

“Send Units Down!” The Fiasco at York Central Hospital

York Central Hospital³¹⁹ in suburban Toronto became the scene of a medical disaster and an emergency management fiasco during the early days of the SARS crisis.

The medical disaster had its roots in the March 16, 2003, transfer of a patient from Scarborough Grace, Mr. H, whose story is told earlier in the report. Mr. H arrived at the York Central Hospital’s intensive care unit, but no one knew he was infected with SARS. He infected 15 other patients and staff at York Central, an outbreak that led to closure of the hospital on March 28 and to an emergency management situation that resembled a poorly directed paramilitary operation.³²⁰

The SARS outbreak at York Central Hospital was discussed during a conference call on March 28, 12 days after the infectious transfer, the day the hospital became aware that it had SARS cases. The hour-long conference call between the high-level group managing the SARS emergency for the province, hospital officials and representatives of York Region Public Health resulted in a manager of the Emergency Operations Centre calling 911 at the end of the meeting and asking local police to “send units down to close York Central Hospital.”

Inexplicably, hospital staff were not told of the closing before the police were on the way, nor were police given any details other than a request not to let anyone in or out

319. York Central Hospital is a community hospital in Richmond Hill, Ontario, in the Toronto area. It is a 419-bed facility with 219 acute care beds, 52 chronic care beds, 32 rehabilitation beds and 116 long-term care beds. More than 1,800 hospital staff, 300 physicians and 800 volunteers are affiliated with this institution.

320. The patient contracted SARS in the Grace emergency ward on March 7 from unprotected exposure to Mr. T. The patient’s wife, who visited him, was also admitted to York Central, on March 21, with shortness of breath and went to a nursing home for respite care on March 26, returning to York Central with persisting respiratory symptoms after her husband was diagnosed. She was immediately put into the hospital’s SARS Assessment and Treatment Unit (SATU). See Hy A. Dwosh, Harry H.L. Hong, Douglas Austgarden, Stanley Herman and Richard Schabas, “Identification and containment of an outbreak of SARS in a community hospital,” *Canadian Medical Association Journal* 168 (2003): 1415–1420 (Identification and containment of an outbreak of SARS in a community hospital).

of the hospital. The first the hospital staff knew about the directive to close was when they heard sirens³²¹ and saw flashing lights and police cars surrounding the hospital.

A York Central doctor recalled that he was in the hospital boardroom on the conference call about the imminent closing, when he heard sirens:

We had this hospital board meeting with the ministry and they said “we are closing you down at 6 o’clock” . . . This was on the phone and we closed the doors and got security. They asked if we needed extra security and we said we do not know, and they asked if we needed the police to come and help and we said sure, and while we are having the teleconference we start to hear sirens and a half dozen cop cars show up and they blocked the entrances and they blocked people in and would not let anyone out and we have a shift change at 7:00 and you have 1,800 people working and 900 people trying to come in . . .³¹⁶

Hospital vice-president Asmita Gillani recalled at the Commission’s public hearings:

[I] was being paged by my staff that at the front entrance we had police cars and we, the staff, were forbidden from leaving the hospital. In fact, we were then told that this hospital is closed and we were quite alarmed . . . We had no idea what it meant . . . We had to wait for Public Health to get there. We had to institute screening right away. We had to wait for thermometers; we couldn’t discharge the staff. So from about 4:30 to 10 p.m. we were in a total state of halt. The shift from 7:30 in the morning could not go home until about 10 p.m.³²²

The shutdown and the arrival of police had a terrifying effect on staff, who had had no warning of this dramatic operation. One staff nurse interviewed by the Commission gave this account:

I think it was March 28th, it was a Friday night, they locked the doors of the hospital, with all the nurses and everyone in it still. They didn’t know what to do with us. They locked the doors and they said, the Ministry’s

321. There is some doubt whether sirens were used at all. One officer recalled: “It is not believed that sirens were ever used in relation to this detail.” Another officer recalled that he “was on patrol when call received . . . best recollection, did not activate lights or siren when proceeding to call . . . took responsibility for blocking north entrance to hospital parking lot with lights activated . . . under the circumstances, did not think it prudent to put lights or siren on.”

322. SARS Commission, Public Hearings, October 1, 2003.

shut us down and nobody's to leave the hospital. Well, for three hours, the nurses sat there terrified, not knowing what to do, where to go, who to call. The kids had to be picked up from the babysitters and whatnot, it was a horrible, horrible night. Then it was discovered that it was a patient in the hospital with SARS.

