

**Presentation by**  
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**to**  
**The Commission to Investigate the Introduction and Spread of Severe**  
**Acute Respiratory Syndrome(SARS)**

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## Introduction

Good morning Justice Campbell and panel.

My name is Barb Wahl and I am the president of the Ontario Nurses' Association. I am pleased to be a part of this inquiry. ONA is the largest nurses' union in Canada, representing 48,000 front-line registered nurses and allied health professionals, who work in hospitals, long-term care facilities, and in the community throughout Ontario. We also represent public health nurses who play an essential role in monitoring compliance with the public health act and health promotion.

For eight years the health and safety of nurses and the public entrusted to their care, has not been a priority of this government. During SARS we learned **too many** bitter lessons about the inadequacies of Ontario's health care system, and the vulnerability of our front-line health care workers. We experienced insufficient infection control policies, unsafe practices, **too little funding, ineffective communications, dangerous staffing levels and an critical shortage of personal protective equipment** that – had it been available – might have prevented unnecessary exposures and ultimately saved lives of our nurses.

All of these issues link to government under-funding and to the fact that employers and the government ministries failed to live up to their **statutory, legal and moral obligations** to protect the health and safety of health care workers, leaving public and workers at risk.

From the beginning of the SARS 1 outbreak, ONA advocated for a full and impartial public investigation, and insisted that nurses be a part of this investigation. The SARS crisis had a terrible impact on nurses lives and practice. **Their voices must be heard.**

It is vital that the commission identify what happened, what went wrong, and what measures must be put in place to ensure that the health and safety of nurses, other health care workers and the public at large is properly protected. It is our expectation that the lessons learned from SARS will help create a culture that values the critical importance of workplace health and safety.

In order to prepare Ontario for future outbreaks and to ensure that we have the infrastructure in place to deal with them, the Commission must take a look at the broader systemic issues, such as compliance with and enforcement of the Occupational Health and Safety Act. It must look at the nursing shortage.

Justice Campbell, we request that you examine the following:

- Inconsistent messages about how to prevent the spread of SARS.
- Immediate action was not taken when front-line registered nurses signalled the alarm about a possible second outbreak
- The economic, physical and emotional impact of SARS on nurses and other health care professionals

Through the private interview process you will be hearing in greater detail from ONA members and staff about the technical aspects of SARS and detailed occupational health and safety implications.

Hundreds of ONA members were quarantined both at home and/or at work. They were segregated from their families, friends and co-workers – and they were ostracized in their communities.

We heard from well over 1000 nurses directly impacted by SARS.  
I want to share with you the words of some of those nurses:

\*\*\*\* reads from impacts in the questionnaires.\*\*\*\*\*

ONA members developed SARS after caring for SARS patients.

Just last week a number of these nurses told me they continue to suffer severe emotional and physical repercussions of a disease that we still don't know that much about. They fear their health will never be what it was.

Tragically, two nurses died after contracting the infection while caring for SARS patients. Nelia Laroza was an orthopedic nurse at North York General Hospital, site of the second outbreak. She was Canada's first health care worker to die from SARS when she succumbed in June. Fifteen other nurses from her unit were also infected with SARS, as was her son Kenneth.

Tecla Lin, who had more than 35 years of nursing experience, was among the first nurses to volunteer to work on a SARS unit at West Park Lodge, where 14 infected health care workers were transferred.

Our heartfelt sympathy are with their families. The loss of these two courageous nurses is a tragedy that **must not be repeated**.

Although SARS may be contained for the moment, it has not been eliminated. From your perspective Justice Campbell it must be shocking to hear front line nurses believe, based on what they see in their workplaces, **Ontario is no more prepared for the outbreak of an infectious disease like SARS than last March or June**. In fact in some ways we are worse off.

We're still not clear on what protocols need to be followed to prevent the spread of SARS and to protect front-line nurses when they care for infected patients. There is still tension between those who wish to be proactive, and advocate that we should err on the side of safety, and those who are content to react once the illness reappears. **We think that being proactive is crucial**. We saw that a reactive approach cost lives. This government failed to make protection of nurses and other health care workers and the public a priority. Even before SARS, we knew the provincial Ministry of Labour lacked the commitment to exercise its powers under the Occupational Health and Safety Act. Their job, to conduct random, thorough, inspections of health care facilities simply was not done.

