

HA Review Panel on SARS Outbreak
Focus Group Discussion – Allied Health Professional Group
HK Occupational Therapy Association

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Comments:

Initial Phase of the Outbreak

1. Operation

- Confusion of guidelines for the level of protection
- Unclear understanding on the level of risk
- Not addressing to staff anxiety and concerns quick enough leading them turning to media for outlet

2. PPE

- Insufficient supply of PPE/Imbalance distribution of PPE
- Insufficient training to staff on application of PPE
- Level of protection had once been driven by the supply of PPE

3. Management of Outbreak

- Response in taking remedial actions was slow
- Alertness among hospitals was not stamped out: KWH & PYNEH had outbreak quite early on but other hospitals did not seemed to be alerted of its seriousness and be prepared for it
- Control of Visitors to the hospital compounds was not vigilant enough

Peak of Outbreak

1. Guidelines had been clearer but the enforcement was not quick enough and the penetration could not reach to each level efficiently
2. Management had tried their best to disseminate the messages to the staff that was good. However, the messages from the bottom could not effectively and efficiently be transmitted upward. This caused great frustration to the middle managers and the front lines.
3. When top management was busy with all the meetings to combat SARS, they could not have the time to respond to the numerous small but important demands from the frontline. If there were a "Commander Unit" composed of senior managers who could make decisions with the back up from top management and have direct

dialogue to the frontline and respond promptly to their comments, much of the communication breakdown would be avoided and staff adverse emotional response could be contained.

4. There was not much address to the psychological needs of the staff when their colleagues were knocked by SARS.
5. The communication from DH for the "infected buildings and Old Aged Homes" was very slow and did not facilitated the frontline workers to work with more information for their protection.

Control over the Outbreak

1. The set up of an Infection Control Audit Team composed of different disciplines and worked nearly in full time at the critical period was proven to be very successful, though preferred to have it much much earlier.
2. The team played an important role to enhance the guideline implementation
3. The "infection control highlight" disseminated daily by the team chairman had been extremely useful to put local practice straight right away.
4. When there was ward opening, the team ensured the infection control measures and staff readiness, i.e. with adequate training, to be in place with a certification system.
5. This team had been able to bridge between the top level decision making and the frontline implementation.