

Courage, Achievement and Misfortune at the West Park Healthcare Centre

Introduction

This is the story of the remarkable contribution of the West Park Healthcare Centre,²⁶⁴ a chronic care facility in northwestern Toronto, to the fight against SARS. It is a story that displays the underlying weaknesses of a health system in crisis and how people who step forward with great courage respond to an emergency. Sadly, it also is the story of how one nurse who stepped forward, Tecla Lin, got sick and died.²⁶⁵

A Worsening Crisis

March 23, 2003, was the day when the enormity of the SARS outbreak became clear and it was apparent that worse days might lie ahead.

At the epicentre of the outbreak, the Scarborough Grace Hospital's emergency department was shut, its ICU accepted only inpatient cardiac arrests; the closing of the entire hospital was on the horizon. Particularly worrying was the growing toll of the disease on the Grace's physicians, nurses and other health workers. By the morning of March 23, 21 health workers at Scarborough Grace Hospital had reported sick.

To make matters worse, there was no place to care for the sick Grace workers. The hospital was short of negative pressure rooms, and even those few rooms would soon be out of action. The Grace was shut down the next day.

264. Founded in 1904 and located on a 27-acre campus, West Park provides specialized rehabilitation, complex continuing and long-term care services. It has 279 rehabilitation and continuing care beds, 133 rehabilitation beds, 148 complex continuing care beds, and 200 long-term care beds. (<http://www.westpark.org/about/facts.html>).

265. Ms. Lin's name is used here because the circumstances of her illness and death are in the public domain.

Dr. Donald Low recalled in a lecture during the outbreak:

That was sort of when it hit the fan, when all of a sudden we realized that we just didn't have a problem within a family, we were having hospital workers reporting, phoning in with fevers, EMS, emergency, the paramedics, ambulance drivers with fever, visitors who had been in the hospital that were sick, family members.²⁶⁶

As noted elsewhere, Dr. Bonnie Henry of Toronto Public Health said:

We were coming to the realization that these people probably had this disease, and that we needed to do something . . . The hospital did not feel they could look after their people adequately, because they didn't know how many staff were getting sick. And we were unclear of the situation.

Other Toronto hospitals had reached or were nearing the limit of their capacity to accept new cases. So where to put the growing number of SARS cases at Scarborough Grace? The people leading the fight against SARS had few options in the mounting crisis and discussed the possibility that West Park's old tuberculosis unit, which had been mothballed in 2001,²⁶⁷ provided the only, albeit imperfect, solution to the problem of where to house the sick Scarborough Grace health workers.

West Park is a century-old rehabilitation and continuing care facility that sits on 27 acres in Toronto's Weston area. It was opened in 1904 as the Toronto Free Hospital for Consumptive Poor. For decades it was a leading treatment centre for tuberculosis patients known locally as the Weston San. In the 1970s, as tuberculosis (TB) began to diminish, the facility moved into other health areas such as rehabilitation, and in 1976 its name was changed to West Park Hospital and later to West Park Healthcare Centre.

On March 23, in a matter of hours, in a remarkable display of generosity, the old TB unit was reopened and began accepting Scarborough Grace health workers. Over the next two days, 14 were admitted to hospital. All would recover.

266. Donald Low, "On the front lines: clinical experience in Toronto," conference presentation, New York Academy of Sciences, May 17, 2003.

267. West Park's 22-bed, state-of-the-art tuberculosis treatment facility was opened in 2000 in its Main Building (<http://www.westpark.org/about/hismilestones.html>).

Amid this enormous achievement, however, there was tragedy. Tecla Lin, a West Park nurse who had volunteered to treat her sick colleagues, caught the disease and inadvertently spread it to her husband. He died on April 26, 2003. Ms. Lin died on July 19, 2003, becoming the second nurse claimed by SARS in less than a month.

Discussions to Reopen Old TB Unit

The best place to accommodate the sick Grace health workers would have been an acute care hospital with enough negative pressure rooms. But as the Naylor Report noted:

On March 23, 2003, officials recognized that the number of available negative pressure rooms in Toronto was being exhausted.²⁶⁸

Sunnybrook²⁶⁹ generously agreed to accept SARS patients but said it needed to upgrade its facilities first, a process that would take 48 hours.