The police were baffled. One officer told the Commission:

At 6:25 p.m., upon arrival at York Central Hospital, I observed many people around the outside of the hospital. Some were panic-stricken, wanting to know what was going on. There were people wanting to visit people in the hospital. Our information was to close down the hospital, don't let people in or out . . . We attempted to find out what was going on inside to justify why we were there . . . Hospital staff provided security for the front door. We maintained our position and waited to confirm what was going on, what our role would be.

The press began arriving. They were asking questions that I didn't have the answers for. The atmosphere outside of the hospital was almost circus-like . . . It was well into the night before someone came out to tell us the access routes.

Not allowing traffic in or out. Besieged with questions. Actual security for the building was by their people. I kept trying to obtain further information on this incident, reasons [for the closure]. People wanted to know what was going on, why could they not get into the hospital . . . It was well into the night before they explained access doors and where they could and could not get in. It was so we would have information to provide to the general public . . . We were left hanging at the beginning. No information as to our role, who to assist, who was making decisions.

The medical disaster that triggered the closing started, as noted above, on March 16 when a patient with highly infectious, undetected SARS was transferred to York Central from Scarborough Grace, the epicentre of the first SARS outbreak. The 77-year-old patient, Mr. H, was not isolated, because no one at York Central suspected SARS. He had been admitted to Scarborough Grace for cardiac problems on March 7, sent home on March 10 and readmitted on March 13 before he was transferred to York Central Hospital. No one at York Central knew that Mr. H was linked to the index case at Scarborough Grace Hospital.

As the Chief of Staff Dr. Richard Schabas and Chief of Intensive Care Dr. Hy Dwosh noted in a medical article:

At the time of transfer, it was not known that the patient had been exposed to the SARS virus at the referring institution, thus, no specific respiratory precautions were used.³²³

Over the next 12 days SARS spread to 15 people at the hospital.

York Central's story of SARS was presented in full at the Commission's public hearings.³²⁴ Nothing in this report constitutes any finding of any kind against the hospital or anyone who worked there. As noted earlier in this report, it does, however, reflect a systemic problem that as late as March 28, York Central, had absolutely no knowledge of Mr. H's connection to the index case and his SARS exposure.

The reason SARS went undetected for 12 days at York Central as it spread to patients and staff, as explained by hospital vice-president Asmita Gillani at the Commission public hearings, was that the hospital had no knowledge of where the patient had been or what his history was:

Well, March 28th was a pivotal date for us because two of our staff members started showing symptoms that were consistent with SARS and we got very alarmed and when we dug a little deeper, they had been looking after the patient who had been transferred from Scarborough Grace.

I want to point out that, at this point, we had absolutely no knowledge of where this patient had been or what his history was, but the fact that two of our staff members came down with some such illness, we got alarmed and we informed the POC [the Provincial Operations Centre] right away.³²⁵

323. Identification and containment of an outbreak of SARS in a community hospital.

324. The hospital's story and presentation are set out in full in the transcript of Commission public hearings on September 30 and October 1, 2003, and in the hospital's slide presentation, including its febrile surveillance program, to which Dr. Schabas credits the prevention of further secondary transmission instituted after the hospital discovered the spread of SARS from Mr. H.

325. SARS Commission Public Hearings, October 1, 2003.

The day before the shutdown fiasco, York Central Chief of Staff Dr. Richard Schabas departed for Paris on a long-scheduled vacation. He was told of the hospital closing on arrival there and quarantined himself in the apartment he had rented in the French capital. He stayed in touch with developments in Toronto by telephone. On his return, he was critical of the handling of the crisis, saying the authorities overreacted to the outbreak:

My concerns are, fundamentally, that we failed to take the measure of SARS. We failed to understand what it was about and we did that because we didn't put sufficient emphasis on data collection, data analysis and learning about the infection³²⁶.

Dr. Schabas was especially critical of the closing of York Central and other hospitals and suggested that all patient transfers from Scarborough Grace Hospital should have stopped on March 14:³²⁷

I can say that from the perspective particularly of York Central Hospital because even the simple expedient of putting a freeze on transfers from Scarborough Grace Hospital to other hospitals on March 14 would have saved York Central Hospital the tragedy that ensued there when a patient was transferred without any warning of the possibility of SARS on March 16.³²⁸

Control measures obviously were not in place for the March 28 shutdown of York Central when the emergency authorities, via the 911 emergency line, asked the police to shut down the hospital. The police response was immediate, as is appropriate when a 911 call is received. The York Region police acted quickly and there was no problem with their work. The police found themselves in a difficult situation. There was no directive from the hospital about what was to happen once police cruisers blocked the entry and exits. The emergency system took the sensible idea of extra security and cranked it out of all proportions.

