

## **Description of Activity for Acute Care Facilities by SARS Categories**

### **SARS Category 3**

Definition: Unprotected SARS exposure with transmission to HCWs and/or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable)

#### **Staff**

- Handwashing (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) for ALL direct patient contact.
- N95 mask or equivalent for all staff in facility.
- Cohort staff on each unit i.e., staff to stay on single unit for entire shift
- No communal eating. All staff to eat alone or a minimum of 2 metres from one other person.

#### **Patients**

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients. May cohort like patients with full droplet and contact precautions if necessary for operational reasons.
- Wear surgical mask in ER if fail SARS screen or has respiratory symptoms
- Restrict patient movement within facility.
- SARS patients wear surgical masks if movement within facility required
- Non SARS patients wear N95 masks or equivalent if movement within facility required.
- Daily contact sheet on which all contacts (HCWs and visitors), print name, date, time and contact phone number for all inpatients. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.

#### **Visitors**

- Not allowed other than special circumstances (critically ill patient, palliative care patient, labour partner or parents (one at a time) of a child).
- Good hand hygiene (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact precautions.

### SARS Category 3 (continued)

<b>Item</b>	<b>Level of activity</b>
<b>Level of clinical activity</b>	Closed to admissions, ER and clinics; NO NEW CLINICAL ACTIVITY. Transfers and discharges as per Directive 03-03 April 11, 2003 and Directive 03-02(R) April 11, 2003
<b>Staff</b>	Working quarantine for essential staff only; all others on home quarantine
<b>Surveillance</b>	Full surveillance using "SARS screening tool" for all entry into the hospital. N95 mask or equivalent to be worn by screener. Failure requires clinical assessment. SARS must be considered for any patient in hospital with a compatible clinical picture. Suspicious patients must be isolated
<b>Visitors</b>	As described above.
<b>Volunteers</b>	Limit to essential, wearing protective equipment as described above; others on home quarantine if had been exposed
<b>Researchers</b>	Working quarantine for essential researchers. Otherwise home quarantine if had been exposed.
<b>Residents, fellows</b>	Allowed if essential for patient care, no rotation
<b>All Students</b>	Home quarantine if in institution during exposure period. Otherwise not allowed. University and Colleges may have own directives which take precedence if more restrictive
<b>Delivery personnel, couriers, floral shops, etc.</b>	To facility doors only. Hospital staff to accept from that point.

## **SARS Category 2**

Definition: Any unprotected SARS exposure within the last 10 days but without transmission to staff or patients. The healthcare facility may or may not currently have one or more cases of SARS (suspect or probable).

### **Staff**

- Handwashing (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) for: 1. direct patient contact in all area(s) affected by the unprotected exposure; 2. direct patient contact in any area of the hospital with a patient who fails the SARS Screen or has respiratory symptoms suggestive of an infection; 3. for taking care of suspect or probable SARS patients.
- Routine Practices for all patient care when performing aerosol-generating procedures (nebulized therapy, bronchoscopy, sputum induction, oscillator ventilators, Bipap etc.) or intubation includes N95 mask or equivalent and protective eye wear; gloves and gowns as required.
- Cohort staff on affected unit.
- No communal eating for staff on affected unit; staff to eat alone or a minimum of 2 metres from one other person.

### **Patients**

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients. May cohort like patients with full droplet and contact precautions if necessary for operational reasons.
- Wear surgical mask in ER if fail SARS Screen or has respiratory symptoms
- Restrict patient movement within facility.
- SARS patients or patients from affected ward wear surgical masks if movement within facility required.
- Non-SARS patients wear N95 masks or equivalent if moving through or into affected unit.
- Daily contact sheet on which all contacts (HCWs and visitors), print name, date, time and contact phone number for all inpatients. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.

### **Visitors**

- Not allowed other than special circumstances (critically ill patient, palliative care patient, labour partner or parents of a child).
- Good hand hygiene (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact protection if visiting SARS patient.
- Full droplet and contact protection if visiting area(s) affected by unprotected exposure.

## SARS Category 2 (Continued)

Item	Level of activity
<b>Level of clinical activity</b>	Emergency and Urgent cases and admissions only. Transfers and discharges as per Directive 03-03 April 11, 2003 and Directive 03-02(R) April 11, 2003.
<b>Staff</b>	Essential staff only in areas affected by the unprotected exposure. Must work in the affected area only and cannot work at other facilities. On working quarantine. Other staff can work in hospital but not in affected area unless necessary, movement should be restricted, and cannot work in another hospital.
<b>Surveillance</b>	Full surveillance using "SARS screening tool" for all entry into the hospital with staff tracking. N95 mask or equivalent to be worn by screener. Screening failure requires clinical assessment. SARS must be considered for any patient already in hospital, entering the emergency department or presenting to clinic with a compatible clinical picture or exposure history. Suspicious patients must be isolated
<b>Visitors</b>	As described above
<b>Volunteers</b>	Limit to essential for patient care only subject to level of activity and same precautions as staff
<b>Researchers</b>	In areas affected by the exposure limit to essential researchers. All other researchers allowed.
<b>Residents, fellows</b>	Essential residents only in areas affected by the unprotected exposure. Must work in the affected area only and cannot work at other facilities. On working quarantine. Other residents can work in hospital but not in affected area unless necessary, movement should be restricted, and cannot work in another hospital.
<b>All students</b>	Home quarantine if exposed. Cannot work in affected areas. Can work in unaffected areas. University and Colleges may have own directives which take precedence if more restrictive
<b>Delivery personnel, couriers, floral shops, etc.</b>	To facility doors only. Hospital staff to accept from that point.

