

CHAPTER SIX: The Nurses' Survey

Preface Nurses: ONA SARS Survey

In 2003, following the SARS outbreak, the Ontario Nurses Association sent out questionnaires soliciting the experiences of Ontario nurses during SARS. The ONA, founded in 1973, is the trade union representing 52,500 registered nurses and allied health professionals working in hospitals, long-term care facilities, public health, community agencies and industry.

The ONA received 1,536 completed questionnaires and provided them to the SARS Commission to help in its investigation. The questionnaires helped the Commission identify nurses who wished to be interviewed.

To analyze fully this rich mine of experience, the Commission needed outside help with the following mix of experience, expertise and reputation:

- the statistical expertise and experience to analyze, assess and interpret the information in the questionnaires;
- the capability and expertise to develop and implement an appropriate database;
- the capability and expertise to handle a large amount of raw data and accurately input the qualitative and quantitative answers into the database;
- sufficient experience and expertise to analyze issues arising from the SARS outbreak;
- the ability to safeguard the confidential information contained in the questionnaires;
- an in-depth understanding of the nature and characteristics of the Ontario health care system;
- a track record for meeting targets and objectives; and
- a sound reputation in the health care community.

The Commission retained the Hay Health Care Consulting Group, a Toronto-based subsidiary of the Hay Group, an international management consultant with world headquarters in Philadelphia. The Hay Group played a significant role in the report of the National Advisory Committee on SARS and Public Health, headed by Dr. David Naylor (“the Naylor Report”).

Nurses who responded to the ONA questionnaire provided a rich source of information on the experience of Ontario’s nurses during the SARS outbreak. They provide compelling observations on what went right during the SARS outbreak, what went wrong, what lessons we should learn. They give us a picture of the dangerous and frightening work of nurses on the front lines. The depth, scope and quality of the responses of these nurses give us a strong and candid insight into what actually happened.

This material is organized as follows:

1. Introduction
2. ONA SARS Survey: Hay Group Analysis
3. Data Analysis
4. Selected Quotations from Individual Nurses

Highlights of the report include:

- Two-thirds said the SARS outbreak changed their attitude to the nursing profession.
- More than half felt their SARS work was not adequately respected, or they were unsure if it was respected.
- Two-thirds said SARS affected their families through isolation, anxiety and fear.
- Almost two-thirds felt their health and safety had been compromised during the SARS outbreak.
- More than half were concerned about the adequacy of the protection they were given.
- More than three-quarters were unaware of any Ministry of Labour worker protection activity at their workplace.

These concerns are reflected in quotations such as:

I was torn between staying and quitting because my husband was scared.

One of our docs said you nurses are crazy to look after these people.

It was hard but we did it.

What happens the next time?

Nobody listens to nurses.

Fear ... job not worth risk of dying. Lack of trust that nursing was being protected.

Totally devastating on family life.

Dozens more of these quotations are found in the section "Selected Quotations from Individual Nurses." As the Hay Group analysis notes, the survey is not statistically representative of all nurses affected by SARS or of nurses in general. However, the responses provide invaluable insight into what it was like to be a nurse during the SARS outbreak.

1.0 Introduction

1.1 *The SARS Commission*

The independent Commission to Investigate the Introduction and Spread of Severe Acute Respiratory Syndrome (SARS) was established by the Government of Ontario as an investigation under section 78 of the *Health Protection and Promotion Act*. Mr. Justice Archie Campbell of the Ontario Superior Court of Justice was appointed Commissioner.

The Commission is investigating how the SARS virus came to the province, how the virus spread and how it was dealt with. It is looking at all aspects of the outbreak to provide a public report on what happened, what lessons have been learned and what improvements should be made.

1.2 *The Survey*

A survey conducted by the Ontario Nurses' Association regarding the experience of nurses in Ontario during the SARS crisis

As part of its investigation, the Commission was provided with responses to a survey conducted by the Ontario Nurses' Association regarding the experience of nurses in Ontario during the SARS crisis. The ONA conducted a survey of all its members in August 2003. This survey focused on the impact of the outbreak and spread of severe acute respiratory syndrome (SARS) on health care workers. The Commission has

now contracted with the Hay Health Care Consulting Group to assist in analyzing and interpreting the responses to these surveys.

1.3 Findings from the Survey

This report presents high-level results and key findings from the survey sent to Ontario nurses following the SARS crisis. The survey presented questions under the following headings:

- Background
- Impact Issues
- Protective Equipment
- Facilities Issues
- Health and Safety Committees
- Ministry of Labour
- Workplace Safety and Insurance Board
- Ministry of Health and Long-Term Care Directives
- Spread and Containment Issues
- Additional Feedback

1.4 Defining SARS Hospitals

According to the Ministry of Health and Long-Term Care (MOHLTC), the following hospitals treated at least one probable or suspected SARS case during either phase one or phase two of the SARS crisis in Toronto:

- Bridgepoint Hospital
- Credit Valley Hospital
- Hospital for Sick Children
- Humber River Regional Hospital
- Lakeridge Health Corporation
- Markham Stouffville Hospital
- North York General Hospital
- Rouge Valley Health System
- Southlake Regional Health Centre
- St. Joseph Health Care, Toronto
- St. Michael's Hospital
- Sunnybrook and Women's College Health Sciences Centre
- The Scarborough Hospital
- Toronto East General Hospital
- Trillium Health Centre
- University Health Network

- West Parry Sound Health Centre
- William Osler Health Centre
- York Central Hospital

For analytic and comparison purposes, these hospitals have been identified as SARS facilities in this report.

Two of these facilities, North York General Hospital and The Scarborough Hospital were forced to close as a result of the SARS crisis. These hospitals are known to be the most affected by SARS.

2.0 Background

Key Finding: Over half of respondents from SARS hospitals stated that they provided care to a suspect/probable SARS patient.

- The overall response rate was almost 10% of all nurses in GTA hospitals; therefore, the sample cannot be considered statistically representative of all nurses affected by SARS, or of nurses in general. The strength of the survey is in the quality and depth of responses by individual nurses and the insight it gives into their experience.
- The responses to the survey provide a perspective on nurses' experience during the SARS crisis in the GTA.
- 85% of responses came from acute care hospitals, 15% from other facility types (e.g., rehab, nursing homes, Community Care Access Centres)
- 83% of responses came from institutions defined by the Ministry of Health and Long-Term Care (MOHLTC) as SARS hospitals.
- 55% of responses came from seven SARS acute care hospitals: University Health Network (UHN), St. Michael's Hospital, Sunnybrook and Women's College Health Sciences Centre (S&WCHSC), The Scarborough Hospital, William Osler Health Centre, Southlake Regional Health Centre and North York General Hospital.
- The response rate for these seven facilities was as follows:

Hospital	Total ONA Members	Survey Responses	Response Rate
University Health Network	1,923	160	8.3%
St. Michael's Hospital	1,181	152	12.9%
Sunnybrook and Women's College Health Sciences Centre	1,653	140	8.5%
The Scarborough Hospital	956	100	10.5%
William Osler Health Centre	1,158	91	7.9%
Southlake Regional Health Centre	565	85	15.0%
North York General Hospital	798	84	10.5%

- 60% of responses came from facilities within the GTA; 93% of these responses were from nurses in acute care hospitals.
- Responses came from a very experienced group of nurses: 15% had >30 years' experience, 31% had 21-30 years' experience, 30% had 11-20 years' experience, and 22% had ≤10 years' experience.

3.0 Impact Issues

Key Findings: Two-thirds of respondents stated that the SARS outbreak changed their attitude toward the nursing profession. 54.5% of respondents did not feel that their work with respect to the SARS crisis was treated with adequate respect, or were unsure if it was respected. Overall, respondents from SARS hospitals felt more affected by the SARS crisis than did respondents from non-SARS hospitals.

- Two-thirds of respondents stated that the SARS outbreak changed their attitude toward the nursing profession. Rates were higher in SARS hospitals (68.6%) than in non-SARS hospitals (56.9%). Rates were highest in two SARS hospitals: North York General Hospital (81%) and The Scarborough Hospital (83%).
- Overall, 54.5% of respondents did not feel that their work with respect to the SARS crisis was treated with adequate respect, or were unsure if it was respected. More specifically, 42% did not feel their work was respected, while 12.5% were unsure. 45.5% felt their work was respected.
- Some of the respondents expressed concern over increased risk of being a front-line worker, desire to leave the field of nursing, an increased awareness of the dangers of the job, feelings that nurses are undervalued, a more acute awareness of infectious diseases, and intentions to use more precautions with patients.

