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A Written Submission to HA Review Panel on SARS Outbreak
From Hong Kong Public Nurses Association (HKPNA)

Introduction

On behalf of HKPNA and as a member of HKPNA working in TMH, I would like to provide the following summary for your review panel as a review of the management of SARS in TMH based on my own experience working in the general medical ward as a Nursing Officer during the critical period of SARS outbreak in Hong Kong.

Summary of Reviewing SARS Management in TMH

1. SARS wards was opened as a prompt reaction to admission of SARS patients without realizing whether adequate safety measures were implemented to protect health care workers.
2. Nurses were not provided with adequate knowledge about the proper prevention of contracting the SARS virus in the beginning of SARS outbreak. Precautions were only taken or measures were stepped up when increasing number of staff had become infected. Examples are the gradual cessation of using BIPAP and high oxygen flow ventimask, the mandatory use of airmate during intubation and bacterial filters for ambu-bag / ventilators in the later stage of SARS.
3. Supply of personal protective equipment (PPE) to general wards was inadequate during the peak stage of SARS. Adequate supply only comes at a time when the daily confirmed cases were decreasing. Infection Control Review Team was also developed at a later stage of SARS to provide advice to individual ward concerning proper infection control measures.
4. Manpower was a major problem when intense infection control measures came into play. Staff were stressed by intense work load, deployment to work in SARS wards, fear of contracting the SARS virus, fear of transmitting the disease to family, therefore fear of going home after work and lack of emotional support.
5. Some middle management personnel were really withholding resources for fear of protective equipment being stolen or their uses abused. Conflicts bottled up between front-line staff and managers as a result.
6. Patient with suspected SARS were still admitted to general ward in the later stage of SARS. Although they were assigned to the corner beds of the ward, it was still unfair to other patients staying in the same cubicle and to staff in the ward.

Conclusion and Suggestion

The medical professions are the leaders and the most knowledgeable personnel in this intense fight against SARS. They should empower themselves with the necessary knowledge to combat the disease effectively, both in areas of treating patients who are infected with the virus and preventing cross infection among patient and health care workers. Nurses should be informed of the related knowledge and necessary precautions to take, for example, to stop using high flow oxygen mask without filters, at the very first instance. Effective and prompt communication between hospitals and among medical and nursing staff must further be improved so that health care workers could take more effective precautions by learning from those mistakes which were once committed by others rather than falling into the same trap and contracting the SARS virus unnecessarily.

More effective resource management, especially referring to manpower management, supply of PPE, setting up of effective infectious disease unit for SARS, training of staff, and continual study of effective treatment methods are crucial in planning for fighting against future SARS outbreak to minimize both its mortality and morbidity.

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(A member of HKPNA working in TMH)

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****The above represents only my own opinion.