



# on the front line

As H1N1 spreads across Ontario,  
RNs are at the epicentre of plans to  
keep people well.

If you were a nurse during sars, the H1N1 pandemic may be giving you a disturbing sense of déjà vu. While SARS was a hospital-based disease and H1N1 is spreading in the community, both sparked public fear and a media frenzy. But there are some stark differences, too. RNAO Executive Director Doris Grinspun says governments and health officials learned plenty of lessons during the SARS crisis that have been applied to H1N1 planning and operations.

"In Ontario, nurses' voices are being taken extremely seriously and our advice is being acted upon," says Grinspun, who sits on the Ministry of Health H1N1 provincial advisory committee.

Since so many nurses are involved in H1N1 planning, screening for the illness, immunization and the delivery of care across the province, Grinspun says they're ideally placed to help the public sort through all the information on everything from vaccination protocols to treatments needed.

"Nurses are information brokers and translators," she says. "People have lots of questions when they are fearful. We need to be adequately informed and accurate with our facts so we can alleviate fears, rather than feeding into them."

As the second wave of H1N1 unfolds across the province, *Registered Nurse Journal* looks at how nurses are taking on that leadership role. Whether they're inoculating thousands at flu-shot clinics or caring for the ill who find themselves in hospitals, RNs are coming up with creative and strategic ways to overcome the virus' unique challenges.

**BY JILL-MARIE BURKE • ILLUSTRATION BY ISABELLE CARDINAL**

## BRINGING AGE-OLD TRADITIONS INTO THE H1N1 AGE

For more than a century, parishioners at St. Louis Catholic Church in Waterloo have been dipping their fingers in holy water as they enter the front door. But these days, hand sanitizer can be found beside the holy water fonts. Other long-standing customs that could spread nasty flu viruses have also been changed. Churchgoers now wave or nod instead of shaking hands, wine is no longer shared from a common cup, and people can't receive the communion wafer on their tongue.

Parish nurse Anne Marie Webster, who works for the church, is leading St. Louis' efforts to keep H1N1 at bay and often explains these changes to church members.

"I tell them that this is flu season and we can spread germs if we do these things," she says. The parish's 1,300 families know that Webster works hard year-round to look after their physical and spiritual well-being by providing health education and counselling, visiting people in their homes and in hospitals, and comforting those who've lost a loved one. She also organizes blood pressure screening and foot care clinics and leads support groups for parishioners. And a few times a year, she

organizes lunch and learn workshops after mass to talk about topics such as diabetes or hypertension. In November, the talk focused on the history of pandemics, provided updates on the virus and stressed the importance of getting the vaccine.

"Because we're a parish, we also talked about faith and hope," she says of the session. "We know that no matter what happens, we

have God and each other. We try to use our faith to help people relax and not panic."

Webster doesn't want to overwhelm her parishioners with information about H1N1, but she also wants to make sure those with chronic conditions, the elderly, and anyone else who lives alone will have the assistance they need if they get sick. For those who don't have anyone to call on for help, Webster and her team of volunteer visitors will make sure they have all the support they need.

Webster is also ensuring she can visit her parishioners if a serious outbreak restricts hospitals' visitor policies. Webster says during the SARS outbreak patients were limited to one visitor a day, and parish nurses couldn't see the patient if the person already had a visitor. When she recently attended a meeting with the city's hospital chaplains to review pandemic plans, she asked them to urge hospital administrators to acknowledge that parish nurses are not ordinary visitors because they provide spiritual guidance and health counselling in times of sickness.

Webster says it's all part of looking at how time-honoured traditions need to be revised while finding innovative ways to protect the physical and spiritual health of her congregation.



## EASING FLU ANXIETY DURING EXAM SEASON

Nurse practitioner Elyse Maindonald has been opening doors with her elbow for years and she's been a stickler about washing her hands since her days as a surgical nurse. Now, as influenza coordinator at St. Clair College's south campus in Windsor, she's leading a campaign to protect students and staff from H1N1 and keep classes and campus activities running as usual.

