

Mask Mandate May Return Due to Strain on Pediatric Health System

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Update (November 18, 2022): On Monday, November 14, Dr. Kieran Moore, Ontario's chief medical officer, announced: "I am strongly recommending that all Ontarians, not just those in high risk, wear a mask in indoor public settings" ([source](#)).

He also said, "This is different than COVID. This is protecting our children and those that are the youngest among us. Please parents, grandparents, siblings: If you have any respiratory symptoms, you must mask around those that are vulnerable... What might be a cold to you can lead to a severe respiratory infection in a child four and under" ([source](#)). Dr. Moore recommends that children ages 2 to 5 and infected family members should wear a mask ([source](#)).

On Sunday, November 13, Ontario Premier Doug Ford said: "I was in conversations with seven hospitals across Ontario on Friday. I spoke to every single CEO. We're pulling out every single stop along with them to make sure that we have the capacity to handle the flu season." However, there is still no mask mandate at this time ([source](#)).

Out of everyone in Ontario who has still been wearing a mask after the mandate ended this past March, it's fair to say that most of them are disabled and immunocompromised.

Some medical experts have called for mask mandates to make a comeback for everyone due to the current strain on the pediatric health system, which I will describe below ([source](#)).

While health authorities make their decision, everyone in Ontario is advised to stay up-to-date with their booster doses and wear masks indoors ([source](#)). People who are at high risk of severe illness are still "strongly recommended" to wear a mask ([source](#)).

Click [here](#) to read the Canadian government's full list of groups of people who are considered "high risk" of severe outcomes of COVID-19.

What's happening with the mask mandate?

Nothing is changing at the moment, but this week, there were many discussions about bringing back the province-wide mandate.

The University of Waterloo chose not to wait for an official mandate, and it reinstated its mandatory mask policy for indoor academic activities on Wednesday ([source](#)). The university said the reason is to minimize disruptions to the fall exam season ([source](#)).

On Monday, Ottawa's top doctor Dr. Vera Etches recommended that people return to wearing masks because COVID-19 levels remain high, and other viral illnesses like influenza are spreading in an "extraordinary respiratory season" ([source](#)).

On top of that, a high-level doctor at an Ottawa's children's hospital asked Ottawa's public health board to urge residents to wear masks in crowded indoor spaces, including schools, which would reduce the virus' spread and take pressure off pediatric units ([source](#)).

In response, on Monday night, Ottawa's board of health voted to send a letter to Ontario's premier, health minister, and chief medical officer ([source](#)). This letter asked for data and projections on this year's respiratory illness season and its predicted impact on the health system ([source](#)). A spokeswoman for Health Minister Sylvia Jones did not say whether the province would provide the requested data ([source](#)).

The board also agreed to ask the province to "intensify the visibility and reach of a mass health communications campaign" about the benefits of masking and vaccination ([source](#)). Additionally, the board requested that "the medical officer of health urgently explore all avenues toward reissuing mask mandates, starting with schools" ([source](#)).

In Toronto, the public health board passed a motion asking Dr. Eileen de Villa to "urgently explore all avenues toward re-issuing mask mandates, starting with schools" ([source](#)).

Dr. de Villa told them that Toronto Public Health continues to use provincial health guidance on masking (which means not having a mandate), but the city can and will go its own way if required ([source](#)). Impacts on individuals and the health-care system need to be examined, she said, with any decision based on "the totality of what we see on the ground and the potential benefit that would be derived from having a very specific mask mandate" ([source](#)).

"As we have seen over the course of the past several years, this virus has thrown some curveballs our way and we have to be prepared to respond in accordance with that," Dr. de Villa told the health board ([source](#)).

What's happening with the pediatric health system?

Across the province, the number of children requiring intensive care in Ontario's hospitals has outpaced the available number of pediatric hospital beds ([source](#)).

The number of patients being treated in critical care units is at its highest since the pandemic began in March 2020, causing doctors to be very concerned about the weeks ahead ([source](#)).

According to data compiled by Critical Care Services Ontario (CCSO), on November 9, Ontario had 112 pediatric ICU beds available across the province, but 122 patients needed a pediatric critical care bed ([source](#)).

Data from CCSO show a sudden surge of young patients who needed intensive care beginning Sunday November 6 when roughly 20% of beds were still available ([source](#)).

While the CCSO data doesn't break down the reasons behind the increase in patient volumes, it notes that 5 children — just 4% — have COVID-19 ([source](#)).

During this respiratory virus season, children are facing what is being called a “triple threat” or a “perfect storm” of three viral illnesses that could send them to hospital:

1. the early arrival of the flu,
2. an intense return of respiratory syncytial virus (RSV), and
3. the continued spread of COVID-19 ([source](#), [source](#)).