326. SARS Commission Public Hearings, September 29, 2003.

327. As noted earlier in this report, public health authorities and officials at Scarborough Grace Hospital did not know that on March 14, whatever illness had killed Mr. T and his mother and had sickened members of his family had spread and would continue to spread to other patients, visitors and health workers.

328. SARS Commission Public Hearings, September 29, 2003.

As one police officer told the Commission:

Immediate direction would have helped the police. It was a controlled environment. If they had of told us why we were there, what they wanted from us, it would have made it easier. A direct liaison with police would have been great.

This breakdown in communications between emergency authorities and health authorities shows why it is essential to make clear the lines of authority between the Chief Medical Officer of Health and the Director of Emergency Services as recommended in the SARS Commission's second interim report.

As for the decision to close York Central Hospital, public health authorities had just discovered that SARS had spread undetected at York Central for 12 days and had decided to close it to prevent further spread. This decision was not made lightly. As one participant involved in the decision to close the hospital later told the Commission:

At the time, based on the science and the concerns at the time, we acted prudently to close hospital. A lot of important people were at the table making that decision . . . We didn't know how SARS transmitted. We had fundamental issues at the hospital re. infection control. We had a high school across [the] road and kids were coming and going from the York Central cafeteria.

But the command directive to the police took no apparent account of how it would actually be carried out. The command directive was issued without telling the hospital, without any apparent coordination and without any apparent thought to important things like dialysis patients who had to get into the hospital for their treatment or how to get incoming staff through the police barriers. Because of these basic flaws, the emergency management objective was not achieved. As a police official noted:

It would appear that the police attended York Central Hospital with the intention of assisting them to secure the hospital from entry and to prevent people leaving. Neither objective was achieved. The police had no control over who left the premises and it would appear that members of staff were gaining entry to their workplaces and members of the public requiring dialysis were also afforded accommodations.

The Regional Emergency Operations Centre issued the command directive to police without giving them an effective contact number. The 911 call shows continued police attempts to find out who was in charge and to find someone at the hospital who knew what was going on, all in vain. The seven-page transcript of the 911 call from the Emergency Operations Centre can be read only with mounting disbelief that any emergency system could work so badly.

Dispatcher: Communications 9-1-1. Do you require police, fire or ambulance?

Caller: Police.

Dispatcher: Okay, you're calling from 17250 Yonge Street, the administration side of the building?

Caller: Yes, the Health Unit, EOC.

Dispatcher: Okay. What's the emergency there, sir?

Caller: To send units down to close York Central Hospital.

Dispatcher: Okay . . .

Caller: York Central Hospital has to be closed down, there's a health emergency right now.

Dispatcher: Okay, just bear with me one minute, and I'll get a call going, okay?

Caller: Okay.

Dispatcher: Are you the administrator?

Caller: Ahhh, for the administrator, [gives name].

Dispatcher: Okay, just one second . . . due to a health emergency?

Caller: Yes.

Dispatcher: No one is to leave or enter?

Caller: Correct. Until further notified [inaudible].

Dispatcher: The phone number I have coming up is [number provided]?
Is that the correct number we can call back for more information, sir?

Caller: Yes. You can call through the duty officer at extension [extension provided].

Dispatcher: [repeats extension]?

Caller: Yes.

Dispatcher: And who's that person that's going to answer the phone, sir?

Caller: Just ask for [name provided].

Dispatcher: [name repeated]? Okay, I will put a call in, sir, and I'll have somebody attend.

Caller: Thank you.

Dispatcher: Thank you, sir.

Caller: Bye.

Dispatcher: Bye, bye.

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Next call, dispatcher to Regional Municipality of York:

Unknown: Health Operations Centre, [name deleted].

Dispatcher: Hi, it's York Regional Police calling you back. We got a phone call about closing down York Central Hospital?

Unknown: Hm hmm.

Dispatcher: Was it you I was just speaking with, sir?

Unknown: No.

Dispatcher: Okay, somebody from there just called. We want to know who our contact person is at York Central Hospital.

Unknown: That would be Frank Lussing [CEO of York Central Hospital]

Dispatcher: Okay, just one second . . . Frank Lussing [spells name].

Unknown: [spells name], I believe, hang on a sec, hold on one second?

Dispatcher: Yeah, yeah.

Unknown: [spells name].

Dispatcher: And where can he be reached?

Unknown: [number provided].

Dispatcher: Just one second. [number repeated].

Unknown: [number repeated].

