



the Quebec Order of Pharmacists told members to furnish refills for a week's supply of medication even if the customer didn't have a prescription bottle.)

When influenza A outbreaks occurred in 3 emergency shelters that housed elderly people in the Montérégie region, steps were taken immediately to prevent the virus from spreading. People who were sick were kept isolated from other shelter residents, health care workers and those at risk of complications from the flu were vaccinated, and visitors were asked to wear masks.

## Psychiatric problems appear

The number of psychiatric problems increased as the crisis progressed, especially in areas like Montérégie where so many lives were disrupted for so long. "Although most people will have normal reactions of irritability and insomnia," says Boileau, "these will probably resolve by themselves a few days or weeks after the power comes back. But a small percentage of people will probably need help."

The Quebec Order of Psychologists set up a hot line to help the public cope. At first people called because of a growing sense of isolation: parents complained that young children were having nightmares and that teenagers were being difficult. Then volunteers, police and firefighters, as well as spouses of those who were away for long hours helping others, started to feel the strain.

"People were calling in with normal symptoms of post-traumatic stress," says psychologist Pascale Lemaire, who

specializes in employee assistance programs. "They were experiencing fatigue and sleeping problems, and had difficulty concentrating."

At the Montreal General, a multidisciplinary stress-reduction team was created to help staff deal with their own concerns. For 2 weeks the hospital also set aside a peaceful room where staff could "recharge their batteries."

## Care in a crisis

At the peak of the crisis, delivering health care in blacked-out areas was a major problem. In the Notre-Dame-de-Grace section of Montreal, the clinic at the Centre Local de Santé Communautaire (CLSC) was left in the cold because its generators only supplied enough power to provide lights and phones, but it was busier than normal and stayed open extra hours. As the prolonged outage continued in the Montérégie region, CLSCs and private clinics obtained generators that allowed them to provide primary care.

At the height of the crisis, hospital routines were totally disrupted: elective surgery and clinics were cancelled, and ambulances were too busy to provide inter-hospital transfers. Within the triangle of darkness, hospitals operated on generators for almost 3 weeks.

Several Montreal hospitals experienced periodic power outages lasting several hours, and the contamination of the water supply created additional work. At the Montreal General, warning labels had to be put on every tap in the building. At the Lakeshore General Hospital, where the

## Shelter from the storm

Thousands of people flocked to emergency shelters when their homes became unliveable during Quebec's January ice storm. Caring for the health and psychosocial needs of these shelter residents was not part of any emergency measures plan, says nurse Charline Dupuis, program coordinator of general services at the Centre Local de Santé Communautaire (CLSC) in Montreal's Notre-Dame-de-Grace neighbourhood, but that's just what her CLSC was called upon to do.

At the shelter, nurses from the CLSC evaluated residents' complaints while physicians, including regular CLSC staff and volunteers who live in the area, visited 3 times a day. The nurses ensured that people received needed medication on time. When they didn't have the medication with them, a volunteer went to the home to get it or a pharmacy delivered it.

The shelters housed many elderly people, as well as people with mental health problems or who are intel-

lectually challenged, and families with small children, babies and adolescents. "A good proportion of the elderly were not very mobile," says Dupuis. "They live independently but need some support at home, so we had to provide that support in the shelter." She says the elderly found it especially difficult to adjust to being in a room with 250 people. The CLSC's mental health nurse worked the evening shift, since the nighttime produced the most anxiety.

CLSC staff also tried to ensure that residents and volunteers stayed healthy. Signs in the bathrooms reminded people to wash their hands, and nurses asked people with bad colds to wash their hands and stay away from small children. The advice continued as people prepared to leave: on their way home, they received instructions about the food items they could keep and the food that would have to be thrown out because of the power failure.