

SARS Enquiry Hotline (Formal Complaint received centrally by Hospital Authority Head Office Hotline)

Dates: From 30-4-03 to 28-7-03

Date	Personal Protective Equipment (PPE) Complaint and follow up action
1-5-03 AHNH	1. Inadequate supply of PPE Referred to General Manager (Administrative Services). PPE delivered by H C Hui in the evening.
1-5-03 QMH	1. Use of self-purchased mask. Reply: PPEs should be used according to instruction. Standardized-Infection Control Nurse (ICN) to help assessing and instructing on use of self-purchased PPE.
1-5-03 AHNH	1. Protective gown was not water-proof. Advised to add plastic apron.
	2. PPE was lacking in ICU & Med. Coordinator would deliver in evening.
	3. PPE for staff working other than Medical / suspected SARS ward was inadequate. Referred to cluster coordinator. Would check and deliver.
1-5-03 QEH	1. Inadequate uniform for temporary staff. 6 trousers + 7 shirt + shoes were provided
	2. No water-proof shoes for cleansing staff. Referred to cluster coordinator. QEH agreed and provided.
2-5-03 TKOH	1. Jason regular size N95 mask was not waterproof and size not fit. Explained that she could choose among the 5 types provided and ICN could advise her further.
	2. Ward only supplied 1 mask per duty. (Referred to Dr. M H Ng (TKOH)) Reply: there were 5 types of N95 mask available & no restriction of supply of mask to staff.
2-5-03 RH	1. The quality of surgical mask was too loose & causing itchiness. Reply: Senior Nursing Officer contacted & she would contact the staff to identified the problem.
2-5-03 QMH	1. Inadequate supply of PPE. (Referred to cluster coordinator) Reply: PPEs would be made available. Announced by Department Operation Manager.

2-5-03 FYKH	1. Feedback from staff : inadequate supply of PPEs. (Anonymous, non-specific)
	2. Prohibited to use PPEs by management. (Referred to cluster coordinator) Reply: by Manager (Operation & Support), FYKH, overall checking and follow-up.
2-5-03 FYKH	1. Feedback from staff: inadequate supply of PPEs. (Referred to cluster coordinator) Reply: by Manager (Operation & Support), FYKH. Further discussed with supervisor Shek. Would follow up the overall situation.
2-5-03 QMH	1. 1000 mask were used / disappeared in a 17-staff Specialist Outpatient Department in one day. Started to control the distribution but was blamed for controlling. (Referred to Mr. M Ho (SARS Hotline Coordinator only) as client requested not to release the above information to QMH management. Reply: the case had been tactfully reflected in Battling SARS Update.
2-5-03 PWH	1.No supply of disposable cap for Obstetrics and Gynaecology department as it was classified as moderate risk area. Requested to follow up this issue. (Referred to PPE coordinator) Reply: PPEs was provided.
3-5-03 TWH	1. Only linen gown & plastic aprons provided in suspected SARS ward. (Referred to GM(N)) Reply: infection guideline should be followed. Client left no contact phone number, Hospital to explain their guideline.
5-5-03 QMH	1. Water- proof PPE not available in all wards (Referred to cluster coordinator) Reply: water repellent & water resistant gown were available in SARS ward & in general ward as requested.
	2. Clarified on self- purchased PPE used in hospital. Referred to Chairman, Infection Control taskforce & pending direction. Infection Control Nurse to provide help in assessing and choice of such PPEs.
5-5-03 QMH	1. His direct supervisor said that staff needed not to wear PPE & N95 mask in low risk area. (Referred to FYK NEATS Co-ordinator) Reply: He claimed that adequate supply of PPEs & specific types of PPEs to staff on request.