- 7.6% of respondents reported experiencing SARS symptoms during or following the SARS outbreak. The two SARS hospitals with the highest rates of nurses reporting that they experienced SARS symptoms were North York General Hospital (18%) and The Scarborough Hospital (24%).
- At the time of the survey, 3.6% of respondents continued to feel residual symptoms that they personally associated with their exposure to the SARS illness, such as stress, anxiety, fear, fatigue and weakness; 32.4% said they did not feel residual symptoms, and 64% were unsure.
- Two-thirds of respondents felt that the SARS outbreak affected their family life. The most common themes for this impact were:
 - Isolation
 - Stress and/or anxiety
 - Fear for family's health
 - Family and/or friends concerned for the respondent's health
 - Quarantined, and friends and/or family quarantined
 - Emotional drain or depression
- 27% of respondents felt they were suffering post-traumatic stress as a result of the SARS outbreak (28% in SARS hospitals, 21% in non-SARS hospitals). North York General Hospital and The Scarborough Hospital had the highest rates: 57.1% and 47.0% respectively.

4.0 Safety Concerns

Key Finding: 58% of respondents felt that their health and safety were compromised at some time during the SARS outbreak.

- 58% of respondents felt that their health and safety were compromised at some time during the SARS outbreak.
- 15% of respondents declined work as a result of the SARS outbreak.
- 5% of respondents refused to work as a result of SARS, although 34% considered refusing work.

5.0 Protective Equipment for Staff

Key Finding: The vast majority of respondents had not been fit-tested for or trained in the use of personal protective equipment (PPE) before SARS. Many respondents found the PPE to be difficult to use and fit properly, and most experienced some form of side effect from the use of PPE.

- 82% of all respondents were required to wear some form of personal protective equipment (PPE). The rate was higher in SARS hospitals (84%) than in non-SARS hospitals (71%).
- Examples of PPE that respondents were provided included gowns, gloves, protective eyewear, masks, Stryker suits and boots.
- 27% of respondents said that they were not provided PPE at the beginning of the SARS outbreak but were required to wear PPE at a later time. Some of these respondents said that they were instructed to wear PPE during the second wave of SARS, when dealing with suspected SARS patients, or at some point in the early stages of the outbreak.
- Of those who were provided masks (78% of respondents), nearly all (95.5%) were given N95 respirators or equivalent.
- Only 5% of respondents had been fit-tested and/or trained and instructed in the care, use and limitations of PPE before SARS. However, after the SARS outbreak over 67% of respondents were fit-tested and/or trained and instructed in the care, use and limitations of PPE.
- 23% of respondents did not feel they were given clear direction at all stages of the SARS outbreak as to what PPE they should have been wearing and in what circumstances. This rate was generally higher in the Toronto acute care SARS hospitals.
- When direction was provided, respondents indicated that it came from infection control, administration or management and other sources. Instructions came in many forms, including emails; verbal announcements in person; memos, bulletins or letters; staff meetings or announcements from management; daily updates and broadcasts.
- 54% of respondents expressed concern with the direction and/or the adequacy of the protection they were given. Those who provided details mentioned the following types of concerns:
 - Changing protocols
 - Concerns over proper mask fitting
 - Lack of communication
 - Lack of available adequate equipment
 - General confusion

- Timing of mask fitting
- Lack of proper instruction on mask type and use
- Insufficiently sterile conditions or risk of cross-infection
- 53% of respondents experienced confusion about which masks would provide the necessary protection.
- 44% of respondents indicated that they raised issues with management regarding availability, type or use of PPE. Rates were higher in designated SARS hospitals (46.5%) than in non-SARS hospitals (34%). The rate was substantially higher (57%) for respondents who worked in designated SARS units.
- 45.5% of respondents felt that the supply of masks and/or other PPE during the SARS crisis was inadequate; 43.5% felt there was adequate supply, and 11% didn't know.
- Overall, 35.6% of respondents were told to save a mask for reuse. The rate was consistent between SARS and non-SARS acute care facilities (35% and 34.5% respectively), but 67.7% of respondents from non-acute non-SARS hospitals were told to reuse a mask.
- 26% of respondents were told at some point that the cost of masks and/or other PPE was an issue.
- 30% of respondents stated that concerns were expressed about the perception created among the public by staff wearing masks.
- 34% of respondents felt there was not enough training on the proper use of PPE; 56% felt the training was adequate, and 10% didn't know.
- 34% of respondents did not know if Stryker suits (or other full body protection) were available for staff use in the facility; 38% felt there was adequate supply of full body protection, and 28% felt there was not.
- 54% of respondents were not trained in the use of full body protection; 28% were trained, and 18% did not know.
- Fewer than 10% of respondents used a Stryker suit or other full body protection during the SARS crisis. Most uses were for treating SARS or probable SARS patients, for intubation/extubation/bronchoscopy and in isolation units.
- Over 70% of respondents experienced some side effects from the use of PPE, including headaches, shortness of breath, facial rash, fatigue and dizziness.
- 50% of respondents experienced problems with masks not fitting properly, and 8% were told to return to work without a properly fitted mask.
- 67% of respondents were advised of the importance of wearing properly fitted masks.
- 26% of respondents indicated that risk assessments were conducted on their unit to identify SARS hazards and protection that was necessary; 46% said risk assessments were not conducted, and 28% didn't know.
- 70 respondents identified themselves as having had suspect/probable SARS. 19 of

these individuals (27%) felt they had acquired the illness due to poor fit-testing for PPE.

6.0 Ministry of Labour

Key Finding: Most respondents were unaware of any interaction between their facility and the Ministry of Labour (MOL), or of whether the MOL had come to inspect their facility.

- 92% of respondents said neither they nor their family members contacted the MOL and that they were not aware of others who had contacted the MOL during the SARS outbreak for advice or to lodge a health and safety complaint; 8% said they had contacted the MOL or knew someone who had.
- 81% of respondents were not aware of whether the MOL issued any orders or provided any advice regarding the SARS outbreak; 15% of respondents said that the MOL had not provided advice, and 4% said it had.
- 77% of respondents did not know if the MOL had visited their facility at any time on any SARS-related matter; 19% of respondents said that the MOL had not visited, and 4% said it had.

7.0 Wage Loss

Key Finding: Many respondents were quarantined, but few lost income as a result of experiencing potential SARS symptoms.

- 29% of respondents were quarantined (either home or working quarantine) during the SARS outbreak. Rates were higher in SARS hospitals (30.7%) than in non-SARS hospitals (18.7%).
- Of respondents who were quarantined:
 - 57.5% were quarantined for 10 days or more.
 - Only 4.3% indicated that they experienced SARS symptoms while under quarantine; 48.5% were unsure whether or not they had SARS-like symptoms. The remaining 47.2% did not experience SARS symptoms while under quarantine.
- Only 9% of respondents lost hours or income as a result of experiencing SARS symptoms; 70% did not, while 21% were unsure.
- Of respondents who lost hours or income as a result of experiencing SARS symptoms:

- 10% stated that they lost hours but not income (as they received special “SARS pay”).
- 19% stated that they lost income because they were not allowed to work a second job or overtime during the crisis.
- The majority of respondents did not submit Workplace Safety and Insurance Board (WSIB) claims, and did not know whether their employers had interacted with the WSIB regarding SARS matters.

8.0 Spread and Containment Issues

Key Finding: Some respondents (12%) reported that they or other health care workers were not listened to when they reported possible SARS symptoms in patients.

- 18% of respondents reported that they were aware of instances where possible SARS patients were inappropriately handled. For example, respondents mentioned patients who were not put in negative pressure or isolation rooms, inadequate precautions taken for patient transfers, people not being treated as SARS patients and improper screening.
- 17% of respondents reported that they were aware of suspect or probable SARS patients who were not identified promptly.
- 12% of respondents reported that they were aware of circumstances where they or other nurses or health care workers were not listened to when they reported possible SARS symptoms in patients. The rate was higher in SARS hospitals (14.2%) than in non-SARS hospitals (8.8%). All of these respondents mentioned raising concerns regarding transfers of patients, hearing about other facilities (particularly North York General Hospital) through the media and having difficulty getting doctors to screen or assess patients.
- Respondents provided a broad range of suggestions regarding how the spread of SARS and the health risk created to workers could have been dealt with within their facilities:
 - More or better communication, information and/or instructions
 - PPE worn earlier and at all times
 - More attention by management and other leaders to what nurses and other front-line staff said
 - More or proper isolation or negative pressure rooms
 - Better infection control practices
 - More thorough screening

- 17% of respondents stated that their employer arranged for transportation for staff on working quarantine; 62% did not know if their employer did this.

9.0 Compliance with MOHLTC/Facility Directives

- 48% of respondents reported that they witnessed failures to comply with MOHLTC or facility directives during the SARS outbreak by physicians, screeners, visitors, patients, nonprofessionals or professional staff; 40% did not, and 12% were unsure.