Picture yourself as a nurse working on a SARS unit with no clear direction about which mask to wear, how to make it fit, how often to change it, and what to do when supplies run out. Imagine your fear intubating a highly-infectious patient while wearing an inadequate mask, instead of the Stryker suit or other full protection you know you should have. Think of being told, like some nurses, that they should save their masks in a glad bag – from one shift to the next!

Our nurses tell us that throughout the SARS outbreaks, there was a **steady stream of contradictory, confusing, inconsistent and incorrect information** about the means of transmission, infection controls, effective protective gear, and protective protocols health care workers needed to follow. This served to heighten nurses' fears and concerns for their own health and safety, and that of their families. And yet, despite how vulnerable and fearful they felt, they stayed at their patients' bedsides!

One part-time nurse told me she was off for a few days, and was then asked to work on a unit other than her own. No one told her 11 nurses had called in sick. No one told her she needed to wear a mask. She got SARS.

Today, even though nurses are reporting for work, they tell me they still feel unsure, unsafe, stressed and exhausted.

Ontario's lack of preparedness was made worse by:

- too few nurses and too many patients
- insufficient supplies
- insufficient funding
- the lack of a standardized infection control system and containment strategy for hospitals
- inadequate implementation of Ministry of Health and Long Term Care directives for infection control
- inadequate or non-existent disaster planning or early warning systems
- no centralized decision-making authority
- downloading of responsibility for, and lack of, public health services

### Supplies and Funding

One of the most disturbing aspects of the entire SARS experience was the discovery that **not only was there not enough protective equipment for nurses** working on SARS unit, but some of the equipment actually **FAILED** to protect workers.

Our nurses experienced the following:

- Unapproved, improper respirators were provided.
- There was little-- or no training—regarding the use of respirators and other personal protective equipment.
- There was no fit testing of respirators, despite this being the law since 1993. A mask that doesn't fit is no mask at all.
- Supervisors/ managers didn't know enough about the dangers to our nurses' health and safety, or about the Occupational Health and Safety Act and its regulations, and withheld information.
- Critical injuries and illnesses were not reported to the Ministry of Labour as required by law (OHSA).
- The Joint Health and Safety Committees at most hospitals were not given the opportunity to investigate problems and revise procedures necessary to prevent further exposure and illness.

ONA repeatedly requested information from the Ministries of Health and Long Term Care and Labour, but **they refused to tell us how many of our members sustained occupational illnesses** or how many of those illnesses were critical injuries as defined

under the Occupational Health and Safety Act. This, in spite of the fact that the law clearly requires them to do so.

The fear of our nurses accelerated as they did not know how many of their fellow nurses were ill.

Because our members have limited right to refuse work under the Occupational Health and Safety Act, it was our expectation that the Ministry of Labour would have a heightened responsibility to respond to their concerns, but that did not occur. Instead in some cases nurses were forced to move to SARS units, while replacement nurses were brought in from elsewhere, to do non-SARS work.

How to address these shortcomings?

As a start, we must ensure that every health care facility has provisions in place to protect the health and safety of all workers.

We must have fully functional Joint Health & Safety Committees and internal responsibility systems at all facilities.

There must be quality assurance controls and inspections so employers are in full compliance with the Occupational Health and Safety Act, and Health Care Regulation.

***The very safest equipment available is the only option.*** Full body protection, respirators, gloves, caps, gowns and eye splash protectors must be effective and provided in sufficient quantities. Safety equipment – particularly appropriate respirators– must fit and nurses must be fully trained in how to use them

### The Nursing Shortage

SARS highlighted the serious nursing shortage and understaffing in Ontario health care facilities. It showed that the system is extremely vulnerable when part of our workforce falls ill or is put into quarantine.

This Government's cuts to health care budgets and its restructuring of hospitals in the mid-90s led to massive layoffs and job displacement. Many nurses were forced out of full-time work into part-time jobs.

Only half of ONA members now work full-time. Many of our members hold two or three different jobs to make up full-time hours, ***working without benefits, or disability income*** protection. The fact that so many nurses worked in more than one facility, reduced the number of nurses available, as one facility after another quarantined its staff.

***Fewer nurses means more patients for each nurse, and not enough care.*** It means an overwhelming workload, which is driving thousands of nurses away. According to the College of Nurses of Ontario if we compare the number of nurses we had in 1994 to the number we have now, the province is currently short 8,000 nurses. Other statistics peg that number at 11,000, if we factor in our population growth.

These shortages will grow, not decrease in the next few years. The Canadian Nurses' Association predicts a national shortfall of 78,000 RNs by 2011. A Canadian Institute of

Health Information (CIHI) study projects that Ontario will lose almost 10,000 nurses to retirement over the next three years.