This past spring Maindonald, who created a pandemic plan for the college in 2006 in case of an avian flu outbreak, was released from her teaching duties in the nursing programs so she could concentrate on H1N1 planning and monitoring. In October, when staff and students with flu-like symptoms began crowding the campus health centre where she works as an NP, the college asked her to devote all her time to managing the pandemic. Today, Maindonald is doling out H1N1 vaccines to people in high-risk groups, assessing and treating students and staff who have flu symptoms, updating college policies that are impacted by H1N1 and providing ongoing education and communication.

"We've had the flu plan for years and you think you're ready to go, but it's a living document and we're rewriting policies on a daily basis. We're flying by the seat of our pants," she says.

Rules around sick days have been among the first to change. Students, for example, who are off with the flu don't need to worry about falling behind on their work. They can make up missed assignments and tests when they return to campus. Staff are also being encouraged to stay home if they're unwell, but the way they call in sick has changed. Before the pandemic, faculty simply phoned their managers if they couldn't come to work. Now, since all possible cases of H1N1 need to be reported to public health, sick employees must also call the college's flu hotline and answer questions about their symptoms. Since this has never been done before, Maindonald sent emails to staff to explain why it is necessary and to assure them that the questions were being asked for statistical purposes only; their privacy is being respected.

In spite of the fact that the health centre staff are seeing three times as many students and staff with flu, colds and strep throat as this time last year, Maindonald says it's been a challenge convincing the ill to stay home so they won't infect others. Still, she says she's starting to make headway through her constant emails, one-on-one conversations and classroom presentations. "They're beginning to get the message," she says.

## STAYING HEALTHY WITHOUT A HOME

Most of the people RN Keren Elumir sees in the health clinic run by Sanctuary, a Christian charitable organization in Toronto, are so busy coping with homelessness, mental illness and abuse that H1N1 isn't even on their radar. But she says they're at a greater risk of catching the virus and passing it on because their daily struggle for survival finds them interacting with dozens of people at various soup kitchens and drop-in centres throughout the city. Add in the fact that they often sleep in overcrowded shelters and lack the opportunity to maintain proper hygiene, eat well and get enough rest, and you have a recipe for spreading the virus.

Men and women of all ages who are unemployed, living on the street or coping with challenges like AIDS and drug addiction visit Sanctuary where Elumir says the staff and volunteers can help them access welfare, housing, legal advice or rehabilitation. They also come to eat a nutritious meal, socialize or visit the health clinic, which is staffed by nurses and a part-time physician.

Every year during cold and flu season, Elumir and her colleagues remind the guests to wash their hands and cough into their elbows. They've found that signs often go unread and formal educational sessions are poorly attended, so they communicate face-to-face when handing out vitamins during meals. "You see almost everybody in the room then and you mix it into the conversation at each table," she says. They also encourage the visitors to get flu vaccines and Sanctuary provides subway tokens so they can travel to immunization clinics. Elumir also tells guests that if they're sick, she or another team member will travel to them to make sure they're okay.

"Because members of the street community tend to know one another, we'll often get a message like 'Tony is sick, he wants to see you; he's in the alley.' If they're camped in the Don Valley, if they're in a rooming house, we'll go to them and make sure they have adequate fluids and resources," she says.

For the sick who are willing to sleep inside, Elumir will try to find a bed for them

at the Sherbourne Infirmary, a short term health facility for the homeless, or a shelter that has special rooms for people who are ill. But many of the people she meets at Sanctuary won't stay inside at night, even if they're unwell. Some are claustrophobic and fear the cramped quarters at shelters. Others are afraid of the violence that can break out there. A handful won't sleep inside because it brings back bad memories of time spent in prison. The challenge is to keep them warm, dry and hydrated.