10.0 Additional Feedback

- 66% of respondents identified sources from which they sought the latest information on SARS. Examples included:
 - Internet/computer/web (271 responses, 27.9%)
 - News/media (266 responses, 27.3%)
 - Newspapers (186 responses, 19.1%)
 - TV (175 responses, 18.0%)
 - Hospital email/intranet (164 responses, 16.9%)
 - Email (119 responses, 12.2%)
 - Ministry of Health and Long-Term Care (110 responses, 11.3%)
 - Bulletins/memos/postings (109 responses, 11.2%)
 - Management (77 responses, 7.9%)
 - Work/hospital (general) (61 responses, 6.3%)
 - Co-workers/word of mouth (48 responses, 4.9%)
 - Infection control (47 responses, 4.8%)
 - Radio (44 responses, 4.5%)
 - Meetings/forums/briefings (29 responses, 3.0%)
 - Hotline/telehealth/voicemail (26 responses, 2.7%)
 - World Health Organization (25 responses, 2.6%)
 - Ontario Nurses Association (21 responses, 2.2%)
 - Public Health (19 responses, 2.0%)
 - Communication/SARS binder (12 responses, 1.2%)

(Note that the question used to collect these responses was open-ended, and the answers were not mutually exclusive. For instance, “Internet” could be the ONA website, “bulletins” could be ONA bulletins, and “news/media” could include TV.)

SARS and Nurses

Selected quotations from the Hay Group/ ONA questionnaire

Introduction

The ONA's 2003 survey of nursing experiences during SARS garnered 1,536 completed questionnaires. These respondents replied to a series of questions ranging from impact on family life to experiences with personal protection equipment (PPE) to how health institutions addressed health and safety issues.

The thousands of comments supplied by ONA members are too many to include in this report. Following is a sampling of the answers given by the nurses in their responses. The complete list of questions and all replies can be found in the documents archived by the Commission.

Q1.4 Do you still experience any residual symptoms that you associate with your exposure to SARS illness? Please explain.

The fear of contracting SARS is still very strong. We see 60 patients/day in my unit, as well as assisting with bronchoscopies. Hopefully none will ever have SARS.

Fear of going to work sometimes. Anxious. Repeat tasks at work, easily frustrated at work and home. Want to be alone lots of times.

I hated to see my children upset because I wore a mask. They couldn't ... hug me. People in other cities were relieved I wasn't going to see them.

I still have periods (especially when discussing SARS outbreak) when I am teary eyed and angry that as front line workers we were put at such a high risk to contract such a horrible disease.

Only stress related. Also I find after any type of activity my muscles are very sore but it is improving. My shortness of breath is improved greatly.

Still become fatigued easily. Short-term memory has been affected. Unable to do the physical things I did prior to SARS. Short of breath with exertion.

Q1.5 Describe the impact of SARS on you and your family: personally, medically, socially, emotionally.

While placed on work quarantine, being “trapped” at home alone was very hard and I felt a lot of sadness and loneliness.

Personally we were all stressed out because of little information and when information was received confusion with daily changing of directions and the fear of the unknown if I should bring something so serious to my family.

Personally and emotionally traumatic as classmates of my son were pulled out of school when he went. My ex-husband refused to care for his son during my quarantine to rule out SARS for fear of exposure.

Afraid of spreading SARS to family nightly depressed. Getting very hypoxic at work wearing N95 mask. Broke out with facial rash around mask. Friends did not want to meet us as healthcare workers.

Family worries about SARS and they don't want to come to visit me. Not welcome to visit them.

Fear that I may contract illness and bring it home – spread it.

Fear. Job not worth risk of dying for. Lack of trust that nursing was being protected.

While no one at home got SARS, my children were very afraid that I would get it. They asked me every day if anyone at work had it. My children are 15 and 12.

Emotionally draining. There was fear, anxiety, a feeling the hospital may not be telling you everything. Then, we became one of four SARS designated hospitals and that was just thrust upon us with no input. I found out by watching TV news.

Made me realize the high risk involved in my career. We are so susceptible to these new viruses. Reinforced the good practices of good hand washing, the ease of spread of this disease.

There was not a lot of information or safety being a front line caregiver. I really feel that it was only luck that kept a lot of medical staff from dying.

I experienced stress and anxiety re working in critical care with full isolation. Precautions instituted throughout 12-hour shifts. This caused fatigue, headaches, difficulty concentrating. My family worried re risk of exposure to me and them.

My family was afraid for me and themselves. They also wouldn't tell anyone that I was a nurse.

For the time of the two outbreaks didn't attend any social functions, didn't visit grandchildren, cancelled a conference, limited contact with people in crowded areas ie: stores, grocery shopping etc. The neighbours, relatives would not visit from out of town ...

My family were worried I would get sick. Friends reluctant to be exposed to me or my family. I already have a disease – well managed and stable. SARS could have changed that or could have been fatal because of my disease.

Wearing a mask, gown, gloves, and goggles for entire shifts for weeks on end was exhausting. I came home and slept for 1-2 hours after each eight-hour day for the first two weeks. Not seeing anyone smile because of the masks was depressing.

Every day there was anxiety about the uncertainty of possibly having contact with SARS and bringing it home.

Worried about bringing SARS home to family. My daughter was married end of April. Worried family would be quarantined, some guests cancelled.

Did not go out much – family worried I would bring home – didn't see my grandchildren for many weeks, forced isolation to protect my own.

Hesitant to say I was a nurse as some people in general public were afraid of nurses. Didn't go out much as we were advised not to mix with large crowds.

Workers from other parts of the hospital backed away from us once they found out that we work with SARS patients. Parents at my daughter's school weren't as friendly. My husband was fearful for me. Social activities were cancelled.

I absolutely hated my job. This did take a toll on my patient care, which only further increased my anxiety.

Totally devastating on family life.

It felt like being in a war because of the danger element. We were also shunned by others who were fearful of being contaminated by us because I am a nurse.

I was not prepared for how working with SARS patients would change my professional and personal life. The unit became like a war zone with fear: high anxiety amongst all the staff. Personally I was shunned from common places in my community ie the school my children attend.

Loss of shifts due to bed closures very frightening – fear of the unknown ... did not want to tell people where you worked as felt shunned.

Being the single parent of two children, and their sole supporter it was quite frightening at first especially as more staff were contracting the disease. But I adjusted and learned to cope. I reassured the children and they believe in me.

My ill husband's homecare nurses refused to care for him because SARS in my hospital. Moved him to relatives outside city for care. I was quarantined and barred from several hospitals when trying to take him for appointments. I was in physio for injury – treatments cancelled, impaired my recovery.

I hated going to work and putting me and my family at risk; I feel that I did not sign up for this. No choice in the matter.

I was mostly angry at the lack of info that we received from our hospital. I never knew whether there were ever any SARS patients in the hospital. Reading memos and info takes time and often we were too busy with patient care to read these in a timely fashion.

Slept in a separate room from spouse, family wore masks at home.

Socially, some friends afraid to have contact with me and my husband. Unable to visit elderly grandparents in nursing homes. They didn't understand why.

I was on work quarantine once for 7 days. It was difficult to wear a mask at home when around family members, difficult to breathe, often just went to my room so

didn't have to wear mask. Older son got groceries. Afraid my 12-year-old son would be alienated at school.

I am scared for next SARS. I will not work in SARS unit again!

My spouse was the most fearful that I would contract SARS. He was worried for my health and also for our family. When I got the call that I had to do quarantine, I'll never forget those words "there has been a breach in the isolation technique" and that I may have been exposed. I burst into tears.

Barred from social family events. Husband insisted that I stay away from his children, grandchildren. I felt I had to conceal fact I was an RN from other acquaintances also. My doctor for 35 years insisted I stand outside his office building while I waited for consultation.

Very difficult and uncomfortable due to double gowning and gloves, shields, goggles, hand cover, hot inside the room, difficult to breathe due to mask on face. I tried hard to restrict social activities or no socialization at all, keep all clothes and things separated from the rest of the family.

I was isolated from my grandchildren for 6 months by my worried son. I missed them.

Very much isolated from loved ones. My family thought I was going to die. I was very drained physically and emotionally. In fact, I was asked by my spouse's company to quit or spouse to quit for the company's staff safety.

Very scary[,] not enough information given to us by hospital. Difficult to get the right mask. Unable to see family for a period of time. It has brought fear in me that has never gone away.

My family was apprehensive and frightened for me. They think that I should quit nursing – it's unsafe. My social life was NIL. I felt emotionally drained and tired and lonely.

Terrible. Developed panic attacks. Went to physician for Ativan. Had fights with husband and teenagers.

Personally, many people did not want to see me at all. When encountered people on the street, people would move away as quick as possible when they heard I was a nurse at North York. Even my dermatologist couldn't get out of the office quick enough.

I was stressed emotionally by the hospital's attempt to bring in a specific SARS team and the miscommunication that was involved. I was "in charge" during this time and felt that I had all the responsibility and no control.

I experienced fear ... and social isolation from family, friends and strangers. We weren't provided with adequate education re: updates and SARS. Led to frustration, anger, resentment towards my hospital and profession. Morale was at a low. Isolation gear worn fit unwell and exhausted.

