



THE HOSPITAL FOR SICK CHILDREN

Presentation to The SARS Commission

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Presentation to SARS Commission

The Paediatric Experience

What worked well

What has changed at HSC

Recommendations

The Paediatric Experience

- Cumulative Experience to Date (Paeds)

Total SARS – related cases	36
At HSC	31
Cases requiring oxygen	1

- Children with SARS presented with a different clinical picture than adults
- Many children were admitted due to difficult family situations

The Paediatric Experience

- HSC is the only specialized paediatric hospital in the GTA
 - Restrictions on transfers in and out of HSC presented challenges as HSC is the only option for some paediatric health care services
- HSC staff and visitors were well prepared and therefore had no known unprotected exposure to SARS

The Paediatric Experience

- Greater number of visitors relative to adult oriented hospitals
- Restriction of non-parent/caregiver visitors created challenges for families
- Staff who work at more than one location do so out of choice

What worked well

Within the broader system:

- **Leadership from MOHLTC in developing a coordinated approach to managing the complex issues during the outbreak**
 - Communications and other structures were in place first week
 - MOHLTC web-site was
 - a good source of information
 - continually improved as feedback was received
 - Daily teleconferences with various groups
 - Lead coordinators provided one window for two-way communication
 - POC responded quickly to enquiries
 - MOHLTC commitment to hospitals for SARS recovery costs
 - Centralization of sourcing for personal protective equipment

What Worked Well

At HSC:

- **Strong infection control team at HSC in place prior to outbreak**
 - Before the outbreak, infection control team met – discussed atypical pneumonia cases in community, developed strategies to protect patients and staff
 - Strategies were directed towards the ER and CCU
- **Culture of collaboration and multidisciplinary approach**
 - First directives were received. Established a SARS working group represented by clinical and support staff
 - HSC's strong multidisciplinary approach allowed for reducing services, identifying essential clinical services, monitoring of the impact of reduced services and correcting were needed

What Worked Well

At HSC:

- **Staff support, education and communication:**
 - Daily staff updates
 - Roving education team
 - Web-site
 - SARSrep.com, e-mail address for staff to direct comments and questions staffed by infection control
 - Information binders with latest procedures, updated regularly
 - Infection control available 24 X 7

- **Staff safety**
 - Occupational hygienist began fit testing staff for masks in high-risk areas prior to directives to that effect

- **Physical Plant was already well set up to handle requirements:**
 - Single patient rooms
 - Isolation unit
 - Negative pressure capacity across the building

What has changed at HSC

- **Infection Control and Screening**
 - Revised and expanded our procedures for screening
 - Re-instituted a patient surveillance program
 - Reinforced staff education on the appropriate use of personal protective equipment
 - Policy changes implemented to reflect new precautions as a result of SARS
- **Visitor Policy**
 - Visitor policy reviewed, to be more consistently enforced
- **Security and emergency measures plans**
 - Number of entry points into the building has remained restricted, security presence at all entrances maintained 24 x7
 - Emergency measures plans have been reviewed and adjusted

Recommendations

- **Related to the directives**
 - Include paediatric experts early in the process of developing directives
 - Clearly identify essential patient services as part of the emergency planning process
 - Minimize the number of changes to directives to maintain staff confidence
 - Ensure directives are based on sound principles which are communicated
- **Related to providing information to the greater system**
 - Coordinate requests for information and sharing of information among public health, MOHLTC, and OHA to reduce duplication of efforts
 - Information to the public to help alleviate some of the fear and reaction
- **Related to resources available in the greater system**
 - Plan to evaluate available resources during extended periods of crisis