The other possible choice, West Park's old TB unit, was far from ideal. Located in the 1930s E. L. Ruddy Building,²⁷⁰ it didn't meet current standards for treating respiratory illnesses. A West Park official said:

It's not really conducive towards current practices in medicine and treatments in medicine with regards to therapies, occupational therapy, physiotherapy, those types of things.

There were no negative pressure rooms, no anterooms where staff could change their protective equipment before heading into common areas, and no washbasins outside

268. Naylor Report, p. 27.

269. During the SARS outbreak, Sunnybrook was part of the Sunnybrook and Women's College Health Sciences Centre.

In June 1998, the Ontario government passed a special act of legislation (Bill 51) creating Sunnybrook and Women's College Health Sciences Centre (Sunnybrook & Women's). This new health organization amalgamated Sunnybrook Health Science Centre and Women's College Hospital. On August 18, 2005, the Ontario government announced that Women's College Hospital and Sunnybrook would again become separate healthcare facilities.

270. See <http://www.westpark.org/about/hismilestones.html>.

patient rooms. Some patients would have to leave their rooms to use a washroom across the hall.²⁷¹

Because of these and other shortcomings, the old TB unit could not provide optimal conditions for safely treating SARS patients. As a communicable diseases manual edited by one of the WHO's top SARS experts said:

Probable SARS cases should be isolated and accommodated as follows in descending order of preference: negative pressure rooms with door closed, single room with own bathroom facilities, cohort placement in an area with an independent air supply, exhaust system and bathroom facilities . . .

Movement of patients outside the isolation unit should be avoided . . .

Handwashing is crucial and access to clean water essential with handwashing before and after contact with any patient.²⁷²

Despite its many inadequacies, those at the head of the SARS fight believed correctly that there was no other option but West Park. There was certainly no alternative in sight.

At about 1 p.m. on March 23, a Regional Director of the Ministry of Health and Long-Term Care called West Park's on-call administrator.

A memo by the on-call administrator said:

At 1300 hours on Sunday, March 23, 2003, I was contacted by [name provided], Regional Director, Ministry of Health, to consider opening one of our closed units to accommodate a group of patients that may have been exposed to an acute respiratory illness referred to as SARS . . .

On March 22, 2003, Scarborough Hospital received 15 calls from staff reporting flu like symptoms. Today, 10 more staff called in with flu like symptoms. Public Health was contacted concerning this issue. Public

271. Report by Ministry of Labour investigator Stella Barber, December 9, 2003, pp. 25-26.

272. David L. Heymann, ed., *Control of Communicable Diseases Manual*, 18th Edition (Washington, D.C.: American Public Health Association, 2004), p. 484.

Health and the Ministry of Health have had multiple conversations and have daily conference calls to discuss the issue. The Ministry of Health decided to identify a place where the patients could be isolated and watched in a contained unit.

The Ministry's first choice was to identify a hospital that had a negative pressure unit to accommodate upwards of 25 patients that are showing symptoms of SARS. No unit exists within the Toronto area.

The next choice was to find a hospital that had an isolated building, either not in use or a building that did not have a shared air handling system. (West Park's Ruddy Building fit that profile.)

[Name provided] further advised me that West Park came to mind because:

We have closed units.

We have expertise in handling infectious respiratory illnesses with our TB experience.

We have respiratory expertise here at West Park.

The on-call West Park administrator explained the closed unit would require a great deal of work before it could reopen. His memo said:

In my telephone discussion with [name provided], I advised her that we do have a closed unit in the Ruddy Building that can accommodate upwards of 29 patients. However, the unit is currently out of operation and has been for 2 years and would require a significant effort on behalf of West Park to recondition the unit to accommodate patients in any sort of short-term notice.

[Name provided's] response was she is not concerned about providing all the finishing touches in a unit and the Ministry will be quite willing to tolerate some grumblings and complaining of patients that fill a unit where they can isolate this group of patients.

I responded that I would not be able to confirm that West Park could accommodate the Ministry's request at this time without further discus-

sion with Barry Monaghan, President and CEO.

Things moved quickly. About an hour later, the on-call administrator joined a conference call with provincial and local officials, including Dr. Henry and Dr. Colin D’Cunha, the Chief Medical Officer of Health.

The Administrator’s memo said:

I asked if [name provided] was able to identify another hospital that could accommodate this emergency request, as West Park was not equipped to open a unit immediately.

[Name provided] responded that the Ministry had no success in identifying another hospital and that West Park was considered to be a prime location for this because:

Our expertise in respiratory illness.