I was afraid for my life and that of my family. When in a charge nurse position I assisted at hospital-wide codes and did not feel we received the appropriate equipment needed for protection.

It gave me a different outlook on life and made me realize how hazardous our job really is, when I looked after SARS patients and when SARS patients were in our unit. Isolated myself from my family and very depressed and worried about being a victim and still have paranoia. Nursing will not be same.

It is indescribable. I felt scared, isolated, anxious. There was no leaving work at work. I dreamed of it. It was all anyone talked about. It was all over the TV. No getting away from it.

My best friend refused to have physical contact with me; I was refused a cab ride to hospital; I was shunned by a clinic to have a non-medical procedure performed; I can't describe the magnitude of stress felt over my job and discrimination experienced.

Fear of family members. Felt like a leper. My children were not allowed near some other children. Nightmares 1st few days. Husband had anger towards me when my mask fitting failed after I worked on SARS unit.

Q1.6 Have you suffered post-traumatic stress as a result of the SARS outbreak (i.e., depression, anxiety, sleeplessness, fear tendency, nightmares)

Concerned about my future as a healthcare provider. Have no interest in providing "hands on" healthcare nursing.

What will be next? Will SARS or something worse return? I no longer feel safe going to work.

Afraid that SARS will return, afraid to get sick and die.

I feel mixed emotions daily about working in healthcare.

Fear of masks, hate my job now.

Anxiety has increased greatly. Very concerned (suspicious) with anyone with respiratory symptoms.

We all live in fear of the return of SARS and the threat of having to care for SARS patients with no training.

Anxiety. When will it occur again? What will be the next outbreak and will it be worse?

Yes. The whole experience was extremely stressful. Our unit was short staffed all the time because nurses could not work in other hospitals. I was asked to do overtime. Currently suffering depression and on antidepressants.

Depression, anxiety, sleeplessness, stress. I will not work in the nursing field again as we have to wear the isolation gear constantly. I don't get paid enough to die for my job or put my family at risk.

I feared for my life every day.

I've seen a psychiatrist due to feelings of insecurity, tensions, squabbling at work related to who should/should not be sent to work in the SARS unit. I was told because I was junior staff I would have to work there whether I wanted to or not. I've become adjusted to working in that area.

I have been off work since July 7. I have been diagnosed with depression, but I feel it may really be PTSD.

I went through a very emotional period this summer, where I would break down and cry for no reason. I am concerned about a career change.

I noticed my youngest child voiced concerns and appeared anxious when I was going to work. This always made me feel sad.

I experience sleepless nights in which I lie awake and wonder what if. What if I had gotten sick, what if it returns or something worse attacks us. What do we do?

Would like to leave the hospital and I'm distrustful.

I find I have become extremely nervous in dealing with the public. I don't want to speak to patients or visitors without wearing a mask.

I now hate my job, depression, not sleeping.

I quit my job and found a safer one. Feel much better now.

I feel isolated. Do more research for myself to look out for myself. The hospital only cares about money and how they look to the public and media.

Depression. Wondering what future of this profession holds.

Still have a little fear – which was brought back when having the mask fit testing done recently. Fear of it happening again and wondering if I will be lucky again.

I was depressed. Felt like I did not want to save lives anymore.

Never had a nightmare from work, except when wearing the mask. I was upset with my decision to become a nurse. I continue to reflect on my choice to be a nurse. I mean I could have been anything. Why did I choose a profession that put my life at risk with very little benefits?

Some days I feel extreme anger, other days, anxiety about being at the hospital, afraid to take off masks. Some nightmares of disasters.

Angry, agitated, argumentative at work. Became quite withdrawn at home. Felt that no one could understand it without going through the experience.

For the first month and a half my moods were very up and down. I cried a lot. I was unable to deal with my 3 children. Noise bothered me a lot. My sleep was very interrupted.

As well my partner was let go from his job because of association with me. He was told it was a restructuring but he was treated with such disrespect by his employer of 8 years.

It is often the subject of dreams. Fear of possible future exposures.

Q1.9 Has SARS and the response to it changed your attitude towards the nursing profession? If so, please explain.

It has made me prouder of my job. I have been happier in my job, mainly because the situation proved what nurses are made of. We pulled together as did other members of the healthcare team – that touched me deeply!

As front-line workers, we are at extreme risks, but often employers do not react quick enough to protect their employees, putting them at increased risks.

Thought about leaving the profession despite a usually positive attitude towards nursing. Still a thought if I feel like I will be forced into performing tasks/duties without adequate training.

Realize it's every man for himself. Management took care of SARS but no one cared for the caregivers.

Do not want to provide "hands on" nursing care. No, little or any protection for healthcare providers dealing with the unknown.

It opened up my eyes again to the dangers that surround the nursing field and makes you really think more re: your profession as it is really not appreciated and recognized enough.

Since I trained in the 70's, isolation techniques have not been taken as seriously by the new grads as they figure there's a drug for everything.

Learn to look out for yourself and trust your instincts. When in doubt, be extra cautious.

SARS has helped the general public witness the importance of our profession and will help build more respect for it.

A wakeup call to return to better techniques – cleaning[,] housekeeping, infection control measures, swabs, keeping infection data etc.

I would not encourage someone to enter nursing.

There is no room for a casual attitude.

After 30 years of nursing, I feel the risks aren't worth it. This is not what I went into nursing for.

I feel that nurses were the front line workers and needed to be listened to more than they were.

Nursing has always been about caring for others. Nurses now have to speak up for themselves and not rely on administration to protect us.

It seems to me that we had become lax in isolation protocols and in general "clean" ideals over the years. Visiting hours and protocols seem non-existent and patients and relatives have a full run of hospital. Need to return to a more regulated policy of visiting.

Just to be more protective of my health. But I will still nurse and enjoy it.

Things do seem to be getting worse. I am beginning to feel like nursing is almost not worth the risk anymore. The pay we receive for working in these circumstances is very poor. I am not sure anymore whether being a nurse is worth risking myself or my family and friends.

I still enjoy my work. I find it fulfilling but I am very concerned what I will be potentially exposed to and or expose my family to in the future.

Who knew my work could kill me or my family?

If this is the new normal ... I would have quit two years ago. Now money is really the reason I go to work.

Distrust of upper management. It felt like they were more worried about budget and public opinion then caring for their staff.

Aware that self-protection as well as good technique with patients is more important than ever. Even more devastating illnesses could come along. We're either a "bridge" or a "defense wall" to their spread.

Nurses are devalued. Any other profession in the same situation would have received danger pay. We literally suffered; rebreathing our own carbon dioxide and soaking in

our own sweat – feeling like we would pass out. Many people got headaches from the masks.

I really hate wearing protective garb. It takes away the personal feelings with patients ie. speaking with patients in crisis, behind a mask.

If another outbreak, I would consider retiring.

For the most part I always felt I had the control to protect myself ie being vigilant, re needle stick TB exposure. But with new disease ... the risk factor(s) in this career have increased significantly.

Have never seen anything like it in my 30 years of nursing. There is now a “new normal.” I’m managing for now. Not sure how long I want to continue to nurse.

Couldn’t work through it again. Not enough staff. We are all burnt out[,] it was overwhelming. It was frightening[,] I was scared for my family.

I enjoy nursing however I feel that the upper management had no clue re: the care involved in nursing a SARS suspect/probably case.

Yes, I feel that nurses’ opinions need to be respected. ie. the situation at NYGH. I also felt that my hospital lessened the SARS restrictions too soon. I am proud of all the nurses who cared for SARS patient and I grieve the ones who lost their lives.

I feel very vulnerable to life threatening illness. I don’t feel confident that we will be protected. I was planning a move out of the city. SARS just hastens my decision.

Despite the stress related to SARS I realized that this was a crisis, and this was my duty to be a nurse who could make a difference. My 82-year-old aunt sent me a thank you card that referred to me as a “hero.”

I was always aware that being in the profession could one day cause my death. But I never realized how easily my family’s health could be compromised [-] not even the police nor fire prevention departments have this concern.

We must not take things for granted. We must be vigilant. Rigid personal cleanliness specially when in close contact with clients. We need more counselling and info RE: SARS.

You can see the nurses who are dedicated and not nursing to “just make money.” I respected a few of the nurses more than I used to.

Each and every day I asked myself why am I exposing myself and my family to this. If I wasn't so financially in debt I think I would have left.

If it happens again I will leave. I had to wear full gear daily for 6 months for my full 12-hour shifts. Too hard on my family. It is not worth potentially making my family sick or kill them.

I'm embittered that we worked so hard in emergency to protect everyone and were not appreciated by the rest of the staff in the hospital and in fact emergency was treated like a leper colony.

It brought out more sense of belongingness and great pride for the nursing profession for toughing out such exhaustive outbreak.

Nurses as front line workers are in more danger of being exposed to an illness or disease, but are not appreciated by the healthcare systems, or the media/public, as so. We expose our quality of health when at work, but it goes unrecognized.

