

# Many Canadian health facilities unprepared for disasters

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**W**hen a man drove a van into pedestrians in Toronto, Sunnybrook Health Sciences Centre was ready to respond. Although mass-casualty disasters are rare in Canada, the hospital had a plan for managing a sudden influx of critically injured patients. According to Dr. Dan Cass, Sunnybrook's chief medical executive, regular discussion about potential disaster scenarios and annual practice drills helped staff to respond with calm to the chaos after the attack.

But this level of preparedness isn't the norm across Canada, let alone in community practice, where physicians are sometimes caught off guard by even routine emergencies. According to Dr. Daniel Kollek, director of the Centre for Excellence in Emergency Preparedness at McMaster University, front-line workers have repeatedly expressed serious concerns about the ability of the health system to respond in a disaster. Part of the problem is an assumption that disasters won't happen here.

There hasn't been a formal, evidence-based assessment of disaster preparedness at health facilities in Canada, and hospitals can be accredited without in-depth readiness. Many facilities have disaster plans, but they aren't reviewed or measured against national standards, and are rarely integrated with those of other facilities. Disaster exercises aren't conducted often.

Major gaps in infection control and communication stalled the response to the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS). More than a decade later, many of the gaps remain. One survey of Canadian trauma centre directors found that 59% were not certain their institutions had the capacity to sustain operations for at least 72 hours in a



Most Canadian health facilities have disaster plans but major gaps in preparedness remain.

disaster. Forty-three percent said their institutions had not run a drill in the previous two years.

According to Kollek, the situation is even worse when it comes to events involving contamination. Some newer hospitals have decontamination facilities in emergency departments, but in many others the only safe option for staff confronted with a contaminated patient is to wait until a hazmat team arrives.

A survey of emergency medical services personnel in Ontario and British Columbia found that most lacked training in identifying and treating dangerous contaminants. Beyond the hospital, medical

offices in the community are often poorly prepared for even routine emergencies, like heart attacks, seizures, anaphylaxis and poisoning. Many doctors' offices lack basic resuscitation supplies such as oxygen and epinephrine, even where an emergency had occurred recently.

The gaps in emergency response are particularly stark in Canada's North, where prehospital medical care is almost nonexistent. In most cases, patients are transported in personal vehicles to community health centres by volunteers who, at best, have basic first aid knowledge.

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