We have a unit in the Ruddy Building that does not have a shared air handling system.

We have experience in dealing with infectious respiratory diseases such as TB.

In Summary, West Park – You are it.

West Park Reopens Old TB Unit

Despite the Ruddy Building’s inadequacies, and even though the facility was not equipped or staffed to provide an acute level of care, West Park accepted the challenge.

Dr. Sheela Basrur, then Toronto’s Chief Medical Officer of Health, said:

Some of those workers [from the Scarborough Grace Hospital] had become ill, they needed a place to be cared for, and West Park generously opened up a wing of their hospital and looked after them.²⁷³

273. Justice Policy Committee, Public hearings, August 18, 2003, p. 160.

Immediately after the 2 p.m. teleconference, efforts began to reopen the old TB unit. There was no time to spare because the first patients would arrive later that evening.

Dr. Henry said:

On Sunday afternoon West Park operationalized, incredibly quickly, and we started calling all of the staff back and saying we need you to go there now.

In about six hours, the former TB unit was made ready. Rooms were washed. Beds were wiped down and placed in each room. Bed linen and patient gowns were obtained. Curtains were put up. Arrangements were made with food services.

An in-house publication quoted a West Park manager as saying:

The thing that impressed me most . . . was how hard the staff worked, their willingness to pitch in and do anything necessary to get the unit up and running.²⁷⁴

An on-call nursing service manager arrived at 4:00 p.m. She said:

. . . my first responsibility was to try and attain staff to care for the patients . . . And we were speaking with staff at Scarborough Grace hospital who were giving us the clinical background of these patients so that we would have a better idea of what their state was, what kind of supplies and equipment we would need to be able to provide care for them.

Dr. Peter Derkach, West Park's Chief of Staff, got a message on his pager at around 5:00 p.m.:

We were at a birthday party, I was not on call, but I always carry my pager anyways. And I came home and there was a message on the answering machine to say that I should report to the board at West Park as soon as I get that message . . . I went to West Park and there was already a meeting in progress. And Barry Monaghan, our President, was there and other

274. West Park Healthcare Centre, *Community Report*, October 2003.

senior management staff. I believe our infection control nurse was there at that time . . . and others, whom I can't remember at the moment. But any rate, there was a discussion in progress about a conversation that had taken place regarding a phone call from the Ministry asking us to set up a unit, to help out. And because the Ministry knew that we had an empty unit, it was an old TB unit for that matter, and also because of our expertise in dealing with TB and infectious disease.

Dr. Derkach went home, packed some clothes, and returned to West Park, not knowing when he'd see his family again:

As Chief of Staff I simply assumed that I needed to be involved in this and it was part of the job, I would do it anyways, just go right in. But I went home, packed my bags and told my wife I wasn't quite sure when I would see her again, and came back.

He was also concerned about his children:

I told [them] . . . not to tell anybody at school that I was involved in dealing with SARS because I didn't want them to be shunned in any way.

Patients Begin Arriving at West Park

Through the evening of March 23 and into the early hours of March 24, staff at West Park hurried to get the SARS unit up and running.

Dr. Derkach said:

Physically everything was rushed, and you know we were organizing ourselves, I mean from the basic things, like where to put these forms and those forms and this paper and pens, and where do we keep the gloves and the gowns, and patients rolling in, where do we get food, where is the water, where's the pantry, where's this, where is the washrooms, it's just the normal things, and so there was an element of commotion . . . although there wasn't an element of panic or fear per se, there was just a job that needed to be done, and everybody was trying to do their best.

Dr. Donald Low volunteered to attend at West Park and help admit patients. He was accompanied by a Mount Sinai epidemiologist and brought much-needed supplies, including goggles and disinfecting wipes.

Late in the evening of March 23, the first health workers from the Grace were directed to go to West Park.

One of those health workers said:

And then I sort of noticed I started to get a dry cough Sunday in the afternoon so I came in, in the early evening, and apparently a whole slew of various, nurses and techs had started to show up. And they took an X-ray, the first set of the chest X-rays, and they said at first glance it looked okay, but they looked at it a little more closely, they saw a bit of infiltrate in one spot, a sort of fuzziness.

And then they said, because of your symptoms as well, they've opened up an unused floor at the West Park, where they can isolate everybody. We're going to send about a dozen of you over there. So I ended up going there.

