

**Severe Acute Respiratory Syndrome (SARS)
Interim Triage Guidelines 4/9/03**

To facilitate identification of patients who may have SARS in ambulatory care settings, targeted screening questions concerning fever, respiratory symptoms, and recent travel should be included at triage or as soon as possible after patient arrival.

- All patients with respiratory symptoms presenting to the ED or outpatient area should be questioned about travel to endemic areas: Peoples' Republic of China (i.e., mainland China and Hong Kong Special Administrative Region); Hanoi, Vietnam; and Singapore
- All patients with respiratory symptoms should be questioned about exposure to a known or suspected case or SARS in the preceding 10 days.
- If no history is obtainable, the patient should be assessed for fever and lung findings consistent with infection and SARS case criteria applied in the differential workup.

Suspected case should be considered if the following criteria are met:

Respiratory illness of unknown etiology with onset since February 1, 2003, and the following criteria:

- Measured temperature $\geq 100.5^{\circ}\text{F}$ ($>38^{\circ}\text{C}$) **AND**
- One or more clinical findings of respiratory illness (e.g. cough, shortness of breath, difficulty breathing, hypoxia, or radiographic findings of either pneumonia or acute respiratory distress syndrome) **AND**
- Travel within 10 days of onset of symptoms to an area with documented or suspected community transmission of SARS (see above)
 - **OR**
- Close contact* within 10 days of onset of symptoms with either a person with a respiratory illness who traveled to a SARS area or a person known to be a suspect SARS case. *Close contact is defined as having cared for, having lived with, or having direct contact with respiratory secretions and/or body fluids of a patient known to be suspect SARS case.

If a patient meets the suspected case definition, the healthcare staff is required to:

- 1) Place a surgical mask on the patient in whom SARS is suspected and initiate Airborne/Contact Precautions (e.g., gloves, gown, N95 mask and goggles)
- 2) Transfer to an isolation room with negative pressure relative to the surrounding area and use of an N-95 filtering disposable respirator, or respirators of equivalent filtering efficiency, for persons entering the room). If a negative pressure room is not available in the outpatient setting, a private exam room is required. Arrangements should be made for transfer to a negative-pressure room as soon as possible. Where N95 respirators are not available, healthcare personnel evaluating and caring for suspect SARS patients should wear a surgical mask.
- 3) Contact Infection Control on pager #1008 (412-391-2337 #1008).