

SARS Provincial Operations Centre

Directive L03-02(R)
April 18, 2003

DIRECTIVES TO ALL ONTARIO NON-ACUTE CARE FACILITIES

This Directive replaces the following Directives:

DIRECTIVES TO ALL ONTARIO NON-ACUTE CARE FACILITIES – L03-02 April 5, 2003

DIRECTIVES TO GTA/ SIMCOE LONG-TERM CARE FACILITIES – March 29, 2003 and

***DIRECTIVES TO THE GTA/SIMCOE COUNTY REHABILITATIVE AND CHRONIC HOSPITALS
- March 29, 2003***

Most of this Directive is the same as the Directive to All Ontario Non-Acute Care Facilities – April 5, 2003. Changes include: new SARS Screening Tool, instructions on what to do if you suspect SARS in patients/residents, admissions and transfers from non-acute care hospitals, and the use of the Patient Transfer Authorization Form.

To contain the spread of SARS (Severe Acute Respiratory Syndrome), the Ontario Ministry of Health and Long-Term Care directs that **all Ontario Non-Acute Care Facilities** must undertake the following procedures **effective immediately**:

ENTRY ACCESS PROTOCOL

1. Control entry to each site. Ideally, access should be restricted to one entrance for each building. In order to accomplish this, appropriate staff should be provided at entrance(s) to apply the SARS Screening Tool.
2. Post appropriate signage on all entrances. All persons entering the facility, including healthcare workers (HCWs) and visitors, must have a valid reason for entry (see #3) and must complete the “**SARS SCREENING TOOL**” (attached).
3. Valid reasons for entry to the facility include:
 - a. Staff to work at the facility
 - b. Providers of consultative services (i.e. dietitians, psycho-geriatric services, physiotherapists, family caretakers)
 - c. Private duty staff who have been hired by the individual or his/ her family

- d. Any visitor as per the Visitor Policy
 - e. Volunteers and auxiliary members
 - f. Clients/patients/residents
 - g. Students (at the discretion of the facility)
4. Entry of delivery personnel, couriers, floral shops, etc. at the facility's discretion.

VISITOR POLICY

5. Continue to restrict the number of visitors to one (1) per resident at a time, except for compassionate grounds (such as visiting a resident whose death may be near). All potential visitors must be assessed for symptoms (see #6).

SCREENING OF STAFF AND VISITORS

6. **All persons entering the facility must complete a "SARS SCREENING TOOL" (attached). The staff screening for SARS should wear an N95 mask (or equivalent), while they are screening all entrants to the non-acute care facility:**
- a. If the person fails the "SARS SCREENING TOOL" on the basis of the tool's Section "A", they cannot enter the facility and they should be directed to contact Public Health for quarantine.
 - b. If the person **fails** the "SARS SCREENING TOOL" otherwise, respond as per instructions on Tool.
 - c. **Exception** to 6.a and 6.b: A Healthcare Worker 9HCW (i.e., physician or other) may be allowed entry on the direction of the Medical Director or designate, if failure to provide the service of that worker results in severe health consequences to the resident.
 - d. If the person **passes** the "SARS SCREENING TOOL" there is no requirement to wear Personal Protective Equipment.
7. Any HCW who develops symptoms (see **SARS SCREENING TOOL**) while in the facility must leave, notify their supervisor and be assessed immediately by occupational health service/Director of Care or a designate.
8. Any volunteer or visitor who develops symptoms should be given a surgical mask and be advised to leave the facility and to contact TeleHealth Ontario at 1-866-797-0000.

SURVEILLANCE

9. HCWs should maintain a high index of suspicion for SARS symptoms when assessing any resident/patient for new onset of fever or respiratory symptoms. If

any patient/resident develops the following symptoms or signs – cough, unexplained hypoxia, shortness of breath or difficulty breathing and **if SARS is considered to be a possible threat**, the following actions must be taken:

- a. Transfer immediately to a single room (if available).
- b. Patient/Resident activity should be restricted i.e., residents/patients should remain in their room with the door closed (unless medically contraindicated) until SARS is ruled out.
- c. All persons entering the room must wear an N95 mask (or equivalent) . If an N95 mask is not available, a surgical mask must be worn.
- d. When in direct contact (within 1 metre) of the patient, visitors and HCWs must wear an N95 mask or equivalent, gloves and a gown, and protective eye wear.
- e. An urgent on-site medical assessment is required.
- f. If after on-site medical assessment SARS is still suspected, the resident/patient must be transferred to the appropriate facility (for details, refer to transfer directives).
- g. HCWs must place a surgical mask on the resident/patient for transfer.

INFECTION CONTROL MEASURES

10. Hand hygiene:
 - a. All visitors must wash hands before and after resident contact.
 - b. All staff must observe hand hygiene protocols
11. Routine use of gowns, gloves, protective eyewear and N-95 masks is **not** required if the person **passes** the **“SARS SCREENING TOOL”** and if no other medical condition would warrant such a precaution.
12. All facilities must keep a daily contact sheet on which all contacts (i.e., all HCWs and visitors) of the facility must print their names, date and time of visit, and contact phone number. The contact sheets must be kept on permanent record in the facility.

ADMISSIONS AND TRANSFERS

13. On admission, document the names of all other health care facilities the resident/patient has been admitted to, or treated at, in the last three weeks prior to admission. Maintain an up-to-date list of residents/patients and health care facilities contacts for reporting to Public Health if this becomes necessary.
14. For all admissions from acute care hospitals non-acute care facilities must follow the “Directive to All Ontario Non-Acute Care Facilities for Admissions and

Transfers from Hospital of Non-SARS Patients” (Directive 03-03, April 11, 2003) and screen and monitor accordingly.

15. For non-emergent transfers to and from other health care facilities, all non-acute care facilities in Ontario are required to use the “Patient Transfer Authorization Form” (e.g., transferring residents/patients to a hospital for routine treatment such as dialysis).
16. For emergencies, non-acute care facilities are not required to use the “Patient Transfer Authorization Form”. Non-acute care facilities should contact EMS, via 911, immediately.

LEAVES OF ABSENCE

17. Patients/residents are not restricted from enjoying casual outings or vacation leaves and this includes patient/resident outings. However, patients/residents and families should be counseled to take appropriate precautions such as monitoring for signs of SARS or any other illness, not visiting hospitals and notifying the facility of when the resident will be returning. Non-acute care facilities are to use prudent judgment and ensure they continue with the SARS Screening Tool when anyone returns to the facility after an absence of 24 hours or more.

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