Although some Toronto street nurses began vaccinating the city's homeless population in November, Elumir says advocating for services for these people must continue to be one of the most important roles she can take on. That can mean finding housing for pregnant women or people whose immune systems are compromised by illnesses like HIV. Or it can mean writing a let-



ter to a shelter to ask them to permit a sick person to sleep there during the day when the shelter is closed for cleaning. It also means working with groups like the Toronto Disaster Relief Committee and Streets to Homes to give the homeless a voice. But with flu season upon us, Elumir says until that advocacy work pays off with adequate housing for all, she'll continue to bring emergency blankets to people who sleep in alleys and brew endless cups of tea to try to keep Sanctuary's guests warm, comfortable and healthy.

## OUTBREAK STIRS MEMORIES

Debbie Tirrul remembers lining up in a crowded church basement to get the polio vaccine. She was too small to see much beyond the patterns on the dresses worn by the mothers in the room, and she doesn't recall the needle's prick. But she can remember the feeling of near-panic in the room.

Today, as a nurse practitioner at Somerset West Community Health Centre in Ottawa, Tirrul is calming the fears of a new generation of parents terrified their children will be caught in the clutches of the latest pandemic.

"Every time a young person dies it frightens people – especially moms with small children," says Tirrul, who is able to reassure most parents that their little one is going to be just fine.

In the first week after Somerset West was designated a flu assessment centre in early November, Tirrul says 200 people of all ages streamed in to find out if their coughs and sneezes were anything to worry about. When patients arrive, they're greeted by the centre's social workers and triaged by RNs. People with coughs, muscle aches and fevers are sent to the flu assessment centre where they're examined by nurses practitioners and physicians wearing N95 masks, gloves, gowns and goggles. During the first wave of patients, Tirrul says many were prescribed Tamiflu or antibiotics, a handful needed chest X-rays and two people were sent to hospital. Tirrul says the assessment centre is being staffed by nurses normally responsible for seniors outreach or giving vaccinations and blood tests, but who are now masked and gloved and taking histories and doing assessments.

"It's stressful because they are working in different areas under different directives, but they are very keen, have learned quickly and are settled into a new role of collaborating with nurse practitioners and physicians," she says. In fact, keeping up with the latest information and protocols on H1N1 has been challenging for everyone, especially when they were changing on a regular basis this fall. Tirrul and her nursing colleagues worked extra hours to keep up with all the reading.

"We had tomes and tomes of things to read," she says. "Every day there was another 20 to 30 pages of procedures related to topics like protective gear and prescribing Tamiflu to pregnant women. This is stressful for nurses because it's a steep learning curve and every day there's more to read and a slightly different way of doing things."

## LEARNING FROM SARS

When the World Health Organization declared the H1N1 outbreak a pandemic last spring, Bonnie Alexiou, an ER nurse at Markham Stouffville Hospital, started to feel scared and worried. She'd worked during the SARS crisis and spent two months as an inpatient at the hospital when she contracted the disease herself.

"H1N1 stirred up emotions I thought I'd dealt with and filed away. It was weird to feel the fear coming back. It was almost like a post-traumatic stress feeling," says Alexiou. She says she worried about her colleagues falling ill, wondered how the emergency department would cope if large numbers of people showed up with symptoms, and hoped that lessons learned from SARS would help the hospital handle things differently this time.

Julia Scott, Vice President of Clinical Programs and Chief Nurse Executive at Markham Stouffville, says a lot has changed since SARS. She says the hospital is listening to nurses, and has developed plans to cope with being short-staffed if employees are sick. There are also enough N95 masks for every employee, and a stockpile of Tamiflu.

"We have appropriate infection control practices, including making sure our staff have access to personal protective equipment," she says.

Scott says counsellors are also able to support employees who lived through SARS. Alexiou met with the same counsellor who comforted her six years ago, and she decided that working in the hospital's flu assessment clinic would be the best therapy of all. "It's a good way to overcome my fears, strengthen my mind and set an example for my peers," Alexiou says, adding she feels proud of her work.

