

S · A · R · S ·

Directive 03-02(R)
June 20, 2003

DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS CONCERNING DISCHARGE OF NON-SARS PATIENTS

This Directive replaces the following:

Directives to all Ontario Acute care Hospitals Concerning Discharge of Non-SARS Patients – Directive 03-02(R), April 11, 2003 (with minor revisions, no change in policy)

The manner in which patients are discharged from hospital to home, to another acute care facility or to non-acute care facilities¹ across the province is dependent on the hospital category.

In order to contain the spread of SARS (severe acute respiratory syndrome), the Ontario Ministry of Health and Long-Term Care advises that all Ontario hospitals must undertake the following procedures **effective immediately**:

For inpatients who are non-SARS patients

1. Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 0 or 1 hospital:

Patients will be discharged from Category 0 or 1 hospitals following usual routines.

¹ For the purposes of this Directive, non-acute care facilities include long-term care facilities, complex continuing care hospitals, rehabilitation hospitals, provincial psychiatric hospitals and other residential facilities as required.

2. Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 2 hospital:

The hospital will perform the SARS Screening Tool prior to discharge.

Patients who pass the screening tool will be discharged. These patients do not require quarantine, but they should self-monitor (or caregiver should monitor) for symptoms for the next 10 days. If symptoms develop, the patient or caregiver should contact Public Health. Patients who fail the screening tool will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the patient is discharged with instructions to monitor for symptoms for the next 10 days. **Please note for discharge to non-acute care facilities, hospitals must consult with Public Health as to the suitability of the discharge.**

If SARS is now suspected, the hospital will not discharge the patient and will contact Public Health and hospital Infection Control. For discharge of a known SARS patient, refer to Directive 03-03(R), June 20, 2003.

3. Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 3 hospital:

The hospital will perform the SARS Screening Tool prior to discharge.

Patients who pass the screening tool will be discharged under quarantine for the next 10 days. Because the patient is in quarantine, patients will be discharged wearing a surgical mask via ambulance or medical transportation service or via private vehicle if unaccompanied. The patient will be instructed to self-monitor (or caregiver should monitor) for symptoms for the next 10 days and if symptoms develop notify Public Health. The patient must be given written instructions. Patients who fail the screening tool will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the hospital will discharge the patient in the same manner as those patients who passed the screening tool. **The remaining quarantine period is to be observed. Please note for discharge to non-acute care facilities, hospitals must consult with Public Health as to the suitability of the discharge.**

Hospitals will fax notification of all patient discharges to Public Health on a daily basis.

If SARS is now suspected, the hospital will not discharge the patient and will contact hospital Infection Control and the local Public Health Unit. For discharge of a known SARS patient, refer to Directive 03-03(R), June 20, 2003.

For Emergency Department patients, patients entering a facility for diagnostic tests or outpatients

1. Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 0 or 1 hospital:

Patients will be discharged from Category 0 or 1 hospitals following usual routines.

Outpatients and patients receiving diagnostic tests may complete their visit and be discharged with no special precautions provided that they had passed the SARS Screening Tool upon entering the hospital.

Patients who had failed the screening tool upon entry will be assessed medically by the hospital. If after medical assessment SARS is not suspected the patient may complete their visit and the hospital will discharge the patient with no further special precautions (in the same manner as those patients who passed the screening tool).

Emergency Department patients may be discharged with no special precautions if they passed the SARS Screening Tool upon entering the hospital.

2. Patients discharged home, to another acute care facility, or to a non-acute care facility from a Category 2 hospital:

Outpatients and patients receiving diagnostic tests may complete their visit and may be discharged with no special precautions provided that they had passed the SARS Screening Tool upon entering the hospital.

Patients who had failed the screening tool upon entry will be assessed medically by the hospital. If after medical assessment SARS is not suspected the patient may complete their visit and the hospital will discharge the patient with no further special precautions (in the same manner as those patients who passed the screening tool).

Emergency Department patients may be discharged with no special precautions if they passed the SARS Screening Tool upon entering the hospital and if they have been in the Emergency Department for 24 hours or less.

If Emergency Department patients have stayed longer than 24 hours, they must be screened using the SARS Screening Tool prior to discharge. Patients who pass the screening tool will be discharged. These patients do not require quarantine, but they will be given instructions to self-monitor (or caregiver should monitor) for symptoms for the next 10 days. If symptoms develop, the patient or caregiver must contact Public Health. Patients who fail the screening tool will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the patient is discharged with instructions to monitor for symptoms for the next 10 days. **Please note for**

discharge to non-acute care facilities, hospitals must consult with Public Health as to the suitability of the discharge.

If SARS is suspected, the hospital will not discharge the patient and will contact Public Health and hospital Infection Control. For discharge of a known SARS patient, refer to Directive 03-03(R), June 20, 2003.

3. Patients discharged home, to another acute care facility or to a non-acute care facility from a Category 3 hospital:

The hospital will perform the SARS Screening Tool prior to discharge for all Emergency Department patients and patients receiving emergency diagnostic tests or essential treatments (e.g. renal dialysis).

Patients who pass the screening tool will be discharged under quarantine for the next 10 days. Because the patient is in quarantine, he/she will be discharged wearing a surgical mask via ambulance or medical transportation service or via private vehicle if unaccompanied. The patient will be instructed to self-monitor (or caregiver should monitor) for symptoms for the next 10 days and if symptoms develop notify Public Health.

Please note for discharge to non-acute care facilities, hospitals must consult with Public Health as to the suitability of the discharge.

Patients who fail the screening tool will be assessed medically by the hospital. If after medical assessment SARS is not suspected, the hospital will discharge the patient in the same manner as those patients who passed the screening tool.

Hospitals will fax notification of all patient discharges to Public Health on a daily basis.

If SARS is suspected, the hospital will not discharge the patient and will contact hospital Infection Control and the local Public Health Unit. For transfer of a known SARS patient, refer to Directive 03-03(R), June 20, 2003.

Original Signed by

Dr. James G. Young
Commissioner of
Public Security

Original Signed by

Dr. Colin D’Cunha
Commissioner of
Public Health and Chief Medical
Officer of Health