

A year into the pandemic, nurses exhausted – and angry

By Linda Silas

As the anniversary for March 11 anniversary of the World Health Organization declaring COVID-19 a global pandemic has come and gone, nurses across Canada are at their breaking point. We are exhausted, burned out – and angry.

Nurses are on the frontlines of the pandemic and our health-care system every day. We see its problems in brutal detail, and we have the experience to know what's needed to fix them. We have repeatedly called on decision-makers to address critical staffing shortages and provide basic protections to keep workers safe.

We continue to be disregarded, and the result has been devastating.

According to the Canadian Institute for Health Information, the number of COVID-19 cases among health workers has tripled since July 2020. As of January 15, 65,920 health workers have been infected with the COVID-19 virus, representing 9.5 percent of all infections in Canada. More than 40 health workers are known to have died from the illness.

In our troubled long-term care system, insufficient staffing and safety protocols have contributed to a national tragedy. About 25,000 health-care worker infections are in long-term care. More than 14,000 vulnerable residents have died from COVID-19, representing about 70 per cent of all deaths in Canada.

It didn't have to be this way.

As early as January of last year, the Canadian Federation of Nurses Unions began urging governments across Canada to heed the lessons of SARS and adopt a precautionary approach. This meant assuming the virus was airborne and protecting health-care workers – potential vectors of transmission – accordingly.

Despite similar efforts by unions across the country, health-care workers have been put at unacceptable risk, with implications for their families, patients and communities. Most health-care workers, even those caring for COVID-19 patients, were only provided flimsy surgical masks, and in many jurisdictions, masks were reused until they were soiled and damaged. Faced with supply issues, N95 respirators were often locked away.

It took the Public Health Agency of Canada (PHAC) until January 2021 to acknowledge what unions and many experts have said all along. Health-care workers are at risk of airborne transmission when in close proximity to an infected person. Yet PHAC still does not require health-care workers in COVID-19 units and 'hot zones' to wear protection from airborne transmission, such as N95 respirators.

Similarly, provinces across Canada have failed to update their guidance to adequately reflect what we now know about the virus and how it spreads.

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Photo credit: Kevin van Paassen/Sunnybrook Health Sciences Centre.

Mobile Health Unit built at Sunnybrook

In February 2021, Sunnybrook Health Sciences Centre began to make room to accommodate a Mobile Health Unit (MHU), in the event there is increased demand for beds during the COVID-19 pandemic.

"The Mobile Health Unit will ensure we're ready for anything that might come our way," says Robert Burgess, senior director of emergency preparedness at Sunnybrook.

Built in partnership with the federal and provincial governments, the MHU will consist of up to 10 tents and is being configured for 84 beds, though it can be expanded to 100 beds if needed.



Once completed, the facility will most likely be used to provide space

for patients who are awaiting placement in other facilities and low acuity

recovering patients, which will free up acute and critical care beds in the hospital.

"The plan is to moderate the number of beds we have inside the tents based on need," says Burgess.

Each 'pod' of 8-10 beds in the MHU is self-contained and is equipped with the necessary medical support system as well as washroom facilities. A number of large generators provide power, and Sunnybrook will be working with the province and partners in the system to staff the facility.

Construction of the MHU is expected to be completed by early April, and the facility will be ready for patients later that month. **H**

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