Transportation arrangements were improvised. Dr. Bonnie Henry said:

We figured it was probably safest to go in a private vehicle, and we told them don't take public transport, go in a private vehicle, sit in the back seat if somebody is driving you, keep the windows open, that sort of stuff, which seemed to be the most the best we could do at the time. Some people did have masks and we asked them to wear them.

One doctor involved in the opening of West Park recalled:

Between Sunday night, all Sunday day, early Monday morning and Monday, we admitted 14 health care workers that had fever. Everybody from housekeeping to one of the anesthesiologists. They came by taxi, they came by ambulance, they drove themselves in. It was quite remarkable as the night went by, you saw these people, the elevator door would open and you would have two more patients there. These all were people who had come back to Scarborough Grace over the weekend with fever or they had been assessed and sent home and now they realized that they had it and they got phone calls saying you've got to report to West Park.

The sick health workers from Scarborough Grace appreciated the health workers who came to care for them despite the risks. One said:

I am so thankful that anybody came.

Another said:

I had no idea where West Park was. I'd heard about some place they had chronic ventilators, patients who needed long-time ventilation, but I knew nothing more about it than that.

I did know that some of my colleagues were already down there, so I sort of felt better at that, I knew I was going down to be with some of them . . .

West Park on the whole was great. They were amazing at West Park, absolutely amazing. . . It was as if they were looking after their own. I couldn't say a bad thing for anyone at West Park.

The rooms at West Park were old and, recalled one health worker, there were "dust bunnies" under the beds.

One nurse from Grace said:

Once we got to West Park, I remember [a colleague] and I saying, well, the entrances were very bright, very clean, very nice. It was cheerful down there.

But once we got up to, I think it could've been the third floor, I'm not sure, we were greeted by Dr. Don Low. He was there with a gown and mask and gloves.

And then we looked down the halls and there were lines of hampers and gowns, it looked like a sanatorium. And I was sent to my room. It was a huge room with three beds but I was the only one there.

A remarkable closeness developed between patients and staff. Dr. Derkach said:

They were there, they bonded with us, they were extremely close with us, you know it's kind of a mentality that is extremely well known in doctor-patient relationships, but this had an extra added feature . . . you're held captive in a place for so long, and even though in retrospect it was only three weeks, or four weeks or whatever it was, but it was long enough that the people bond together. And we couldn't not work on a floor because we committed ourselves, we couldn't work anywhere else, and they couldn't leave, so we were there every day. And every day, twice a day, we would make complete rounds, and we would go and see everybody, so we got to know them intimately, and they got to know us, my personality and the personality of everybody else, and you bond together.

Patients at West Park experienced difficult periods of isolation and loneliness. A medical study on the SARS unit at West Park said:

Most patients expressed feelings of fear, depression and anxiety at the time of the acute illness . . . In addition, many expressed nonspecific anger and frustration at being in isolation and without contact with family and loved ones. This was particularly the case for those patients with young children, and especially the two patients whose children developed SARS.²⁷⁵

Dr. Derkach said:

Answer: Well they were pretty sick, frightened, terrified. And one of them simply just wanted to go home, but we told them we couldn't let them go home. But even if they wanted to go home they had to stay . . . Most of them were very compliant and cooperative and very, very afraid, and a few of them were very sick. Three of them ended up being very seriously ill. We even tried to transfer them out, but we couldn't transfer them out. There were no rooms in the intensive care units, or we couldn't get an ambulance, and the

275. Monica Avendano, Peter Derkach, Susan Swan, "Clinical course and management of SARS in health care workers in Toronto: a case series," www.cmaj.ca, May 28, 2003; revised June 6, 2003, p.1657 (Avendano et al., "Clinical course and management of SARS in health care workers").

patient improved by the time we could, so we said forget it.

Question: It must have been hard to try to reassure them?

Answer: Reassure them for what, with what? But there was nothing to say. We did talk, of course, but reassure them with what, that they weren't going to die, that we didn't know? We didn't think they were going to die, but already I think out in the southeast, there was already beginning to be this inkling that, not everybody dies, they've got it, and most survived, but there were already beginning to be, a good total of number of people that had died already, so we didn't know how long it was going to last, we didn't know how long we were going to be there, we didn't know what we were treating, how it was going to work out. It was one big one giant question mark, and there wasn't much to say other than we were there together. And as with all other types of epidemics, these things tend to run their course and eventually this will go.

