



## SARS Provincial Operations Centre

Directive 03-05  
April 20, 2003

### DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS REGARDING INFECTION CONTROL MEASURES

This directive supports previously issued directives with enhanced direction regarding surveillance and infection control measures. 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 hospitals with SARS units must undertake the following procedures **effective immediately**:

#### INFECTION CONTROL MEASURES

##### **Air Supply**

1. SARS Units should be negative pressure to the hospital
2. Individual rooms should be negative pressure to corridor/ nursing station
3. Air exchanges within the individual room should be maximized (minimum of 6 air exchanges per hour)
4. All room air supply to be 100% fresh air with no re-circulation of air
5. Engineering department to ensure 24/7 monitoring of air supply/exhaust to ensure:
  - no changes in supply/exhaust
  - Negative pressure for each room and unit to be checked at least twice per week
6. Room doors to stay closed at all times

## **The SARS Patient Room**

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

NOTE: with individual patients in rooms, drapes around beds 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, blood sugar machines, Doppler, etc disinfection protocols must be written and approved by infection control
4. Dedicated patient care equipment to be stored in the patient room in a designated place. Equipment should be wiped down after each use with disinfectant impregnated wipes or equivalent product
5. Ensure adequate supplies are maintained in the room (gloves, patient masks, disinfectant impregnated wipes), however do not overstock the room

## **Staff Working in SARS Units**

1. Staffing (RN, RT, housekeepers etc) should be adequate to meet care requirements
2. To minimize the effect of fatigue on compliance with precautions consideration might be given to shorter shifts, longer breaks, off unit breaks, etc.

## **Personal Protective Equipment for Staff Working in SARS Units**

1. All staff assigned to the SARS unit should 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), N95 mask or equivalent, disposable hair cover and a gown on the unit at all times
2. On entry into patient room, put on face shield and 2 pairs of gloves. Re-usable goggles are not to be used

Remove first pair after providing direct patient care and before touching other areas in the room. Keep the second pair on for duration of stay in room

3. Use EITHER a surgical mask with attached face shield (“fluid shield”) over the N95 mask OR a full face plastic disposable shield for eye protection.
  - Put the surgical mask with attached face shield on in a manner that gives maximum facial/eye protection and fit over top of the N95 mask

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

**While still inside the room:**

- Remove gloves
- Remove gown (discard in linen hamper in a manner that minimizes air disturbance)
- Decontaminate hands with alcohol hand wash; do NOT use patient bathroom to wash hands
- Leave room, bag specimens, etc

**After leaving the room:**

- Use alcohol hand wash again
- Remove face shield/fluid shield and discard
- Remove N95 mask. Remove hair cover
- Use alcohol hand wash again
- Put on new hair cover, N95 mask and gown
- At least once per hour, wash hands at nearest hand washing sink 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 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 being is taken and when coughing, sneezing etc
5. Nurses should avoid routine performance of physical exams in non-critical care settings
6. Tympanic temperature probes should be used where possible and if not possible, adult patients should take own oral electronic temperature and report to nurse

7. Nasal swabs should be taken instead of naso-pharyngeal swabs. The patient is to wear a surgical mask over their mouth during the procedure
8. Optimal use of anti-nauseants to minimize vomiting is essential. Consultation with palliative care team may be helpful if available
9. Bed linens should be changed in ways that minimize dust generation ie gently roll sheets and place in linen hamper
10. Minimize air turbulence when emptying linen and garbage bags
11. Change patient wash basin, urinals, bedpans after each use
12. Bedpans must NOT be cleaned using “Hoses or hoppers” in rooms or on units. While wearing all personal protective equipment described above, carefully pour out or invert urinals and bedpans into toilet. Place soiled urinals, bed pans and wash basins in a leak proof sealable bin 1/3 full with hospital grade disinfectant so as to cover the bed pans, urinals and wash basins. Arrange for transport to central processing/sterilization department.

### **Cleaning On The SARS Unit**

- **Central Areas**

1. Use disposable cloths
2. Clean all frequently touched surfaces and equipment at least daily with hospital approved disinfectant:
  - 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
3. Cleaning involves:
  - a new cloth, hospital approved disinfectant and bucket is used for each of the nursing station, the corridors, and the supply/equipment areas on the unit
  - first, clean the surface thoroughly with a moist cloth
  - second, take a second cloth, soak with fresh disinfectant solution, and apply to all previously cleaned surfaces, ensuring that the surface is left wet for a minimum of 10 minutes

- **Outside patient rooms**

1. Use disposable cloths

2. Clean all touchable surfaces at least daily
  - this includes: but is not limited to: doors, door knobs, supply carts, holders for alcohol hand wash, hand rails, walls below shoulder level
  
3. Cleaning involves:
  - a new cloth, hospital approved disinfectant and bucket is used for each of the nursing station, the corridors, and the supply/equipment areas on the unit
  - first, clean the surface thoroughly with a moist cloth
  - second, take a second cloth, soak with fresh disinfectant solution, and apply to all previously cleaned surfaces, ensuring that the surface is left wet for a minimum of 10 minutes
  
- **Inside patient rooms**
  1. Use disposable cloths
  
  2. Clean all touchable surfaces at least daily – if this cannot be achieved, clean the areas and equipment used by nurses (e.g. IMED pump, BP cuff, and the area where gown/gloves are removed) daily, and all other patient 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, etc.
    - 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, etc .  
Shower/bathtub should be cleaned 2 times per week if being used
    - the bathroom should be cleaned after the equipment and patient room.
  
  3. Cleaning involves :
    - a new cloth, cleaning solution, mop head and bucket is used for each room – cleaning equipment and supplies are stored within each room
    - disinfectant solution should be changed between cleaning the room and cleaning the bathroom.
    - first, clean the surface thoroughly with a moist cloth
    - second, take a second cloth, resoak with fresh disinfectant solution and apply to all previously cleaned surfaces ensuring that the surface is left wet for a minimum of 10 minutes

- **When patient is discharged**

1. Wearing full personal protective equipment, a double cleaning of the patient's room is required post discharge
2. All equipment in the room that cannot be cleaned should be discarded
3. Remove any drapes or curtains carefully to minimize air disturbance and place in a laundry bag.
4. all touchable surfaces (everything up as high as arm's reach) and all equipment in the room should then be cleaned using the previously described procedure TWICE

*Original signed by  
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