discussion on home isolation for 72 hours and follow-up. Information sheets for self-monitoring are available on the Ministry of Health and Long-Term Care (MOHLTC) website ([www.health.gov.on.ca](http://www.health.gov.on.ca)). Patients must have a clinical follow-up within 72 hours if discharged. This may occur with their own physician, clinic or the emergency department.

Mechanisms must be put in place to ensure the clinical follow-up of these patients within 72 hours. These mechanisms must include a follow-up list of all patients with daily call back to the patient and clear instructions to return for a repeat visit to the office, clinic or hospital if symptoms worsen. At the return assessment the patient must be re-assessed for SARS. Patients with worsening symptoms must be admitted. Patients improving must be reassessed in another 72 hours as the cycle of reassessment is continued until the patient is better and discharged from follow-up or a diagnosis of SARS is made.

3. Patients with community-acquired pneumonia clinically not consistent with SARS, may be discharged home with clinical follow up in the form of a repeat visit or telephone contact. The patient must seek medical attention at any time should their condition worsen. During a community outbreak of SARS, should other household contacts have febrile respiratory illnesses, the physician must notify the local Public Health Unit to investigate.
4. Independent of a community outbreak of SARS, persons with other febrile respiratory illnesses may be discharged home. They must be given advice to remain at home for 72 hours with self-monitoring of fever or until they are improved, or to seek medical attention if they worsen. Provide the patient with “Instruction for Patients with Fever and Respiratory Illness” (attached). These patients do not need to be referred to the local Public Health Unit for follow up.

### **The Importance of the Epidemiological Link**

The epidemiological link is an extremely important clinical factor if identified. When present, the patient is at higher risk for developing SARS. Should patients with a definite link have any symptoms consistent with SARS then they become either a person under investigation or suspect SARS as defined above.

The people at greatest risk are those with a known unprotected contact with a probable SARS patient. Travellers returning from affected areas are at risk of SARS. Physicians can access the list of sites with recent local transmission of SARS from the World Health Organization at [www.who.int/csr/sarareas](http://www.who.int/csr/sarareas), from Health Canada at [www.sars.gc.ca](http://www.sars.gc.ca) or from the Ontario Ministry of Health and Long-Term Care at [www.health.gov.on.ca/login](http://www.health.gov.on.ca/login) using the password sarspro.

## **Public Health Unit Management**

The Public Health Units have risk stratified the cases that you will be referring to them for contact management and follow-up. It is important that you refer only those that have been identified using the SARS Clinical Decision Guide. This will allow them to follow up the cases that are most likely SARS or linked to SARS while allowing the health care provider to clinically follow those cases that do not meet the criteria for SARS.

## **Precautions While Examining Patients**

Physicians are reminded to use appropriate precautions when in contact with all patients that have febrile and respiratory illnesses.

## **Summary**

It is important to remain vigilant for SARS in all patients, especially travelers, that present with febrile respiratory illnesses. The SARS Clinical Decision Guide (Ontario) is meant to assist the health care provider in making decisions around disposition of the patient.

## **References:**

[www.health.gov.on.ca/login/sarspro.html](http://www.health.gov.on.ca/login/sarspro.html)  
<http://image.thelancet.com/extras/03art4453web.pdf>  
<http://jama.ama-assn.org/cgi/content/full/289.21.JOC30885v1>  
[www.health.gov.on.ca/login/sarsrep.html](http://www.health.gov.on.ca/login/sarsrep.html)  
[www.who.int/csr/sarsareas](http://www.who.int/csr/sarsareas)

**SARS Clinical Decision Guide (Ontario) – May 8, 2003**

<b>Case Definitions</b>	<b>Clinical Symptoms</b>	<b>Epidemiologic link /Contacts</b>	<b>Other</b>	<b>Decision</b>
1. 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	One or more of the following: <ul style="list-style-type: none"> <li>• Close contact<sup>1</sup> within 10 days of onset of symptoms with a suspect or probable case <b>OR</b></li> <li>• A recent 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 <b>OR</b></li> <li>• Recent travel within 10 days of onset of symptoms to a WHO reported area with recent transmission.<sup>2</sup></li> </ul>	No other known cause of the current illness	Notify local Public Health Unit immediately ED assessment and hospital admission
2. Suspect Case	Fever (over 38 degrees Celsius)  <b>AND</b> One or more respiratory symptoms including cough, shortness of breath, difficulty breathing	One or more of the following: <ul style="list-style-type: none"> <li>• Close contact within 10 days of onset of symptoms with a suspect or probable case <b>OR</b></li> <li>• A recent 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 <b>OR</b></li> <li>• Recent travel within 10 days of onset of symptoms to a WHO reported area with recent transmission.</li> </ul>	No other known cause of the current illness.	Notify Public Health immediately <u>Options</u> : ED assessment and hospital admission, <b>or</b> consultation if available, <b>or</b> call 1-866-212-2272 for review and advice on the patient's disposition: admission or discharge on home isolation for at least 72 hours

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

<sup>2</sup> [www.who.int/csr/sarsareas](http://www.who.int/csr/sarsareas)



## SARS CASE RECORD /CLINICAL DECISION GUIDE (ONTARIO) May 8, 2003

Patient name/identification (or label):	Today's date:
Date of birth/Age:	
Telephone / Address:	

