

NURSES CONFRONT SARS WITH TEAMWORK, DEDICATION

RNs share personal stories of risk and reward while fighting the first SARS outbreak.

Health-care professionals around the world have been expecting something like severe acute respiratory syndrome (SARS) to strike for decades. Global population density and mobility are a potentially catastrophic combination when it comes to the proliferation of disease. But no one, not health-care professionals, politicians nor the public expected it would spread so quickly, or that Ontario would be a hotspot.

For Yvonne Warner, a nurse in the day surgery/short stay unit (DSU/SSU) at Markham-Stouffville Hospital, the SARS experience turned her life completely upside-down. The operating room, within

which she spent most of her working hours, closed when the first outbreak hit several Toronto area hospitals, including hers. As a result of the closure, Warner's 18-bed DSU/SSU became the 14-bed SARS unit, which opened on Mar. 27 on the first floor of the Markham facility.

The unit was a self-contained area separated from the rest of the hospital by double doors and equipped with 11 negative pressure rooms.

In the beginning there was resentment, she remembers, among her DSU/SSU nursing colleagues that they were the ones chosen to deal with the frightening, mysterious

new disease. Some felt they were handed the short end of the stick.

For Warner, the worst part of the experience was walking into the unknown.

"For the first two weeks, I cried every day on the way to work. I was so scared," she explains. For the sake of her family's safety she even sent her two children to her mother's house and kept her two step-children from visiting during the first couple of weeks of the outbreak.

"I would just stand at the entrance of those double doors into the unit – you almost had to force yourself to go in," she recalls.

As hours turned to days, the nursing staff



Photo: Rene Johnston/Toronto Star



in the Markham facility's SARS unit began to learn more about the disease and slowly felt that progress was being made to contain the outbreak.

"After each shift, we would feel a little bit better, not as afraid," Warner says.

Then the unthinkable happened – one of her SARS unit colleagues contracted the disease.

"All of us just broke down, everyone was in tears. No one wanted to go to work, we were all scared to death," she says.

The SARS unit staff called an emergency meeting with the hospital's senior management team to determine how their

colleague contracted the illness, how to prevent it in the future and what the nurses needed to do to keep fighting the disease. According to Warner, management was responsive to their concerns and worked with staff to establish criteria, such as double gloving and limiting nurses to a maximum of three eight-hour shifts per week.

After meeting with the management team, Warner says nursing staff regrouped and began to feel rejuvenated and ready to continue the battle against the disease.

One week later, another member of the SARS nursing staff at Markham-Stouffville exhibited symptoms and was admitted into

**“FOR THE FIRST
TWO WEEKS,
I CRIED EVERY DAY
ON THE WAY
TO WORK.
I WAS SO SCARED.”**

the unit as a patient.

"Just as we were gathering ourselves together and were thinking 'okay, I can do this' it started all over again," Warner remembers, noting that they may never know how her two colleagues contracted the disease.

As the first outbreak continued to spread and suspected cases climbed in Markham and across the GTA, the SARS hotline in downtown Toronto, which became operational on Mar. 15, was lighting up, each blink on the phone bank another potential emergency requiring immediate attention. Sharon Manchee, a 23-year veteran of public health at Toronto Public Health, was one of 30 people on the day shift during the peak of the first SARS outbreak.

Nurses, health inspectors, administration assistants, clerical staff and field workers were pulled from numerous public health projects across the city to focus on operating the hotline. In total, 300 people were brought together to undertake the massive task of fielding nearly 2,000 calls per day and providing case management and follow up during the outbreak's peak.

According to Manchee, the request from her superiors to establish the hotline in mid-March was met with some skepticism. She and her colleagues "were not sure if it was a hoax." Nonetheless, she felt ready for the challenge. She set aside her regular public health work on substance abuse, injury pre-

vention and nutrition at her East York office and headed to the downtown call centre.

"I was asked to volunteer and I immediately agreed," she says, confessing that she did not entirely know what to expect.

The early days of the hotline were frantic, she remembers. From mid-March to the end of April, Manchee and her nursing colleagues responded to almost 30,000 calls, many of which were focused on getting the latest information on the disease and advice on preventive measures.

"It was incredibly busy," Manchee says. "A lot of our time was spent on the phone trying to help people who had symptoms and to help (their family members) manage their way through quarantine."