Shortages of Staff

Staffing the SARS unit was a problem from the start.

As the Naylor Report said:

Despite the efforts of West Park physicians and nurses, and assistance from staff at the Scarborough Grace and Mount Sinai Hospitals, qualified staff could be found to care for only 14 patients.²⁷⁶

Part of the reason was the lack of acute care²⁷⁷ expertise at West Park. Since West

276. Naylor Report, p. 27.

277. "Acute often . . . connotes an illness that is of short duration, rapidly progressive, and in need of urgent care" (www.medicinenet.com/script/main/hp.asp).

Park was not an acute care hospital,²⁷⁸ the skills, expertise and experience of its staff were more attuned to its core chronic care programs.²⁷⁹

A nursing manager said:

Question: Did you have problems recruiting [nursing] staff?

Answer: I did. Primarily I believe because we're not an acute care facility . . . I tried to ask staff who had IV experience. Again, not being an acute care facility, we don't get a lot of IVs.

Fear of SARS also played a role in the staffing shortages. A senior public health official said:

There were always concerns about staffing that unit. People were afraid. People were concerned about ensuring that we had all the correct protection for people who were working the SARS cases, myself included.

One of the first nurses to volunteer for the SARS unit was Tecla Lin.²⁸⁰ The 58-year-old nurse had extensive experience in Hong Kong and Canada and was employed part-time at West Park.²⁸¹

278. A facility that provides "short-term medical treatment . . . for patients having an acute illness or injury or recovering from surgery" *The American Heritage Dictionary of the English Language*, 4th edition.

279. West Park's website describes its core programs in the following terms (www.westpark.org/patientservices/index.html):

Rehabilitation and Community Living: Helping patients overcome such health challenges as stroke, lung disease, amputation, severe trauma or brain injury through active rehab care and support.

Complex Continuing Care: Providing compassionate and respectful chronic care in a warm and therapeutic environment to residents who need longer term medical and nursing care.

Long-Term Care: Providing a home-like environment, quality nursing and supportive care to the frail elderly and those not able to live safely on their own.

280. "West Park Healthcare Centre announces death of staff member," West Park news release, July 20, 2003, <http://www.westpark.org/media/newsSARSannouncement072003.html>.

281. Biography of Tecla Lin, <http://www.westpark.org/media/PDF/Tecla%20Lin%20Biography.pdf>.

Dr. Monica Avendano, a respiratory medical specialist who had been at West Park for 25 years, said:

I knew her for quite a while. She was a very good nurse.

Dr. Derkach also knew her:

Question: What was she like as a person?

Answer: Oh, . . . very bubbly, perky, helpful, really nice. She was great. Very active, that's how I remember her. Charming, and always ready to help. If you asked her for anything, she would be right there.

Question: Did she volunteer for this unit?

Answer: They were all volunteers throughout the whole thing. We didn't force anybody to work.

It was also difficult to find physicians to staff the unit. Besides Dr. Derkach, the only volunteers were Dr. Avendano and a physician who was leaving West Park and was able to work for only the first few days.

Dr. Derkach said:

Question: Were you surprised that no one volunteered to help you out?

Answer: Yes and no.

Question: How so.

Answer: Well, you know, there was a certain element of danger. There was certainly a big element of danger to it. So I wouldn't have expected everybody to volunteer, but I was also disappointed that no one else volunteered. So it was really just Dr. Avendano and myself who were there . . .

You know the other thing was, by the way, that some-

body had to man the rest of the hospital. The work still had to continue and so there was the reality that people needed to work elsewhere, because I certainly couldn't go back and forth, between units, and neither could Dr. Avendano. So the other respirologist said that he would help us out with reading X-rays, trying to organize some of the diagnostics, that sort of thing. But that was the extent of what we had.

Those who did volunteer displayed a remarkable courage and sense of duty. Dr. Avendano said:

I suppose we were enough, or maybe at times we were not enough, but I can tell you that the people who worked in that unit were all extremely dedicated people, that I will work with them any time, because it was a risky situation. The staff that cleaned, the housekeeping, did not want to go either. So we had a woman that was absolutely amazing, she was always there working, washing and cleaning. And at one point, [something spilled on her] and she was in a panic, and we just washed her. The pharmacist was all the time there, from eight o'clock until eight o'clock at night. The infection control nurse . . . was all day there, the ward clerk in the TB unit worked there with his mask because there were so many papers coming and going.

