

BULLETIN

## Health science professionals play a key role in diagnosis, treatment

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**hen Rick Lascelle** and some colleagues from Royal Columbian Hospital went across the street recently to get a snack at the local convenience store, their medical attire set off some alarm bells. "The clerk stood about 10 feet away from us the whole time," Lascelle, a respiratory therapist at the New Westminster hospital, recalled.

It underscores for Lascelle that the virus that's hardest to contain is fear — and for that, he places some of the blame on the media coverage of Severe Acute Respiratory Syndrome (SARS).

"I think the media has really blown it out of proportion," says Lascelle of the pneumonia-like disease with a likely Asian origin that has spread to Canada and is most notable in Vancouver and Toronto.

Respiratory therapists have been on the front lines of the SARS fight since the first patient turned up at Vancouver General Hospital in early March. The hospital's triage team is credited with the quick thinking that is in part attributed to containing the spread of the disease in British Columbia.

Elizabeth Goodfellow is the chief paramedical at Vancouver General Hospital's Respiratory Service department. She says the precautionary nature of the teams at the hospital comes with the territory.

"We're the key tertiary treatment centre for the province," Goodfellow said. "We're used to seeing the weird and unusual here."

Lascelle, HSA chief steward at Royal Columbian Hospital, was part of the team treating and transporting a SARS patient recently at the hospital. He says his team took the usual precautions, even though the recommended procedures for safely treating SARS had not yet been established. "We wore face masks, gloves, goggles, hats, boots and surgical gowns. We took every possible protection."

The only thing different Lascelle would do now is make sure his mask fit better. "I have a beard, so the mask wasn't as tight a fit as is recommended now. But a month ago, we weren't as knowledgeable about the incubation period and how it spreads."

In this case it was necessary to transfer the patient from Royal Columbian Hospital, considered the "flagship" hospital in the region, to Surrey Memorial. At the time, the patient was on 100 per cent oxygen, and required a respiratory therapist for the transport.

The pace at Royal Columbian slowed considerably in April as patients cancelled appointments and stayed away from the hospital. Lascelle is optimistic there will not be any more cases at Royal Columbian, adding the disease is fairly contained, and that very few people have died from SARS.

Goodfellow at Vancouver Hospital says the respiratory therapists have been modifying the therapy as they learn more about SARS. In many cases, low oxygen is treated with a mask attached to humidifiers. "You can't do this with SARS," she said, "because moisture increases its potency and ability to spread." So the therapists use a tube to the lungs, as well as a ventilator.

"The respiratory therapist manages the airway and the ventilator in tandem with the physician," Goodfellow said. "We've had to think about how to do things differently. We've had to rethink how we provide treatments and that's a challenge and a half."

HSA members have contributed widely in fighting the SARS outbreak.

At every step, from diagnosis and treatment, to genomic sequencing of the virus that causes the disease, and even in helping families and health workers cope with the stress of dealing with the fear caused by SARS, HSA members have been at the forefront.

For many, this outbreak has demonstrated again the important role BC's highly-trained, experienced health professionals play in the public health care system. 

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