When working with callers who had symptoms, the public health nurses were required to open a file and issue a 10-day quarantine order, which would then go to the "contact followup" team. Occasionally, Manchee sent individuals to one of the SARS units in the city.

The nurses on the hotline played a vital role in the overall battle against the first outbreak of SARS. They were the primary conduits of information to the health unit's senior management. The management would then make crucial decisions based on the data nurses collected to further combat the disease.

Liz Janzen, director of Family Health and Healthy Lifestyles for the south region of

Toronto Public Health, helped assemble the team that included Manchee.

Once on the phones, "The nurses were immediately doing assessments for case management purposes," Janzen explains. "They would track the signs and symptoms that individuals were reporting."

The team of telephone nurses began and ended each day with a briefing on the latest information about the disease and an update on the battle to contain it. The briefings increased to three or four times daily during the first outbreak's peak in the second and third weeks of April.

"When there is so much going on, it is vital to ensure that the nurses have the most up-to-date information possible to effectively address the issues of callers," Janzen says, explaining the strategy behind the briefings.

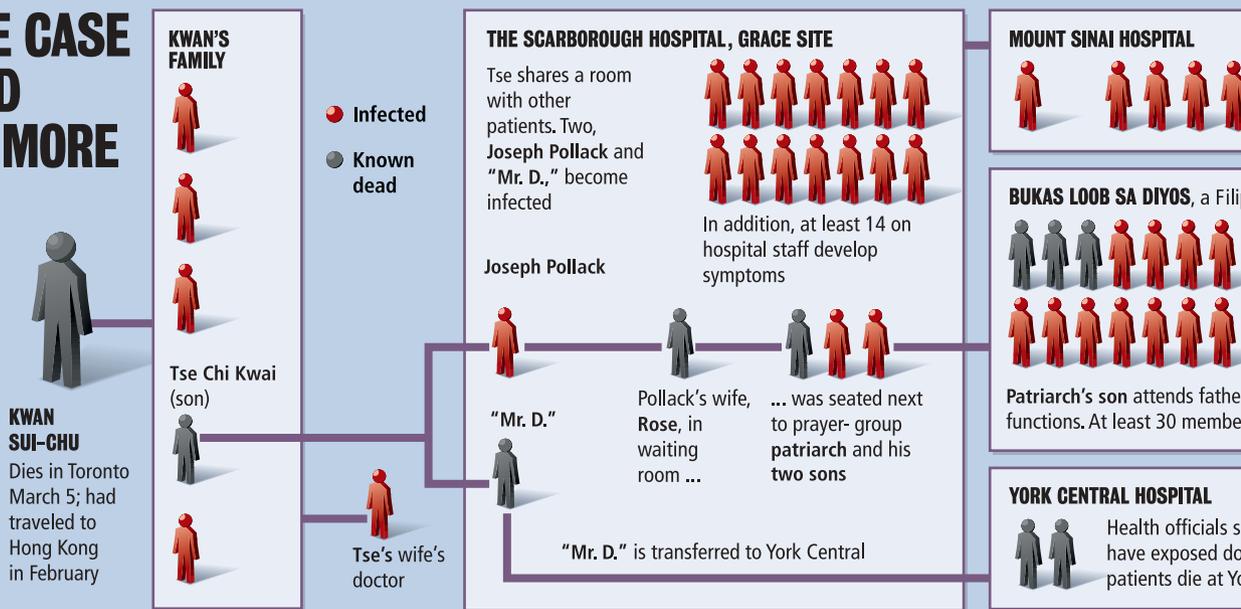
Despite the frantic pace, intense stress levels and long hours, staff on the hotline coped very well. "They all responded with great professionalism on such short notice. They got right down to work and did their best to keep their spirits up," she adds.

But the work was taxing, emotionally and physically.

"There were times when it was really scary. There were days when we thought we had turned the corner, then other days when we felt like (control) was slipping away," Manchee explains. In addition, nurses were required to physically run updated case studies from one

HOW ONE CASE SPAWNED DOZENS MORE

Virtually all the SARS cases in Toronto's first outbreak have been traced to one woman who had visited Hong Kong. How it happened:



copyright © by Time Inc., reprinted by permission

RNAO executive director Doris Grinspun, in the March/April issue of the *Registered Nurse Journal*, spoke of the first SARS outbreak and the need for clear guidelines on how to integrate students into the health-care system during crisis situations. This is imperative in our efforts to strengthen the system, Grinspun says. "It's a win-win situation because students get the clinical experience and nurses gain from students' support."