		2. After much negotiation, he had got N95 on 2/5/03 and PPE, however his team mates >40yr old didn't receive the same treatment. Reply: Same as above
5-5-03	QMH	1.Mask N95 received on 30/4/03 not in good quality as it could not protect against gaseous or vapour. (Referred to cluster coordinator) checked & found the quality of mask was OK for using in hospital. Reply: QMH infection control had
5-5-03	PYNEH	1. Not supposed to put on PPE except purple gown. PPE would only be supplied for caring patient on isolation. (Referred to GM(N)) decide the additional PPE if needed. Reply: staff should assess individual procedure &
6-5-03	PYNEH	1. Hospital must provide PPEs similar to those laboratory technicians plus uniform. (Referred to cluster coordinator) with PPE as pathologist. Reply: he confirmed that staff would be supplied
		2. Only supplied with 3 surgical masks per day, others stocks were locked up (Referred to cluster coordinator) needed & mask were readily accessible for all staff in mortuary. Staff was briefed. Reply: they could change the dirty surgical mask when
7-5-03	NTE	1. These was inadequate supplies of suitable N95 mask coordinator) for the N95 issue. (Anonymous, no hospital nor ward/unit--overall checking should be carried out) Reply: he would reflect to supplies dept of the New Territories East Cluster (Referred to cluster
6-5-03	TPH	1.No small size of N95 mask supply. The ward had recently been upgraded as ultra high risk area but no cap supply, staff was asked to purchase own protective cap. to cluster coordinator) Reply: all size of N95 & cap would be supplied to ultra high risk ward. (Referred
7-5-03	QEH	1. Poor quality of latex gloves, especially small size. Reply: he would follow up. (Overall follow up- no name, no ward, no information) (Referred to cluster coordinator)
7-5-03	NTEC	1. N95 mask not fit, communication gap between supervisor & staff, poor management. Reply: ventilation only, no need to reply. Overall follow up at cluster as client refused to give details.

10-5-03	PMH	1. No working clothes. Uniform would get wet after cleansing & duty and not having enough uniform for daily changes. (Referred to cluster coordinator ) Reply: replied by the Department Operating Manager that working clothes were provided for staff to change when their uniforms were wet.
11-5-03	TPH	1. Did not have small size N95 mask supply for > 2 days. (Referred to cluster coordinator) Reply: FU work with central supply was in progress and fit test was available for staff on site to see if they could use other types/sizes. The Chairman, Infection Control taskforce was notified, meanwhile staff may consider the use of the regular size N95 mask. Cluster Chief Executive (New Territories East) was also notified & would follow up closely with the supplier and source from other hospitals.
11-5-03	TPH	1. Small size N95 mask was run out of stock & he has been using his old one for more than 4 days. Reply: same as the previous case.
12-5-03	PWH	1. Got rash after wearing the water-proof disposable gown. Supervisor did not allow her to go inside the sterile zone (Operating Theatre) without the water-proof gown. Enquired the difference between the two types. Reply: tried to get some more information from the client but client could not be contacted. Overall follow up at PWH Operating Theatre Department.
14-5-03	QMH	1. Complained of Ward Manager strictly restricted the staff in using surgical mask (Only provide 2 surgical mask per shift) but there was large amount of stock in storeroom. (Referred to cluster coordinator) Reply: the provision of mask to staff would be changed to allow more flexibility.
14-5-03	AHNNH	1. N95 & N100 mask fit test not performed after April in Physiotherapy department in AHNNH & UCH ICU. Worried about supplies. Reply : Supply policy/formula reviewed
		2. Worried not enough PPE supply to some area. Reply : same as above.
16-5-2003	Unidentified hospital	1. Minor staff claimed that it was unfair why doctor & nurse could wear water-proof boots but she could not. (In operating room) Reply: explained to client that nurse & doctors stand by patient during operation & easily get blood dropped down to their feet.

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16-5-03	QMH	1. Inadequate supply of gloves & gowns. WM advised not to change PPE too frequent & he worn same glove in washing bedpan & other things. Reply: explained the need to dispose gloves, wash hands & wear new gloves before new procedures. He had talked to Michael Ho, Dr K M CHOY and discussed his views. Hospital was reminded to provide adequate supplies.
20-5-03	QMH	1. The central portering staff was not allowed to wear glove when handling specimen. Reply: it was not recommended by Infection Control Nurse.
22-5-03	PYNEH	1. Mask was locked up by the Department Manager & that staff could not access after 5pm. (Referred to Hospital Chief Executive) She was asked to alert all departments to make sure masks could be available before and after office hours.
23-5-03	QMH	1. Masks were not continuously supplied to staff at non-clinical areas. Asked if they could wear no masks outside clinical areas. (Referred to Cluster Chief Executive, Hong Kong West Cluster) Reply: E-mail from Cluster Chief Executive was sent to client. Attempted to contact client for clarification but client had not responded (only e-mail address was available).
3-6-03	PYNEH	1. A mortuary attendant expressed they were only allowed to use full PPEs in Category. II or SARS case, and was not allowed to use N95 mask when handling Category I case. (Referred to cluster coordinator) : Supervisor had arranged to discuss with frontline staff. Some procedures changed.
9-6-03	CMC	1. No suitable PPE for asthma staff. ( Referred to cluster coordinator) Reply: asthma staff was given N100.
		2. Surgical mask on top of N95. (Referred to cluster coordinator) Reply: advised to follow WHO guideline.
28-6-03	AHNNH	1. Policy and procedure on supply of masks. (Referred to PPE coordinator (AHNNH) and lastly, HCE) - supply and technical problems were solved.