SYMPTOMS	EPIDEMIOLOGIC LINK
Date of symptom onset:	Date of contact:
Prodrome: chills or rigors <input type="checkbox"/>	ANY known SARS Contact <input type="checkbox"/>
malaise <input type="checkbox"/>	Identified as a patient under quarantine <input type="checkbox"/>
headache <input type="checkbox"/>	Worked on SARS unit/cared for SARS patient <input type="checkbox"/>
muscle ache <input type="checkbox"/>	Encounter with a group identified with SARS <input type="checkbox"/>
Onset date:	Worked or visited category 3 hospital in the last 10 days <input type="checkbox"/>
Fever <input type="checkbox"/>	Visit to a defined setting with known cluster of SARS* <input type="checkbox"/>
Onset date:	Visited WHO identified area ( <a href="http://www.who.int/csr/sarsareas">www.who.int/csr/sarsareas</a> ) <input type="checkbox"/>
Respiratory Symptoms: cough <input type="checkbox"/>	*see list of defined settings ( <a href="http://www.health.gov.on.ca/login/sarsrep">www.health.gov.on.ca/login/sarsrep</a> )
shortness of breath <input type="checkbox"/>	
difficulty breathing <input type="checkbox"/>	
Onset date :	
Other : diarrhea <input type="checkbox"/>	

OTHER CONSIDERATIONS	
Other family/close contacts with febrile illness	<input type="checkbox"/>

HISTORY/PHYSICAL EXAMINATION	Temp:           O2 Sat (if done):           (normal > 94% on room air)
	BP:                HR:                RR:

**LABORATORY TEST RESULTS (if done) Check if normal or provide actual value**

WBC <input type="checkbox"/> _____	CK <input type="checkbox"/>
AST <input type="checkbox"/> _____	ALT <input type="checkbox"/>
LDH <input type="checkbox"/> _____	CXR results (if done)

OTHER

DIAGNOSIS:	NOTIFICATION:	DECISION:
1. Probable SARS <input type="checkbox"/>	Notify Public Health	ED assessment and hospital admission with I.C. notification
2. Suspect SARS <input type="checkbox"/>	Notify Public Health	<i>Options for 2 and 3 :</i>
3. Person Under Investigation <input type="checkbox"/>	Notify Public Health	ED assessment and hospital admission with I.C. notification <input type="checkbox"/>
		<i>or</i> Consultation if available and admit <input type="checkbox"/>
		<i>or</i> consultation if available and discharge home on isolation at least 72 hours and follow up* <input type="checkbox"/>
4. Community acquired pneumonia <input type="checkbox"/>	ONLY Notify Public Health if other household contacts have a febrile illness during a community SARS outbreak	Admission on isolation for 72 hours observation <input type="checkbox"/>
	Do NOT notify Public Health	Discharge home for 72 hours and follow up* <input type="checkbox"/>
Other febrile respiratory illnesses <input type="checkbox"/>		Discharge home for 72 hours and self monitor, temperature b.i.d until improves, follow up if worsens <input type="checkbox"/>

MANAGEMENT PLAN:	* follow up: repeat visit or telephone contact by the physician or clinician Signature: _____
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**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 contact<sup>1</sup> 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.

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<sup>1</sup> 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 suspect<sup>2</sup> 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](http://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>

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<sup>2</sup> Addition to Health Canada definition

## **Instructions for Patients with Fever and Respiratory Illness**

### **My doctor has sent me home on self-monitoring. What does this mean and what should I do?**

Your doctor feels that your symptoms are mild enough to send you home for observation. However, while at home it is important that you monitor your own health to be sure that your symptoms do not progress. In addition, you must take proper precautions so that you do not pass an infection on to others.

### **How do I self-monitor?**

- Measure your temperature with your own thermometer twice a day over the next 72-hour period. Record the results on a piece of paper with the dates and times.
- If you develop a new fever (over 38° C/100.4° F), you should call your doctor and/or Telehealth Ontario at 1-866-797-0000 (TTY 1-866-797-0007) where you will be advised how to seek medical attention.
- If you begin to develop other new symptoms such as shortness of breath, difficulty breathing, or if your symptoms worsen, you should immediately call your doctor and/or Telehealth Ontario at 1-866-797-0000 (TTY 1-866-797-0007) where you will be advised how to seek medical attention.

### **What precautions do I take to prevent my family members and friends from becoming ill?**

- Remain at home for the next 72 hours or until you are feeling better. Do not go to work, school or public places.
- Wash your hands frequently.
- Remind others in your household to wash their hands often, especially if they have spent time in the same room as you.
- Limit your contact with other people.
- Cover your mouth with a tissue when you cough or sneeze. Wash your hands immediately after covering your mouth, and after blowing your nose.
- Do not share personal items, such as towels, drinking cups, cutlery, thermometers, and toothbrushes.
- Dispose of used tissues directly into a garbage bag used only by you.
- Rest and drink plenty of fluids.
- Family members who become ill must stay home and call their physician.
- At the end of 72 hours, if you are feeling entirely well, you can return to work or school and resume normal activity. If your symptoms persist, call your doctor.