



# S · A · R · S ·

## **Procedure and Checklists for Upgrading a SARS Category 3 Facility**

### **Objective:**

An external audit is required to reopen (i.e., upgrade from SARS Category 3) a facility that is listed as a SARS Category 3 (effectively closed). This is to ensure that the required infection control practices and procedures are in place and can be documented. Upon completion of the Infection Control audit the facility may apply to the SARS Operations Centre (SOC) for upgrade to Category 1 if criteria have been met.

### **Procedure:**

An external Infection Control Audit Team will be assembled by the Regional Office at the request of the MOHLTC Hospitals Branch Director when they receive notice from a Category 3 facility wishing to upgrade their SARS Category. This audit team will be composed of:

1. An external physician qualified in Infectious Diseases and/or Medical Microbiology
2. an external Infection Control Practitioner
3. the regional Medical Officer of Health or designate

The requesting hospital will fax in a request to upgrade their SARS category to the SOC as per previous directives (Communication to Facilities Regarding Process For Changing SARS Categories and attached request form, June 12, 2003). The written audit report (see attached audit proforma) will be completed as a self-assessment by the hospital in preparation for the third-party review.

The MOHLTC Regional Office will provide the external Audit Team with the hospital's completed Infection Control Self Assessment Audit. The report of the External Audit Team will be completed by onsite inspection and their report will be presented in writing to the MOHLTC Regional Office within 24 hours of the external audit and forwarded to the SARS Operation Centre. If the external Audit Team finds significant concerns they

should communicate these to the hospital and the MOHLTC immediately so that corrective actions may be taken right away.

If the external audit is completed and all required infection control practices are felt to be in place, the external Audit Team will recommend to the MOHLTC that the facility upgrade its SARS Category as requested.

If the external Audit Team does not feel the facility has satisfactorily met the criteria for upgrading their SARS category the reasons for this decision must be documented in writing and recommended actions explicitly stated so that the facility can work to meeting these requirements. The hospital will then have to reapply to the SOC as above and undergo another expedited external audit of the outstanding items only.

Both the self-assessment and the external Audit Teams should fill in the Infection Control Audit Proforma electronically.

## Hospital Infection Control Audit Proforma

**Facility Name and Address:**

**Date of Self Assessment:**

**Date of External Audit:**

No	Audit Item	Self Assessment (answer “yes” or “no”. If “no” explain why)	External Assessment (answer “yes” or “no”. If “no” explain why)
1	Hospital has a complete and current set of the SARS POC Directives		
2	Hospital has a Code Orange Procedure Manual		
3	Hospital is restricting access as per Acute Care Directives		
4	Appropriate signage exists on all entrances		
5	The hospital is using the most current SARS Screening Tool		
6	Persons performing screening procedures use required precautions as stipulated in Acute Care Directives		
7	Patient screening is occurring at the emergency department entrance as per Acute Care Directive		
8	Procedure exists for managing staff, volunteers, & auxiliary members who fail the SARS Screening Tool		
9	Procedure exists for managing visitors, who fail the SARS Screening tool		
10	All staff, volunteers and auxiliary members wear identification badges at all times in the facility		
11	For all patients with respiratory symptoms or fever the care providers use contact and droplet precautions including an N95 mask		
12	A policy is in place for the management of patients with respiratory symptoms or fever (and accompanying visitors) in the Emergency Department. They are		

	immediately given a surgical mask to wear and triaged to a separate area		
13	Admitted patients have the names of all hospitals they have been admitted to or treated at within the past 3 weeks prior to admission recorded		
14	Policies are in place for contact and droplet infection control practices to be implemented for any and all patients who develop respiratory symptoms and signs as per the Acute Care Directives		
15	A policy is in place that staff who develop symptoms at work must report to Occupation Health Service or designate. Staff must have been informed of this requirement.		
16	Hospital must have 24 hour infection control coverage		
17	Hand washing facilities and/or hand hygiene stations and supplies are widely available		
18	A plan is documented to open and maintain a SARS isolation unit should that be required in the future		
19	Hospital to conduct an active survey of all remaining in-patients to assure none meet the case definitions for suspect or probable SARS on day of or prior to completing the Infection Control Audit Proforma Self Assessment		
20	Hospital to assure they have not had any cases of unprotected SARS exposure over the last 20 days or more		
21	Hospital to assure that they have no evidence of transmission of SARS within the institution over the last 20 days or more.		
22	Maintain daily contact sheet for all patients		
23	A written protocol exists for use of single rooms (preferably with negative pressure) to be used for any and all persons under investigation, suspect or probable SARS		
24	Protocol exists for limiting SARS patients' movement.		

	Protocol exists for the use of surgical masks for SARS patients as appropriate.		
25	Visitors policy exists for use of contact and droplet precautions including N95 mask when visiting SARS patients as per Acute Care Directives		
26	General visitation policy is consistent with Acute Care Directive and SARS category		
27	Infection control procedure and education exists directing staff to use contact and droplet precautions including N95 masks as per the Acute Care Directive		
28	Policy exists to cohort staff to a SARS affected unit.		
29	Policy exists that there is no communal staff eating on SARS affected units		
30	Policy & procedure for working quarantine for staff exists as per the Acute Care Directives		
31	Hospital can document that they are using the most current MOHLTC and POC directives regarding transfer and discharge of patients with and without SARS		
32	A supply and inventory procedure exists to assure adequate personal protective equipment to prevent shortages, especially for N95 masks		
33	Hospital to produce a list of all past patients under investigation, with suspect and probable SARS, including dates of onset and disposition		
34	Hospital has an infection control committee that meets and reports regularly to the hospital as per the Public Hospitals Act		

Self Assessment Team:

*I confirm the accuracy of the self-assessment results*

Name	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

External Audit Team:

*I confirm the accuracy of the self-assessment results:*

Name	Title	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Once both audits are completed, hospital should sign below

*I have reviewed the findings of the Self Assessment team and the External Audit Team and based on the findings will take appropriate action*

\_\_\_\_\_  
CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Medicine

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_



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## Request for Approval to Change SARS Categories

Fax to Allison Stuart at 416 212-4466

Date and Time of Request: \_\_\_\_\_

Name of Facility/site: \_\_\_\_\_

Current Category: \_\_\_\_\_

1. The facility has **no evidence of transmission of SARS within the institution** since

\_\_\_\_\_,  
date

**AND**

2. The facility has **not had any cases** of unprotected SARS exposure since

\_\_\_\_\_.  
date

Therefore we request to be changed to a Category \_\_\_\_\_

Name of CEO: \_\_\_\_\_

Signature of CEO: \_\_\_\_\_

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Request has been approved/denied by \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature