

8(a). The terms of reference, membership and minutes of the Cluster SARS meetings:

- i) Terms of reference : a)To disseminate information,
b)To provide direction,
c)To co-ordinate operational issues,
d)To provide feedback.

- ii) Membership: Cluster Chief Executive
Hospital Chief Executives
Chiefs of Service/Heads of Department
General Managers

- iii) Minutes of Meeting of the following Cluster are attached:

- (1) Hong Kong West : H71 Complete set of document is kept in Rm 015
- (2) Hong Kong East : H72-H73 Complete set of document is kept in Rm 015
- (3) Kowloon Central : H74
- (4) Kowloon West : H75
- (5) New Territories West : H76
- (6) New Territories East : H77
: H78 Complete set of document is kept in Rm 015

Note: Kowloon East Cluster did not have minutes of the meetings.

/ st Task Force Meeting on Anti-SARS of HKW Cluster
Held at 28 March 2003 at 11:30 a.m. in Conference Room, G/F, Administration Block

resent:

Dr. York CHOW, CCE (Chairman)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU)
Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service
Dr. C K CHAN, CD(CSC&D)
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
Dr. N S TSOI (vice COS, Paediatrics & Adolescent Medicine)
Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochemistry)
Dr. H K TONG, Consultant, A&E
Dr. Jane CHAN, Clinical Director of C2, AICU
Dr. Kenneth TSANG, Associate Professor (Medicine)
Dr. P C WONG, Consultant (Medicine)
Dr. Lilian LEONG, Consultant (Radiology)
Dr. M.T. CHAU, CD(C, VS&D)
Dr. C.C. YAU, CD(L&ITS)

Dr. K. T. TOM, HCE, TWH & CD(PHCS)
Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Mr. Anders Yuen (vice HCE, FYK)
Ms. Josephine Ho (vice, HCE, MMRC)
Ms. Christine Wong (vice Chief (PHA) / QMH DM(PHA))
Miss Patricia CHING, SNO, Infection Control
Ms. Olive YU, CGM(F)
Mr. Joyce LEUNG, CGM(HR)
Mr. Desmond NG, CGM(BSS&CW)
Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Ms. Selina WONG, DOM (Medicine)
Mr. Joseph KWAN, DOM (OTS & ICU)
Miss Pansy LIM, CSM(S, C&PR)
Ms. Connie CHOW, CRO(S, C&PR)
Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

with apologies:

Prof. S K LAM, Dean, Faculty of Medicine, HKU

Prof. K Y YUEN (Microbiology)

Role & Responsibility of Task Force Members

Action

1. CCE appointed the following staff to co-ordinate on the following issues in relation to anti-SARS crisis:

- Operational matters – Dr. M P Leung
- Clinical matters – Dr. Kenneth Tsang, Dr. P C Wong, Dr. Jane Chan & Dr. Susan Chiu (Paediatric cases)
- Regular updating of information & tracing of contact - Infection Control Unit
- Communication
 - Internal communication - Miss Cindy Shek, Secretary of the task force
 - Media & press enquiry - Miss Connie Chow
 - External relations e.g. HGC members, District Council - Miss Pansy Lim
- Supporting
 - Provision of equipment, consumables etc.: Mr. Desmond Ng
 - Provision of drugs, gloves etc: Mr. William Chui

When updating CCE by e-mail, senders were requested to copy Miss Cindy Shek and CCE's secretary, Miss Heidi Wong, to facilitate CCE's information and action.

Update on HAHO's & DH's policy

2. Dr. H K Tong advised that Department of Health was liaising with HA on the criteria of referring patients with symptoms of atypical pneumonia to PMH. Members viewed that the criteria must be clearly set and strictly observed.

Operational Policy Update

3. The following course of actions would be taken immediately to cope with the likely increasing admission of SARS patients:
 - Liaison with Department of O&G to vacate wards D6 & E6 to K5N so as to facilitate expanding services to SARS patients; GM(N)
 - Training of all medical and nursing staff on how to handle the disease and how to take care of SARS patients. Teaching materials would be prepared and video taking for subsequent circulation was recommended. All medical and nursing staff would then be subject to deployment to areas of serving SARS patients. CCE and Dr. M P Leung would exercise authority to instruct staff re-deployment with very short notice given according to the actual needs;
 - Reduction of elective operations by 40%, OT nurses and medical staff released should be deployed to other clinical areas; Dr. S J Won
Mr. J Kwan
 - Reduction of other activities for SOPD cases – COSs would be advised to reduce the volume by spacing / deferring the follow-up attendances as well as to postpone non-acute new cases. Drug refill without consultation was considered an option but flexibility should be exercised as decided by COSs; All COSs
 - Alternative location, instead of using F6, for performing OT sessions by O&G Dept. should be considered; Dr. S J Won
Mr. J Kwan
 - More staff would be deployed to Infection Control Unit to assist in the tracing of contacts, to answer enquiries and to educate household members of SARS patients. CCE expected the tracing of contact for any SARS case should be done in the same day.

4. The following policies should also be strictly observed:
 - Visitor to SARS patients was not allowed. Only under very exceptional circumstances should visit to SARS patients be allowed and visitors should take full barrier precautions (surgical mask, gown, glove); All members
 - Only specimens from cases that fully met the clinical definition of SARS should be submitted for laboratory testing. Dr. Seto reiterated that laboratory tests could not be used to exclude or screen SARS but could be used as confirmatory test; All COSs
 - In order not to overload the respiratory team, unnecessary consultation should be minimized. The second on-call medical officers of each department should first be consulted for any suspicious cases before consulting the medical team. Moreover, medical staff was reminded to familiarize themselves with the criteria of defining SARS cases. Dr. Seto,
All COSs

Statistics on Clinical Cases & Staff Condition in HKW Cluster

5. DOM (Medicine) briefed members that the occupancy of the wards isolated for care of SARS patients (i.e. A6, B6 & C6) almost reached its full capacity. To facilitate expanding of services to SARS patients, members agreed that wards D6 & E6 would also be vacated.
6. Dr. Jane Chan expressed concern over the occupancy of ICU beds which were almost fully occupied. Moreover, there was only one negative pressure room in ICU, more cases required such facility might result in moving out of HDU cases. The following options would be explored to solve the problem:
 - i) relocate HDU cases out of ICU e.g. to D4
 - ii) relocate HDU cases from C2 to C4
 - iii) relocate HDU cases to K6N which had two isolation rooms already equipped with the required ventilation facility except monitor.
7. CCE added that the reduction of elective operations would conserve ICU capacity. The movement of HDU beds should be carefully assessed and reviewed.
8. Dr. N S TSOI advised that there was only 1 paediatric SARS case admitted to QMH so far.

Contingency Plan for the Centralized Treatment Policy at PMH

9. Princess Margaret Hospital would be designated as the central treatment centre of patients with symptoms of atypical pneumonia and HKW cluster had been requested to offer assistance in terms of medical professionals to be temporarily deployed to PMH. Prof. K N Lai would co-ordinate on the issue.
10. It was confirmed that all established SARS cases in QMH would not be transferred to PMH for treatment.
11. To dovetail with the development of PMH as the centralized SARS treatment centre, Dr. N S TSOI offered assistance to takeover all neonatal cases from PMH. Further liaison with O&G Dept. of QMH and PMH would follow.

Prof.
K N LaiDr.
N S TsoiDecanting of Wong Tai Sin Hospital to Grantham Hospital & Nam Long Hospital

12. Wong Tai Sin Hospital would be decanted to allow spaces for step-down SARS patients, some of their chest and tuberculosis cases would then be transferred to GH (80 cases) and another 35 infirmary/hospice cases would be transferred to NLH.

Dr. S C
LeungFuture Arrangement & Meeting Schedule

13. The task force would meet on every Mondays, Wednesdays & Fridays at 11:30 a.m. in Conference Room, G/F, Administration Block.

Any Other Business

14. To facilitate the central coordination and collection / dissemination of updated news/ information, a "SARS Control Centre" would be set up in K2 Doctors' Common Room. Detailed logistics on the operation of the SARS Control Centre would be worked out. (Post-meeting notes: The "SARS Control Centre" would be set up in Conference Room, 12/F, Administration Block, in view of the full booking of DCR for training/staff welfare activities etc.)
15. CCE advised that staff, who required protective clothing in the non-high risk areas, not to use surgeon gowns or OT suite. The hospital would arrange supply to the SOPD for use by specific clinics such as respiratory clinic.
16. In view of daily reporting of new case of public/staff being infected with SARS in PWH, CCE reminded members and their staff not to pay visit to PWH and its neighbouring area.

Date of Next Meeting

17. There being no other business, the meeting adjourned at 1:30 p.m. The next meeting would be held at 11:30 a.m. on 31 March 2003 in Conference Room, G/F, Administration Block.

2nd Task Force Meeting on Anti-SARS of HKW Cluster
Held at 31 March 2003 at 11:30 a.m. in Conference Room, G/F, Administration Block

resent:

Dr. York CHOW, CCE (Chairman)	Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)	Dr. Matthew NG (vice HCE, TWH)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU)	Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service	Mr. William Chui, Chief (PHA) / QMH DM(PHA))
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)	Miss Patricia CHING, SNO, Infection Control
Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine)	Ms. Olive YU, CGM(F)
Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochemistry)	Mr. Joyce LEUNG, CGM(HR)
Dr. H K TONG, Consultant, A&E	Mr. Desmond NG, CGM(BSS&CW)
Dr. Jane CHAN, Clinical Director of C2, AICU	Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Dr. Kenneth TSANG, Associate Professor (Medicine)	Ms. Selina WONG, DOM (Medicine)
Dr. P C WONG, Consultant (Medicine)	Mr. Joseph KWAN, DOM (OTS & ICU)
Dr. Lilian LEONG, Consultant (Radiology)	Miss Pansy LIM, CSM(S, C&PR)
Dr. M.T. CHAU, CD(C, VS&D)	Ms. Connie CHOW, CRO(S, C&PR)
Dr. C.C. YAU, CD(L&ITS)	Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

.b With apologies:

Prof. S K LAM, Dean, Faculty of Medicine, HKU
 Dr. C K CHAN, CD(CSC&D)

Prof. K Y YUEN (Microbiology)

Action

The following internal policies and contingency plans were discussed and agreed as follows:

Contingency for SARS wards

- | | |
|---|-------------|
| 1. Members were informed that Ward D6 was opened on 30 March 2003 as a step-down ward for wards A6 & B6 while ward C6 would serve as a backup overflow ward for wards A6 & B6. Ward E6 would soon be vacated to facilitate expanding services to SARS patients. O&T wards (D4 & E4) would be the next to be vacated if more wards for SARS cases were required. | GM(N) |
| 2. Prof. Y L Lau informed that the whole floor of K7 had been designated for pneumonia admission. Moreover, shower was made available at K7 for staff to take bath before leaving the hospital. | |
| 3. In response to Dr. K Tsang's request for similar facility in level 6, Main Block, members suggested the use of the changing rooms at F6 after its decanting. | DOM,
OTS |

SARS Control Information Centre

- | | |
|--|--|
| 4. A "SARS Control Information Centre" would be set up in ICN, located in Room 807 of NCP Building. It would be responsible to establish the patient database, the contact maps, and generate the daily incident and patient status reports. Dr. Seto would also produce a short Newsletter every day for all staff. | |
|--|--|

Hotline services to GPs and staff

- | | |
|---|------------------|
| 5. A hotline would be set up in Infection Control Unit to answer enquiries on infection control measures from GPs in our cluster (i.e. Central, Western & Southern Districts). (Post-meeting note: The hotline had been set up and the telephone number was 2855 3822) | Miss
P. Ching |
| 6. Members expressed concern over staff who were worried over SARS and required psychological counselling. Another hotline for staff was recommended to be set up to provide counselling and emotional support. (Post-meeting note: Clinical psychologists could be contacted at 2855 3051 (during office hour: from 9 a.m. to 5:00 p.m.) and the first available clinical psychologist would arrange an individual session with the anxious staff within the same day. | |

Internal manpower deployment & HR policy

- | | | |
|----|--|--|
| 7. | Staff confirmed to be pregnant who were (including medical/nursing staff, HCA, supporting staff) currently working in medical wards, A&E, ICU should be immediately deployed to other non-high risk areas. | COSs(A&E, Medicine),
Director, ICU
& GM(N) |
| 8. | There was no need to keep staff, who had taken care of SARS patients, in quarantine unless they were symptomatic. However, they should be deployed to the "less intensive care" area for a break. | COSs(A&E, Medicine),
Director, ICU
& GM(N) |

Care for SARS patients

- | | | |
|-----|---|-----|
| 9. | Members agreed that for cancer or immuno-compromised symptomatic patients, A&E would liaise with the parent clinical department to decide on whether the patient was to be sent to A6/B6 or to be treated in the parent department. | All |
| 10. | Prof. K N Lai observed the use of Bipap and nebulizer in some departments. The task force reminded members to prohibit the use of nebulizer or Bipap for SARS patient (suspected or confirmed cases) or patient with fever. | All |

Quality assurance, infection control and staff protection

- | | | |
|-----|--|-------------------|
| 11. | Dr. Jane Chan expressed concern over the transfer of patient from A6 to ICU that took place in the morning as the infection control guidelines were not strictly adhered to. DOM (Medicine) would follow-up the case and reminded the nursing staff to comply with the guidelines. | DOM
(Medicine) |
| 12. | Members agreed that basically no visitor to SARS patients was allowed to avoid the spreading of infection. Only for very exceptional circumstances (e.g. parent of paediatric case or when the patient was very depressed), should visitor be allowed. Visitors should then take full barrier precautions (surgical mask, gown, glove) and hand washing when leaving the area. | All |
| 13. | Prof. K N Lai commented that visitors to other ward areas should also be limited. He shared with members the current practice of all medical wards on this issue: i) specify visiting hours; ii) only close relatives were allowed; and iii) visitors would be asked if they had any respiratory syndromes. | |

Service Reduction

- | | | |
|-----|--|--|
| 14. | Dr. Susan Joyce Wong informed that the OT sessions would be reduced by 40% for the week starting from 31 March 2003 and the spared anaesthetic medical staff would be deployed to help out in other areas. | |
| 15. | As regards the essential Gynaecology OT sessions performed by Dept. of O&G, Mr. Joseph Kwan informed that the OTs would be done in either F3 or F5. | |

Contingency to support PMH

- | | | |
|-----|---|-----|
| 16. | It was decided that if any staff of HKW cluster hospitals, HKU medical students or staff of Faculty of Medicine or Faculty of Dentistry and their immediate family members be infected with the disease, they would be admitted to QMH and would not be transferred to PMH. | A&E |
| 17. | Dr. Susan Joyce Wong had reservation over the proposed transfer of 1/3 or 1/2 pregnant cases from PMH as this would create extra workload to Anaesthetists. Further co-ordination with Dr. Lily Chiu, HCE, PMH, would follow. | |

Date of Next Meeting

- | | | |
|-----|---|--|
| 18. | There being no other business, the meeting adjourned at 1:00 p.m. The next meeting would be held at 11:30 a.m. on 2 April 2003 in Conference Room, G/F, Administration Block. | |
|-----|---|--|

Present:

Dr. York CHOW, CCE (Chairman) Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E) Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU) Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM) Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine) Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochemistry) Dr. H K TONG, Consultant, A&E Dr. Jane CHAN, Clinical Director of C2, AICU Dr. Kenneth TSANG, Associate Professor (Medicine) Dr. P C WONG, Consultant (Medicine) Dr. Lilian LEONG, Consultant (Radiology) Dr. M.T. CHAU, CD(C, VS&D) Dr. C.C. YAU, CD(L&ITS) Dr. C K CHAN, CD(CSC&D)	Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS) Dr. K T TOM, HCE, TWH & CD(PHCS) Dr. Cissy YU, HCE, FYK/MMRC & CD (ES) Ms. Christine Wong (vice Chief (PHA) / QMH DM (PHA) Miss Patricia CHING, SNO, Infection Control Ms. Olive YU, CGM(F) Mr. Joyce LEUNG, CGM(HR) Mr. Desmond NG, CGM(BSS&CW) Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC Ms. Selina WONG, DOM (Medicine) Mr. Joseph KWAN, DOM (OTS & ICU) Miss Pansy LIM, CSM(S, C&PR) Ms. Connie CHOW, CRO(S, C&PR) Ms. Cindy SHEK, HA(S, C&PR) (Secretary)
---	---

Infection Control

Action

- | | |
|--|--|
| <p>1. Dr. Seto presented to members the findings on the review of staff contact tracing programme. Out of the 50 staff with contact (all worked in general medical wards where three definite confirmed SARS cases were detected after admission) being surveyed, all of them wore masks and the compliance of hand washing after care of patient was 92%. The same survey was also conducted in a surgical ward where no SARS case was ever admitted. Out of the 32 staff with contact being surveyed, 97% of them wore masks but only 78% of them washed hands after patient care. Dr. Seto commented that staff working in areas where no SARS was ever reported seemed to relax their vigilance. He reiterated that hand washing and mask wearing were the most crucial practice and must be observed consistently.</p> <p>2. Prof. K N Lai added that all ward staff should be very alert on patients with fever in particular those to be undergoing surgery.</p> <p>3. CCE added that all patients admitted must be asked for history of contact, symptoms of myalgia, chills/ rigor, apart from checking lymphocyte count, and x-ray chest. Surgery should only be performed if the patient was excluded from SARS.</p> <p>4. The task force demanded the following precautions and infection control measures to be strictly adhered to:</p> <ul style="list-style-type: none">- all supervisors must monitor and police their staff to ensure they follow the infection control guidelines;- all in-patients should be provided with surgical masks and patients must also wear masks when procedures were being performed on them;- staff should try to minimize patients moving around the hospital and try to keep patients in bed;- patients should be advised to minimize social activities after discharge if they had been admitted to medical ward;- all staff of medical wards should wear eye protection when conducting procedures on patients and an eye shield must be worn when doing intubation and bronchoscopy;- staff should not wear their uniform home. | <p>All to note</p> <p>All to note</p> <p>All to note</p> |
|--|--|

5. It was suggested to convert the airflow of operating theatres at F6 from positive pressure to negative pressure so that emergency surgery on SARS patient could be performed, if needs arose. Advice from E&M would be sought. CGM (BSS&CW)
6. Ward D4 would be the next to be vacated if more wards for SARS patients were required. The O&T patients might then be transferred to MMRC. Dr. Cissy YU was requested to spare more convalescent beds in FYKH. HCE, FYK/ MMRC
7. Concerning the recently announced visiting policy, CCE advised that discretion would be given only to close family members of patients in critical condition, obstetric patients in labour and selected paediatric patients to visit. He requested the ward staff to proactively brief patient's family the condition of patients, the significant changes etc. on daily basis, if possible. Alternatively, patient's family should be allowed to enquire about patient's condition by phone. GM(N)
8. Dr. S. Joyce Wong noticed that observers were still allowed inside the operating theatres. The task force decided that no visitor / observer should be allowed at this critical period of time. DOM (OTS)
9. Prof. Y L Lau proposed and the task force endorsed the following two different visiting policies to be adopted in Paediatric wards:
 - i) patients over 10 - corporate policy would be applied;
 - ii) patients under 10 – visitors would be allowed subject to the following house rules:
 - a) universal precautions were taken;
 - b) no respiratory syndrome or fever;
 - c) one visitor per time and with a pool of not more than three per day.
10. The following guidelines currently applied to private wards would also apply to critical areas:
 - i) one visitor staying for 2-3 hours a day;
 - ii) if private nurse was employed, the private nurse must take full barrier precautions.
11. Activities initiated by the Christian Chaplaincy Service and Catholic Pastoral Care Unit should be temporarily suspended at the moment. They were allowed to come only if spiritual support was needed and as requested by terminally-ill patients. CD (C.VS& D)

Manpower & Staff Deployment

12. CCE advised that PMH was in need of staff support from other hospitals, in particular, intensive care or high-dependency care experienced nurse, and also respiratory physicians and intensivists. GM(N)
GM(N) reported that there were 230 nurses in QMH either currently working in ICU/HDU or with ICU or HDU experiences. He would recruit volunteers and prepare a list of ready to be deployed nursing staff so that they can be mobilized within a short period of time.
13. Members were told that 5 nursing staff and 3 medical staff would be deployed to PMH in the coming week. It was demanded that these staff must attend the training provided by Dr. P C Wong Dr. K. Tsang and Dr. Seto before deployment to PMH. COS(Med). GM(N). ICN
14. It was decided that staff deployment to PMH should be limited to 3-4 weeks as the job was extremely stressful and demanding. During their deployment in PMH, they would contact Infection Control Unit on daily basis to make sure they were in good condition physically and emotionally or would require assistance in any way. COS(Med). GM(N).

15. Dr. Lilian Leong advised that there was a lack of cassette. As an interim arrangement, there would be a time delay of 30 – 45 minutes between the first round and second round of portable x-ray service to ICU wards.
16. Mr. Desmond Ng reported the current stock level of surgical masks, N-95 mask & disposable gown as follows:
- i) surgical mask – 200,000 in stock with a daily consumption ranging from 15,000 – 40,000. A quota/ratio system on the distribution of masks would soon be implemented and it was expected that the current stock would last for 1 or 1 ½ week;
 - ii) N-95 mask – 20,000 in stock and the daily consumption is relatively low;
 - iii) gown – 5,000 pieces in stock which could last for 10 days.

17. CCE commented there was a lack of masks all over the world and HAHO was currently coordinating on the purchase of masks and other consumables for HA hospitals. He asked members to appeal to their staff in exercising care and self-control in the consumption of masks. Staff and patients in low risk areas should be advised to change masks only when they are either soiled or wet. However, he emphasized that high-risk areas would have the priority of supply delivery.

All to
note

18. Mr. Desmond Ng further advised that Shum Wan Laundry run by Correctional Services Department refused to wash OT gowns for QMH. Ruttonjee Hospital was currently helping out in this aspect.

19. Prof. K N Lai observed improper disposal of OT / isolated gowns by medical as well as nursing staff. Mr. Desmond Ng and Mr. Alan Wong would coordinate on the collection of worn gowns in a proper channel.

GM(N),
CGM(BSS
&CW)

HR Policy

20. HA demanded that all pregnant staff be posted outside the high-risk areas in order to minimize their risk of getting infected. This was necessary for pregnant staff in their first trimester. This policy would not be applied to spouse or family member of pregnant women. Staff working in high-risk areas was advised to consider contraception during this period.

Donation

21. Any proposal for donation in kind or in cash in relation to SARS would be handled centrally by HAHO.

Information Sharing

22. HAHO demanded the daily newspaper issued by them to be read by every staff. Taking environmental protection into consideration, members agreed that the newsletter be posted at all notice boards or put up in lift lobbies for easy reading.

CSM(S,
C&PR)

Service Reduction

23. Dr. Susan Joyce Wong informed that the OT sessions had been reduced by 35% so far. Members supported her suggestion of inviting representative from Dept. of Surgery to join the task force.

Date of Next Meeting

24. There being no other business, the meeting adjourned at 4:35 p.m. The next meeting would be held at 2:30 a.m. on 7 April 2003 in Conference Room, G/F, Administration Block.

4th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Monday, 7 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. York CHOW, CCE (Chairman)
 Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
 Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director
 (AICU)
 Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal
 Service
 Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
 Dr. Y. W. FAN, CC cum COS (Neurosurgery)
 Dr. C P LEE, (vice COS, Obstetrics & Gynaecology)
 Prof. J LEONG, CC cum COS (Orthopedics & Traumatology)
 Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine)
 Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical
 Biochemistry)
 Prof. M L NG, (vice COS, Psychiatry)
 Prof. J WONG, CC cum COS (Surgery)
 Dr. CH K TONG, Consultant, A&E
 Dr. Jane CHAN, Clinical Director of C2, AICU
 Dr. Kenneth TSANG, Associate Professor (Medicine)

Dr. P C WONG, Consultant (Medicine)
 Dr. Lilian LEONG, Consultant (Radiology)
 Dr. C.C. YAU, CD(L&ITS)
 Dr. C K CHAN, CD(CSC&D)
 Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
 Dr. K.T. TOM, HCE, TWH & CD(PHCS)
 Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
 Mr. Edmund CHEUNG (vice Chief (PHA)/QMH DM PI
 Miss Patricia CHING, SNO, Infection Control
 Ms. Olive YU, CGM(F)
 Mr. Joyce LEUNG, CGM(HR)
 Mr. Desmond NG, CGM(BSS&CW)
 Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
 Ms. Selina WONG, DOM (Medicine)
 Mr. Joseph KWAN, DOM (OTS & ICU)
 Miss Pansy LIM, CSM(S, C&PR)
 Ms. Connie CHOW, CRO(S, C&PR)
 Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action

Patient Care

Current patient status

1. Dr. P C Wong expressed concern over the admission of residents of Old Ages Homes to the SARS wards directly from A&E as most of the elderly patients, though with fever, had no history of contact with SARS cases. It was agreed that all OAH residents would be sent to SARS wards only if they fully met the admission criteria otherwise they would be admitted to general wards and subject to subsequent screening by Dr. K Tsang. COS (A&E)
2. Dr. P C Wong updated members that there were 16 confirmed SARS cases in QMH up to now. In view of the increasing number of suspected cases admitted to SARS wards, the SARS Combat Team would speed up to step-down the non-confirmed cases.

Patients in ICU

3. Dr. Jane Chan expressed concern over the inadequacy of negative pressure isolation rooms in ICU for performing intubation and procedures on SARS patients. CGM(BSS & CW)
4. It was reported there were negative pressure isolation rooms in wards D2 & E2 but the rooms were considered too small to perform procedures. Dr. Jane Chan emphasized that once the SARS patient was intubated outside ward C2, no transfer back to ICU was allowed to avoid spreading of the virus. CCE demanded to explore the feasibility of converting the ventilation system in the whole of wards C2 & E5 into negative pressure.
5. It was told that one operating theatre in F-6 would be temporarily changed to a negative pressure theatre and the conversion was expected to be completed by the coming Thursday. Mr. Desmond Ng would follow up with HESS to make sure the air exhaust would be diverted directly outside without affecting other hospital areas. CGM(BSS & CW)

Staff status

6. No staff was infected with the virus so far. Dr. Seto reminded all to keep up with the good work of infection control and not to relax the vigilance of precaution.

Contact tracing findings

7. The initial findings were reported in the last meeting and no further significant finding was further detected.

Update on treatment protocol and diagnostic tests

8. The issue of drug prescription to SARS patients was discussed among members. CCE supplemented that the physicians should adhere to their clinical decision and do not let administrative advice to override their clinical judgement.
9. Members discussed about the low accuracy rate of the PCR laboratory test. Dr. Seto reiterated that the test was new and could not be used to exclude or screen SARS but could be used as confirmatory test.

Infection Control Policy

10. CCE demanded supervisors of every unit to monitor and police their staff to ensure they adhered strictly to the universal precaution measures.
11. Dr. Seto emphasized that sufficient staff must be deployed to those high-risk areas to avoid making mistakes due to stress and hectic work life.
12. Members advised that some of their staff complained about the wearing of surgical mask instead of N-95 mask which was considered more protective. Dr. Seto responded that he did not object to the wearing of N-95 but it must be worn properly. He said that N-95 had the problem of fitting and staff tended to touch the itchy nose all the time increasing the risk of getting infected and eventually it did not help. He stressed the fact that staff must practise the right good basic infection control practice (mask, wash hands, proper barrier precautions), practise all of them and every time. If any of this measure was not observed, overdoing the others like getting even a N-95 mask would not help. He would further educate staff in the daily newsletter.
13. Members observed that some people, including contractors, still did not wear masks inside hospital compound. Mr. Desmond Ng would remind the contractors on the issue.
14. Ms. Olive Yu suggested that private out-patients should get their drugs at S1 Pharmacy instead of F-1 to avoid unnecessary traffic to Main Block. Pharmacy Department would consider the proposal and work out the logistics.

CD(CQI
&RM)CGM(BSS
&CW)DM
(Pharmacy)*Facilities update*

15. HAHO had decided that PMH and UCH would not admit any more SARS patients starting from today except the cases referred from the surveillance centre of DH. All new suspected or confirmed cases would then be transferred to QEH, KWH, QMH & PYNEH.
16. It was roughly estimated that a total of 400 beds (including the existing 100 beds) would be needed in QMH if the daily in-take of suspected or confirmed SARS cases throughout the territory remained high. Moreover, it was projected out of the 400 cases, about 10% i.e. 40 required intensive care. The hospital had to draw up contingency plans in terms of facilities, staff, equipment, drugs, consumables to meet the service needs.
17. The ventilation system in the whole of wards C2 & E5 would be explored to be converted into negative pressure without current.
18. Ward E6 would be opened today to serve as a step-down ward while ward D6 would be changed from a step-down ward into acute ward. Ward D4 would be the next to be decanted to facilitate the expanding services for SARS patients.

Manpower

19. In order to plan for 400 SARS beds, including the 40 SARS ICUs, CCE requested departments (except ICU, A&E, Medical) to nominate and mobilize 20% of their medical staff to join the "SARS crusade". The Contingency Medical Team would be led by physicians, and manned by medical staff of non-medical specialties. He reminded that the departments should pick the volunteers as priority and ensure the staff was in good health, not pregnant, and relatively experienced. No interns and first year MOs should be recruited. GM(N)
20. Dr. Seto emphasized that face-to-face training and attachment must be provided to all selected staff so that they would be equipped to be relatively independent in routine work, and acquainted with the clinical practice of SARS management. All to note
21. Dr. K Tsang supplemented that the first training session had been held this morning with an overall attendance of 60 – 70 medical / nursing staff.
22. All deployment of nursing staff would be co-ordinated by Mr. Alan Wong, GM(N). GM(N)
23. In response to Prof. J Wong's proposed "planned reserve", CCE opined that staff deployed to SARS wards should be rotated once in every 3 weeks as the job was extremely stressful and exhausting.

Supplies

24. In view of the opening of ward D4, Dr. Lilian Leong would make necessary arrangement for the provision of portable x-ray service there. COS (Radiology)
25. Mr. Desmond Ng reported the current stock level or delivery status of the following items:
 i) full protection goggles – hundreds had been ordered but did not expect to arrive soon. High-risk areas would be given priority over supply delivery;
 ii) surgical mask – 270,000 in stock
 iii) N95 mask – 30,000 in stock
 iv) air-mate – 7 had been provided to QMH
 v) eye shield – 300 in stock and another hundred in Sandy Bay
 vi) ventilators – Mr. Desmond Ng would take stock of the ventilators besides the 8 available ventilators in QMH CGM(BSS &CW)
26. Mr. Edmund Cheung reported the current stock of the following items:
 i) disinfectant – 3 months' stock based on consumption upon the opening of SARS wards;
 ii) hibiscrub – a good stock of hibiscrub;
 iii) hibisol – a good stock of hibisol
 iv) Pharmacy was requested to keep a stock of drugs for 100 SARS patients for 6 weeks DM(Pharm)
27. In view of the possible opening of additional 300 SARS beds, Mr. Desmond Ng would follow up with Ruttonjee Hospital & Chai Wan Laundry on the washing of linens disposed from SARS wards. CGM(BSS &CW)
28. Mr. Desmond Ng did not see any problem with the disposal of waste with the increase of SARS beds to 400.

HR Policy on pregnant staff

29. HA had decided that all pregnant staff who were in their first 13 weeks of pregnancy could decide if they would take "special leave" with pay. When they were back to work from 14th week of their pregnancy, they would not be deployed to work in high-risk areas.

*Contingency Plan**Staff getting infected*

30. Members agreed that if any staff was infected, guidelines from DH should be adhered to.

Delayed diagnosis of SARS patients in general wards

31. Prof. K N Lai explained the current practice for delayed diagnosis of SARS cases: if a patient was confirmed to be infected with the virus, his / her 6 surrounding patients would be isolated and observed for the next 10 days and would be only discharged if they were asymptomatic and completed treatment with the primary disease; if a suspected patient was later found not being infected, his / her 6 surrounding patients would still be observed for 3 days.

Support for SARS staff or families

32. Human Resources Section would consider plans to support the infected staff and his / her families.

CGM (HR)

Any Other Business

33. In view of the possible admission of pregnant SARS patients, Dr. C P Lee advised that the delivery room in ward A6 could still be used.
34. CCE would clarify with HAHO on the policy regarding the transfer of SARS pregnant women to PMH for Caesarean.
35. CCE advised that HA had decided to offer staff, who was required to nurse SARS patients, an option to take Ribavirin.

Date of Next Meeting

36. There being no other business, the meeting adjourned at 5:05 p.m. The next meeting would be held at 2:30 p.m. on 9 April 2003 in Conference Room, G/F, Administration Block.

5th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Wednesday, 9 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

resent:

- | | |
|--|---|
| Dr. York CHOW, CCE (Chairman) | Dr. P C WONG, Consultant (Medicine) |
| Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E) | Dr. Lilian LEONG, Consultant (Radiology) |
| Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU) | Dr. C.C. YAU, CD(L&ITS) |
| Prof. W. WEI, CC cum COS (ENT) | Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS) |
| Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service | Dr. K T TOM, HCE, TWH & CD(PHCS) |
| Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM) | Dr. Cissy YU, HCE, FYK/MMRC & CD (ES) |
| Dr. Y. W. FAN, CC cum COS (Neurosurgery) | Mr. William CHUI, Chief (PHA)/QMH DM PHA |
| Dr. T C PUN, (vice COS, Obstetrics & Gynaecology) | Miss Patricia CHING, SNO, Infection Control |
| Dr. T L POON (vice COS, Orthopedics & Traumatology) | Ms. Olive YU, CGM(F) |
| Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine) | Mr. Joyce LEUNG, CGM(HR) |
| Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochem.) | Mr. Desmond NG, CGM(BSS&CW) |
| Prof. M L NG, (vice COS, Psychiatry) | Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC |
| Prof. J WONG, CC cum COS (Surgery) | Ms. Selina WONG, DOM (Medicine) |
| Dr. K TONG, Consultant, A&E | Mr. Joseph KWAN, DOM (OTS & ICU) |
| Dr. Jane CHAN, Clinical Director of C2, AICU | Miss Pansy LIM, CSM(S, C&PR) |
| Dr. Kenneth TSANG, Associate Professor (Medicine) | Ms. Connie CHOW, CRO(S, C&PR) |
| | Ms. Cindy SHEK, HA(S, C&PR) (Secretary) |

Action

Patient Care

Current patient status

1. Dr. P C Wong reported that there was the direct transfer of a SARS patient from PMH starting from today. CCE advised that he had requested PMH not to transfer patients who were likely to change conditions during the transfer. Moreover, all the transfer must be done before 5 p.m. and with advance notification given to either Dr. K Tsang or Dr. P C Wong. Dr. P C Wong would relate the message to the respiratory physician in-charge in PMH.

Current patient status in ICU

2. Dr. Jane Chan commented that the use of Bipap for some ICU patients was considered useful and the total ban on the use was subject to review. CCE opined that the senior physicians of ICU were authorized to exercise their discretion on the use of Bipap taking patients' interests into consideration.
3. In view of the tense situation in PMH as more and more ICU staff in PMH got infected, Dr. Jane Chan would mobilize her staff to help out in PMH.

Contingency Plans

Decanting of wards

4. A contingency plan for the accommodation of over 320 SARS beds (including the existing 110 beds) was presented to members for comments. CCE opined that the task force would need to further review the situation throughout Hong Kong, taking into consideration the daily in-take of new cases, so as to estimate whether more beds were required in QMH.
5. Members were told that wards D4 & E4 had been decanted and the next wards to be decanted were E5, B1, D5, C5, D3 & E3 so as to facilitate expanding services for SARS patients. GM(N)
6. Prof. K N Lai informed members that ward K18S would be closed on 14 April 2003 so as to release manpower to help out in SARS ward or other general medical wards.

7. Prof. Y L Lau informed members the following contingency plan for 50 – 60 SARS paediatric beds: i) convert the whole of 7th floor into SARS ward; ii) convert 1 cubicle in K10S into negative pressure room which could house 4 SARS beds; iii) prepare the 2 negative pressure rooms in K10S to house SARS ICU paediatric patients.

SARS ICU beds

8. To facilitate the possible influx of 40 SARS ICU cases, the following changes would be made so as to provide more ICU beds: i) decanting of ward E5 and convert one cubicle in ward E5 into a negative pressure ventilation room. Ward E5 would then be used as ICU SARS wing; ii) decant the isolation room in ward E4 as contingency ICU SARS ward; iii) installation of 2 exhaust fans in the isolation rooms of ward D4 to be converted into negative pressure ventilation room.
9. CCE reminded that ICU beds should be made available to the routine trauma or emergency operation cases. If situation arose, the hospital might consider to transfer the non-SARS HDU cases to GH.

CGM(BSS
&CW)

Facilities update

10. Mr. Desmond Ng reported that the conversion of F6 operating theatre into negative pressure ventilation system would be completed by today and the testing and commissioning would be conducted in the following day. Any emergency operation performed on SARS patients would all be done in F6. CCE supplemented that the operating theatre could be used as a buffer for intensive care service in case there was an overflow of ICU cases.
11. The conversion of one cubicle in ward E5 into a negative pressure isolation room would commence on 11 April 2003 and the conversion was expected to be completed within 4 days.

CGM(BS
&CW)

Manpower

12. Prof. K N Lai advised the following deployment plan of medical staff:
- i) enrol more senior physicians for the next 2 weeks;
 - ii) deploy respiratory fellows to look after multi wards under the supervision of Dr. K Tsang and Dr. P C Wong;
 - iii) attach the medical staff nominated by various departments to SARS wards so that they would get acquainted with the clinical practice of SARS management.
13. It was decided that any medical or nursing staff who did not feel comfortable for doing clinical duties should not be attached to SARS wards.
14. Prof. K N Lai advised members that two more face-to-face training sessions would be organized in the coming week. Members commended the relevance and usefulness of the training materials. The video would be circulated to all clinical departments.
15. Prof. J Wong suggested the sharing of the training materials to other hospitals. CCE would make an offer to HAHO.
16. Members were reminded that the teaching materials provided only fundamental knowledge to staff and what was more crucial was the clinical attachment. Moreover, individual department might consider to work out their own protocols taking the teaching materials for reference.
17. Prof. K N Lai reported that relief for respiratory physicians in SARS wards would soon be arranged. CCE reminded ICU to plan for similar relief arrangement or rotation for intensivists.
18. Mr. Alan Wong reported that 50 nurses, who had ICU or HDU experience, would be deployed to ward E5.

All to note

All to note

19. DOM (Med) requested for more supporting staff to help out in SARS wards. Mr. Desmond Ng would follow-up with Ms. Josephine Poon on this aspect. CGM(BSS & CW)
20. Dr. Lilian Leong would circulate guidelines on the cleansing and disinfection of ultrasound machines to departments. COS (Radiology)

Supplies

21. Mr. Alan Wong reported that there were 76 ventilators in QMH and 10 more sets were required for the running of extra HDU & ICU SARS beds. Mr. Alan Wong and Mr. Desmond Ng would seek assistance from other HKW cluster hospitals to help out in this aspect. GM(N) & CGM(BSS & CW)
22. Mr. Desmond Ng advised that more masks, gowns and goggles would be delivered to the hospital in the next week and he would keep in view of the stock level to ensure sufficient provision of these items to clinical areas in particular the SARS wards. CGM(BSS & CW)
23. Mr. William Chui reported that Pharmacy had started to stock up SARS related drugs for the consumption by 200 patients for one week. He would increase the stock to dovetail with the planned opening of over 300 SARS beds in total. DM (Pharm)
24. CCE reminded that the new drugs should be submitted to the Therapeutics & Technology Committee for formal documentation. DM (Pharm)

Any Other Business

25. CCE reminded all departments to discharge patients as early as possible so as to release more beds for the acute patients.
26. Dr. Cissy Yu reported that FYK was prepared to receive step-down SARS patients from QMH. Moreover, MMRC could help out to receive O&T patients from QMH. HCE, FYKH & MMRC
27. In response to DOM (Med)'s concern over the posting of pregnant staff, who resumed duty from 14th week of their pregnancy, CCE advised that supervisors should consider to deploy these staff to non-inpatient areas so as to minimize the chance of getting infected.
28. According to HAHO guidelines, SAR pregnant patients should be transferred to PMH for Caesarean. However, CCE suggested that O&G Department to adopt a more flexible approach in view of the tense situation in PMH. Moreover, all suspected SARS pregnant women would be admitted to SARS wards instead of general O&G ward.
29. In response to Prof. J Wong's concern over the contingency in case of civil disaster, Dr. M P Leung opined patients would still be admitted to Surgical Admission Ward (D5 to be decanted to B1 on 16 April 2003) for screening and subsequent transfer to relevant specialties.
30. In response to Prof. W Wei's concern over the adequacy of quarters for staff who wished to stay in the hospital at night, Dr. M P Leung and Mr. Alan Wong advised that nursing quarters were available to serve the purpose. Moreover, the newly renovated Houseman Quarters could be used to cater for the needs.
31. It was clarified that all used masks and caps should be disposed according to the guidelines of clinical wastes.

Date of Next Meeting

32. There being no other business, the meeting adjourned at 4:45 p.m. The next meeting would be held at 2:30 p.m. on 11 April 2003 in Conference Room, G/F, Administration Block.

6th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Friday, 11 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. York CHOW, CCE (Chairman)
 Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
 Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director
 AICU)
 Dr. Y HUI, Consultant (vice COS, ENT)
 Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal
 Service
 Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
 Dr. Y. W. FAN, CC cum COS (Neurosurgery)
 Dr. T L POON (vice COS, Orthopedics & Traumatology)
 Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine)
 Dr. R. J. COLLINS, CC cum COS(Pathology & Clinical Biochem.)
 Prof. M L NG, (vice COS, Psychiatry)
 Dr. Judy HO (vice COS, Surgery)
 Dr. H K TONG, Consultant, A&E
 Dr. CHAN, Clinical Director of C2, AICU
 Dr. Kenneth TSANG, Associate Professor (Medicine)
 Dr. C WONG, Consultant (Medicine)
 Dr. Lilian LEONG, Consultant (Radiology)

Dr. C K CHAN, CD(CSC&D)
 Dr. C.C. YAU, CD(L&ITS)
 Dr. M.T. CHAU, CD(C, VS&D)
 Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
 Dr. M T NG (vice, HCE, TWH)
 Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
 Ms. Christine WONG (vice Chief (PHA)/QMH DM PH)
 Ms Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
 Miss Patricia CHING, SNO, Infection Control
 Ms. Olive YU, CGM(F)
 Ms. Judy PUN(vice CGM(HR)
 Mr. Desmond NG, CGM(BSS&CW)
 Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
 Ms. Selina WONG, DOM (Medicine)
 Mr. Joseph KWAN, DOM (OTS & ICU)
 Miss Pansy LIM, CSM(S, C&PR)
 Ms. Connie CHOW, CRO(S, C&PR)
 Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Amendment to Notes of Last Meeting

Action

1. The following amendments to the minutes of the last meeting were proposed:
 - a) para. 7 should read as "Prof. Y L Lau informed members the following contingency plan for 50-60 SARS paediatric beds: i) convert the whole of K7 into SARS ward *which can accommodate 40 patients*; ii) convert 1 cubicle in K10S into negative pressure room which could house 4 SARS ICU beds; iii) prepare the 2 negative pressure rooms in K10S to house 2 SARS ICU paediatric patients.
 - b) para. 8 – line 2 should read as "...i) decanting of ward E5 and convert into a negative pressure ventilation *ward*".
 - c) para. 8 – line 5 should read as "in the isolation room of ward D4 to *enhance the* negative pressure ventilation".
 - d) para. 11 – the first sentence should read as "The conversion of ward E5, *together with partition of a ward cubicle*, into negative pressure *ventilation* would....."

Patient Care

Current patient status

2. Dr. P C Wong reported that situation in SARS acute and step-down wards was still manageable at the moment with an occupancy rate of 50% for 2 out of 4 of the acute wards and 80-90% for step-down wards.
3. Members discussed about the level of protection for staff during intubation / tracheostomy / operation on SARS patients. It was agreed that all staff present inside the room or theatre performing the intubation / procedures/ operation should all put on the same protective gear. All to note
4. Members agreed that specific protocols / protection guidelines on intubation / tracheostomy procedures as well performing operation on SARS patients should be drawn. Dr. Seto would be willing to give recommendations from infection control viewpoint. Dr. J Ho,
Dr. J Chan,
Dr. S J Wong
5. Prof. K N Lai raised the issue of performing haemodialysis on SARS renal patients and the location for doing the treatment would be subject to further review. Prof. K N
Lai,
Dr. J Chan

Current patient status in ICU

6. There was currently one SARS case in ICU and Dr. Jane Chan reported that the patient was stably ill.
7. CCE informed members that HAHO had decided that no more SARS cases be admitted to PMH in view of the overload of ICU as well as the bad morale in the hospital due to high incidence of staff getting infected. Patients referred from the surveillance centre of DH would be sent to TMH. Moreover, it was agreed that any sick staff of PMH could be transferred to QMH for treatment.
8. In view of the tense situation of ICU in PMH, Dr. Jane Chan advised that she had agreed to take over some ICU cases from PMH with the opening of ward E5. Any cases transferred from PMH would have Dr. P C Wong or Dr. K Tsang notified in advance.

*Contingency Plans**Decanting of wards*

9. It was reported that wards D4 & E4 had been decanted and were readily available to receive SARS patients in case needs arose. The other decanting of wards would proceed as planned.

GM(N)

SARS ICU beds

10. Dr. Jane Chan reported that wards E5 and the isolation rooms in wards D4 & E4 would soon be ready to accommodate possible influx of SARS ICU cases. She supplemented that the isolation room in ward D4 had been installed with 2 exhaust fans to enhance the negative pressure ventilation and the room would be used to nurse SARS ICU patient.

CGM(BSS
&CW)*Facilities update*

11. Mr. Desmond Ng reported that the testing and commissioning of F6 operating theatre, being converted into negative pressure ventilation, was completed.
12. He added that the isolation room in ward D4 had been installed with 2 exhaust fans to enhance the negative pressure ventilation. Moreover, renovation in ward E5 was in progress and would be completed in a few days' time.
13. In response to Dr. J Chan's concern over the close proximity between the exhaust diverted from the isolation room of ward D4 and NSQA, Dr. Seto advised that a distance of at least 25 feet was required for safety sake and the windows beneath the ward must be closed. Mr. Alan Wong would issue a memo to alert the ward staff.

CGM(BSS
&CW)

GM(N)

Manpower & Training

14. CCE opined that PMH was in desperate need of staff, both medical and nursing staff. Mr. Alan Wong would arrange to deploy 7 experienced nurses, some from GH, to help out.
15. CCE reiterated that no junior or inexperienced staff be deployed to PMH. Moreover, all staff to be deployed to SARS wards, either QMH or PMH, must attend the training provided by Dr K Tsang, Dr. P C Wong and Dr. Seto.
16. Prof. K N Lai reported several training sessions had been organized and the response was overwhelming. Another training would be held on the coming Monday. Upon CCE's request, he would consider to organize one more afternoon training session in the coming week. He projected that the overall attendance of medical staff for all training sessions would be around 300.
17. Dr. C C Yau reported that the VCD on the "SARS Precaution Training" would be sent to all clinical departments for their sharing and circulation to their medical staff. Copies would also be provided to the cluster hospitals.

GM(N)

All to
note

Secretary

18. As regards the deployment of radiographers, CCE advised Dr. Lilian Leong to consider the deployment at departmental level.

19. Ms. Judy Pun advised that more HCAs would be recruited to fill up vacancies for those being deployed to SARS wards.

CGM
(HR)

Supplies

Portable x-ray service

20. Dr. Lilian Leong advised members that 2 more portable x-ray machines costing \$780,000 in total would be procured to cope with the escalating demand for portable x-ray service. Moreover, another portable team would come into operation in the coming week.

CGM(BSS
&CW)

21. Dr. Lilian Leong would consider Dr. Jane Chan's suggestion to combine the portable x-ray morning service at 0645 hour for wards C2 & C4. Dr. Y W Fan requested that the morning round service be provided to some emergency neurosurgical cases. CCE added that priority of the morning round service should be based on clinical needs.

Dr. L
Leong

CMS Workstation

22. Dr. Seto requested for 3 more CMS stations in the SARS Information Control Centre for data entry and reporting. Dr. C C Yau would make necessary arrangement.

Dr.
C C Yau

Ventilator

23. CCE demanded a careful check of the ventilators to make sure they were safe for use in ICU/HDU in terms of filtering. Members supported the replacement of very old ventilators in ICU and general medical wards.

CGM(BSS
&CW),
GM(N) &
GM(F)

Drugs & Disinfectant

24. Ms. Christine Wong reported that Pharmacy had already kept the stock of SARS related drugs for the consumption by 300 patients.

Air-mate

25. CCE informed that some more air mate would be delivered and he reminded members to try out the air mate before use.

26. Dr. H K Tong had reservation over the use of air mate due to the possible aerosol being created. Dr. K Tsang requested for expert advice from the supplier on the use of the air mate. Dr. Seto would follow up on this issue.

Dr. w H
Seto

Operational Manual of SARS Crisis Management

27. CCE requested members to provide the latest guidelines / checklists / diagnosis & treatment protocols to the secretary for her inclusion into the manual.

All to
note

Any Other Business

28. Dr. C C Yau raised the issue of relaxing the visiting hours in Convalescent Hospital in HKW cluster. Members opined that the corporate policy should be adhered to otherwise HA would be criticized for being inconsistent.

HCE,
FYKH &
MMRC

29. Prof. K N Lai advised that the store "Watsons" had offered to provide drug collection service for our SOPD patients but he had rejected the proposal. Members supported the decision.

Date of Next Meeting

30. There being no other business, the meeting adjourned at 4:40 p.m. The next meeting would be held at 2:30 p.m. on 14 April 2003 in Conference Room, G/F, Administration Block.

7th Task Force Meeting on Anti-SARS of HKW ClusterHeld on Monday, 14 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. York CHOW, CCE (Chairman)
 Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
 Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director
 AICU)
 Prof. W WEI, CC cum COS, ENT
 Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal
 Service
 Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
 Dr. Y. W. FAN, CC cum COS (Neurosurgery)
 Prof. J. LEONG CC cum COS(Orthopedics & Traumatology)
 Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine)
 Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochem.)
 Prof. S W TANG, CC cum COS (Psychiatry)
 Prof. J. WONG, CC cum COS(Surgery)
 Dr. H K TONG, Consultant, A&E
 Dr. CHAN, Clinical Director of C2, AICU
 Dr. Meth TSANG, Associate Professor (Medicine)

Dr. P C WONG, Consultant (Medicine)
 Dr. Lilian LEONG, Consultant (Radiology)
 Dr. C.C. YAU, CD(L&ITS)
 Dr. M.T. CHAU, CD(C, VS&D)
 Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
 Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
 Ms. Christine WONG (vice Chief (PHA)/QMH DM PH)
 Mr. Stephen WONG (vice CC(AH)
 Ms. Joyce LEUNG, CGM(HR)
 Mr. Desmond NG, CGM(BSS&CW)
 Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
 Ms. Selina WONG, DOM (Medicine)
 Mr. Joseph KWAN, DOM (OTS & ICU)
 Miss Pansy LIM, CSM(S, C&PR)
 Ms. Connie CHOW, CRO(S, C&PR)
 Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Amendment to Notes of Last MeetingAction

1. The following amendment to the minutes of the last meeting was proposed:
 a) para. 19 should read as "Ms. Judy Pun advised that more GSAs would be recruited....."

*HA Policy of**Care for HA sick staff*

2. CCE advised that HA staff, contracted with SARS, currently staying in PMH & UCH would be offered a choice to be treated in other HA hospitals including QMH. It was expected that 3-4 SARS HA staff would be transferred each from PMH / UCH to QMH.

PMH management

3. Members were told that more SARS cases were being transferred from PMH to QMH and some cases were expected to deteriorate and required intensive care. It was reiterated that any cases transferred from PMH and UCH must have Dr. P C Wong or Dr. K Tsang notified in advance. For cases transferring from A&E, Dr. H K Tong would be consulted in advance.

Reporting and statistics

4. Ms. Patricia Ching would be responsible for the day-to-day updating and reporting of cases to HAHO.

*Patient Care**Current patient status*

5. Dr. K Tsang reported that more and more SARS cases were being transferred from other hospitals and the SARS wards were almost full. Upon the opening of ward D4, the existing step-down ward at E6 would be changed into an acute ward.

GM(N)

6. Dr. S. Joyce Wong tabled a "Guideline for Anaesthetic Management of SARS patients and patients considered at very high risk of having SARS in Operating Theatres" for members' comments.
7. Members discussed on the issue of resuscitation and the use of ambu-bag for potentially dangerous patients. It was decided that patients with fever, chest pain would be "labelled" (e.g. with a red star) for easy identification and staff should exercise extreme caution if resuscitation for these patients were required.

All
to note

Current patient status in ICU

8. Dr. Jane Chan reported that there were currently two SARS cases that required intensive care and the conditions of both SARS ICU patients were stably ill.

Contingency Plans

Decanting of wards

9. Members were told that ward E5 had been decanted and was readily available to receive HDU / ICU patients. Decanting of other wards would proceed as planned.
10. Prof. K N Lai informed members the department was considering to close ward D3 so as to release manpower to help out in SARS wards or other general medical wards.
11. Members discussed about the sequence of opening of wards D4 & E4 as step-down ward. Since a SARS ICU patient had been admitted to ward E4, it was decided that ward D4 would first be used to avoid spreading of the virus.

GM(N)

GM(N)
& DOM
(Med)

SARS ICU beds

12. Dr. Jane Chan proposed to form a SARS ICU team if there were more than 5 SARS ICU cases in the hospital. However, she expressed concern over the problem of manpower for the night shift. Dr. M P Leung suggested that the SARS ICU team should be formed as soon as possible since more cases that required intensive care were expected to be coming in from PMH.
13. Medical staff from Departments of Surgery and Anaesthesiology would be deployed to help running ward E5.
14. Mr. Alan Wong reported that 20 RNs and 3 NOs would be deployed to ward E5 for the running of 8 HDU / ICU beds in the first phase. If all 20 HDU / ICU beds were required to operate, another 60 RNs would be deployed to help out.

GM(N)

Manpower & Training

15. Dr. K Tsang requested for more physicians to work in SARS wards as the workload was increasing with more patients admitted. Prof. K N Lai reported that he had appealed to all COSs expressing the need for more volunteers to work in SARS wards.
16. CCE emphasized that all volunteers must be grouped into different teams and be notified their sequence of joining the "battle field" so that they got themselves prepared physically and mentally.
17. Members discussed about the length of period for staff to work in SARS wards. Since the job was stressful and exhausting, it was agreed that 3 weeks was the normal attachment period.
18. Mr. Alan Wong presented the proposed allocation of nursing staff in SARS wards and reported that a total of 223 nursing staff would join the Anti-SARS crusade. Members noted that Ms. Selina Wong was appointed as Commander of SARS wards while Ms. Tammy So was appointed as Infection Control Policy Facilitator responsible for the monitoring and supervising the practise of infection control precautions in all SARS wards.

All to
noteAll to
note

19. Since more SARS patients requiring intensive care would be coming to QMH, it was proposed that the 7 nurses to be deployed to PMH be staying in QMH to help running ward E5. Mr. Alan Wong would discuss the issue with GM(N) of PMH. GM(N)
20. Mr. Alan Wong further proposed to increase the number of supporting / clerical staff working in SARS wards from 39 to 47.
21. As regards the SARS precaution training, Dr. Seto advised that over 300 medical officers had attended the training. There would be another training session held on the coming Thursday afternoon, 17 April 2003.
22. Prof. J Wong requested for relevant infection control training be provided to the clerical / administrative staff. CND would co-ordinate on the matter. CND

Standardization of Infection Control Policy

23. Prof. Y L Lau expressed concern over the use of air-mate. He commented that on one hand, his staff was asked to acquaint themselves with the use of air-mate; on the other hand, they were told that the air mate was not as protective as they thought. The flow of information was confusing. Members requested for a standardized and clear instruction on infection control policy.
24. Dr. Seto briefed members the safety guidelines, limitations and intended use of the air mate. He had strong reservation over the use of air-mate due to the following reasons:
- the air-mate was intended for industrial fume accident but not designed for viral infection;
 - if one wore it, everyone in the same room must wear it at the same time since the air-mate blew air out;
 - it was not even included in the 4 levels of protection as classified by Centre for Disease Control and Prevention (CDC).

He commented that the use of such devices might cause even higher chance of infection compared with the N-95 mask, eye protection and hand washing as recommended by CDC.

25. Members of the task group unanimously (by show of hands) adopt the CDC guidelines as the policy for use of personal protection equipments for the staff of HKW Cluster:
- i) wearing of surgical / N-95 masks and eye protection for routine duties in A&E, SARS cohorted wards and general clinical service areas;
 - ii) wearing of cap for hair protection, N-95 masks, eye goggles, and appropriate gowns in ICU or performing procedures on SARS patients. Additional face-shield should be used in handling patients with high droplet and aerosol production.
26. Staff would be requested to follow the above standards of protection and would be discouraged to wear or use Air-mate and using of unconfirmed personal protection equipment were entirely at staff's own risk. All to note
27. CCE reminded departments to work out their own standard guidelines / rules for each procedure for staff to observe. All to note

*Supplies**Portable x-ray machines*

28. Dr. Lilian Leong advised that procurement for the 2 more portable x-ray machines was in progress. CGM(BSS &CW)

Ventilator

29. It was told that a donor wished to donate 1 million to the hospital for buying ventilators. Ms. Selina Wong suggested to procure some more plasmapheresis machines. Members commented that the money should be spent wisely. The issue would be subject to further review by Prof. K N Lai and Ms. Selina Wong.

Drugs & Disinfectant

30. Ms. Christine Wong reported that SARS related antibiotics and drugs were kept in good stock. As regards the new drug, Pentoglobulin, Dr. K Tsang advised that a stock for 50 patients should be kept. DM (Pharmacy)

Easter Holiday Contingency Plan

31. In view of the need to take immediate action in terms of manpower planning, decanting of wards etc. so as to cope with the daily changes to the situation, the Chairman requested members to identify a substitute for contact during the Easter Holiday. The name list should be ready by Wednesday. All to note

Future Arrangement

32. CCE advised that a working group would be formed to work out a detailed planning for the running of a cohorted ward in the long-term. He remarked that he had proposed to HAHO the possibility of centralizing the treatment of the patients in one single hospital in the long run. He would suggest to HAHO for consideration.

Any Other Business

33. Members were requested to take full account of all services / activities (e.g. number of elective surgery, specialist out-patient clinics) that had been deferred, delayed or cancelled due to the crisis since the outbreak. The details provided would be submitted to HAHO for compilation and record.
34. Dr. K Tsang requested for tightening security control on level 6, Main Block as he still observed visitors not wearing masks sitting outside. Moreover, he suggested to provide precaution training to the minor staff who had to enter the SARS wards due to operational needs. Mr. Desmond Ng would relate the message to Miss Josephine Poon, GM(O&S) for follow-up. CCE instructed to put up proper signage at various access points to alert outsiders and staff for no wandering at that floor. GM (O&S)
35. Members agreed that all medical students should take universal precaution as our medical staff did in wards when the academic activities resumed normal tentatively in early May 2003. All to note

Date of Next Meeting

36. There being no other business, the meeting adjourned at 5:00 p.m. The next meeting would be held at 2:30 p.m. on 16 April 2003 in Conference Room, G/F, Administration Block.

8th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Wednesday, 16 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

- | | |
|--|---|
| Dr. York CHOW, CCE (Chairman) | Dr. P C WONG, Consultant (Medicine) |
| Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E) | Dr. Lilian LEONG, Consultant (Radiology) |
| Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director AICU) | Dr. C.C. YAU, CD(L&ITS) |
| Prof. W WEL, CC cum COS, ENT | Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS) |
| Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service | Dr. K. T. TOM, HCE, TWH & CD(PHCS) |
| Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM) | Dr. Cissy YU, HCE, FYK/MMRC & CD (ES) |
| Dr. Y. W. FAN, CC cum COS (Neurosurgery) | Mr. William CHUI, Chief (PHA)/QMH DM PHA) |
| Prof. J. LEONG CC cum COS(Orthopedics & Traumatology) | Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC) |
| Prof. K. LUK, CD(RS&D) | Ms. Joyce LEUNG, CGM(HR) |
| Prof. Y L LAU, CC cum COS(Paediatrics & Adolescent Medicine) | Mr. Desmond NG, CGM(BSS&CW) |
| Dr. R. J. COLLINS, CC cum COS(Pathology & Clinical Biochem.) | Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC |
| Prof. S W TANG, CC cum COS (Psychiatry) | Ms. Josephine POON, Dep. GM(O&S) |
| Dr. J HO (vice COS, Surgery) | Ms. Selina WONG, DOM (Medicine) |
| Dr. Barbara LAM, CD(C, HE&SD) | Mr. Joseph KWAN, DOM (OTS & ICU) |
| K TONG, Consultant, A&E | Ms. Patricia CHING, SNO (ICN) |
| Dr. Jane CHAN, Clinical Director of C2, AICU | Ms. Tammy SO, SNO, CND |
| Dr. Kenneth TSANG, Associate Professor (Medicine) | Miss Pansy LIM, CSM(S, C&PR) |
| | Ms. Connie CHOW, CRO(S, C&PR) |
| | Ms. Cindy SHEK, HA(S, C&PR) (Secretary) |

Action

Patient Care

Current patient status

1. Dr. K Tsang reported that the SARS wards were almost full as more and more patients were being transferred from PMH & UCH. He advised that some cases transferred were not real SARS cases and commented that better organization and control over the transfer of cases was needed. He would further liaise with the physicians-in-charge of the two hospitals.
2. Members discussed on the issue of patient discharge and agreed that the PCR test was not the criteria for discharge. The decision to discharge a patient should be based on clinical judgement. As long as the physicians considered the patient asymptomatic, he could discharge the patient and there was no need to wait for the test result.
3. Dr. Seto advised that it normally took 4 days' time to have the result for the PCR test ready. In response to Dr. K Tsang's comments on the lengthy waiting time for the laboratory result to be available, Dr. Seto would look into the matter and remind his staff on the issue. Dr. Seto
4. Members were told that a patient was being transferred from a private hospital to QMH the night before. CCE advised that a letter would be sent to all private hospitals advising the detailed guidelines and logistics of transferring private patients to QMH. Dr. M P Leung
5. A form would be prepared by Dr. J Chan requiring the parent hospital to provide details of patient's condition and treatment done for screening before the patient was transferred to QMH. Dr. Jane Chan
6. CCE reiterated that any transfer of SARS patient (suspected or confirmed) must be done in a systematic and organized way so as to protect the patient as well as the staff involved. All to note

Current patient status in ICU

7. Dr. Jane Chan reported that there were currently 3 SARS ICU cases in QMH. One patient was staying in the isolation room of ward C2 and the other two were staying in the isolation room of ward E4.

Current patient status in Paediatric wards

8. Prof. Y L Lau reported that the SARS paediatric patient was a five-year-old boy with history of immuno deficiency and his condition deteriorated for the past few days. The department was considering to perform elective intubation on him. He emphasized that the procedure would be done in a controlled environment and the staff would take full barrier precaution.
9. CCE advised the department to regularly update the patient's progress to his parents and to consider allowing limited visit.

Prof.
Y L Lau

*Contingency Plans**Decanting of wards*

10. Since more SARS patients were expected, Dr. K Tsang demanded for another step-down ward so that ward E6 could be used as a buffer for acute SARS ward. After discussion, it was decided that ward D5 would first be opened, followed by wards D4 & E4 as step-down wards.
11. Ward C5 would not be decanted at the moment taking into account the shared toileting facilities with ward A5.
12. Dr. K Tsang opined that QMH should set a limit to the total number of SARS patients (suspected or confirmed) admitted to the hospital taking the capacity on resources and manpower into consideration. CCE agreed and estimated that 250 SARS beds should be the limit without comprising the hospital services for cancer patients, stroke patients and other emergency care.

Dr. M P
Leung &
Mr. Alan
Wong

SARS ICU beds

13. Dr. Jane Chan advised that ward E5 would be ready for receiving HDU / ICU SARS patients on the coming Monday. If there was any further SARS patient requiring intensive care before ward E5 was opened, the patient would then be admitted to the general cubicle of ward E4 temporarily.
14. CCE suggested to conduct a smoke test in ward E4 to identify the most suitable cubicle for admitting SARS patient. Prof. J Leong reminded that the main entrance door of ward E4 should be closed at all times to avoid possible contamination to the outside corridor if SARS patient was admitted to the general cubicle area.

Mr. D Ng,
Dr. J Chan
Mr. J Kwa

*Manpower**Medical Staff*

15. Prof. K N Lai reported that the "volunteers" from all clinical departments were divided into two main teams. One team comprising of surgeons and anaesthetists would be deployed to ICU as the medical staff had experience on intensive care. The other team with medical staff from other specialities would support the SARS wards.
16. Dr. J Chan wondered if medical staff deployed to SARS ICU wards could stay longer. Members discussed on the issue and agreed that the normal attachment period was three weeks. Only when individual staff expressed interests for longer attachment period, should then COSs consider the case separately.
17. CCE took this opportunity to thank all staff for their selflessness and compassion. He would consider proper recognition of their contribution later.

All to
note

Nursing Staff

18. Mr. Alan Wong reported that the 7 nurses originally planned to help out in PMH would be staying in QMH to help out in SARS ICU.

19. Dr. K Tsang and Dr. S Joyce Wong shared the same viewpoint of having infection control nurses going around all SARS wards to make sure that staff strictly adhered to infection control measures and to foster a culture amongst staff.

Ms. Tamr
So,
Ms. Pat.
Ching

Supporting Staff

20. As regards the deployment of radiographers to other hospitals, CCE advised that COS(Radiology) had the full authority to make necessary arrangement.
21. Ms. Joyce Leung tabled a summary concerning the number of healthcare support workers recruited for SARS in HKWC for members' reference.

Training

Medical staff

22. Prof. K N Lai advised that the last face-to-face training session for medical staff would be held on 17 April 2003 at 3:30 p.m. in Room 403, Professorial Block.

Nursing

23. Mr. Alan Wong reported that about 90% of the nurses had attended the face-to-face training provided by Dr. Seto or Ms. Patricia Ching.

Clerical, Administrative & Supporting Staff

24. Mr. Alan Wong reported that training sessions for clerical, supporting and administrative staff would be organized in the coming week.

Mr. Alan
Wong

Supplies

Portable x-ray machines

25. It was told that the 2 portable x-ray machines would soon be delivered. He would keep in view of the delivery schedule.

Mr.
Desmond
Ng

Ventilator

26. Mr. Desmond Ng advised that 6 more ventilators were required from ICU. Dr. J Chan expressed concern over the price differences of ventilators being procured amongst different HA hospitals and suggested for central procurement by HAHO.

Mr.
Desmond
Ng

Drugs & Disinfectant

27. Mr. William CHUI reported that the drug, Pentoglobulin, would be available after Easter.
28. Dr. Susan Joyce Wong raised concern over the supply of dispenser for hibisol. Mr. William Chui would source for more supply.

Mr. William
CHUI

Other consumables

29. Mr. Desmond Ng reported that there was sufficient stock of surgical masks, goggles and protective gowns. CCE raised the issue of some more free provision of masks to family members of staff and members considered the provision not necessary at the moment, as there was a sufficient supply of masks in the market.

Easter Holiday Contingency Plan

30. In view of the need to take immediate action in terms of manpower planning, decanting of wards etc. so as to cope with the daily changes to the situation, the Chairman reminded members to provide the emergency contact of substitute during the Easter Holiday for emergency contact. All to note

Any Other Business

31. CCE tabled the following information for members' reference:
- (i) Trend statistics on SARS patients in HA;
 - (ii) Daily admission / discharges/ confirmed cases for SARS patients in HA;
 - (iii) Summary figures for SARS patient;
 - (iv) Summary of SARS wards at different cluster hospitals.

He requested for more detailed information concerning the status of healthcare workers staying in QMH as well as SARS patients staying in ICU. Ms. P Ching

32. Dr. Barbara Lam opined that the statistics shown should separate adult from paediatric SARS patients. CCE would relate the message to HAHO.

33. CCE shared with members that he had been receiving pressure from other clusters to receive more SARS cases. He made it clear that QMH would only receive referrals from the respiratory physicians of PMH & UCH and any transfer must obtain prior consensus from Dr. K Tsang and Dr. P C Wong so as to control the volume and type of cases.

34. Members discussed on the issue of designating an elevator as "SARS" lift and agreed not to implement the measure due to infrequent usage and infection control viewpoint. If SARS patient was required to be transferred, the SARS ward would ask the security to hold the lift and arrange disinfection and cleansing after usage. Ms. J Poon

35. In response to Dr. J Chan's concern over inter-hospital transfer of SARS patient, Dr. K Tsang did not see the need for emergency transfer and it was agreed that all transfers be done during day time and on elective basis.

36. It was decided that no escort would be arranged by QMH for patients transferring from private hospital.

37. Dr. Lilian Leong requested all clinical departments to alert their radiographers in advance if a potential "SARS" patient required x-ray taking so that the staff could take necessary precaution to avoid being infected. All to note

38. Dr. Lilian Leong raised an issue of conduct of meeting and requested the following be noted for record:

" I have found the repeated direct or indirect references by the chairman in this meeting and in past meetings, sometime light hearted and sometime serious, to my personal relationship with the Chairman of the Hospital Authority extremely distressful. Such references are irrelevant to my capacity as representative of Radiology and achieved nothing other than to cause me embarrassment and distract the meeting from focused discussion. This is regrettable, particularly in the current crisis situation. I would therefore ask you to kindly leave references to my personal relationship out of meeting discussions in the future".

The Chairman apologized to Dr. Lilian Leong for causing unnecessary embarrassment to her unintentionally and reassured her that he would not repeat it again.

Date of Next Meeting

39. There being no other business, the meeting adjourned at 5:20 p.m. The next meeting would be held at 2:30 p.m. on 23 April 2003 in Conference Room, G/F, Administration Block.

Present:

- | | |
|--|---|
| Dr. York CHOW, CCE (Chairman) | Dr. C K CHAN, CD(CSC&D) |
| Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E) | Dr. C.C. YAU, CD(L&ITS) |
| Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU) | Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS) |
| Dr. Y HUI (vice COS, ENT) | Dr. K. T. TOM, HCE, TWH & CD(PHCS) |
| Prof. K.N. LAI, CC cum COS(Med) & Director, Combined Renal Service | Dr. Cissy YU, HCE, FYK/MMRC & CD (ES) |
| Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM) | Mr. William CHUI, Chief (PHA)/QMH DM PHA) |
| Dr. Y. W. FAN, CC cum COS (Neurosurgery) | Dr. Amy FUNG, HKW Head (CP) / QMH SCP (CP) |
| Dr. T L POON (vice COS, Orthopaedics & Traumatology) | Ms. Olive YU, CGM(F) |
| Prof. K. LUK, CD(RS&D) | Ms. Joyce LEUNG, CGM(HR) |
| Dr. N S TSOI (vice COS, Paediatrics & Adolescent Medicine) | Mr. Desmond NG, CGM(BSS&CW) |
| Dr. R.J. COLLINS, CC cum COS(Pathology & Clinical Biochem.) | Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC |
| Dr. HUNG (vice COS, Psychiatry) | Ms. Selina WONG, DOM (Medicine) |
| Dr. H K TONG, Consultant, A&E | Mr. Joseph KWAN, DOM (OTS & ICU) |
| Dr. Jane CHAN, Clinical Director of C2, AICU | Ms. Patricia CHING, SNO (ICN) |
| Dr. P C WONG, Consultant (Medicine) | Ms. Tammy SO, SNO, CND |
| Dr. Lilian LEONG, Consultant (Radiology) | Miss Pansy LIM, CSM(S, C&PR) |
| | Ms. Connie CHOW, CRO(S, C&PR) |
| | Ms. Cindy SHEK, HA(S, C&PR) (Secretary) |

Amendment to Notes of Last Meeting

Action

The following amendments to the minutes of the last meeting were proposed:

1. a) para. 3 should read as follows: "... look into the matter and remind his staff on the issue. *Dr Collins advised his staff were assisting in molecular testing and could increase the workload as required.*"

Update on Admission / Discharge / Confirmed SARS Patients, and Analysis

2. Miss Patricia Ching tabled the following details for members' information:
 - i) Daily admission in SARS cohort wards (from 28 March – 21 April 2003);
 - ii) Admission of healthcare workers in QMH (from 23 March – 22 April 2003);
 - iii) Source map of index cases (23 April 2003)

As at 22 April 2003, the total admission to the cohort wards was 202, including suspected as well as confirmed SARS cases. Out of the 202 cases admitted, only 43 were confirmed cases including those transferred from other hospitals. A total of six patients had been discharged, leaving 37 SARS patients staying in the hospital.

3. Dr. Seto supplemented that there was no new SARS case reported to HAHO during Easter Holidays and no staff in HKW cluster was infected so far.
4. Prof. K N Lai briefed that all patients, particularly those with chronic illness, admitted to the general medical wards would be screened by respiratory physicians twice a day. Any patient suspected to be infected with the virus would be directly sent to the SARS wards.

SARS wards

5. Dr. P C Wong reported that the situation in SARS acute wards was manageable in terms of manpower, bed stat and space. However, the occupancy in the admission ward was high and the workload was heavy.
6. Dr. Seto advised that the current quota (8 tests/day) set for the PCR test could be increased if required. Moreover, he requested for allowing 1 extra day (i.e. 5 days in total) for the result of the stool test to be available.

ICU case

7. Dr. Jane Chan reported there were currently three SARS patients requiring intensive care and were all staying in ward E5. She added that the 4-bedded HDU area in C2N would serve as step-down cubicle for SARS ICU cases.
8. The Chairman advised that there was discussion in HAHO concerning the use of Bipap on SARS patients. He would leave the decision to the clinical judgement of the physician-in-charge.

Paediatric wards

9. Dr. N S Tsoi reported that the SARS paediatric patient was very ill and would probably die. He commented that the five-year-old boy with history of immuno deficiency had definitely not contracted the coronavirus pneumonia.
10. Members debated about whether the paediatric patient should be categorized as "confirmed SARS" case as there was no evidence, neither clinically nor laboratory proof, that he had contracted coronavirus pneumonia and had no known history of exposure / contact. If he died, being counted a SARS patient, the impact of his death on the community would be detrimental. Dr. N S Tsoi would further discuss the case with COS and obtained a consensus within the department as soon as possible.
11. Dr. N S TSOI requested for the conversion of ventilation in the 2 isolation rooms in K10 into negative pressure to accommodate paediatric patients requiring intensive care. Mr. Desmond Ng would follow-up on the issue.

Dr. N S
Tsoi

Mr. D Ng

Infection Control Policy Update

Staff training and statistics

12. Dr. Seto reported that face-to-face training sessions had been provided to all clinical departments and estimated that about 400 medical staff had been trained.
13. Mr. Alan Wong reported that over 85% of the nursing staff had undergone training and more training sessions would be arranged for the remaining 15%.
14. Miss Joyce Leung reported that a total of 4 training sessions would be provided this week for supporting staff, including clerical and administrative staff.
15. The Chairman expected 100% training for all staff. Ms. Joyce Leung would consolidate the attendance records and coordinate with relevant parties to organize another training for the "left out" staff.
16. Similar training sessions would also be organized for other HKW cluster hospitals.

Mr. A
Wong

Ms. J
Leung

Ms. J
Leung

HCEs of
cluster
hospitals, Mr.
A Wong

17. The Chairman expressed great concern over the infection control practice and policing in clinical areas particularly in SARS wards, A&E, ICU and general medical wards. He pointed out that the critical step to control SARS was to control staff infection. Infection control policing for all medical, nursing and supporting staff to ensure meticulous universal infection control techniques must be enhanced.

All to
note

Cleansing and toilet sanitary policy for wards & public toilets

18. The Chairman demanded for regular and frequent cleansing of toilets, both in wards and public areas. Immediate cleansing of toilet facilities after use should be enforced in SARS wards.

Mr. D Ng,
Ms. S
Wong

Personal Protection Equipment

19. Dr. Seto briefed members the limitations and intended use of the N-100 & P-100 masks. He had strong reservation over the use of such masks as the devices were designed for protection against solid particles. He recommended the use of face shield, goggles and surgical mask / N-95 masks while performing procedures.

Standardization of ward routines and procedures

20. With the limited information and experience of staff infection in other cluster hospitals, it was believed that one of the causative factor for staff infection was due to lapse of infection control procedures, especially in carrying out hastily organized clinical or nursing tasks. The Chairman advised members to simplify and standardize the medical, nursing and patient care tasks and procedures in SARS wards and to introduce "small teams" structures in SARS clinical areas.

All to
note

Ventilation

21. The Chairman reminded that the air exchange in SARS areas, should be maintained between 7 to 11. Mr. Desmond Ng would arrange a thorough check on this aspect.

Mr. D
Ng

Handling of medical records and transferable items in SARS wards

22. The Chairman informed members that a staff working in Medical Records Office of CMC was infected with the virus. He invited members' suggestions on the protection guidelines for handling items transferred from the SARS wards. Dr. Seto advised that the SARS-related areas currently adopted the 24-hour rule and departments might consider applying this rule, if possible.
23. Dr. J Chan shared with members the introduction of interface area between contaminated and non-contaminated areas in ICU. While Dr. Lilian Leong shared that all x-ray cassette were protected with plastic covers and the use of bar code reader.
24. Since the practise and setting in different departments differed slightly from each others, the Chairman requested SARS-related departments to provide their own routines, guidelines to Dr. Seto for compilation of general guidelines for handling items transferred from contaminated areas to non-contaminated areas.

All to
note

Supplies

Ventilator

25. Mr. D Ng reported that the 6 extra ventilators requested by ICU would be delivered in 1-2 weeks' time.
26. Dr. N S Tsoi requested for replacement of the ventilators currently used in NICU that were not designed for filtering of respiratory gas. He would forward the request to Mr. Desmond Ng for necessary procurement.

Dr. N S
Tsoi, Mr.
D Ng

27. Dr. C K Chan also requested for \$400,000 to procure some more endoscopes. Mr. Desmond Ng would follow up the issue with him.

Dr. C K
Chan,
Mr. D Ng

Portable X-ray Machine

28. Members were told that the 2 portable x-ray machines would soon be delivered to the hospital.
29. Dr. Lilian Leong informed that requests for the portable x-ray tests had been increased by 30% since the outbreak and the tests for SARS cases accounted for 56% of all portable x-ray workload in April 2003.
30. Dr. J Chan expressed concern over the delay of portable x-ray round for ICU cases. Dr. Lilian Leong explained that the delay might due to requests for emergency CT scanning which was performed by the same team of staff currently providing portable x-ray tests for SARS-related wards. She would keep in view of the situation.

Drugs & Disinfectant

31. Mr. William Chui reported that the one patient had started the prescription of the "AIDS" drugs after the conventional treatment failed to take effect. Dr. Seto recommended to obtain approval and support from the Technology & Therapeutics Committee for the use of the new drug.

Mr. W
Chui

Clinical Psychology Service for SARS Patients

32. Dr. Amy Fung expressed willingness of her department to offer assistance to staff and patients who got worried over SARS and required emotional support. Members had reservation over the proposed arrangement of clinical psychologist providing face-to-face counselling to SARS patients as they were exposed to risk and might be the source of infection while going from one ward to the other.
33. Members were told that a hotline providing psychological counselling support on anti-SARS had been set up for all staff of HKW cluster. COSs might directly refer their anxious staff to the clinical psychologists for follow-up.

All to
note

Operational Manual of SARS Crisis Management

34. CCE reminded members to provide the updated guidelines to the secretary for inclusion into the manual as soon as possible.

All to
note

Any Other Business

35. In response to the query raised by Ms. S Wong, the Chairman clarified that only the admission ward, cohort ward and ICU wards be reported to HAHO. The capacity in step-down wards should be excluded.
36. Dr. C Yu reported that 2 7-bedded wards had been vacated to facilitate possible transfer of patients from QMH to FYKH and there were 30 beds in MMRC left vacant which served as buffer in case of needs.
37. Prof. K Luk and Dr. T L Poon asked for the contingency plan for transferring patients to convalescent hospitals. Dr. M P Leung would coordinate on the detailed planning.

Ms. S
Wong

Dr. M P
Leung

Date of Next Meeting

38. There being no other business, the meeting adjourned at 5:25 p.m. The next meeting would be held at 2:30 p.m. on 25 April 2003 in Conference Room, G/F, Administration Block.

10th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Wednesday, 30 April 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

resent:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH	Dr. C K CHAN, CD(CSC&D)
Dr. York CHOW, CCE (Chairman)	Dr. M T CHAU, CD(C, VS & D)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)	Dr. C.C. YAU, CD(L&ITS)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director AICU)	Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Prof. William WEI, CC cum COS, ENT	Dr. K. T. TOM, HCE, TWH & CD(PHCS)
Prof. C L LAI, (vice COS, Medicine)	Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)	Ms. Christine WONG (vice Chief (PHA)/QMH DM PH/
Dr. Y. W. FAN, CC cum COS (Neurosurgery)	Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
Prof. P C HO, CC cum COS(Obstetrics & Gynaecology)	Ms. Olive YU, CGM(F)
Prof. J LEONG, CC cum COS(Orthopaedics & Traumatology)	Ms. Joyce LEUNG, CGM(HR)
Prof. K LUK, CD(RS&D)	Mr. Desmond NG, CGM(BSS&CW)
Dr. N TSOI (vice COS, Paediatrics & Adolescent Medicine)	Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Dr. COLLINS, CC cum COS(Pathology & Clinical Biochem.)	Ms. Selina WONG, DOM (Medicine)
Dr. (vice COS, Surgery)	Mr. Joseph KWAN, DOM (OTS & ICU)
Dr. H K TONG, Consultant, A&E	Ms. Patricia CHING, SNO (ICN)
Dr. Karl YOUNG, Director of C4, AICU	Ms. Tammy SO, SNO, CND
Dr. P C WONG, Consultant (Medicine)	Miss Pansy LIM, CSM(S, C&PR)
Dr. K TSANG, Associate Professor (Medicine)	Ms. Connie CHOW, CRO(S, C&PR)
Dr. Lilian LEONG, Consultant (Radiology)	Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Amendment to Notes of Last Meeting

Action

The following amendments to the minutes of the last meeting were proposed:

1. a) para 37 should read as "..... would coordinate on the detailed planning. *The chairman agreed that there is no need to move elderly ortho-rehab patients around particularly from FYK to DKCH.*"
- b) para. 27 should read as follows: "....\$400, 000 to procure mobile video-endoscope trolleys for SARS patients."

Introduction

2. The Chairman welcomed Dr. Anthony Ho, Chairman, Hospital Governing Committee, QMH and also a Member of the Hospital Authority Board, to join the meeting and briefed him the objectives of the task force.

HA Policy Update

3. The Chairman updated members the following HA Policies:
 - a) The HA Board had strengthened its SARS supervision – members would meet twice a week to receive direct reports from the Directors;
 - b) Chairmen of HGCs were invited to join the individual hospital's task force meetings;
 - c) The role of Audit Team would be reviewed and strengthened;
 - d) The HA must be informed if a patient was suspected to contract SARS from a general ward;
 - e) HA would arrange compensation for staff who contracted SARS from their workplace.
4. Members debated over whether body temperature of staff should be measured before reporting to work every morning to make sure they had no fever. Members considered the proposed procedure unnecessary and time wasting. Unlike the school children, hospital staff were all adults and should be able to look after themselves.

5. Dr. Seto expressed concern over the audit to be done by HAHO. The Chairman added that the audit should be done against some pre-set guidelines that all agreed on otherwise we could only audit our own practice against our own guidelines.
6. Dr. S J Wong expressed concern over the audit on intubation procedures. She hoped that staff input would be consulted before the audit commenced. The Chairman would relate the message to HAHO.

Dr. Y
Chow

Update on Admission / Discharge / Confirmed SARS Patients, and Analysis

7. Miss Patricia Ching tabled the following details for members' information:

- i) Admission in SARS cohort wards (from 1 April – 29 April 2003);
- ii) Health Care Workers diagnosed with SARS (from 15 March – 30 April 2003);
- iii) Source map of index cases (28 April 2003)
- iv) Phone calls made by Infection Control

As at 29 April 2003, the total admission to the cohort wards was 233, including suspected as well as confirmed SARS cases. Out of the 233 cases admitted, only 46 were confirmed cases including those transferred from other hospitals. A total of eleven patients had been discharged and there was 1 mortality.

8. Dr. Seto tabled a report concerning a male nurse working in E5 ICU suspected to have contracted SARS through work. The incident was under thorough investigation. Dr. P C Wong supplemented that the staff was running high fever but the chest x-ray was clear at the moment. The staff would be sent to undergo a CT scanning later that evening.
9. The Chairman expressed concern over the staff morale and sentiment, particularly in ICU, if the case was confirmed. He emphasized that the investigation did not intend to find fault but to identify the reasons for the infection so that we could learn the lessons and enhance our staff education and awareness.
10. As advised by Dr. Seto, there was a "Staff Prevention Alert Programme" run by ICN aiming to enhance staff personal prevention awareness if they were neighbours of the confirmed SARS patients in the community; and to reduce the risk of spread into the hospital from the community. A total of 77 HA staff in HKW were identified and the Staff Health Ambassador would give them a call. Moreover, COSs of the staff concerned would be informed so as to be alerted for the potential risk of their staff being in the vicinity of community SARS.
11. Prof. K Luk wondered if such programme could be extended to University staff. Ms. Joyce LEUNG would liaise with The Faculty of Medicine on the matter.

Dr. Seto

Ms. J
Leung

Patient Care & Operational Plans

SARS wards

12. Dr. P C Wong reported that the workload in SARS wards was manageable but there were lots of screening to be done as Dr. K Tsang and he himself had taken over the daily screening job at the general medical wards.
13. Prof. J Leong wondered if the number of cases that patients being admitted to general wards but later found to have contracted SARS was high; Dr. K Tsang replied that there was only a handful of such cases in QMH.