Emphasizes the crisis in healthcare in this province. Nurses overworked, underpaid. Hospitals understaffed. The low pay, job stress, and heavy workload aren't worth dying for.

I am so proud of myself and my colleagues who worked together and bravely faced our fears and still cared for our patients in spite of terrible discomfort – but I'm afraid of the next outbreak of whatever – can the system not break down?

I still love caring for patients. However I find administration and the public don't seem as concerned. E.g. administration has all its policies in place to protect itself but when it comes to staff we're on our own. Managers on call unable to answer questions.

Some people displayed selfishness that made me wonder why they are in the profession.

Don't trust the hospital, patient or system to protect me. The masks we were forced to wear failed the “mask fit test.” Now 5 months later now I am to be fitted and tested in another way by Occupational Health.

It amazes me how inconsistent the occupational health is in different places [-] there was no standard procedure.

The poor morale and increasing anxiety/frustration is enough to make all of us find new careers. We never saw our CEO during the crisis, our director was not very helpful or supportive; but administration has done nothing more than pay lip service to show their appreciation.

Paradoxically, it has strengthened my resolve to stay in the profession.

Once again it was obvious how the system could not have succeeded without nurses, yet we have fallen back into the same scenario post SARS. We do work in a profession that can be life threatening but we are certainly not compensated for it.

I still love nursing and knowing what I know now I would still choose to be an RN but now there is a sense of danger that comes with being in this profession that wasn't there before.

Do not wish to care for these patients. Training took place after SARS outbreak – way after outbreak occurred. Feel government and management dropped the ball too early – hence SARS II outbreak.

My attitude has become more negative. I feel the government views nurses as expendable. The “new normal” is acceptable only to those who don't have to work in it. Nurses are generous giving people, but I don't think we should have to “give” with our very lives.

I always knew this was coming – I thought perhaps we were better prepared. My fear is it will happen again. Are we really ever safe?

Q2.5 Did your facility have adequate isolation/negative pressure units throughout the SARS outbreak? If not, at what stage did they have adequate isolation/negative pressure units and do they still have them?

I don't think it was always a question of adequate isolation/negative pressure rooms, but a break in compliance. People got tired of goggles they couldn't see with or masks that bothered them and with no one supervising became non-compliant.

Never. Very poorly organized!! Infection Control Manager was terrified and did not know what to do.

There were NO windows in the doors of the rooms until SARS2 (only for ICU patients). How can you adequately care for someone if you can't see them?

Q3.5 If you were not provided PPE at the beginning of the SARS outbreak, were you required to wear PPE at any subsequent time? If so, when?

Basically the masks were in poor supply. You had no choice. You had to cope with what was available. You had no choice. They were too big, very claustrophobic, itchy, irritating to the skin and very difficult to breathe in for any period of time.

It was the respirologist that expressed concern near the beginning of the outbreak that we were not adequately protected. Hospital provided the things when that MD made his suggestions. Did not happen as quickly when nurses voiced concerns.

Q3.8 Were you given clear direction at all stages of the SARS outbreak as to what PPE you should be wearing and in what circumstances? If so, by whom?

They kept changing the protocols. Everyone was going day to day because no one knew for sure.

Directions changed every shift. You really didn't know what could be happening.

Yes, but it was very confusing. Communication was not consistent throughout the hospital ie each unit seemed to be doing thing[s] different.

Nursing managers were very considerate in keeping us informed as to what to wear etc. As well the unit educator and the screening personnel.

Our infection control team was phenomenal in their efforts to ensure that we were protected and kept up to date on all changes and directions.

Not in the beginning and after 1st outbreak we were told to remove our PPE – even masks. Nurses were very confused. Those who kept our masks on were told by our medical director to take them off, they were no longer needed even though we had many patients in ER at the time with respiratory problems.

Yes but it was a constant changing learning as we went. Old principles that have for some reason been ignored over the years as being old and unnecessary.

The information was often slow to trickle down to our unit even though well designated the SARS area. Often the info took days to reach us via memo from the infection control department.

Q3.10 Explain any concerns you may have had with the directions and/or the adequacy of the protection you were given.

Goggles were too big, masks were very heavy. I found it hard to breathe at times, increasing headaches, skin irritations.

I had no concerns. I always felt protected at work and felt we were kept up to date even though the direction from the MOH changed sometimes daily, even hourly.

The hospital seemed to be deciding for the staff how much protection we needed.

There were long delays between when infection control and upper management held meetings about protection changes and when that information was passed on to staff caring.

Eye protection kept changing. No one seemed to know for sure. They handed out one kind and then said we had to share, then handed out another kind and said discard the first pair. A lot of wastage.

Most of my concerns arose because this was new to all of us. There had to be uncertainties and I preferred to be told "we just don't know" than receiving information or direction that proved inadequate. Was it airborne or not?

Masks were horrible and even after being test fitted, manager had trouble getting the proper ones for each individual. Memo book was overwhelming and no one had time to read it all.

The magnitude and potential exposures were not initially recognized or known. This was understandable given the lack of knowledge. I do believe the hospital did do things quickly when risks were identified.

Nobody really knew what they were doing. We were to believe whatever they told us with respect to what protected us. They could only base the information on what they were learning on a daily basis. The 2nd SARS outbreak proved it was all a guessing game.

Q3.11 Did you experience any confusion around which masks provided the necessary protection? If so, please explain.

Certain masks were causing headaches and breathing difficulties, and still other tolerable masks were not readily available.

Masks that irritated my eyes. I lost a few sets of contact lenses because of the fibres in the masks. Manager did little to resolve the problem.

We were [guinea] pigs. Our manager was our hero. She battled for us on a daily basis.

Q3.13 Do you know/did you witness anyone who raised concerns about PPE? If so, when; with whom and what was the response?

Doctors did not always wear their masks and were spoken to by nurses that everyone had to follow the rules re: PPE.

Many of our staff did ... and we were belittled and shouted at.

There was questioning as to why everyone wasn't complying. We were told to do what we felt we should do.

Everyone hated them but we didn't get any response other than: this is the new normal.

Yes, many nurses raised concerns about PPE. However, I am one of the few nurses who believes that we were given the best information and equipment that was available at the time even though it changed from day to day as our understanding of this new virus became updated.

Basically all faces wore the same mask. Incorrectly sometimes.

Masks and gowns became very scarce and often we would have to recycle used ones.

People began to hoard masks when they became available and weren't considerate to others.

Q3.15 Were you ever told to reuse a mask (e.g., were you advised to save your mask in a baggy for use on another occasion)?

That made me so angry. The first two days we were asked to put masks in [a] baggy and bring them in a bag next day. I did not do this – I didn't want to carry that thing home to my family.

We wore them into the cafeteria but everyone did something different. Some hung them around neck, others put them on hands, tray or table, dirty side down.

I refused. I felt this practice was unsafe.

Q3.16 Were you ever told that the cost of masks and/or other PPE was an issue? If so, by whom?

They complained about the cost of the masks (maintenance man) in charge of getting them. He told us to wear them till they were wet with perspiration.

Certain masks were put away only to be used by staff with breathing issues because they were too expensive for all SARS staff to use.

Some masks were more expensive than others and therefore deterred from being used.

I'm not sure who actually said it but we just got word in the OR that the duck bill mask[s] for allergic people were too expensive, that's why we were not getting the supply in the OR.

Management would send out weekly email indicating cost of SARS outbreak on the facility.

We were told gowns were expensive to use and not to use even if we wanted to.

Save the budget for the hospital was said. A much bigger priority than nurses' lives and our families' lives.

I was told by an infection control nurse that I was using too much hand gel and gloves and that I was costing them too much money.

We were told that we had to cut back because there were not enough supplies because all supplies had gone to the war effort USA and Iraq.

Q3.17 Were concerns expressed about the perception created amongst the public from staff wearing masks? If so, please explain.

We are not allowed to wear N95 in cafeteria. They said this would scare the customers.

Towards the end of the first outbreak hospital asking for staff to take masks off, wanted the public to think things are back to normal.

Difficult to deal with small children – they are scared of masks.

We were not allowed to exit the hospital with masks on.

Patient confusion. Poor communication as sounds muffled. Poor eye contact and increased anxiety. Misunderstand and verbal abuse from family.

Public was alarmed but accepted precaution. Public initially fairly informed about the spread and how transmitted.

General public were concerned if we were wearing masks that we must have [had] contact with SARS.

One elderly lady I knew in hospital was quite scared by all the “masked” people. They looked like ghosts to her.

Our patients are elderly and some confused/scared by masks. Couldn't hear us or understand as couldn't see expressions on our faces.

When in quarantine and forced to work I had to wear mask from my car, walk two blocks from parking to my hospital[,] was harassed on the stand[,] had a pop can thrown at me, taunted by teens pointing and screaming SARS at me on the street. Residents complained to superintendent when I was leaving for work.

It was scary and felt like a huge barrier to care.