Dispatcher: And his extension?

Unknown: Ah, there's no extension, that's a straight number.

Dispatcher: That's straight. And does this Frank know we're coming?

Unknown: Ahhh, know you're coming?

Dispatcher: Yeah, does Frank know that York Regional Police are on their way to close the hospital down? To stop everyone from leaving or coming in?

Unknown: I don't believe so. Hang on a sec, just let me . . . can you hold on one second?

Dispatcher: Yeah, I can.

[slight pause]

Unknown: Instructions are here that YRP [York Regional Police] are not to enter the building at this point.

Dispatcher: Yeah, we're not going to enter the building. We know we're going to stop people from going in and going out, but we want somebody from York Central Hospital to be on the other side of the door when we get there.

Unknown: [not speaking directly to dispatcher] They want somebody from York Central to be on the other side to meet them when they get there.

Dispatcher: That's right.

Unknown: [not speaking directly to dispatcher] Who is the contact? Frank? [speaking to dispatcher again] Nobody can right now.

Dispatcher: Okay, so . . .

Unknown: So all they can basically do is just shut it down, but you can't contact anybody from within the hospital because it's quarantined.

Dispatcher: Okay, but we can call back to this number for more information.

Unknown: You can call that number and you should be able to reach him, but do not talk to the media.

Dispatcher: Oh no, obviously not, sir.

Unknown: You should be able to contact that number that I gave you, but you can't make any physical contacts with anybody there.

Dispatcher: Well no, we realize that, sir. We know that. We know we're going stop people from going in and going out, but we wanted somebody on the other side of the door who is also going to do the same thing.

Unknown: Sure. [inaudible] . . . he should be able to help you.

Dispatcher: Okay, that's what we're going to do. Okay, I'll give him a call then, sir.

Unknown: Okay. Thank you.

Dispatcher: Thank you. Bye, bye.

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Next call:

Marian: Frank Lussing's office, Marian speaking.

Dispatcher: Hi, it's York Regional Police calling.

Marian: Yes?

Dispatcher: May I speak with Frank please?

Marian: Umm, yes, is it something urgent?

Dispatcher: Well, the reason I'm calling is the Health Department just called us to shut down the hospital.

Marian: Okay, umm . . .

Dispatcher: And he's the contact person within the hospital.

Marian: Yes, okay, hold on a second . . .

Dispatcher: Yes.

Marian: Okay, hold on.

Dispatcher: Thank you.

[call on hold for approximately 30 seconds]

Unknown: [inaudible] speaking.

Dispatcher: Hi, it's York Regional Police calling.

Unknown: I'm the Chief Operating Officer here.

Dispatcher: Okay, we've been advised by [name provided] office to close the hospital down.

Unknown: Who is [name repeated]?

Dispatcher: She is the . . . administrative . . . administrator for Health Services with York Regional.

Unknown: Okay. We are on a conference call with the Medical Officer of Health for Ontario, Dr. D'Cunha . . .

Dispatcher: Yeah, I know who he is.

Unknown: And we're receiving instructions from him as we speak, so Frank and myself and our doctors are in on a conference call. We need to sort things out because we have a [inaudible] dialysis programme here, so they're giving us instructions.

Dispatcher: Okay.

Unknown: And then we might need your help.

Dispatcher: Okay, but my only problem is, I have police on the way to stop people from coming and going from the hospital. We have a command directive. We must attend and do this.

Unknown: I'm sure you have, but what you have to do . . .

Dispatcher: But we have to have somebody at the hospital on the other side of the door.

Unknown: Right.

Dispatcher: That's all we're asking for.

Unknown: Can you just understand that our own staff don't know anything about this yet? We are just fielding the calls from Public Health, and we need to instruct our staff. We don't want to cause any panic.

Dispatcher: So what is your suggestion then?

Unknown: So, can you give us like 10 minutes?

Dispatcher: We can't, ma'am. We have to act upon getting this order, okay? You know, 10 minutes could be detrimental. We do have [inaudible, both parties speaking at same time] to close down the hospital and not let anybody in or out of the facility.

Unknown: You mean our staff can't go home?

Dispatcher: We've been advised to not let anyone in or out of the facility, no one, ma'am.

Unknown: Okay, who am I speaking with?

Dispatcher: Okay, what I'm going to do is give you the person who gave me this information.

Unknown: Yeah.

Dispatcher: Okay, their phone number is [area code provided]

Unknown: [area code repeated].

Dispatcher: [first part of number provided].

Unknown: [first part of number repeated].

