Ministry of Health
and Long-Term Care

SARS Provincial Operations Centre

Questions and Answers
May 6, 2003

Acute Care Facilities

Re: Directive 03-04(R) May 1, 2003 "Directives to All Ontario Acute Care Hospitals"

Q1: A patient transferred from another acute care or non-acute care facility has failed the SARS screening tool on the basis of Section C. Should this patient be isolated?

A1: The patient should be treated according to item #10 in the Directive. Specifically if a patient has unexplained cough or hypoxia, shortness of breath or difficult breathing, follow the instructions in the document. If the patient has been transferred for medical assessments/procedures, these must be undertaken with the precautions outlined.

Please note that if symptoms are explained by a diagnosis other than SARS, routine practices for infection control may be used.

High-risk procedures for paediatric patients in critical care areas during a SARS outbreak

Q1. Many paediatric patients have respiratory illnesses requiring nebulized therapy often in the Emergency Department. Bronchodilators and epinephrine cannot be delivered in another fashion to small children and are the standard of care for asthma and croup respectively. What is the directive for these children?

A1. These children should receive nebulized therapy if MDI is not deemed to be appropriate. Health Canada's Routine Practices dictate that where there is the possibility of exposure to respiratory secretions, mask and eye protection is required. While at present the N95 mask or equivalent is recommended, over time that may change to a surgical mask.

Q2. What should we do to suction small children who are intubated? In-line suction catheters are not appropriate for this.

A2. These patients should be suctioned in the normal fashion, with protection as outlined above for non-SARS patients, and full protective wear for SARS patients.

Q3. Do we need full protective gear in the non-SARS child who suffers a cardiac arrest and needs crash intubation?

A3. If the patient has a history of a progressive respiratory illness with a link to a SARS patient or endemic area, use full protective wear, if time allows. If not, use mask and eye protection as outlined for non-SARS patients.

Q4. High Frequency Oscillation (HFO) can be a life saving method of ventilation in children. What does the directive indicate?

A4. While HFO should be avoided if possible, it may be used if no other treatment is appropriate. This is likely to be common in the paediatric population. Gases should be effectively scavenged and filtered to the greatest extent possible.

Fit testing for N95 or equivalent masks

Q1. We require flexible hours for fit testing our staff. How can we ensure that this happens?

A1. Many of the fit test providers offer "Train-the-Trainer" sessions. Depending on the provider, up to 20 staff can be trained at one time. Sessions range from two to four hours. Providers have several trainers and can train up to 120 staff a day.

Hospital staff that have been trained can then conduct fit testing for other staff. This is an effective and economical way to ensure that testing happens in a timely fashion.

Q2. How long does it take to do a fit test?

A2. A fit test can take from three to ten minutes. Some facial contours are more difficult to fit than others.

Q3. What are the priorities for fit testing within the hospital?

A3. Staff who are most at risk for being in contact with respiratory diseases should be fit tested as a first priority. This would include staff in the Emergency department, Critical Care units and SARS units.

Q4. Are hospitals to use only the fit test services listed in the communiqué dated May 2, 2003?

A4. The list is not exhaustive. Hospitals may wish to contact other suppliers in the community who are able to provide this service.

Q5. Who will pay for fit testing?

A5. As with all other SARS-related expenses, hospitals should keep track of their invoices and request reimbursement through their normal contacts at the Ministry of Health and Long-Term Care.

Critical Care up-dates to Public Health Branch

Q1. We have started to receive phone calls from Public Health Branch inquiring about the status of our SARS patients in the Critical Care Unit. Why do they need this information?

A1. While personal information is not shared, the Branch finds it helpful to track the status of our most critically ill patients on a regular basis. Your co-operation is appreciated.