Our manager wanted the masks off quickly after SARS I, and we were criticized if we wore one.

We felt like we were lepers, outcasts, especially when we had to still go to work with no time off.

The public was very frightened about SARS and seeing staff wearing protective gear made them more frightened.

We all felt ostracized already [-] that just contributed to it.

Our hospital places more emphasis on perceived public approval at expense of safety of patient, public and staff.

I was concerned that some staff wore their masks on the bus on the way home – the public should have been concerned about that!

Originally we were not allowed to wear masks in hallway – told that we may be creating a “panic.”

When we went on quarantine after a night shift ... we were told to wear our mask in the car until we got home and my neighbours saw me and thought I had SARS.

Patients could not hear everything especially when they were hard of hearing or if they read lips.

The public treated anyone wearing a mask as a leper and would avoid us.

Q3.23 Did you ever experience any side/health effects from the use of PPE? If so, give the details.

Our unit is super busy. No such thing as a 5 minute break every hour! We got chest tightness with difficulty breathing, dizzy, sweating, raw hands from constant gloves, fogged glasses. Awful!

Our floor has inadequate ventilation (old wing) so the PPE made me very hot and increased my headaches and several times I came close to fainting. Red rash and exco-riation from masks.

Confusion, headaches, skin peeling, cracks from washing – redness from solution, tired.

I found wearing the PPE for 12 hours exhausting and I found by the end of 8 hours your level of awareness and response decreased greatly.

It was a horrible experience, I could hardly see due to fogging and I was entirely soaked, my uniform under the Stryker suit was wet, my hair was wet and my hands were wrinkled like after a long bath. I could not leave the patient, since she was too unstable. There was nobody to relieve me.

Had panic attack when I could not breathe or see through my extremely foggy goggles and face shield.

My throat was constantly irritated wearing the N95 mask, I always had the sensation of a hair tickling my nose or little bugs crawling around my mouth and nose. Also fatigue from high CO₂ levels.

Fatigue, moodiness, acne! I was pregnant and had a miscarriage. Could it be related? We will never know. Two other females in my area had miscarriages.

My doctor told me I had “mask-induced asthma.” I have no history of asthma but needed to be on steroid puffer while wearing the masks. That is why I tried to switch to latex-free.

I'm [a] claustrophobic person, so that I felt SOB [short of breath] all the time with mask (face shield). Also my face broke out rashes from the irritation of the mask. Dermatologist consult was not available until the whole outbreak was over.

A headache every night. For weeks, I felt very lightheaded at work and would become confused “hazy.” I required a lot more sleep. My skin totally broke out with acne.

I had terrible cankers/mouth ulcers after the first month of wearing the masks continually. Also, I have had terrible “bouts” with migraine headaches, which are new for me. Both of these issues have been treated by my family MD.

We checked our O₂ saturation levels after having worn our N95 for over an hour. Our saturation levels were less than 94%, yet when the masks were off, we had saturation levels greater than 97-98%. That's significant and helped explain our exhaustion for days after.

3.34 Did you raise any concerns with management regarding the side/health effects of using PPE? If so, what response did you receive?

We were told we would have to get used to it or consider working elsewhere.

Was given opportunity to try masks less irritating and they were made available for my use.

They apologized for the ill-fitting masks and employee health did manage to find more comfortable ones.

It was discussed. Nothing could be done except trying different masks.

We mentioned our decreased oxygen levels with masks on. We were encouraged to take frequent breaks in order to remove masks.

Not much was done because PPE were a necessity and there were not alternatives at that time.

One of the doctors suggested we should have an oxygen bar to go to on breaks – management just laughed!

Response: you've got to be kidding! We're nurses we're expected to do our jobs. We were actually told that if we couldn't deal with the conditions and dangers involved in nursing we should not be in the profession.

I was treated rudely and made to feel that it might not have been ... mask related. I mean we could say 100% for sure but it was the only thing I had on my face and since it have not had any problems. Started wearing "duck bill mask."

Nothing could be done – had to wear a mask. It was something I just lived with.

Q3.25 Did you need/receive any accommodation regarding the use of PPE? If so, provide the details and any problems you experienced.

Management provided good supply of bottled water to make us more comfortable and [kept] us updated.

We were told about the five-minute break per hour “take off mask,” but workload didn’t allow it most of time.

Were given increased breaks away from the patient care area to remove masks and equipment.

I was assigned to a SARS patient without PPE instruction; I had to ask someone for instruction prior to going in room.

We were encouraged to take more breaks although staff was not available to do so, we were provided bottled water for our breaks.

Q3.26 Prior to the SARS outbreak, had you ever been formally fit tested and/or trained and instructed in the care, use and limitations of PPE?

Q3.27 After the SARS outbreak were you fit tested and/or trained and instructed in the care, use and limitations of PPE? If so when (i.e., first outbreak, second outbreak, or actual date if known)?

This was normal isolation procedure in the 1970’s. Things have become very different with less precaution in recent years.

We were fitted for N95 masks, but not until after the second outbreak was almost over.

Not fit tested. Took self-study course on isolation precautions and trained years ago on isolation.

In the USA but not here in Toronto.

After 2nd outbreak, but fitting was up to individual to have it done in a testing area.

I had my mask fitting on July 31/03. The mask I wore throughout the SARS was the wrong type.

My fit test was after the 2nd outbreak and after I was quarantined for exposure to SARS in June. Only was fit tested, no instructions on care/use or limitations.

It seemed that 1st group of people fit-tested were management, not the front-line bedside nurses.

Q3.31 Were you ever advised of the importance of wearing properly fitted masks? If so, when?

I was not personally told this but ignorance is bliss. Like I said, we wore masks for a weekend only to be tested Monday morn to fail.

From the start we were advised of importance. However no one was sure if they were fitting properly.

Q3.32 Did you have any discussions with management regarding fit testing? If so, what are the details?

I felt that it was too late! I guess we may be adequately protected for the next outbreak.

It was very discouraging to have mask fitting sessions after all was over. How unsafe were we from the beginning[,] did they care or didn't they know the importance.

I know SARS has been a huge learning experience, but there should have been previous fit-testing, and even now it's the end of August, why have I not been fit-tested yet? Nurses should be fit-tested first.

She was upset because if she gets me a special mask "my budget goes through the roof."

Many could not get a fit test done because the times were fully booked.

I was very upset that fit testing started many weeks after we had been potentially exposed. The masks I had been wearing prior to testing all failed.

It was difficult for emergency nurses to leave to get tested for 1-2 hours. Extra staff wasn't available to cover. Eventually, some fit testing had to be done in the ER to accommodate (during 2nd outbreak).

Why were we not fit tested prior to SARS?

Q3.33 Do you have any knowledge of and/or did you witness anyone having any discussions with management regarding fit testing? If so, what are the details?

When one nurse asked why she was not being sent home until proper masks were here, she was told: "Can't afford to send you home! Too many people don't pass the fit test."

Staff that did not pass were 1st told not to report for duty, but then due to staff shortages did return.

One staff was sent to crisis intervention after she failed the fit test several times and became upset and concerned for her safety – inappropriate!

Every effort was made to protect our workers, as far as I could discern.

There were questions being asked by staff all [the] time and above answers were given. Above was written: We can't afford it at the present, we are not on the list yet, we are at the bottom of the list, there are not enough fitters in the Toronto area.

Q4.2 Were you ever discouraged from treating SARS as a health and safety issue? If so, by whom?

When staff failed fit test at peak of 2nd outbreak still expected to work with the potential for exposure.

One of our staff physicians said "we nurses were crazy to look after these patients."

Q4.3 Did you ever feel that your health and safety were compromised at any time during the SARS outbreak? Please explain.

Lack of effective and timely communication along with leadership led to confusion and improper infection control practices thus exposing staff to potential dangers.

The workload – not able take breaks – leads to exhaustion and carelessness regarding use of PPE.

There was no information about the disease or its transmission. It was not treated seriously at the beginning.

Who do you trust?

The hospital is dirty. I was afraid to touch everywhere.

An anesthetist provided an epidural for a labour patient during the outbreak without proper PPE in place and then informed staff she [had] just intubated a suspected SARS patient.

The entire time other healthcare professionals were constantly becoming ill and they were wearing same protective equipment?? Who was going to be next???

It was my opinion that the unit on which I worked “let down our guard” too early. We stopped wearing masks prematurely.

I was torn between staying and quitting because my husband was scared. I wasn't eating very well, worried I might develop low immune response and get sick.

Who wouldn't be scared when you see and hear how many healthcare workers got infected.

Physicians who did not comply with precautions despite being reminded to do so caused increased safety concerns.

Felt threatened at all times.

We had a constant running battle in terms of visitors. For a period of time they were not allowed. When they came we felt they should still have been kept out. SARS screening and PPE for them was not good enough. Visitors routinely wore PPE wrongly. Sometimes people would sneak in. They often lied about contacts.

