



SARS Provincial Operations Centre

Directive 03-05 (R)
April 24, 2003

DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS REGARDING INFECTION CONTROL MEASURES FOR SARS UNITS

This Directive replaces:

*DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS
REGARDING INFECTION CONTROL MEASURES, APRIL 20, 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 acute care hospitals with **SARS units and critical care SARS patient rooms** must undertake the following procedures in their SARS units and critical care SARS patient rooms **effective immediately:**

INFECTION CONTROL MEASURES

Air Supply

1. Patient rooms must be negative pressure to corridor/nursing station.
2. Air exchanges within the patient room must be maximized (with a minimum of 6 air exchanges per hour).
3. All patient rooms must function with no re-circulation of air to the hospital.
4. Engineering department to ensure 24/7 monitoring of air supply/exhaust to ensure no changes in supply/exhaust.
5. Negative pressure for each room and unit is checked at least twice per week.
6. SARS Unit and critical care SARS patient room doors to stay closed at all times.

The SARS Patient Room

1. SARS units and critical care SARS patient rooms must be single patient rooms (i.e., no sharing of rooms).
2. All unnecessary items must be removed from the room. This includes bed curtains, window drapes (where not required for patient privacy), upholstered furniture, extra beds, tables, chairs.

NOTE: in single patient rooms, bed curtains are not necessary and should not be used.

3. Every effort should be made not to share patient equipment. If any equipment must be shared, oxygen saturation probes, glucometers, Doppler, etc., disinfection protocols must be written and approved by infection control.
4. Dedicated patient care equipment must be stored in the patient room in a designated place. Equipment must be wiped down after each use with a cloth well saturated with disinfectant (diluted as per manufacturer's directions).
5. Ensure adequate supplies are maintained in the room (e.g., gloves, patient surgical masks, cloths well-saturated with disinfectant; however, do not overstock the room.

Staff Working in SARS Units

To minimize the effect of fatigue on compliance with precautions;

- Staffing (RN, RT, housekeepers etc) should be adequate to meet care requirements,
- Hospitals must give consideration to shorter shifts, limit over time, longer breaks, off unit breaks, etc.

Personal Protective Equipment for Staff Working in SARS Units

1. It is preferable that all staff assigned to the SARS unit or SARS patient room wear a clean surgical scrub suit or other uniform that is laundered by the hospital (to be removed before leaving the hospital after each shift). If personal uniform is worn, staff are to change into it at work and remove it prior to leaving the hospital. For any change of apparel staff must continue to wear N95 mask or equivalent and take all efforts to minimize aerosolization. For personal uniforms, carefully place in a plastic bag and wash separately at home in hot soapy water.
2. All staff must wear N95 mask or equivalent, and a gown on the unit at all times.

3. Routine procedure for applying personal protective equipment prior to entering patient room:
 - Wash hands (do NOT use patient washroom to wash hands)
 - Put on a disposable hair cover
 - Put on a face shield. Use either a surgical mask with attached face shield (“fluid shield”) over the N95 mask or a full-face plastic shield.
 - Put on 2 pairs of gloves

While in the patient room:

- Remove first pair of gloves after providing direct patient care
- Keep second pair of gloves on for remainder of stay in the room

Routine Procedure for removing protective equipment on exit from the room:

While still inside the room:

- specimens to be placed in a clean specimen bag using a two person transfer method
- Remove second pair of gloves
- Remove gown (discard in linen hamper in a manner that minimizes air disturbance)
- Use alcohol hand rinse; do NOT use patient bathroom to wash hands

Just prior to leaving or immediately after leaving the room:

- Use alcohol hand rinse again
- Remove face shield/fluid shield and discard
- Remove N95 mask and discard
- Remove hair cover and discard
- Use alcohol hand rinse again
- Put on new N95 mask or equivalent and gown
- At least once per hour, wash hands at nearest hand washing sink (but NOT in a patient washroom) to remove residue from alcohol hand wash and reduce skin irritation

Patient Care Activities

Minimize patient contact at all times with no direct contact that is not absolutely necessary.

1. Patients to wear surgical mask at all times (unless medically contraindicated) when anyone else is in the room. Ensure patient has mask supply in room.