An important factor, said Dr. Avendano, was the support from West Park's top management:

The CEO, Barry Monaghan, was absolutely amazing. You know many physicians do not have very good relationships with their administration. He was there all the time. If we needed something at seven o'clock, we would call his office and he was there. We need something at ten o'clock, we call his office and he was there. We had every day the noon conference with all the SARS units, and he was there. He was not afraid of sitting in the room with us, which was appreciated, because everybody else was afraid of that.

Tecla Lin Contracts SARS

As Table 1 indicates, Tecla Lin began working on the SARS unit on the evening of March 24, 2003. Her last shift was more than one week later, on April 2.

Table 1 – Tecla Lin’s Work Schedule at West Park

	Shift	Time at Work
Monday, March 24, 2003	Night Shift – 12 Hours	7 p.m. to 7 a.m. (March 25)
Tuesday, March 25, 2003	Night Shift – 12 Hours	7 p.m. to 7 a.m. (March 26)
Thursday, March 27, 2003	Split Shift – 8 Hours	3 p.m. to 11 p.m.
Saturday, March 29, 2003	Split Shift – 8 Hours	7 a.m. to 3 p.m.
Monday, March 31, 2003	Split Shift – 8 Hours	11 p.m. to 7 a.m. (April 1)
Wednesday, April 2, 2003	Split Shift – 8 Hours	11 p.m. to 7 a.m. (April 3)

On April 3, 2003, Ms. Lin had onset of fever, myalgia²⁸² and cough. One day later, she was seen at the SARS clinic at the Women’s College Campus, where her chest X-ray showed pneumonia. She was admitted to Sunnybrook Hospital.²⁸³

Her husband’s fever began on April 3, and he was also seen at Women’s College Campus. He was sent home because doctors did not think he had SARS. His condition worsened on April 7 and he was admitted to Toronto East General on April 9. He died on April 26, 2003.²⁸⁴

On May 27, Tecla Lin was transferred from Sunnybrook to the William Osler Health Centre.²⁸⁵ She died on July 19.²⁸⁶ No one knows how Tecla Lin contracted SARS.

Dr. Derkach said:

282. “Myalgia: Pain in a muscle; or pain in multiple muscles. Myalgia means muscle pain. There are many specific causes of various types of myalgia. Myalgia can be temporary or chronic. Myalgia can be a result of a mild conditions, such as a virus infection, or from a more serious illness” (MedicineNet.com).

283. Toronto Public Health Case Review.

284. Toronto Public Health Case Review.

285. Ministry of Labour investigation into the death of Tecla Lin, p. 43.

286. Toronto Public Health Case Review.

Question: Any sense of how Tecla Lin got sick?

Answer: No. It's still a mystery to this day . . . I don't remember her breaking protocol. I don't remember seeing anybody walking around or going into a room without a mask or without gloves or without anything. Nobody did that. Now whether she broke her protocol at one point for a short while but we didn't know, I have no idea, but she didn't seem to be different than any other one of us. And she was always, as far as I could see, pretty careful about doing what she needed to do to protect herself. I don't think we'll ever know.

Dr. Avendano recalls that Ms. Lin helped treat a very ill SARS patient during the early part of the patient's incubation period, but was well protected. When asked how Ms. Lin contracted SARS, Dr. Avendano said:

I don't know, because it could have been, the incubation period could be from one day to 10, 11, and 12, so it could have been other patients. He [the patient] was coughing quite a bit that night, but she was very protected, that night she was fully protected, because he was coughing so much.

The aforementioned study on the SARS unit at West Park stated:

After one of our nurses was diagnosed with SARS, 24 members of the SARS unit team were quarantined, some at home and others on working quarantine. This was a source of considerable stress for our team.²⁸⁷

Ministry of Labour Not Consulted

When West Park's old TB unit was reopened, the Ministry of Labour was not consulted, even though it knew first-hand of shortcomings and had the expertise to try to mitigate them.

287. Avendano et al., "Clinical course and management of SARS in health care workers."

In 1995, the Ministry had inspected the old TB unit at West Park's Ruddy Building. It found deficiencies with the ventilation system and with the type of respiratory protective equipment worn by staff.

A senior Ministry official said that under the best of circumstances, West Park's old TB unit was "a poor choice" for SARS patients:

Certainly, putting people with respiratory illnesses in a facility that is clearly identified as being inadequate for respiratory illnesses seems like a poor choice.