Legend :

AHNNH Alice Ho Miu Ling Nethersole Hospital  
CMC Caritas Medical Centre  
FYKH Tung Wah Group of Hospital Fung Yiu king Hospital

NTEC	New Territories East Cluster
PMH	Princess Margaret Hospital
PYNEH	Pamela Youde Nethersole Eastern Hospital
PWH	Prince of Wales Hospital
QEH	Queen Elizabeth Hospital
QMH	Queen Mary Hospital
RH	Ruttonjee Hospital
UCH	United Christian Hospital
TKOH	Tseung Kwan O Hospital
TPH	Tai Po Hospital
TWH	Tung Wah Hospital

Summary of Formal Complaint on Personal Protective Equipment (PPE) Received by Clusters  
Dated March to June 2003

Date	Hospital	Personal Protective Equipment (PPE) – Complaints and Follow-up Actions
20/3/03	PMH	<p>(1) Staff in Ward R5N were not supplied with N95 masks, but only surgical masks.  (2) The name of those who purchased their own N95 would be noted down.</p> <p>Reply : (1) Surgical masks and N95 were distributed according to infection control guideline. As N95 was of tight supply around that time, it was reserved for areas of high risk..  (2) The allegation was found to be unsubstantiated after investigation.</p>
21/3/03	PMH	<p>Allegation was made at a Trade Union Meeting that pathology staff were only given single-ply paper masks.</p> <p>Reply : Pathology staff were actually provided with surgical masks.</p>
24/3/03	PYNEH	<p>Use of N95 mask – Enquiry of why not all staff were provided with N95 masks.</p> <p>Reply: Provision of N95 followed HA guidelines &amp; sufficient supply was available.</p>
25/3/03	QEH	<p>Insufficient N95 mask for Clinical Oncology Unit.</p> <p>Action taken : Supply of N95 was according to classification of zone risks. Staff who felt a higher level of protection was required were welcomed to approach unit in charge.</p>
25/3/03	PMH	<p>Complaint referred by media regarding inadequate supply of N95 and gowns.</p> <p>Action taken : PPE procurement process sped up and communication on provision of PPE also enhanced</p>

29/3/03	PMH	<p>Complaint referred by media regarding replacement of N95 for supply.</p> <p>Action taken: Internal communication enhanced. Replacement guidelines were promulgated on notice boards.</p>
End of Mar/Early/Mid Apr	RHTSK	<p>Disposable gown needed to be reused due to inadequate supply. Surgical gown provision not adequate.</p> <p>Reply: Adequate disposable gown had been provided.</p>
Early Apr	RHTSK	<p>N95 mask needed to be reused</p> <p>Action: Adequate N95 respirators had been provided.</p>
Apr 2003	PMH	<p>Supporting staff (especially relieving staff) were unsure about what PPE they should wear. Different wards seemed to have different standards.</p> <p>Action taken: Standardization of PPE amongst all SARS wards has been implemented. Patrol stationed at the entrance of wards would ensure that all staff entering the ward were equipped with the appropriate PPE.</p>
9/4/03	PMH	<p>Inadequate supply of PPE.</p> <p>Reply: All PPE items were adequate apart from certain N95 sizes. Supplies Department and HAHO had continued to source for N95 from different suppliers.</p>
9/4/03	PMH	<p>Inadequate supply of PPE.</p> <p>Reply: Same as above.</p>
17/4/03	PMH	<p>Complaint referred by Legislative Councilor regarding inadequate supply of PPE to ICU staff.</p> <p>Action taken: PPE procurement process had been sped up to ensure adequate supply of PPE.</p>

17/4/03	KH	<p>Not adequate supply of protective gown and goggles in Medical ward.</p> <p>Action taken: Kowloon Central Cluster Command Centre had increased supply of PPE to Kowloon Hospital and simultaneous Staff Forum on SARS had been broadcasted to the Hospital.</p>
17/4/03	KH	<p>Inadequate supply of protective gown.</p> <p>Reply: Kowloon Central Cluster Command Centre had increased supply of PPE to Kowloon Hospital.</p>
24/4/03	PMH	<p>Insufficient supply of PPE for (1) in-house cleansing staff at Nursing Quarters; staff were only given a surgical mask; (2) staff of cleansing company who stationed at Nursing Quarters.</p> <p>Reply: Since Nursing Quarters was considered a low risk area, staff were not required to wear a full set of PPE when performing general cleansing duties. Basic PPE consisting of surgical mask, gloves and gown mauve were given to both in house and contractor's staff.</p>
24/4/03	SJH	<p>Some surgical masks defective.</p> <p>Reply: The case reported to HAHO and the supplier finally made replacement for all 100,000 pieces of masks previously sent to Hong Kong East Cluster.</p>
24/4/2003	TMH	<p>Insufficient supply of PPE to staff in high risk area. Staff had to purchase their own PPE and wore gowns that were torn.</p> <p>Reply: Supply of protective apparels to staff in high risk areas was continual and adequate. The allegation was not factual.</p>
25/4/2003	POH	<p>No protective gown was provided to staff.</p> <p>Reply: Protective gown has been provided to staff according to infection control guidelines. Both purple and white</p>

