



# RT Practice, SARS and the CRTO 2000 - 2004

In the five years since the millennium, the world saw huge leaps in technology and globalization. RT practice was affected through these global events and advancements in technology as well, most notably the SARS pandemic of 2003.

However, there were other changes in practice and technology prior to and outside this event as well:

## Non-SARS:

In the early 2000's, observational studies showed a **47% - 66% survival rate** when extracorporeal membrane oxygenation (ECMO) was used as a mechanism for cardio-pulmonary resuscitation



In 2000/2001 a large clinical trial was conducted in the U.S. to investigate efficacy of using inhaled antibiotics to treat non-CF lower respiratory tract infections.

In 2003 the Canadian Thoracic Society released its guideline on the Recommendations for Management of COPD



## Early to mid 2000s

saw Patient Ventilator synchrony enhanced through the increased use of new modes of ventilation such as Proportional Assist Ventilation (PAV) and Neurally Adjusted Ventilatory Assist (NAVA)

2003 paper published in Critical Care Medicine on the treatment of adults with acute respiratory distress syndrome (ARDS) by using inhaled nitric oxide combined with high frequency oscillation



## SARS: *facts, figures, timeline*

### November 2002 to July 2003

two waves of Severe Acute Respiratory Syndrome (SARS) leads to the death of **44** Canadians. **85%** of all indexed cases of SARS in Canada occurred in Ontario (approx. **400** confirmed cases)

March	5	First Canadian dies of SARS after returning from Hong Kong to Toronto
	17	Health Canada announces 17 suspected cases of SARS
	26	Ontario declares state of public health emergency
April	23	World Health Organization issues travel advisory against Toronto (controversy, great economic loss)
May	22	Second wave of SARS begins
2003		A report of the National Advisory Committee on SARS and Public Health was released by Health Canada.

# SARS RELATED PROFESSIONAL PRACTICE DEVELOPMENTS / INSIGHTS

### POST-PANDEMIC RESULTS

- Government, officials, etc. began to realize the unique skill-set of RTs and how well-suited it was to deal with emerging/future SARS situations
- RTs would later become more involved in policy conversations on infection control and PPE; added to working groups and committees; expertise elevated within the province.

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- Ministry asks CRTO to have representative on Infection Control Taskforce for future situations in Ontario
  - As result of SARS outbreak, MOHLTC issued document "Preventing Respiratory Illness Protecting Patients and Staff" in an effort to update and establish standards, addressing SARS-related issues
  - RTs during SARS 1<sup>st</sup> wave were not utilized to the best of their ability and not seen as the immense resources they were; second wave was different → SARS Commission asks CRTO and Members to provide views, opinions and recommendations on directives on "Emergency Management Act" and "Health Protection and Promotion Act"

### SARS OPERATIONS CENTRE

- Interacted with the CRTO frequently on a number of issues. CRTO would ask for feedback from Members, compile answers and provide to the SARS Operations Centre to better inform their directives and guidelines
- Non-acute care directives (under outbreak & non-outbreak conditions)
- Directive to all Ontario acute care hospitals concerning discharge of non-SARS patients under outbreak conditions. Also high-risk Respiratory Procedure Directives

### REPORTS/FEEDBACK AFTER THE FACT

- General sense that there was a much greater emphasis placed on PPE and infection control in employer environments
- Mask-fitting is now mandatory in many facilities
- Components now built-in to student curriculum for infection control best practices