



Learning from SARS to ensure Ebola preparedness

WHEN SARS ARRIVED IN ONTARIO in March 2003, it spread quickly, and nurses were loud and clear right from the get-go about their concerns for the safety of their patients and themselves. Nobody listened, and that's why, when the province was finally free of the virus many months later, RNAO called for a full public inquiry. That was a tragic time in Ontario's history, but if there is a silver lining from SARS, it's the fact that nurses in Ontario are now very much a part of the planning and consultation process in preparing for Ebola, and our views and expertise are respected.

A reporter recently asked me when Ontario will be "Ebola ready." My response was honest and direct. Ebola, like other infectious diseases will continue to evolve, and we may never be completely ready. However, an important sign of "readiness" in these situations is knowing our government will pick up the phone when we call. We need to know political decision-makers will listen to nurses and act quickly. Fortunately, this is exactly what I experienced with Ontario's Minister of Health Eric Hoskins.

During SARS, the government started to pay attention to nurses only after things became critical. That's not what is happening now. Minister Hoskins understands that it is vital to listen to the voice of nurses. In fact, within two days of RNAO's call for a

co-ordinated provincial strategy to prepare for Ebola (Oct. 15), the province announced guidelines, a number of which reflected the recommendations of RNAO (read more about this in our cover feature, page 12).

We called for specific protocols around screening, movement of patients, personal protective equipment (PPE), education/training, and routine teleconferences between health-care stake-

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holder organizations and the ministry. The government listened and delivered. We also called on health-care organizations to have chief nurse executives fully involved in the planning and delivery of protocol measures in their organizations. We called for directives for primary care, and these are being issued as we speak. Minister Hoskins has been directly involved, consulting with RNAO, ONA and other health organizations on the preparedness plans for Ebola. He is on top of this file, and to me, that is tremendously valuable.

Calls from media across the province in October were plentiful. Reporters were following a breaking story about a patient in Dallas who had died from Ebola (the first in North America), and two nurses who had taken care of him who were diagnosed with the disease. Media wanted to know how Ontario's nurses were feeling about it. With more than 20 reporters and camera operators crowded into my office on Oct. 15, we

shared our views. We also asked the tough questions that journalists – and nurses – wanted answered. What's in place to ensure we don't have system failures as we had during SARS? How are we protecting the health professionals who are stepping into the line of fire by simply going to work?

We also provided our best advice. Minister Hoskins and I spoke on Oct. 15, and we were both on the same page. He and his team delivered on all of the items we discussed.

RNAO is pleased with the progress we've seen in Ontario, but we have questions now for

our federal government. I can't understand why Canada and the U.S. waited so long to take real action on Ebola – in terms of relief in Africa and planning here at home. It seems that the death of the patient in Dallas, and the two infected nurses, suddenly prompted President Barack Obama and Prime Minister Stephen Harper to take note. But, did this deadly disease have to arrive in North America before any real action would be taken? The world is one place and it is imperative we help one another at all times. Don't our political leaders feel the same way? Do the thousands of lives lost in West Africa not mean as much to our national political leaders?

I have heard directly from many RNAO members who wonder the same thing. Canadians have been reassured time and again that the chances of Ebola arriving in our country are slim. But "slim" is a far cry from "nil" when it comes to this deadly disease. If countries in Africa can't cope, it would be incredibly naïve to think our country is somehow immune to the suffering we see elsewhere.

We have a responsibility as nurses – and as citizens of this world – to not only care for (and about) our patients, neighbours, and families, but also those who are suffering beyond our borders. **RN**

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