2. Staff should position themselves to avoid being exposed to droplets.
3. Staff to stay a minimum of 2 meters away from the patient whenever possible.
4. Patients should be asked to turn their head away as necessary e.g. when in close proximity such as when blood is being taken and when coughing, sneezing etc.
5. Tympanic temperature probes should be used where possible and if not possible, adult patients should take own oral electronic temperature and report to nurse.
6. Patients must wear a surgical mask over their mouths during nasal cultures (nasopharyngeal swab/aspirate or nasal swab as per hospital procedure).
7. Optimal use of anti-nauseants to minimize vomiting is essential.
8. Bed linens should be changed in ways that minimize dust generation i.e., gently roll sheets and place in linen hamper.
9. Minimize air turbulence when emptying linen and garbage bags.
10. Do NOT rinse bedpans with aspray wand, or bedpan washer in patient rooms or on SARS units. While wearing all personal protective equipment described above, carefully pour out urinals and bedpans into toilet. Place soiled urinals, bedpans and washbasins in a leak proof sealable bin with cover or a biohazard bag. Arrange for transport to central processing/sterilization department for low-level disinfection by an automated cleaning process.
11. Replace patient urinals, bedpans after each use.

Cleaning On The SARS Unit

Cleaning of any SARS patient room and SARS unit must include a two-step cleaning method with a hospital-approved disinfectant. This involves a thorough cleaning of all surfaces as described below, followed by a second cleaning using a cloth well saturated with disinfectant. The surface must be left wet for a minimum of ten minutes in the second step.

Central Areas

1. Use disposable cloths
2. Clean all frequently touched surfaces and equipment at least daily with hospital-approved disinfectant (diluted as per manufacturer's instructions).
 - this includes but is not limited to: telephones, table tops, charts, computer keyboards, hand rails, light switches, door knobs, locker handles, med cart drawers, ice machine controls, refrigerator doors,

blood taking equipment, carts, spot wash walls where visibly soiled to a height of five feet

3. Cleaning involves:
 - a new cloth, hospital-approved disinfectant (diluted as per manufacturer's instructions). clean the surface thoroughly with a well-saturated cloth. The surface must be left wet for a minimum of 10 minutes
 - Change mopheads after each patient room, after central areas and as necessary.

Outside patient rooms

1. Use disposable cloths
2. Clean all frequently-touched surfaces at least daily
 - this includes: but is not limited to: doors, door knobs, supply carts, holders for alcohol hand wash, hand rails, walls adjacent to the door of patient rooms , to a height of five feet.
3. Cleaning involves:
 - a new cloth, hospitalapproved disinfectant (diluted as per manufacturer's instructions) and bucket is used for each of the nursing station, the corridors, and the supply/equipment areas on the unit
 - clean the surface thoroughly with a well-saturated cloth. The surface must be left wet for a minimum of 10 minutes

Inside patient rooms

1. Use disposable cloths
2. Clean all frequently-touched surfaces at least daily – if this cannot be achieved, clean the areas and equipment used by healthcare workers (e.g., IMED pump, BP cuff, and the area where gown/gloves are removed) daily, and all other frequently-touched surfaces every two days
 - this includes but is not limited to: doors, door knobs, holders for alcohol hand wash, window sills, call bells, telephones, pulls for lights, handles of window blinds, chairs, bed rails, over bed tables, including the handles for moving, television controls, spot clean walls where visibly soiledto a height of five feet.
 - the bathroom cleaning should include all touched surfaces in the room including mirrors, sink, handles, call bells, pull rails, light switches, door handles, toilet paper holders, flush handles, toilets,spot clean walls where visibly soiledto a height of five feet . Shower/bathtub should be cleaned 2 times per week if being used
 - the bathroom is the last area that should be cleaned.

3. Cleaning involves
 - a new cloth, well saturated with hospital approved disinfectant mop head and bucket is used for each room –
 - bucket of disinfectant solution) should be changed between cleaning the room and cleaning the bathroom.
 - clean the surface thoroughly with a well-saturated cloth. The surface must be left wet for a minimum of 10 minutes

When patient is discharged

1. A double cleaning of the patient's room is required post discharge.
2. Wear full personal protective equipment when cleaning the room.
3. Discard all equipment in the room that cannot be cleaned
4. Remove any drapes carefully to minimize air disturbance and place in a laundry bag.
5. Clean all frequently touched surfaces and all equipment in the room using the two-step method previously described. Clean all walls.
6. Do not re-enter the room until another patient is admitted.

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