Staff seemed to be getting sick no matter what precautions we were taking.

Isolation doors being left open! Discarded PPE on the floor! Patients with respiratory symptoms almost being sent to a retirement home until staff questioned the decision – patient was later found to have SARS!

I was exposed[,] visitors were sneaking in and the instructions as to what is safe [were] always changing.

We were told too many untruths by our medical support team.

No one seemed to really understand how the transmission occurred, therefore you felt vulnerable even wearing PPE.

When doctors removed their mask after they have been in emergency or other areas and they came to our unit.

Constantly. Many staff did not wear their masks on units so on phones etc. Managers walking all over the hospital without PPE.

Q4.8 What hazards/concerns arising from SARS, if any, did you bring to the attention of management and/or the Joint Health and Safety Committee (JHSC)? What was the response?

Some people not following procedure – management spoke to them.

There was reassurance but I detected they were or felt as helpless as I did.

Visitors not following instructions to stay away or limit their stay during visit. Some are very persistent to stay.

During the outbreaks, I was concerned of the limitless entry of visitors. Many hospitals up to this day do not let visitors in. Visitors must wait until patient is returned to their respective units.

On a couple of occasions, I informed my patient care manager of patients/visiting without being screened at the entrance or phone screened. My patient care manager immediately took action and changes/recommendations were implemented.

We were concerned about the stress of the whole situation. Fear of contacting SARS. Response was nothing really 'til the end we were given one day of relief.

At the beginning of the first outbreak when people who knew we were nurses or our children's mothers were nurses – what we should do i.e. sending our children to school – not socializing or hugging anyone in case we were passing on SARS to them.

Physical exhaustion as well as mental – nothing done about it.

Public wearing the visitors tags were collected in a plastic bag, and handed out again – no sterilization, very receptive.

Paper towel dispensers are not proper for good infection control. Nothing yet has changed.

I constantly suggested that a few responsible managers should run the show so we know who was in charge but there were too many managers – no one truly responsible or accountable. Response to this ... not appreciated.

Q4.9 Did the JHSC meet more frequently during the SARS outbreak? Did they communicate with you?

Sometimes little communication back to the staff nurses. We often felt like we were in the dark with most recent info.

It was like pulling teeth with a wrench!!

Q6.1 Were you quarantined (home or working quarantine)? If so, for how long and how often?

What the hell is working quarantine? You should either be quarantine[d] or not. I did not agree with this approach. How do you get to work and back without jeopardizing the public.

It was a joke! I had unprotected exposure which was not observed until 9 days after. I was then placed on home quarantine for 1 day. Then on day 14 I was called by public health saying my quarantine should have been 14 days instead of 1.

Working quarantine had to be the most stupid thing ever. Either you are quarantined or not. Too much opportunity to compromise the quarantine technique.

Q7.1 Were you regularly informed of the MOHLTC directives, including updates? If so, how?

Our administration was superb in doing this on a daily basis, updates came regularly.

Hospital email not easily accessible for most. I would check before going to work on my home computer because there is no time when you're at work.

I believe information was withheld from time to time in the interest of panic.

Q7.2 Were the directives explained by your employer or anyone else? Please explain.

They were very good. I read all of them. I felt the communication was really important. It looked like the administration was being “on top of things.”

Staff were updated continually – at one point with daily staff meeting by unit director.

Regular open meetings were held weekly.

The employer/infection control explained directives. We never directly saw any directives – our unit manager also had talks with us daily at one point.

Occasionally – however the explanations were not consistent.

The email info was daily and we were to read and ask questions if we had some.

They were very good. I read all of them. I felt the communication was really important. It looked like the Admin was being “on top of things.”

Sometimes. Different resources had different answers.

To best of employees' ability. Often employer was unsure exactly what was being directed.

Ministry of Health directives were posted where everybody can read regularly.

It was passed to management to pass to staff nurse. Often the info was skimpy and ambiguous by the time it reached the next shift, or the shift after that. Usually info was passed verbally.

We were regularly informed, but what we were told seemed to change, literally, by the hour so I don't know if they were updates or incompetent communications.

Q7.4 If you were advised of/read the directives, did you find them confusing? Please explain.

Directives were confusing, cumbersome, changed daily if not more frequently. There was no way anyone could be certain they were doing the right thing.

I believe the entire situation was confusing and it didn't matter what the directives said. Everyone was confused and nobody knew anything for sure.

Too long – more concise would have been better.

At times contradictory. It seemed filtered and possibly to suit CEO/management not staff.

There was no evidence base to support many of the measures. It is difficult to make intelligent people do things when you can't explain why.

They changed so frequently, it was hard to stay current, especially when being off work for a few days.

Q7.6 To the best of your knowledge, did your facility follow the directives? If not, provide details.

They seemed to be scared to make any decisions, concerned to rock the boat – sent unit the directives via computer but did not enforce them all.

Many MDs were slack in their infection control practices.

Many service staff working in stores etc. not wearing PPE justifying it because they work in remote areas of hospital.

After the 2nd outbreak we were treated a little humanly, otherwise to administrators we nurses never exist.

Unsafe conditions, dangerous to patients. Could not get help quickly when patient crashes. Baby monitors infection for isolation room. Could not see monitor and gear on.

Visitors were the largest issue – the hospital totally abrogated responsibility.

I didn't think they did. There was an air of arrogance, defensiveness by senior management.

Q7.7 How was the March 29, 2003, directive requiring PPE to be worn by “all staff when in any part of the facility” applied in your facility? Were you and staff members in your unit provided with PPE consistent with the latest MOHLTC directive?

MDs came thru wrong entrance to hospital and did not do SARS screening. We saw them enter through Emergency. We reported to our nurse manager.

We never had unprotected exposure to any SARS point in our hospital. We were met at the door with the appropriate PPE for the area we worked in, along with a handout and signage.

MD's refused to co-operate[,] only wore PPE if it was demanded by the nurse. On one occasion, I refused to assist MD because of safety for the patient and myself.

Q7.8 How was the May 31, 2003, directive requiring full SARS precautions (PPE) to be worn by facility staff “in all patient care areas” applied in your facility? Were you and staff members in your unit provided with PPE consistent with the latest MOHLTC directives?

This was not fully applied. That day was the only day I was told I did not need a mask. I had no mask on and guess what – I was exposed to a suspect SARS patient.

I felt like that we were “closing the barn door after the fire was started.”

It was very strict. Even when the government said the outbreak was over our hospital insisted we continue to use protective gear. I know of a few that didn't and it turned out disastrous.

It was very hard to follow all directives but the fear of SARS drove us all to compliance.

Q7.9 Please provide any further comment about the directives.

The directives were hopelessly general and open to interpretation.

I just want to forget about that period.

On the whole it was all dealt as well as could be expected on such short notice. Everyone tried their best. Well done.

I felt that the people at the POC were not really aware of what was involved in hospital work and patient care, so the impact of directives was not always thought out in advance.

As nurses we need to be allowed to use some clinical judgment on when/where to wear PPE.

It is okay to have directives. Please ask the front line workers for inputs. Do not treat us like a cattle ranch and one kind of masks does not fit all. The MOHLC should try wearing an uncomfortable mask for 12 hours and then come and talk to me and tell me what to do. Treat us with RESPECT.

It was much too late, many of our staff were already sick with SARS by then.

Will it ever be over?

It seemed I learned more from TV or friends. No one ever seemed to know what the right thing to do was. Complete disorganization and utter lack of communication. Pitiful.

People are still wearing their PPE at times when caring for patients. I think they are still scared of the unknown.

They made a concerted effort. It was a learning experience for everyone. It wasn't perfect at the time but we learned from it and would be better now I think.

Nurses were compliant, physicians were vague and occasionally mocked our ideas, blaming ONA for being too fussy.

I was afraid of dying.

Q8.1 Are you aware of any situations where patients were exhibiting SARS symptoms and were not appropriately dealt with (e.g. not placed in adequate isolation, not reported to Public Health)? If so, please provide details.

Patients were not always screened properly or not at all. Placed in wardrooms only to find out two days later that they have possible symptoms.

Public health was impossible to contact. Very slow response.

I simply did as I was directed by the charge nurse; I never had time to look into the directives on my own. Patient care takes up all my time and energy.

Nobody listens to the nurses!

Q8.3 Are you aware of any circumstances where you or other nurses/health care workers were not listened to when they reported possible SARS symptoms in patients? Please provide details.

People at times felt we overreacted.

The MD's opinions were more relevant to managers than the RN's who worked daily at bedside.

The nurses were spoken to very badly and told they were overreacting and dismissed their concerns.

We really had to fight to get to be heard. Symptoms were not taken seriously at times.

Q8.4 How could the spread of SARS and the risk that it posed to workers have been better dealt with within your facility?

Hand washing was slack and workers weren't properly trained.

Infection control measures could have been in place before the outbreak. We deal with communicable diseases all year.

Make the doctors accountable for ignoring the screening protocols.