However, he also recognized the exigent circumstances of March 23:

Now, if it's an emergency situation and there's nowhere else to move people and they were stuck with them, then they really have to be diligent about the hand washing, environmental cleaning and the use of fit-tested N95s.

In hindsight, it is clear that the Ministry's involvement would have been germane when West Park's old TB unit was reopened. Although no one can say what impact Labour's involvement might have had, neither can it be said that without the Ministry's participation everything was done that could have been done to make the old TB unit a safe workplace.

That Labour was not consulted does not reflect on those who made the decision to reopen the old TB unit. They acted in good faith and did their best under trying circumstances in a crisis that appeared to be spinning out of control. That no one thought of calling the Ministry of Labour shows once again how little awareness there was in the health care system about Labour's expertise and role.

In addition to the incredible success noted above, the story of West Park Hospital demonstrates the importance of ensuring that the workplace regulator is an integral part of the response to a public health emergency like SARS.

Systemic Problems

West Park, a chronic care facility that normally offered rehabilitation, continuing care and long-term care services, was asked to provide the kind of acute care that challenged even the most sophisticated resources of the city's teaching hospitals.

That West Park was able to do so is a notable achievement, and needs to be acknowledged.

What also must be acknowledged is that West Park faced many of the systemic problems that, as is noted throughout this report, hampered the overall SARS response. If these systemic problems were difficult to overcome for some of Toronto's leading teaching hospitals, they were doubly so for an institution which was not oriented to providing specialized acute care and which did not have the benefit of sophisticated academic and research support.

The health care system lacked the capacity to provide West Park, and indeed every other SARS hospital, with the kind of worker safety and infection control support and assistance that might have helped to mitigate the shortcomings of the Ruddy Building.

As in every other SARS hospital, for example, staff on the SARS unit at West Park were not fit tested until after the outbreak. And on the evening of March 23, 2003, when West Park began to receive its first SARS patients, there was no clear direction that staff had to wear N95 respirators.

Dr. Derkach said:

I think I was basically wearing just a regular surgical mask. I think. The N95 aspect really didn't come until days later, if not maybe even a week later. Maybe longer, it's hard to say. But there was certainly no directive on that Sunday you had to wear N95 masks because nothing else was worthwhile. That wasn't there.

When asked whether the Ministry of Health provided any technical information, Dr. Derkach said:

The only information that I got actually was really from [Dr.] Don Low and whatever I could find on the Internet. Those were my two sources. And [Dr.] Don Low, I remember, he photocopied some information and he brought it in.

Dr. Derkach also said:

I don't think the Ministry told us anything, period. And I think it's whatever I heard from Dr. Low, whatever I could glean from the Internet,

whatever [the infection control nurse on the SARS unit] thought was good, prudent infection control. And so that's why eventually, within a period of days, we just went to full protection. So, again, I think, by the end of the week, again I can't remember exactly, but we were just putting everything on. And we realized how difficult it was to maintain those precautions, so once you came out of the room and you disrobed, what happened then?

For information on how to protect themselves, staff on West Park's SARS unit, as in every other SARS hospital, relied on the Provincial Operations Centre's directives, but like many other health workers they found those directives to be confusing and incomplete. As noted in the Commission's first interim report, problems with the directives were not the fault of those who prepared them but show the inadequate conditions under which the directives were prepared²⁸⁸.

West Park physicians and nurses did the best they could. Dr. Avendano said:

We had no other choice, and we were very strict in terms of caring for ourselves. I was very, very strict, and if anybody I thought was not being strict, I would tell them.

Dr. Low said:

You didn't have the proper isolation, you didn't have anterooms, you didn't have anything, but you were just trying to do the best you could.²⁸⁹

It is instructive to compare West Park's lack of outside worker safety support, and indeed the lack of support provided to all Ontario SARS hospitals, to what happened at Fraser Health, the health authority east of Vancouver. When Royal Columbian Hospital, one of the 12 hospitals it oversees, received its first SARS patient on April 1, a Fraser Health safety specialist was on site to make sure staff were protected.

An occupational hygienist told the Commission:

288. SARS Commission, first interim report, pp. 81-89.

289. Dr. Donald Low, "On the front lines: clinical experience in Toronto," conference presentations New York Academy of Sciences, May 17, 2003.