		gown can provide the same level of protection. The colour differentiation is for easy identification of work areas of staff.
26/4/03	PMH	<p>Insufficient PPE and infection control support were provided to rehabilitation/hospice hospitals.</p> <p>Reply: Basic PPE consisting of surgical mask, gloves and gown mauve were given</p>
29/4/03	PYNEH	<p>Query on cleanliness of surgical mask (folding style) supplied by a certain supplier .</p> <p>Reply: The Procurement and Materials Management Section of the Head Office replied that the production line of concerned supplier accredited under ISO 9000 and all suppliers had to produce a laboratory report on the quality of their masks before orders were placed.</p>
30/4/03	PMH	<p>Insufficient supply of certain sizes of N95 masks. PPE items were locked up by nursing officers, hence not accessible by staff.</p> <p>Reply: PPE items in Lai King Block were adequate and accessible by staff. Fit test for N95 was arranged for staff.</p>
30/4/03	PYNEH	<p>Small sized examination gloves were found punctured at the area between fingers. Reported to the Procurement and Materials Management Section of the Head Office.</p> <p>Reply: Product recall sent to all HKEC hospitals, products eventually replaced.</p>
Apr/May 2003	PMH	<p>Staff expressed their worries about working in SARS wards. Lack of adequate PPE and training made their work in high risk areas very stressful.</p> <p>Reply: Appropriate PPEs and training were provided to staff. Emotional support was provided to staff.</p>
Early/Mid May	RHTSK	<p>Face Shield for high risk procedure e.g. intubation not provided outside ICU.</p> <p>Reply: Adequate face shields had been provided.</p>

May	RHTSK	Adequate number of Airmate not available for high risk procedure, e.g. cardiac pulmonary resuscitation, intubation. Reply: 21 sets of Airmate had been provided to the hospital.
2/5/2003	POH	Insufficient supply of protective gown and paper towel. Reply: There was sufficient supply of PPE and paper towel for the frontline staff. No such items had been withheld from staff.
4/5/03	PYNEH	Mortuary attendant requested to be provided PPE similar to these as laboratory attendant. Reply: Provision same as pathologist during post mortem investigation.
16/5/03	PYNEH	Doctors of Operation Theatre complained about the ribbon tie and the edge of surgical mask supplied by Medicom were scratchy. Action taken: Since the concern was considered to be personal, alternative brands had been provided to the doctors.
21/5/03	PYNEH	Insufficient PPE were provided for ward 7A. Reply: There was adequate supply and communication would be improved to avoid such misunderstanding.
30/5/03	PYNEH	There were insufficient models of N95 available for fit test which could not cater for the need of staff who might have allergy on 8210. Action taken: The fit test would normally be stopped when an N95 type mask was identified for the staff. Nevertheless, staff who had special reasons could contact the infection control nurses for testing with other models..

5/6/03	TWEH	Portering staff were not allowed to put on PPE as stated in Battling SARS  Reply: Guidelines had been issued on the provision of PPE to portering staff according to risk zone stratification. Porting staff working in high risk areas had been provided with full set of PPE as stated. Staff wishing to have higher level of protection were welcomed to approach the Infection Control Nurse.
10/6/03	PYNEH	Area around the wrist of "Exanglo" brand latex gloves was fragile and found damaged before putting to use.  Action taken: Immediate replacement of the whole lot by the supplier.

Legend :

PMH Princess Margaret Hospital  
PYNEH Pamela Youde Nethersole Eastern Hospital  
QEH Queen Elizabeth Hospital  
RHTSK Ruttonjee & Tang Shiu Kin Hospitals  
KH Kowloon Hospital  
SJH St. John Hospital  
TMH Tuen Mun Hospital  
POH Pok Oi Hospital  
TWEH Tung Wah Eastern Hospital