## **SARS Category 1**

Definition: No unprotected SARS exposure—staff and/or patients. Healthcare facility has one or more cases of SARS (suspect or probable).

### **Staff**

- Handwashing (entrance, throughout facility in non-patient care areas as well as before and after patient care)
- Full droplet and contact precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) for: 1. direct patient contact in any hospital area with a patient who fails the SARS Screen or has respiratory symptoms suggestive of an infection; 2. for taking care of suspect or probable SARS patients
- Routine Practices as defined by Health Canada for all patient contact (i.e.:handwashing, +/- gowns +/- gloves +/- protective eye wear if performing contamination prone procedures).
- Continued vigilance for possible imported SARS cases via SARS Screening Tool.

### **Patients**

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients.  
May cohort like patients with full droplet and contact precautions if necessary for operational reasons.
- Wear surgical mask in ER if fails SARS screen or has respiratory symptoms
- Restrict patient movement within facility.
- SARS patients or patients from affected ward wear surgical masks if movement within facility required.
- Non-SARS patients wear N95 masks or equivalent if moving through or into affected unit.
- Daily contact sheet on which all contacts (HCWs and visitors) print name, date, time and contact phone number for all inpatients. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.

### **Visitors**

- Limit visitation as per hospital discretion.
- Good hand hygiene (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact protection if visiting SARS patient.

## SARS Category 1 (Continued)

<b>Item</b>	<b>Level of activity</b>
<b>Level of clinical activity</b>	Graduated return to normal. Transfers and discharges as per Directive 03-03 April, 11, 2003 and Directive 03-02(R) April 11, 2003
<b>Staff</b>	Normal levels
<b>Surveillance</b>	Full surveillance using "SARS screening tool" for all entry into the hospital. N95 mask or equivalent to be worn by screener. Failure requires clinical assessment. SARS must be considered for any patient already in hospital, entering the emergency department or presenting to clinic with a compatible clinical picture or exposure history. Suspicious patients must be isolated.
<b>Visitors</b>	Limit visitation at hospital discretion
<b>Volunteers</b>	Normal levels subject to same level of activity and precautions as staff
<b>Researchers</b>	Normal levels
<b>Residents, fellows</b>	Return to normal levels. University and Colleges may have own directives which take precedence if more restrictive
<b>All Students</b>	Return to normal levels. University and Colleges may have own directives which take precedence if more restrictive
<b>Delivery personnel, couriers, floral shops, etc.</b>	At hospital's discretion

## **SARS Category 0**

Definition: Healthcare facility has no known cases of SARS (suspect or probable).

### **Staff**

- Handwashing (entrance, throughout facility in non-patient care areas as well as before and after patient care).
- Full droplet and contact precautions (gowns, gloves, N95 mask or equivalent, protective eye wear) for: 1. direct patient contact in any area of the hospital with a patient who fails the SARS Screen or has respiratory symptoms suggestive of an infection; 2. for taking care of suspect or probable SARS patients.
- Routine Practices as defined by Health Canada for all patient contact (i.e. hand washing, +/- gowns +/- gloves +/- protective eye wear if performing contamination prone procedures).
- Continued vigilance for possible imported SARS cases via SARS Screening Tool.

### **Patients**

- Minimum of single room (negative pressure preferred) for all persons under investigation, suspect or probable SARS patients.  
May cohort like patients with full droplet and contact precautions if necessary for operational reasons.
- Wear surgical mask in ER if fails SARS screen or has respiratory symptoms
- Restrict patient movement within facility.
- SARS patients or patients from affected ward wear surgical masks if movement within facility required.
- Non-SARS patients wear N95 masks or equivalent if moving through or into affected unit.
- Daily contact sheet on which all contacts (HCWs and visitors) print name, date, time and contact phone number for all inpatients. Upon discharge the contact sheet must be filed with the patient's chart and become part of the medical record.

### **Visitors**

- Limit visitation as per hospital discretion.
- Good hand hygiene (entrance, throughout facility in non-patient care areas as well as before and after patient care).

## SARS Category 0 (Continued)

<b>Item</b>	<b>Level of activity</b>
<b>Level of clinical activity</b>	Return to normal. Transfers and discharges as per Directive 03-03 April 11, 2003 and Directive 03-02(R) April 11, 2003
<b>Staff</b>	Normal levels
<b>Surveillance</b>	Full surveillance using "SARS screening tool" for all entry into the hospital with staff tracking. N95 mask or equivalent to be worn by screener. Screening failure requires medical assessment. SARS must be considered for any patient already in hospital, entering the emergency department or presenting to clinic with a compatible clinical picture or exposure history. Suspicious patients must be isolated.
<b>Visitors</b>	Limit visitation at hospital discretion
<b>Volunteers</b>	Normal levels
<b>Researchers</b>	Normal levels
<b>Residents, fellows</b>	Return to normal levels. University and Colleges may have own directives which take precedence if more restrictive
<b>All Students</b>	Return to normal levels. University and Colleges may have own directives which take precedence if more restrictive
<b>Delivery personnel, couriers, floral shops, etc.</b>	At hospital's discretion