“Currently, we are seeing tremendous numbers of patients coming in with respiratory illnesses, whether it's RSV (respiratory syncytial virus), influenza or COVID-19,” says Dr. Rod Lim, who is the medical director of the pediatric emergency department at a children's hospital in London, Ontario ([source](#)).

Last week, the chief medical director of Ontario Health said the surge in child hospitalizations, driven by influenza-like illness and RSV but not COVID-19, has overstretched pediatric hospitals and necessitated general hospitals taking patients aged 14 and older ([source](#)).

In terms of the flu, on Wednesday, physicians at a news conference hosted by the Ontario Medical Association (OMA) said that the flu arrived early this year, and more than half of Canadian cases of the flu so far have been in children and teenagers ([source](#)).

Dr. Rose Zacharias, president of the OMA, said the organization is urging the public to get vaccinated against influenza and keep up-to-date with COVID-19 shots ([source](#)).

In Toronto, the flu vaccine is available to anyone over six months of age ([source](#)). Children under nine years of age, with no previous flu vaccination, will need a second dose at least 4 weeks after the first dose ([source](#)). Each of the flu vaccines for children protects against four strains of influenza virus ([source](#)). Click [here](#) to learn more about how to prevent the flu.

Also on Wednesday, Ottawa-based Children's Hospital of Eastern Ontario (CHEO) said the volume of patients forced the hospital to open a second intensive care unit to treat an “unprecedented” number of critically ill children ([source](#)).

On Monday, Dr. Lindy Samson, the chief of staff at CHEO, spoke to Ottawa's board of health ([source](#)). She explained the influx of patients at her pediatric hospital and asked the public to start wearing masks again to protect children ([source](#)).

Dr. Samson said the surge in kids coming to CHEO led to patients being treated in the emergency room and surgeries being postponed because there are no beds available ([source](#)). Other children are being sent outside the region for care, she added ([source](#)).

Not enough beds in Ontario's emergency rooms and ICUs also lengthens waitlists for pediatric surgeries, which are already very backlogged. Because hospitals are making emergency and urgent procedures a priority, non-urgent patients are lingering at the bottom of the list for months, or even years, without knowing when their surgery will take place ([source](#)).

SickKids hospital has introduced multiple initiatives to manage the backlog, and last year, it was able to complete around the same number of surgeries last year as it did before the pandemic ([source](#)). However, despite incredible effort and dedication from hospital staff, the number of children who are waiting for surgeries at SickKids continues to grow ([source](#)).

According to the hospital, as of October 31, there were 6,021 patients in line for all kinds of pediatric surgeries at SickKids, which is a 280% increase since 2017 ([source](#)).

“There’s a huge volume of children that need surgery and we just don’t have enough resources to take care of all of them,” said Dr. Simon Kelley, associate chief of perioperative services at Sick Kids ([source](#)). “This is a situation that’s evolved over many, many years and COVID was really probably the straw that broke the camel’s back” ([source](#)).

Dr. Kelley said the hospital is dealing with a shortage of surgeons, specialized staff who support surgeries and recovery, and operating room time ([source](#)).

Earlier today, SickKids released a statement that announced the hospital “unfortunately has no choice but to reduce surgical activity for the time being to preserve our critical care capacity. This will enable us to prioritize urgent, emergency and most time-sensitive surgeries” ([source](#)).

It explained that this is because its “ICU census has been above 127% capacity for several days and [they] have increased the number of patients with higher acuity outside of the ICU on [their] units. Well over half of the patients in the ICU, which includes [their] cardiac ICU patients, are currently on a ventilator” ([source](#)).

The statement also mentions that the hospital’s community partners have “reached their maximum capacity”, so SickKids will be supporting them “virtually to care for paediatric patients who would otherwise receive care at SickKids” ([source](#)).

Dr. Ronald Cohn, President and CEO of SickKids, assured that:

“This decision was not taken lightly. The reduction in surgical activity will allow us to support areas of the hospital that need help managing increasing patient volumes and acuity, including the critical care units, paediatric medicine and Emergency Department. I would like to express my deep gratitude to everyone at SickKids who is going above and beyond, doing

the best they can, for patients and families, and for each other, during this difficult time” ([source](#)).

How did the pediatric health system get to this point?

According to Dr. Adam Kassam, former president of the OMA, the backlog is the result of “chronic underfunding” of the health-care system under various governments prior to the pandemic ([source](#)). However, based on provincial data from March 2020 to September 2021, the pandemic created a backlog of nearly 20 million health-care services ([source](#)).

Another issue that is contributing to the strain on the pediatric health system is a Canada-wide shortage of children’s Advil and Tylenol, which is seeing more children taken to pediatric emergency departments ([source](#)). Click [here](#) for North Yorkers’ article that shares Canadian doctors’ tips to manage the children’s medication shortage.

If you are interested in how Ontario’s healthcare system became so short-staffed, including but not limited to the pediatric health system, click [here](#) to read a previous North Yorkers’ article on that topic.

