

## **Lessons learned from SARS: The experiences of community health and public health nurses**

Author(s): **Community Health Nurses Initiatives Group**

The Community Health Nurses' Initiatives Group (CHNIG), an affiliated group of the Registered Nurses Association of Ontario (RNAO), represents more than 1400 registered nurses practicing in public health, home health and other community settings. The mission of CHNIG is to act as the voice of Community Health Nurses in Ontario and to influence the health care system, and health and social policy which affects the work of Community Health Nurses and the public we serve.

CHNIG appreciates this opportunity to provide input to RNAO as it prepares its submission to the various panels and inquiries that have been established in response to the SARS crisis. We believe that the SARS experience is not an isolated one as demonstrated by the number of public health threats that have arisen in Ontario in recent years : contaminated water, increasing incidence of TB, reduction of public health services and funding since the early 1990's. In addition to these, population health statistics clearly indicate that our promotion and prevention programs are faltering as manifested by increasing levels of obesity and inactivity among children and adults, a growing number of unintentional injuries and continuing high rates of diabetes, heart disease and cancer.

This brief was developed in consultation with community health and public health nurses who are members of CHNIG. Our comments center on three issues: human resources; communications and the need to build a strong infrastructure in the public health system.

### **Human Resources:**

As front line health professionals, nurses working in public health and in the home health sector had first hand experience in controlling the impact of SARS. In Public Health, hundreds of nurses were re-deployed from their regular assignments in order to assist the communicable disease team with case management and contact tracing and to staff health information lines. It is clear that the public health nurse's clinical knowledge and expert assessment skills were highly valued during the SARS outbreak. Nurses who would normally be working in injury prevention, nutrition promotion, child health programs, sexual health clinics and other areas of public health practice demonstrated a high degree of versatility and professionalism in assuming the necessary functions to respond to this situation.

However, nurses were very concerned that their programs were being pushed aside in order to deal with the SARS emergency. This is not uncommon as the same phenomenon occurs when Health Units are required to mount mass immunization campaigns to deal with outbreaks such as meningococcal disease.

At the present time, Health Units/Departments in Ontario have few options in responding to outbreaks except to redeploy staff from other programs or other Health Units. Clearly, public health departments need to be staffed adequately so that all promotion, prevention and protection services can continue even during times of crisis. Indeed, CHNIG is very concerned that governments will focus only on bolstering public health's capacity to respond to infectious disease at the expense of other determinants of health. It is imperative that RNAO continue to advocate for public health's role in advocacy, health promotion, community development, because these are just as crucial as disease control. The issue of lack of permanent staffing in both public health and home health sectors has already been raised by RNAO over the past several years. The SARS outbreak further highlighted the problems inherent in the increasing numbers of nursing working for multiple employers. Home health nurses who had worked only one shift in a hospital were not allowed to work their assigned shifts in the home health sector nor in public health where they were teaching prenatal classes or working in Breastfeeding Clinics. These situations created financial stress for both the nurses and their employers.

As the Ontario government scrambled to deal with the lack of public health personnel, it decided to award an exclusive contract to a for-profit company to arrange for emergency relief. Due to a shortage of qualified public health personnel, a head-hunter hired by this company sent an email to Directors of Schools of Nursing and public health managers to recruit public health nurses from their own institutions. And where would they find them??? Clearly, the issue is having a reserve of public health nurses who are fully trained and could be deployed to areas in need. In the long term, this is what is required to build capacity and resilience in the system.

CHNIG members have also raised concerns about the protection of nurses and health care workers against SARS. The health effects of working under extreme conditions require further study. For instance, what were the side effects of an N95 mask on workers. Were pregnant nurses/health workers required to work during this time? Given the increased levels of CO<sub>2</sub> when wearing an N95 masks, they may have been placing the fetus at risk. Is any one following these nurses to determine long term health effects?

## **Communications:**

Timely, clear communication is always essential in an emergency situation. CHNIG members are concerned about the gaps in the basic communication infrastructure that prevented the dissemination of timely, accurate information to ALL sectors in the health care system and to the public during the SARS outbreak. Nurses working in the Home Health sector reported feeling left out of the communication loop and felt that information and tools were geared specifically to the greater Toronto area and therefore not realistic for home health agencies operating beyond the GTA.

The Health Promotion and Protection Act clearly lays out the responsibilities of the Chief Medical Officer of Health during a public health emergency. In March, the Provincial Operations Centre along with the Chief of Public Security suddenly came on the scene and this further created confusion: was this a public security issue or a public health emergency? Just who was in charge of this situation? Deficiencies in the communication infrastructure resulted in inconsistent and unclear messages and delays in acquiring information. As a result, individual professional organizations and health agencies scrambled to provide their own communication system that often conflicted with either the provincial or federal communications.

Health units were initially developing intake forms “from scratch”, rather than having these developed by the Public Health Branch. Moreover, the intake system was essentially paper-based rather than electronic. Two of our members have suggested that a centralized, electronic data base system is urgently needed and that tools and communication resources need to be developed centrally. Additionally, this information needs to be coordinated among ALL sectors of the health care system, including professional organizations. The public also needs its own information system so that citizens can equip themselves with accurate information to protect themselves.

In summary, a comprehensive communications strategy for health emergencies is clearly needed to keep the public well informed and to ensure that public health directives are being adhered to by various health service agencies and professionals. A well staffed Public Health Branch would be integral to the implementation of this strategy.

## **Public Health Infrastructure**

The SARS outbreak surely speaks to the lack of resilience in our current public health system to fight something as big as SARS. The health care system was clearly brought to its knees as it struggled to mobilize effective leadership, rapid response and infrastructure support to contain this new disease. CHNIG supports both the OPHA and the CPHA in their stance for building strategic capacity in public health for ALL disciplines through a separate Faculty of Public Health, that would result in a more visible, active and prestigious role for public health. Over the last decade, there has been an erosion in the education of health professionals in public health science. As we move towards a health system grounded in the principles of Primary Health Care, public health science must form one of the clinical competencies for ALL health professions in Canada. Public health provides the foundation for building a coordinated, integrated primary health care system in Ontario and Canada. However, we need considerable investment in developing a public health strategy that will strengthen and integrate the five essential functions of a Canadian public health system: population health assessment; health surveillance, health promotion; disease and injury prevention; and health protection.

Several CHNIG members have raised concerns about the lack of infection control expertise in the health system. There has been an erosion of infection control personnel across the health care system over the past several years. Some nurses believe that the community based infection control experts should reside in the public health system which would serve all sectors: hospitals, long-term care, home health and other community based services. What became clearly apparent in this SARS outbreak, was that public health did not have this capacity and was perceived to be “borrowing” expertise in the hospitals where outbreaks had occurred. These experts did not necessarily understand the needs of the community and home health sectors. It is important to remember that the next outbreak may well begin in the community and spread to the hospital/institutional settings. RNAO should continue to lobby for well funded centralized infection control resources that would serve all sectors.

## **Conclusion:**

It is hoped that our governments will move quickly to rebuild the infrastructure that is sorely needed in our public health care system. The SARS crisis has been a wake-up call to all of us and we should be thankful that it was considered a “mild epidemic” when compared to other viral outbreaks that claim the lives of thousands each year. We hope that this submission will contribute to the deliberations that will take place over the coming months.