Many of Alexiou's colleagues in the emergency room today didn't work during SARS and sometimes question why it is necessary to wear protective gear such as N95 masks, goggles, gloves, and gowns.

"I get on my soap box and say 'This is quite serious. This is how we're going to protect ourselves, our families and our patients,'" she says.

Although Alexiou and her colleagues are getting scabs on their noses from the masks, she vows that even when H1N1 has passed she will keep wearing the protective garb. "It's the uncertainty of what's out there. I don't want to be caught two steps behind," she says.



## KEEPING COMMUNITIES WELL

Whether it's measles, mumps or bed bugs, RNs at the Victorian Order of Nurses (VON) for Canada have plenty of experience handling community outbreaks. Their infection control knowledge, the N95 masks they always carry in their vehicles, and routine practices like distancing and handwashing will serve them well during the H1N1 pandemic.

Irene Holubiec, the national director, clinical services for VON Canada, is co-directing the agency's pandemic planning. She says one of the biggest challenges of H1N1 is keeping up with what's happening in different areas of the country, and passing it along to VON's front line employees. She says staff need regular updates so they can help their patients sift through the facts and fiction that are reported in the media.

"The clients aren't reading the studies and the evidence, they're only seeing the media. So they're asking: Is it safe for me to get the vaccine? When can I get it? Where can I get it?... H1N1 is different because it's new. It will happen in waves, it will happen in our communities, and it will impact us," Holubiec says.

Arlene Lesenke agrees it's important for nurses to stay on top of all the latest news about H1N1 so they can answer people's questions. But she admits it can be hard to keep up with Ministry of Health guidelines that are being revised and updated regularly. "Nurses want to make sure they're giving the absolute best information they can, but it's very hard when it keeps changing," she says.

As the Director of Health Protection at the Northwestern Health Unit, Lesenke is coordinating the region's H1N1 planning and works side-by-side with fellow nurses in the Kenora

office administering flu shots. It's no small task. Lesenke says within a three-week period, 35 nurses administered 13,000 doses of the H1N1 vaccine and almost 3,800 doses of the seasonal flu vaccine to residents in 14 communities spread across 166,514 kilometres.

Lesenke says transporting the vaccine from Kenora to the various satellite offices in coolers or containers that can be plugged into a car's lighter was not a problem. Staff making the drive to far-flung communities volunteer to take the vaccine every flu season to contribute to the success of the program. But administering a brand new vaccine posed other challenges.

When, for example, nurses discovered that the needle recommended for withdrawing the adjuvant was too short to reach the bottom of the vial — which had to be kept upright — they switched to a longer one. They also revised the way the vaccine was rolled out. Once children, pregnant women, people with underlying health conditions and others in priority groups received their shots, nurses offered the vaccination to everyone who was waiting in the line. Because some families drove hours from remote communities to get inoculated, Lesenke says it wasn't fair to ask those who didn't fall into certain categories to make another trip to the clinic later, when they qualified for the vaccine.

While the flu-shot campaign has kept nurses very busy, Lesenke says overtime has been kept to a minimum.

"We're really trying to make sure our nurses have time to rest and take care of themselves," she says. "Our number one goal is to provide safe clinics. We want to make sure our nurses are well-rested and not making mistakes."

Lesenke says it is especially important for nurses to be alert because in some clinics the H1N1 and the seasonal flu shots are being administered at the same time. In smaller offices, one nurse is working alone and providing both vaccines.

Lesenke admits the mass immunization campaign does pose some challenges for nurses and other health-care providers, but she says the benefits are well worth the effort. "As Canadians we are in the enviable position of knowing that there's a pandemic flu strain circulating and we have a vaccine that can prevent it. In past pandemics there was no vaccine," she says. **RN**

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