Chacko was also surprised to find out her entire semester was cancelled.

"At the end of this year, we were supposed to have finished our course but the school has cancelled the summer semester," she says, explaining that there is also backlogged work still to be completed from the spring semester. "I expected to be graduating in December but that was pushed back to at least April of next year."

Plans to be working by early 2004 have been quashed and Chacko and her fellow students will face significant financial challenges. Not only has another four months of

living expenses and absence of income been added to her financial challenges, but also the window in which she can write her licensing exam has shrunk. Chacko's class is among the last batch of diploma nurses who are required to write their exam by mid-2004. The college did waive the tuition fees for the summer semester.

According to Chacko, students were not given a fair chance to help out and gain valuable experience from SARS.

"We could have relieved a lot of stress by helping the nurses since we are (advanced) in our clinicals," she says, noting that as a final year student she could have done a lot to help the nursing staff cope with the spike in workload.

Chacko is aware of the risks SARS imposes but she is unfazed by the danger of working with an unknown, deadly disease.

"Front-line health professionals are at risk all the time. Today it's SARS. Tomorrow it's something else. I was ready to help," she says, adding that she does not expect an easy ride in her career as a nurse.

Warner, Manchee and Tucker all agreed that, above all else, it was the ability of nurses and their colleagues to rely on each other that helped them navigate through the SARS crisis.

Warner simply states, "I would not have made it without my colleagues."

"Everyone has been simply amazing. They've supported each other and I've heard many of them talking about their colleagues as family," Tucker explains.

Falk-Rafael says the first SARS outbreak was a wake-up call for the government to finally realize that the health-care system cannot function without significant change in human and financial resources. The second outbreak, which began in mid-May at North York General Hospital, is further proof that nurses' knowledge and work deserves the respect and admiration of the government and other health-care professionals.

"They are the health-care system's most valuable resource. Without their courage, bravery and commitment to their patients during the SARS outbreaks, I am afraid to think what may have happened." RN

CARL MAVROMICHALIS IS A STAFF WRITER FOR RNAO.

What would Florence say about SARS?

The following is an excerpt from an editorial that appeared in the *Toronto Star*, April 24.

While public health may have a reputation for being sedate in comparison to the adrenaline rush of emergency critical care units, the SARS crisis has propelled it into an unprecedented spotlight.

From our vantage point, public health strategies seem so low tech: face masks, gloves and gowns to protect oneself; proper ventilation; meticulous hand-washing; quarantine in one's home.

The basics of public health have changed very little in the past hundred years. While some may be shocked that we must rely on these simple practices, it may come as even more of a shock to realize that some people cannot even practice these simple measures.

Imagine, for example, that you are homeless. If you are staying in a shelter with one or two toilets and sinks for sixty people, which may or may not have soap or towels, you will not be able to wash your hands very often. If you are living in a crowded basement shelter with no windows, air circulation is limited. You will likely sleep less than a metre from your neighbour. There may be anywhere between 20-100 people sleeping in the same room. Nearly everyone has a cough since close to 40 per cent of the homeless population have already been exposed to tuberculosis. Several days from now you

may be forced to seek new shelter. You will likely enter a nearby drop-in centre to obtain food or to see a nurse, or to use a phone or washroom. If you should require quarantine, where would you go?

Poor health prevails in these settings. So does poor nutrition and severe hunger. Street nurses have seen clusters of infectious diseases and outbreaks of disease in Toronto's shelter system for years: Hepatitis A; the Norwalk virus; and the oldest disease known to humankind, tuberculosis. Such outbreaks are predictable consequences of social conditions such as overcrowding.

As Florence Nightingale said, "Bad sanitary, bad architectural, and bad administrative arrangements often make it impossible to nurse."

Public health infrastructure has been seriously diminished due to funding cuts. We must infuse public health departments with adequate resources. Similarly, we have an opportunity to build housing, to reduce crowding in shelters, to restore staffing levels in our institutions to allow proper cleaning, to put monies back into schools for soap and paper towels, to increase welfare rates so single people and families can pay their rent and afford to eat every day.

Let's do it - in the name of life and health.

RNAO MEMBERS CATHY CROWE AND KATHY HARDILL ARE STREET NURSES WORKING WITH THE HOMELESS IN TORONTO.