Listen to the nurses.

All persons exhibiting symptoms should have been suspected until completely ruled out.

If we hadn't let our guard down 1-2 weeks early, the second outbreak would not have occurred or been as severe.

Listen to nurses!!! We are the primary care giver. ID team was not listening.

Protocols were changing every 15 minutes by the same person. Doctors didn't follow the protocols but the nurses did.

Never should have sacrificed healthcare safety for ministry of tourism. Nurses said that as long as we practiced safe measures we were safe. Once we relax – boom 2nd outbreak.

I think everyone was doing their best but because of the “unknowns” it was very difficult.

More communication, I am aware of the confusion, but I should not get my updates by the media; which is based on their interest.

Many of my colleagues who became “SARS” sick contracted the illness by going to another unit to help out. So the issue about staffing shortage is a contributing factor. Also at the ER level better infection control practices. Perhaps ER should have separate rooms for patients with fever.

They could have listened to the nurses sooner. We had valid concerns that fell on deaf ears.

I don't know that it could have. After all this was new and unexpected. We learned from this and now would be better prepared for another situation like it.

Masks should never have been discontinued after the first outbreak.

The hospitals should have been locked down for all visitations and full protection should have been in place until the last patient went home or died.

It was kept a secret from nurses far too long and we should [have] been more aware immediately in regards to what kind of virus we were nursing with.

Q9.1 Did you witness any failure to comply with Ministry/facility directives during the SARS outbreak by any of the following persons? Physicians, screeners, visitors, patients, non-professional, professional staff?

Some patients and visitors became very abusive and angry and refused to comply.

Visitors were very non-compliant with masks and did not listen even with repeated reminders.

Visitors didn't seem to understand the seriousness of the risk. Physicians had to be informed/asked to please comply.

Some physicians were angry they had to line up with the rest of the staff to go through the screening process during the 1st SARS and didn't like to have their temperature taken and have to wash their hands.

Some physicians refused to wait in screening lines – bypassed screeners and security people.

Breaches everywhere: human error, forgetfulness, laziness, letting up guard, lack of enforcement.

I witnessed an emergency physician walk past the screeners handing out protection. The security guard told him he was required to wear N95 gloves, gown. He said "I know I'm the emergency on call" and kept walking. At this time our emergency was a SARS assessment clinic for the region.

Q10.2 If your facility was able to prevent the spread of SARS to health care workers, please share with us any details about health and safety/infection control measures and/or procedures etc. that you are aware of that protected the health and safety of your members during the SARS outbreak.

I'm sure if it returns we will hopefully be more aware and cautious.

We were just damn lucky!!

Q10.3 What sources did you seek for the latest SARS information?

Watching the news, the newspaper. They were more up to date than the nurses working with the patients.

We did regular updates on events posted on a "SARS" bulletin board; read different newspapers, website, listened to interviews with doctors, researchers on SARS.

I called our hospital's SARS hotline, read memos, listened to the news etc.

The evening news on TV and newspapers and family. I learned more from the above sources than I did from my employer.

I called another community health centre almost daily. I went on websites. I attended some of the daily POC press conferences.

Most important aspect especially with this kind of outbreak; to always let all the staff know the situation ... honestly ... support them in whichever way they can. Improvement and more latest techniques re: Infection Control.

Infection Control – although early on I said to our person “I hear it’s a chronic virus” and she said – don’t listen to the media. The media was an important source of information to us.

I disagree that hospital administrators should have the power to police directives set by the MOH and that MOH should ensure that the directives are enforced.

Q10.4 Any additional comments (is there anything else that you would like to tell us or that you think we need to know)?

Be more involved, never assume others know, grapevine unreliable. Don’t just complain to other staff, ask management and go to the person and find out for yourself.

Healthcare is definitely not prepared for this type of emergency. Policies and procedures need to be in place. Listen to the nurses!!! They are the front line.

I believe we let guard down too soon after initial outbreak. Everything seemed to clam up after travel advisory. I felt biggest sense of distrust after this and began to look out for myself more so then because less info was forthcoming then.

Nurses worked in hot disgusting circumstances [with] inconsistent info and were poorly protected. It was like we were disposable.

I was proud of my facility; I felt they tried hard to protect staff and community. Everyone went out of their way, management worked odd hours side by side with other hospital employees to do whatever was necessary. Some even brought us coffee.

I think the outbreak was handled as best as the healthcare system could. We are short

staffed and stressed on the job regularly. The Ontario government needs to make healthcare a priority because there will be something else and a lot of the older nurses will just leave.

In our past experience we have never dealt with anything like this. I think overall we all did the best we could with what we knew. Now we know better. Needs to be set up permanently so that we never get caught off guard again. It will happen because now the spotlight is off.

I know personally that as a happy contented worker in ER my whole outlook changed. The face of nursing itself changed. When you only see eyes, can no longer touch with bare hands to assess skin temperature[,] tone etc.

This situation was very disruptive for clients with mental health problems. I wonder if anything could have been done to make this situation easier for them?

We were treated so poorly considering what we had to go through. We were not treated with respect. We were kept in the dark about everything. It was very upsetting.

SARS was totally mismanaged.

If SARS occurs again I'm sure you will see a big retirement [of] RNs in Ontario. Physically[,] emotionally we were exhausted. Not enough staff, no refreshments, poor communication, not enough isolation equipment.

What happens the next time?

Very important to listen to nurses' concerns. Nurses often not taken seriously or respected. Morale on our unit is at an all time low.

Doesn't surprise me that this has happened. It will happen again. I know how to protect myself at work re: unusual precautions – but SARS has put a new perspective on nursing for me.

A lot of nurses were afraid. Especially the ones with children. You could see that they wanted to cry or run off the unit when they found out they were caring for the SARS patients that day.

I can't believe how nurses were so left out and they were the ones doing the actual screening and giving care.

Nursing has now become very hazardous profession and ONA has an uphill battle ahead in negotiating a contract which will attract nurses to remain in the profession or to encourage anyone to enter the profession. We are headed for disaster. The exodus has started.

For the 1st time I was hiding the fact that I was a RN to avoid people shunning me. I felt very isolated. I resented people saying it's my job to take the risks of SARS.

Don't ever force us to do SARS again please! Have it as a voluntary job for staff who want to get paid more. We didn't even get paid more.

It will happen again and we better be prepared. We will see an exodus of nurses unless the pay reflects the risk. The nursing shortage is already critical and will now be worse.

I felt very isolated and not informed quickly enough. Feel the Hospital is looking after itself first, staff second.

I feel that we took our guards down too soon. I expected the precautions to continue until Sept. with the first outbreak.

Nursing will never been the same anywhere. We are now careful and more aware and mask will also be a part of us.

Physicians need to be more accountable regarding precautions. They are the worst offenders.

Medical institutions were not ready and we became one big experiment to see what practices would work.

Management should have to communicate with staff. Staff was kept without proper information.

It was hard but we did it.

Our manager always wanted us to remove our masks after SARS I, for public relations.

I realistically think that you will see significant numbers of RN's leaving the profession within the next 5 years. Many feel this problem is perhaps just the 1st of many to come, and while most of us have been "lucky" this time – who knows about the next one.

SARS has changed everything. I no longer feel safe at work. Friends have been lost. My family suffered much stress and anxiety. I feel there will be a large exit from nursing if SARS happens again.

They (hospitals) should stop worrying so much about business, if everyone is sick there won't be any business and no one to care for them.

This was a terrible period to work in and has left me physically and emotionally exhausted. I still have anxiety thinking about it and how unrecognized the role health professionals played in SARS 1 and 2. I cannot even speak about it.

I feel that the disorganization, lack of leadership and education greatly put our unit at risk and it is purely by luck that we had no healthcare workers contract SARS.

SARS has changed the face of healthcare especially for me as a nurse. The joy of being a nurse is replaced by fear.

All I want is for hospital to admit they made a huge mistake in dealing with this. They need to do something for the families whose members died as a result.

Cleanliness in our hospital is way down on list of priorities. The priority in our hospital is "public relations." Far removed from safety and what would be in the best interest of client and staff.

It is unforgivable that management and our infection control specialist doctors were not held accountable for their action.

We can learn a lot from the mistakes made this time. I hope we do.

I feel very angry and betrayed becoming so ill by just carrying out my job; I don't know if I will ever be able to feel the same way about the hospital. I have worked for 26 years.

How can a mask that fits a 300-pound construction worker fit a 95-pound healthcare worker?? What were they thinking??

I feel the press did more harm than good. Our patients coming to the SARS Clinic for assessment were extremely upset with reporters and camera crews photographing them. It was a "Privacy Issue" as well as an issue of "Respect."

Our cleaning staff is overwhelmed, I don't feel that they could follow infection protocols when [they] are overwhelmed (this I feel is the source of spreading germs).

Nurses are mercies of God. Do not let them run away! Provide money, support, love or you'll have no nurses left!