What are doctors saying?

Dr. Samson says that the hospital is doing all that it can, but the public has a role to play as well ([source](#)). “This is the time for our community to come together for our kids,” she said. “What we are asking today is for our great community to put our masks back on whenever we’re in a crowded indoor space, including schools” ([source](#)).

Dr. Anna Banerji, a pediatrician and University of Toronto infectious diseases expert, told the Toronto Star that the risk of critically ill children outnumbering pediatric intensive care beds means mandatory school masking should return ([source](#)).

“I think, to prevent kids, especially young infants, from getting really sick with any of these viruses, we need to reintroduce mask mandates in certain places where there are congregate settings, including schools,” Banerji said ([source](#)).

Dr. Adil Shamji, the Ontario Liberal Caucus health critic, who is also a physician, called on the provincial government to share more real-time data on the situation in hospitals, and said masking is one solution the province could implement “very quickly and easily” to reduce pressures ([source](#)).

“[Masking] would be very effective in curbing the spread of these respiratory viruses and decreasing the burden on our health-care system,” he said ([source](#)).

The Huron Perth Healthcare Alliance, a hospital network, has called on the public to mask in indoor crowded spaces as respiratory viruses circulate ([source](#)).

What are health authorities saying?

Dr. Zacharias said that the OMA is following (that is, not challenging) public health advice around masks, and she recommended people wear masks in crowded indoor spaces and around those who have a higher risk of severe outcomes from COVID-19 ([source](#)).

She acknowledges that “we need to be prepared to pivot” with viral illness trends ([source](#)). “Our entire conversation today is around the increasing risk of respiratory illnesses and we know that masks can protect there,” Dr. Zacharias said ([source](#)).

Last week, Dr. Kieran Moore, Ontario’s chief medical officer said that he would make a decision soon about masking recommendations based on viral illness trends that are straining the health system ([source](#)).

He also said he would make a recommendation on masking in certain indoor settings if the backlog of delayed surgeries is affected by COVID-19, and would recommend reinstating mask mandates if there are further effects ([source](#)).

On Wednesday, Ontario Premier Doug Ford said that he would follow Dr. Moore’s advice when it comes to masks, and he also said people should wear a mask if they can and know they are at risk ([source](#)).

Dr. Vinita Dubey, associate medical officer of health for Toronto, said masks can help reduce the spread of various viral illnesses that are circulating in the province, including COVID-19 ([source](#)).

She noted that children were able wear them in school without issue for much of the pandemic ([source](#)). If you would like advice on how to help your child wear their mask properly, click [here](#) for information from the City of Toronto.

Dr. Dubey commented that there are ways to boost uptake of masks without officially mandating them, if the chief medical officer of health strongly recommends them ([source](#)). “With that strong recommendation, mask usage does increase even without having to go to a mandate,” she said ([source](#)).

Final Thoughts

If you want to advocate for the province to make masks mandatory, you can write to Premier Ford. Click [here](#) to contact his office.

Although doctors and health authorities currently disagree on whether the mask mandate is necessary, the vast majority of doctors, health professionals, and authorities highly recommend vaccinating you and your children against COVID-19 and the flu, and staying up-to-date with vaccinations once you are eligible. Vaccinations do the most to contain both COVID-19 and influenza, said Michael Finkelstein, the City of Toronto’s associate medical officer of health ([source](#)).

COVID-19 vaccination rates are relatively low among children compared with the adult Canadian population ([source](#)). According to federal data, just 1% of children ages four and younger have received two COVID-19 vaccine doses and 41% of children ages five to 11 have had two shots ([source](#)). Meanwhile, 80% of Canadian teenagers have had two doses ([source](#)).

According to the most recent data from Public Health Ontario at the time of writing, in Ontario, 2.3% of children ages four and younger have received both COVID-19 doses ([source](#)). Meanwhile, 40.3% of children ages five to 11 have had two doses, and 79.5% of youth ages 12 to 17 have had both doses ([source](#)).

If you have any doubts about vaccinating or boosting your child, there are a few ways that you can discuss your questions and concerns with a healthcare professional:

1. You can speak to your family healthcare provider, such as your family doctor.
2. If you don't have a family doctor, you can call the Provincial Vaccine Contact Centre at 1-833-943-3900 to speak to a health specialist. (TTY for people who are Deaf, hearing-impaired or speech-impaired: 1-866-797-0007). This line is available in more than 300 languages, seven days a week from 8:00 a.m. to 8:00 p.m.
3. Another option is to visit COVID-19 Vaccine Consult Service. Click [here](#) to book a confidential phone appointment with a SickKids Registered Nurse.

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If you think you may be experiencing symptoms of COVID-19, take the self-assessment at www.ontario.ca/coronavirus. Follow all directions from your medical provider or your local health unit at the following phone numbers:

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675