Dispatcher: [second part of number provided]

Unknown: [second part of number repeated]

Dispatcher: If you could ask for extension [extension provided].

Unknown: [extension repeated].

Dispatcher: And that is the office of [name deleted]?

Unknown: Okay.

Dispatcher: And she is the administrator for York Regional Health Services.

Unknown: Okay. And you are?

Dispatcher: I'm York Regional Police. My badge is [badge number provided]

Unknown: [badge number repeated].

Dispatcher: Yes, ma'am.

Unknown: And your name?

Dispatcher: [name provided], ma'am.

Unknown: [name repeated]?

Dispatcher: Yes. Just so you're aware, ma'am, we do have police officers outside of York Central.

Unknown: Okay.

Dispatcher: Okay?

Unknown: All right.

Dispatcher: Well, sorry for all of this going on.

Unknown: Yeah, no. I mean, we're, you know, in . . .

Dispatcher: Yeah, exactly, I can understand what you're going through.

Unknown: We want to cooperate as much as we can, okay?

Dispatcher: Absolutely, no problem.

Unknown: All right.

Dispatcher: I just wanted you to be forewarned that this was happening.

Unknown: Okay.

Dispatcher: Okay?

Unknown: Thank you.

Dispatcher: You're welcome.

Unknown: Bye, bye.

Dispatcher: Bye, bye.

The transcript speaks for itself. The lack of anyone in charge of the emergency response, the failure to coordinate the efforts of the police and the hospital, the failure to provide the police with the information and direction they required, the failure even to tell the hospital that the police were on their way, all emerge clearly. It is difficult to conceive of a less coordinated emergency response. Surely there is a better way to close a hospital than to call 911 and issue the police command "send units down to close York Central Hospital" without any coordination and without even telling the hospital.

The problem is obvious. The emergency system issued a command directive to send police units to the hospital to close it down but did not put the hospital in touch with the police or tell the hospital or the police what to expect, did not make it clear to anyone what should happen when the police got there, and did not tell the police what they were to do or what was wanted from them. One police official, in a mastery of understatement, said this:

Immediate direction would have helped the police . . . If they had told us why we were there, what they wanted from us, it would have made it easier. A direct liaison with police would have been great.

Another point, not so obvious, emerges from this fiasco: the legal basis for the power to stop and screen people leaving a place of infection. Ontario's laws on this point are weak and unclear. The police at York Central that night were properly sensitive to this legal weakness and confusion:

We knew that we had provincial authority – *Trespass to Property Act* – the fact that it was a hospital – a public institution, and criminal authority, but we did not know the health authority. No knowledge, no understanding. We were there to assist . . .

It is time to fix this problem.

It is sensible to give officials a limited power to briefly stop for identification and screening anyone person leaving a place of infection, as at York Central on March 28, 2003. But the power to stop anyone for any purpose, however briefly, is in law the power to detain because if the person does not comply the only recourse is arrest. These powers, however good their purpose, require stringent safeguards and effective legal balances.

Unfortunately, the government has not yet addressed this problem, one of dozens in the antiquated *Health Promotion and Protection Act*, which the Commission analyzed in its second interim report with a recommendation that:

The *Health Protection and Promotion Act* be amended to authorize the Chief Medical Officer of Health or a medical officer of health to order the temporary detention of anyone who there is reason to suspect is infected with an agent of a virulent disease, for the purposes of obtaining a judicial order authorizing the isolation, examination or treatment of the person, pursuant to s. 35 of the *Health Protection and Promotion Act*. The

detained person must be brought before a justice as soon as possible and in any event within 24 hours. This power is to be backed up by the ultimate power of arrest with police assistance if necessary in the case of non-cooperation.

It is time for the government to respond to this recommendation.

This fiasco shows how vital it is to ensure that public health decisions like how to close a hospital are made by the Chief Medical Officer of Health and executed through a coordinated emergency system. The lines of authority between the Chief Medical Officer of Health and the director of emergencies, although improved since SARS, are still unclear and inadequate. The SARS Commission recommended that the lines of authority be clear, that the Chief Medical Officer of Health be clearly in charge with the emergency commissioner standing by to help with logistical backup.

In a public health emergency there is room for only one person in charge, and that person should be the Chief Medical Officer of Health. In a public health emergency the director of emergencies should be clearly subordinate to the Chief Medical Officer of Health.

The government has not yet acted on this recommendation. This leaves a dangerous gap in our public health emergency machinery.

Neither has the government acted on the recommendation to clarify the power to stop and screen anyone leaving a place of infection. These failures to act leave a dangerous gap in our protection against infectious disease.