

# S · A · R · S ·

## Questions and Answers June 20, 2003

### Clarification on Directives for High-Risk Procedures

- Q1. Should a filter be placed on the inspiratory circuit of a ventilated SARS patient?**
- A1. No. A hydrophobic submicron filter should be placed on the expiratory circuit of a ventilated SARS patient.
- Q2. After an intubation or other high-risk procedure, it is stated in the Directive to All Ontario Acute Care Hospitals for High-Risk Procedures - Directive 03-11, June 16, 2003 - that facilities should “minimize staff exposure by limiting staff re-entry to the room for approximately 2 hours post-procedure”. Does this mean that staff who do have to enter the room should wear a full-hood PAPR, or that staff who are in the room for the procedure should stay for 2 hours afterward to avoid exposing others?**
- A2. There is no requirement for staff who enter the room post-procedure to wear a full-hood PAPR. No staff who have been exposed after procedures are completed have become ill to date, and no transmission has occurred from patients once they are ventilated and stable. However, because the environment may become contaminated during a high-risk procedure, it is recommended that other procedures requiring prolonged exposure to the patient (e.g. central line insertion) be avoided until the room can be thoroughly cleaned (i.e. excess medications must be discarded at the end of the procedure, immediate clean up of room and equipment must be done in such a way as to reduce the re-release of aerosols, staff performing the procedure must ensure that contaminated equipment and surfaces are discarded/disinfected and cleaned before leaving the room, and potentially contaminated surfaces in the room must be wiped with a hospital-approved disinfectant). If the patient is moved to a new room post-procedure (e.g.

intubated in the Emergency Department, then transferred to ICU), the new clean room may be used as necessary.

### **Spirometry in the doctor's office**

**Q1. I do spirometry in my office. Are there any special precautions I should take?**

A1. Spirometry should not be performed if you are considering a diagnosis of SARS in your patient because of possible exposure to respiratory droplets generated as a result of the expiratory effort.

When doing spirometry in your office, gown, gloves, N95 or equivalent mask, and protective eye-wear must be worn if there is the likelihood that body substances will soil clothing, skin or mucous membranes.

To minimize exposure to respiratory droplets, stand either behind, or at least two metres in front of the patient.

If you are within two metres in front of the patient, wear an N95 or equivalent mask and protective eye-wear. The two metre distance gives you an extra margin of safety compared to the routinely advocated one metre distance for droplet spread of infection.

Gloves must be worn if you are handling the mouthpiece of the apparatus after it is used, and a gown added if you are concerned about soiling your clothing.

Other infection control procedures, that must be used between patients, are:

- using a disposable mouthpiece,
- cleaning the entire instrument in hot water with a mild detergent followed by high-level disinfection (e.g.: immersion in 1:50 dilution household bleach or accelerated hydrogen peroxide product for 20 minutes), and a final tap water rinse.

### **Clarification on Attendance at Community Events**

**Q1. Do health care workers on duty at community events (e.g. Pride Day, July 1<sup>st</sup> festivities) require personal protective equipment?**

- A1. Community events usually attract participants who are not ill. Organizers should stress that individuals who have fever and respiratory symptoms should not attend.

With this in mind, it is not necessary for health care workers at these events to wear personal protective equipment while on duty. They must practise proper hand hygiene and if they encounter any person with respiratory symptoms they should don an N95 mask or equivalent.

If the person has had contact with a SARS patient or has visited an affected setting (see [www.health.gov.on.ca/login](http://www.health.gov.on.ca/login); password *sarsrep*) in the last 10 days, the health care worker should put on full protective equipment (N95 mask or equivalent, protective eye-wear, gown, gloves) and the person should be transported by private vehicle to a SARS assessment clinic or Emergency Department wearing a surgical mask. Public Health must be notified.

- Q2. Do members of the public need to take into consideration any SARS-related precautions when attending community events such as the Pride Day or July 1<sup>st</sup> festivities?**

- A2. Publicity for the events should include the message that people should not attend if they are feeling feverish and have respiratory symptoms, or are under quarantine. Individuals should practise hand hygiene frequently. Organizers should ensure that hand washing/hand hygiene facilities are available and accessible. No other precautions are needed.