



**Submission of
Dr Doris Grinspun, RNAO CEO,
to the Toronto Board of Health
Jan. 17, 2022**



RNAO represents 48,500 registered nurses (RN), nurse practitioners (NP) and nursing students in Ontario. Since 1925, RNAO has been a leader in healthy public policy and promoted excellence in all areas of nursing practice, including child and adolescent health. RNAO is internationally known for informing and supporting clinical practices through our Best Practice Guidelines (BPG) Program. Our BPGs are considered the gold standard for the clinical work of nursing and interprofessional teams, and are used extensively in healthcare and academic centres in Ontario, Canada and abroad.

RNAO recognizes the importance of our public education system for all children’s learning, physical, social and emotional development. In principle, there is no question – school is where kids and youth ought to be. However, the provincial government’s response to school safety has mirrored its response to the pandemic generally. Public health measures have been too little, too late – undermining our capacity to ameliorate the damage caused by the virus, and jeopardizing recovery.

The ethics of public health focus on making choices that minimize harm for the public, and the precautionary principle must take precedence. This principle tells us that our kids – and grandkids – should not be back in the classroom yet. On behalf of RNAO and the great majority of nurses, I offer you the following:

- **Ontario’s healthcare system is on the brink of collapse and we cannot risk further Omicron spread and hospitalizations**

In the midst of a profound nursing human resource crisis, hospitalization rates are at their highest in the pandemic to date (Government of Ontario, 2022 LINK: <https://covid-19.ontario.ca/data/hospitalizations#hospitalizedAndICU>). On Jan. 16, the province reported 3,595 hospitalizations, up from 508 as recently as January 4th. The provincial government’s public health measures, implemented on Jan. 5 – closing schools while keeping many non-essential services open, despite the plea of RNAO and others – placed hospitals, their emergency rooms and ICUs, and hospital staff, on the path to collapse.

- **We know that kids transmit Omicron as much or more than adults**

While most children do not get seriously ill with Omicron, they are all capable of transmitting the virus and bringing it to their homes. In fact, children are more likely to transmit the virus than adults because of less disciplined masking. Some kids go home to well-ventilated homes with healthy family members; others go home to overcrowded housing and/or families with heightened risk factors including grandparents, siblings or parents with cancer or diabetes. The most affected families will be once again low-income and multigenerational. As such, reopening school before it is

safe to do so places families and communities at risk that can ultimately add further strain on our already over-stretched healthcare system.

- **We know that vaccination rates for kids are too low**

The most recent Ontario data tells us that only 49.7% of children ages 5 to 11 have received at least one COVID vaccine dose, and only 6.6% are fully vaccinated. (Government of Ontario, 2022 LINK: <https://covid-19.ontario.ca/data>). Unvaccinated children will be particularly susceptible to contracting the virus and spreading it to each other and their families, especially in environments with poor ventilation, inadequate air filtering, and unclear protocols. Unvaccinated children are also at higher risk of becoming symptomatic and feeling ill.

- **We know that kids are at risk of hospitalization from the Omicron variant**

While much has been made about the Omicron variant being milder, it does pose a risk for children. Over the course of the pandemic, 758 people under the age of 19 have been hospitalized (Public Health Ontario, 2022).

Nine children have died in Ontario from COVID – two in the past couple of weeks – proving that Omicron is hitting kids harder than publicly discussed (Public Health Ontario, 2022; LINK: <https://www.publichealthontario.ca/en/data-and-analysis/infectious-disease/covid-19-data-surveillance/covid-19-data-tool?tab=ageSex>). In New York City, there was a five-fold increase in hospitalizations among children over the last three weeks of December 2021.

- **We don't know case rates among kids or the general public**

PCR testing has been unavailable to the general public since Dec. 31, 2021. Consequently, we have nothing reliable, other than lagging hospitalization rates, to inform the decision to return kids to the classroom. In these circumstances, the precautionary principle must rule.

- **Influenza has been kept in check; but data from the US warrants caution for Canadians and our healthcare system**

Influenza activity across Canada remains low for this time of year, with no evidence of community circulation of influenza (Government of Canada, 2022; LINK: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/fluwatch/2021-2022/week-1-january-2-january-8-2022.html>). To date this season (August 29, 2021 to January 8, 2022), seven pediatric influenza-associated hospitalizations and less than five intensive care unit (ICU) admissions were reported by

the IMPACT network. While the number remain low, we must remember that Ontario has only 93 pediatric ICU beds.

We also need to learn from the situation in other countries. In the United States there has been a slight decline in influenza cases the past week, but it remains much higher than last year and is expected to continue for several weeks. The CDC also reports that cumulative hospitalization rates in the FluSurv-NET system is higher than the rate for the entire 2020-2021 season, but lower than the rate seen at this time during the four seasons preceding the COVID-19 pandemic (CDC, 2022; LINK: <https://www.cdc.gov/flu/weekly/index.htm>).

Alex Munter, president of CHEO tweeted, “[#Ontario](#) has 93 pediatric ICU beds. Some days only 2-3 beds are empty - in the entire province and with no Covid cases. Children's hospitals can surge up but it means cancelling surgeries, closing clinics and longer Emergency waits as specialized staff are redeployed to the ICU.” That tweet was in September 2021. RNAO urges added caution for the next 10 days given the pick of Omicron and the potential increase in influenza cases in children.

CONCLUSION:

RNAO wants Ontario’s students to be able to return to school as soon as we have the evidence to support a safe return for children and education workers. RNAO opposes return to school at the peak of the Omicron wave. We recognize the importance of in-person learning to the well-being of kids and youth. But, returning them today, given all circumstances and available data, is irresponsible.

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