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Directive 03-03(R)
June 20, 2003

DIRECTIVES TO ALL ONTARIO ACUTE CARE HOSPITALS
CONCERNING DISCHARGE OF SARS PATIENTS
(INCLUDING PROBABLE AND SUSPECT CASES)

This Directive replaces the following:

Directives to All Ontario Acute Care Hospitals Concerning Discharge of SARS Patients (including Probable and Suspect Cases) (Directive 03-03, April 11, 2003) (with minor revisions- no changes in policy)

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**:

1. Recovering SARS patients and patients with suspect or probable SARS in either the acute or convalescent stages, may **not** be discharged to non-acute care facilities (including long-term care facilities, complex continuing care hospitals, rehabilitation hospitals, provincial psychiatric hospitals and other residential facilities such as retirement homes, seniors' residences).

The convalescent stage is considered to be finished 10 days **after** the resolution of the fever (without antipyretic medication) with resolving (or resolved) cough. The attending clinician and Public Health should decide, based on new or ongoing symptomatology, or host factors, whether continuation of isolation beyond the 10-day period is warranted. This recommendation acknowledges uncertainty regarding the transmissibility of this illness in the elderly.

2. Recovering SARS patients must remain on isolation in the home, or designated care facility, or in hospital if awaiting placement in a non acute-

care facility (as described in #1 above) for a total of 10 days after the resolution of fever (without antipyretic medication) with resolving (or resolved) cough.

Hospitals will consult with Public Health if there is a concern about the suitability of the residence to which the patient is to be discharged.

Original Signed by

Dr. James G. Young
Commissioner of
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