Working conditions for nurses have resulted in increased on-the-job injuries and illness. The Canadian Labour and Business Centre calculates Canadian registered nurses work almost a quarter-million hours of overtime every week, the equivalent of 7,000 full-time jobs over a year.

It says that **during any given week, more than 13,000 registered nurses – 7.4 percent of all registered nurses – are absent from work due to injury, illness, burnout or disability.** That rate of **absenteeism is 80 per cent higher** than the Canadian average. The Centre estimates that overtime, absentee wages and replacement for RNs costs between \$962 million and \$1.5 billion annually.

ONA believes the answer to the shortage of nurses lies in creating more permanent full-time nursing jobs, paying community and long-term care nurses the same wages as hospital nurses, so that nurses are attracted to these sectors – any of which could be hit by SARS – and immediately doing everything possible to improve workloads and working conditions for nurses.

The job picture for nursing will not improve by itself. Ontario must resolve the nursing shortage to ensure we have enough nurses for even normal operations and especially for high demand – such as a SARS outbreak.

It has angered our nurses that the government hired temporary or agency nurses at three times the salary, while our members were sent to SARS units with no extra pay. Hiring agency nurses is more costly. It poses a serious risk to patients and other professionals on the floor, because temporary staff are often not adequately trained for the work they are asked to do. Our members tell me agency nurses often require the help of regular staff to do their jobs.

Some of our nurses who were quarantined or who lost shifts because of SARS containment protocols are still waiting for the compensation for lost-wages that the government promised. Nurses who were ill, and the families of those who died, have not received any extra compensation. Those who had SARS told me recently they want this government to give them an **apology, assurance of safety should they ever return to work and equitable remuneration!**

#### No Disaster Planning or Early Warning System

The inadequate way in which SARS cases, or possible cases, were identified has to be extremely disturbing to all of us.

At one facility, nurses identified a cluster of patients with SARS-like symptoms and reported to management and the medical staff. Nurses' concerns were dismissed and nothing was done for several days. This led to the second major SARS outbreak. Unfortunately it was similar at other hospitals.

**What this tells us is that we are ignoring the signs and symptoms of patients, as reported by the very nurses at their bedsides!** The voice of nurses is not being heard!

Nurses need ***whistle-blower protection***, so that they can go elsewhere with the information they have. They need respect and recognition as professionals and essential members of the health care team.

Nurses are tired of being shunted aside and disregarded. It's another reason they are leaving the profession. They see they are not included in decisions and as a result they, and their patients, are not safe.

### Who's In Charge?

On matters of public health, public safety and infection control, all levels of government and stakeholders must work cooperatively, sharing planning, information, and resources, and developing an integrated smoothly functioning infrastructure. There must be a central body, providing leadership, with ultimate authority and accountability.

Throughout the SARS outbreak there were major inconsistencies in how facilities were handling the issues of public visits, screening, follow up of patients requiring quarantine or having symptoms of SARS, and follow up after a quarantine period.

We witnessed a bureaucratic jumble with no clear decision-maker on issues of infection control and the identification and isolation of potential cases.

The Ontario government is responsible for planning and putting in place infection control measures. It is accountable for compliance with health and safety legislation. SARS showed us the government left it up to individual health care administrators or managers.

### Public Health Services

A public health system with an extensive public health education system is critical for community protection and safety.

This government downloaded responsibility for public health to municipalities, without providing them with adequate revenue sources. Some programs have been discontinued, others added and made mandatory, without sufficient increases in revenue. As a result, public health, once a vital component of our health care system, no longer provides the services that are needed to keep the public informed, to follow up on investigations, to ensure that people are getting the education they need.

ONA members have told us about people in voluntary quarantine during the SARS outbreak who never received a call back from Toronto Public Health to assess their situation. They didn't know if they were healthy and could go back to work or if they should stay home.

## Conclusion

SARS exposed the weaknesses in our system. We must correct them and strengthen our infrastructure.

It is simply not enough to run newspaper ads proclaiming that health care workers are 'heroes' – even though we appreciate and agree with the sentiment. If nurses don't get **the respect and protection** they deserve in their workplaces, all of these accolades mean nothing – and only add to their cynicism and frustration.

If health care facilities in this province do not change the way they regard and practice health and safety, more lives will be lost.

Our members and the public are relying on **you** Justice Campbell, to hear the voices of our heroes and get our message through to those who failed us, so that Ontario residents can trust that the health care system will not fail them again.

Thank you.