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Systematic, Effective Communication Between Public Health Officials and Healthcare Workers During a Public Health Emergency

SUMMARY

During a public health emergency, direct communication links between public health authorities and doctors, nurses, healthcare workers, emergency response personnel—and their unions—should be cultivated and managed effectively, to ensure the reliable transmission of data to, from, and among these groups. A data dissemination and distribution system, available 24/7 and designed for the two-way flow of information, should be established to ensure the timely delivery of emergency public health information.

DESCRIPTION

Interaction between public health authorities and the medical community was ineffective during the outbreak of Severe Acute Respiratory Syndrome (SARS) in the Toronto area in 2003. This deficiency was evident at the outset of the crisis, as Ontario officials realized they had no way to communicate immediately with all physicians and healthcare workers across the province. Public health officials eventually had to turn to the Ontario Medical Association to fax and email a letter to physicians that explained the nature of the outbreak.

The letter, however, did not reach first responders, nurses, ambulance and emergency medical personnel, nor their unions or professional associations, and the process did not guarantee that emergency room staff and other first points of contact for patients throughout Toronto received immediate notification.

Also overlooked were radiologists, who are responsible for creating and interpreting diagnostic imaging in order to detect and diagnose disease. Radiologists and their assisting technologists were directly involved in the care of SARS patients, yet received no communication or support from public health authorities.

Moreover, there was no link between private family practitioners and public health offices during the crisis. Most were unaware of the emergency until they heard about it through the media. Private physicians received little or no instruction from health authorities regarding what precautions should be taken in their practices and were uncertain about which agency should be providing them with information on the disease.

An information and data dissemination system linked to these front-line communities should be established and be made available 24/7, so that when a public health crisis becomes suspected or known, healthcare workers, particularly nurses, paramedics, emergency responders, and other front-line physicians, including family doctors, are informed immediately. Time is crucial, as a missed case could spread and infect others.

In addition, these same groups need to have clear and direct access to public health information and assistance, and be able to share and upload information on possible outbreaks. Family doctors and nurses, for example, are in a key position to recognize emerging illness trends, and should be able to quickly and systematically share these findings with the local public health office and the larger healthcare community.

CITATIONS

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Interview with Toronto physician, 25 September 2003.

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