On April 1st we had the patient at Royal Columbian Hospital, and they got transferred to Surrey Memorial Hospital onto their ICU department. I started working with Royal Columbian staff, that is where my office was, and that is where one of our highest, our busiest emergency departments is...

When the patient was transferred to another hospital, Surrey Memorial, other worker safety specialists were on site to make sure that hospital's staff were protected.

Initially, there were shortages of N95 respirators at both Royal Columbian and Surrey Memorial, and it was difficult to fit test everyone. Work safety specialists used their expertise in occupational hygiene to mitigate the risks from respirator shortages and from a lack of fit testing. They were on site to make sure staff at both hospitals knew how to use N95 respirators, including visually inspecting staff wearing personal protective equipment.

An occupational hygienist at Fraser Health told the Commission:

We did not have enough [N95 respirators] to provide for all the staff for fit testing and everything. So at that point in time what we did is we provided them with education on how to put it on and how to take it off properly. We went through the fit check.²⁹⁰ We went through all that information. We visually inspected as best we could whether they were getting a good seal. But because we did not have enough N95s, we could not fit test everybody at that point.

There was also a different response in B.C. when a nurse at Royal Columbian got SARS. Unlike what happened at West Park after Tecla Lin contracted the disease, Fraser Health dedicated a team of infection control and worker safety experts to Royal Columbian Hospital to ensure that there was no further nosocomial transmission. Nurses, physicians and other staff on affected wards were given intensive assistance to make sure they were protected.

An occupational hygienist at Fraser Health told the Commission:

290. Before a respirator is used, a fit check ensures that there is a good seal.

We had hands-on training and supervision and provided support to them. We made sure they were taken care of. Went over with them, training them . . . We got to a high level of involvement very quickly. That definitely assisted in preventing a nosocomial outbreak.

Joint teams of worker safety and infection control experts were on hand on the affected wards for each health worker shift change. They made certain that health workers knew proper procedures, were fit tested and had the latest information on SARS. They were also on hand to get feedback from staff and to address their safety concerns. And they verified that all support staff, including x-ray technicians, cleaning staff and catering staff, were properly protected.

As noted earlier in the report, one Fraser Health occupational hygienist told the Commission:

We were there for all of the shift changes so any time a staff member would come in, we were there. Infection Control was there. We gave them a full update on everything they needed to do. We would make sure that they were fit tested. And then any staff that would potentially go into that room we were fit testing as well. So our medical imaging staff or laboratory staff who needed to draw blood or the various support services that might need to go into that room to provide care for the patient. So there was a huge amount of fit testing at that point.

To ensure that there was no further transmission, the Workers' Compensation Board, the workplace regulator in B.C., also sent inspectors to Royal Columbian.

When Tecla Lin got SARS, neither West Park nor any other Ontario hospital received the kind of support that was given in B.C. Worker safety and infection control experts were not sent to West Park or any other Ontario hospital to make sure staff were protected. And the Ministry of Labour did not conduct any proactive inspections.²⁹¹

That there was no such assistance and regulatory support for West Park is yet another example of the systemic weakness in worker safety resources and culture in Ontario.

291. The Ministry of Labour's investigation into the death of Tecla Lin will be discussed later in this report.

Conclusion

Tecla Lin and the other men and women who staffed West Park's SARS unit did a remarkable job and displayed incredible courage and a strong sense of public duty. They worked under the most trying of circumstances and were not helped by a system unprepared to protect health workers. The province of Ontario is fortunate to have such men and women in its health system.

Provincial and local health officials who felt that West Park was the only option available for treating the Grace's sick health workers were dealing with a mounting crisis and the decision was made in good faith to ask that West Park's old TB unit be reopened. They did the best they could under the circumstances. The equally dedicated officials at West Park, who bravely accepted the challenge of opening up the Ruddy Building's old TB unit, also did so in good faith.

There were no teams of worker safety and infection control specialists dispatched to assist staff at West Park or any other Ontario hospital, as there were in Vancouver. And there were no proactive inspections by the Ministry of Labour, as there were in Vancouver.

The health system in B.C. was prepared to protect workers under exigent conditions. It had worker safety specialists who knew what could be done to mitigate risks in difficult situations like a lack of N95 respirators. It made sure they were on site at hospitals with SARS patients. And it made sure they worked directly with staff who treated SARS patients, including visually inspecting how they put on personal protective equipment.

Ontario was not as well prepared to protect its workers.