14. In response to Prof. J Leong's query over which operation theatre to be used for patients who were contacts of real SARS patients, Dr. S J Wong answered that the negative pressure operation theatre at F-6 would be used.
15. Prof. J Leong further expressed concern over the risk of the patients being infected as operation for the real SARS patients were also performed in the negative pressure operation theatre at F6. In response, Dr. Seto commented that once the operation theatre was thoroughly disinfected and sterilized after each operation, the chance of cross contamination was very slim. All to note
16. Dr. Y W Fan wondered if these patients, who were contacts of confirmed SARS patients, after operation would be nursed in a general ward or in the cohort ward. The Chairman commented that patients who were contacts of SARS patients were not considered as suspected cases and should be nursed in a general ward after operation. Departments might consider to house them in a single / isolation room, if possible. All to note
17. Ms. S Wong noticed that some departments arranged to cohort their own patients and members were requested to remind their staff the guidelines and criteria set for consulting the respiratory physicians if needs arose. All to note

ICU cases

18. Dr. Karl Young reported that there were currently four SARS patients requiring intensive care and were all staying in ward E5 and three of them were being ventilated.
19. Dr. S Joyce Wong raised the issue of manpower in ICU and requested for an extra medical staff to help out in ICU. Taking into consideration the reduction of operations by 40% in the hospital and the fact that intensive care was better served with Anaesthetists; the Chairman suggested the extra working hand should come within the department for such expertise. Dr. M P Leung would further look into the issue. Dr. M P Leung
Dr. S J Wong
20. In response to Dr. S Joyce Wong's concern over the contingency plan for SARS ICU beds, the Chairman estimated that a total of 10 (8 + 2 for contingencies) should be enough taking into account the relatively low admissions these days.

Paediatric wards

21. Dr. N S Tsoi reported that there was no SARS paediatric patient at the moment. As regards the conversion of ventilation for one cubicle and 2 isolation rooms into negative pressure in K10S, Mr. D Ng reported that the renovation works would commence the following week and the works required 5 full working days to complete. Mr. D Ng

Infection Control Policy Update

Expansion of Patrol Nurse

22. Ms. Tammy SO tabled the following documents for members' information: i) List of Infection Control Measures to be distributed to SARS Areas; ii) SARS - Infection Control Patrol Team. The Chairman requested to expand the Patrol Nurse concept for all areas, including general wards and convalescent hospitals. Ms. Tammy So
23. Dr. Lilian Leong commented that individual department should be given authority to monitor and patrol not only their own staff but also staff or outside workers working within the department compound to comply with the basic infection control practice such as put on a mask and hand washing. The Chairman supported Dr. Leong's idea.

Staff training and statistics

24. Miss Patricia Ching advised that training on infection control measures and practices had been provided to 600 medical students and degree nurses.

Guidelines on the use of Personal Protection Equipment (PPE)

25. The Chairman requested the assistance of Dr. Seto to review the existing guidelines on the use of PPE and draw up simple and direct guidelines on the use of different PPEs for different clinical duties. Dr. Seto
26. Dr. K Young and Mr. J Kwan advised that there were lots of discussions on the wearing of gloves among the ICU nurses. Members considered that gloves should not be worn all the time but only when necessary such as performing high-risk procedures. Miss Patricia Ching will provide further training to the ICU nurses. Dr. Seto would prepare a simple guideline on the wearing of gloves. Dr. Seto & Ms. P Ching
27. As told by Dr. N S Tsoi, staff in his department had raised the issue of fitness for wearing N-95 mask. He wondered if a fit test could be performed.
28. Members were told that doing fit test was difficult. The Chairman added that a surgical mask should be used rather than a N95 mask if the latter did not fit. Miss Patricia Ching would meet staff of Paediatrics & Adolescent Medicine Department explaining the proper way of using and wearing of N95 and tried to find the right size for the staff. Ms. P Ching

Cleansing of common areas & waste management

29. Mr. D Ng reported that additional cleaners would be deployed to SARS wards, in addition to the existing routine cleaner for the whole ward, to maintain the hygiene and cleanliness of the toilet facilities. Mr.
30. As regards the swan-neck method to seal the waste bags as proposed by HAHO, Ms. Patricia Ching opposed the idea in fear of higher risk of staff infection while touching the bags. She would discuss the issue with Mr. Charles Chan of OSH Team in HAHO. Ms. P Ching

Guidelines for handling of medical records and transferable items in SARS wards

31. Dr. Seto tabled the "Guidelines on Handling Medical Records in SARS Wards" for members' information and comments.

Contingency Care of Discharged Elderly

32. The Chairman told members that Dr. E K YEOH, Secretary for Health, Welfare & Food Bureau, requested HA to ensure all elderly home patients being discharged from step-down wards from QMH would be followed-up by the hospital Geriatric team doctors, who would also back-up the Visiting Medical Officers (VMOs) of elderly homes. Dr. Yeoh would demand all elderly homes to have VMOS doing their rounds on daily basis.
33. Dr. Yu tabled the "Strategies in preventing elders of Old Age Homes (OAHs) from hospital cross infection" for members' information. The estimates of \$750,000 / month needed for employing VMOs to conduct daily rounds of OAHs in HKW was considered high and members suggested to utilize the same amount to employ new graduates for doing the daily rounds. Dr. Yu would explore the feasibility. Dr. C Yu

*Supplies**Ventilator*

34. Mr. D Ng reported that the 6 extra ventilators requested by ICU had been delivered.

Portable X-ray Machine

35. It was reported that the 2 new equipment had been delivered. One of them would be planned for the non-SARS ICU ward and the other would be used for the new sites of SARS wards.

36. Dr. Lilian Leong presented the A&E X-ray workload statistics for SARS-related cases for members' information.

Drugs & Disinfectant

37. Ms. Christine Wong advised members that HAHO requested for explanation from physicians when a new therapy was adopted. Dr. K Tsang would follow up on this.

Dr K Tsang,
Ms C Wong

Contingency Plan Update for QMH & Other Cluster Hospitals

38. The Chairman commented that in view of the relatively low daily admission of new cases, there was no imminent need for using the convalescent beds.

HCEs of
cluster
hospitals

Long-Term Planning for SARS Services

39. The Chairman advised that HAHO had set up a task group to formulate plans on the management of SARS in the long term. Issues such as the designation of hospital for admitting SARS cases would also be discussed in the task group. He was appointed as a member of the task group.

Any Other Business

40. Dr. Anthony Ho commended the good infection control practice in QMH and suggested the hospital to share the information with other hospitals.
41. Dr. Seto responded that he had given many talks on infection control at different occasions / hospitals and he was willing to provide further training and lectures if he was requested to do so.

Date of Next Meeting

42. There being no other business, the meeting adjourned at 5:50 p.m. The next meeting would be held at 2:00 p.m. on 7 May 2003 in Conference Room, G/F, Administration Block.

080048

11th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Wednesday, 7 May 2003 at 2:00 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH
Dr. York CHOW, CCE (Chairman)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director AICU)
Prof. William WEL, CC cum COS, ENT
Prof. K N LAL, CC cum COS (Med) & Director, Combined Renal Service
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
Dr. Y. W. FAN, CC cum COS (Neurosurgery)
Prof. P C HO, CC cum COS(Obstetrics & Gynaecology)
Dr. T L POON (vice COS, Orthopaedics & Traumatology)
Prof. K. LUK, CD(RS&D)
Prof. Y L LAU, CC cum COS (Paediatrics & Adolescent Medicine)
Dr. J HO (vice COS, Surgery)
Dr. K TONG, Consultant, A&E
Dr. CHAN, Director of C2, AICU
Dr. P C WONG, Consultant (Medicine)
Dr. K TSANG, Associate Professor (Medicine)
Dr. Lilian LEONG, Consultant (Radiology)

Dr. C K CHAN, CD(CSC&D)
Dr. M T CHAU, CD(C, VS&D)
Dr. C.C. YAU, CD(L&ITS)
Dr. B LAM, CD (C, HE&SD)
Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
Ms. Christine WONG (vice Chief (PHA)/QMH DM PH)
Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
Ms. Olive YU, CGM(F)
Ms. Joyce LEUNG, CGM(HR)
Mr. Desmond NG, CGM(BSS&CW)
Ms. Josephine POON, Dep. GM (O&S)
Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Ms. Selina WONG, DOM (Medicine)
Mr. Joseph KWAN, DOM (OTS & ICU)
Ms. Patricia CHING, SNO (ICN)
Ms. Tammy SO, SNO, CND
Miss Pansy LIM, CSM(S, C&PR)
Ms. Connie CHOW, CRO(S, C&PR)
Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action

HA Policy Update

1. The Chairman updated members the following HA Policies:
 - a) The HA Board would arrange audit visit to hospitals and the visit to QMH was scheduled on 12 May, 2003 tentatively;
 - b) An extra day off would be given to all staff for every 2 weeks' duty in SARS wards and SARS ICU.
2. The Chairman expressed concern over the flow of the hospital's sewage system. Mr. D Ng responded that the hospital's drainage was directed to a treatment plant in Sandy Bay before discharging to the sea. Concerning the internal sewage, Mr. Ng would further discuss the matter with Property Services Branch of Architectural Services Department on the coming Friday and expert input from Dr. Seto would be sought.

Mr. D Ng

Update on Admission / Discharge / Confirmed SARS Patients, and Analysis

3. Miss Patricia Ching tabled the following details for members' information:
 - i) Admission & Confirmed No. of SARS (from 15 March - 6 May 2003);
 - ii) Distribution of QMH SARS Cases by Districts (as at 6 May 2003);
 - iii) Distribution of QMH Non-SARS Cases by Districts (6 May 2003);
 - iv) Confirmed & Suspected SARS Patients' Outcome;
 - v) Source of Referral;
 - vi) SARS Cases Analysis in HA Hospitals (6 May 2003); and
 - vii) Data Comparison of SARS and Non-SARS Patients (8 March - 30 April 2003).

As at end April 2003, the total admission was 349, including suspected as well as confirmed SARS cases. Out of the 349 cases admitted, 47 were confirmed cases including those transferred

from other hospitals. A total of nineteen SARS patients had been discharged and there were two mortality. Dr. Seto supplemented that there was one more confirmed SARS patient admitted today, making the total SARS cases in QMH 48.

4. Members also noted that i) most of the SARS cases in QMH came from Kowloon East District while most of the Non-SARS cases came from HK South. Moreover, most of the admissions came from A&E and a total of 22 confirmed SARS cases were referrals from PMH & UCH.

Patient Care & Operational Plans

SARS wards

5. Dr. K Tsang reported that number of daily admission was decreasing and more patients were being discharged.

ICU cases

6. Dr. Jane Chan reported that there were currently three SARS patients requiring intensive care. Though all the three patients were on ventilation, their conditions were improving.

Paediatric wards

7. Prof. Y.L. Lau reported that there was no SARS paediatric patient at the moment. He briefed members about the debate raised over the death of a five-year-old paediatric patient whose cause of death as marked on the death certificate was "SARS" but upon the request from DH and the wish of the patient's father, the hospital was considering to amend the cause of death to "Atypical Pneumonia" since there was no proof that he had contracted coronavirus pneumonia and no antibody was found in his lung.

Prof. Y.L.
Lau

Infection Control Policy Update

Guidelines on the use of Personal Protection Equipment (PPE)

8. Dr. Seto tabled the draft "QMH Policy on Personal Protective Equipment" for members' comments. He highlighted that fit-test for N95 mask would not be arranged but recommended fit-test be carried out each time the mask was worn.
9. Moreover, he advised that HAHO had planned to make mandatory the wearing of eye shield by all staff working in high-risk areas.
10. Members discussed about the wearing of eye shield, face shield and goggles. Most members objected the idea of compulsory wearing of eye shield and considered a clear definition of high risk and low risk areas from HAHO necessary.
11. Dr. B Lam suggested that the wearing of face shield should be confined to close contact of patients and when spillage of body fluid was anticipated.
12. Dr. J Chan suggested that guidelines on the wearing of goggles and eye shield should be separately reviewed as the two protective devices would be used under different situations. Dr. Seto would make necessary amendment to the guidelines and would relate member's comments on the wearing of eye protection equipment to HAHO for consideration.
13. Members discussed about the wearing of masks and other PPEs inside the canteens. Dr. Seto would prepare simple guidelines on the precautions to take inside canteens for members' comments.

Dr. Seto

Dr. Seto

*Supplies**Drugs & Disinfectant*

14. Ms. Christine Wong reported that the SARS related drugs were in good stock and did not see any supply problem.

PPEs

15. For members' information, Mr. D Ng advised that the daily expenses on PPEs by HKW cluster hospitals was around \$30,000 which was relatively low as compared with other clusters. Moreover, around 2,500 N-95 masks were used per day by HKW cluster hospitals and the consumption was considered high by members.
16. As requested by the Chairman, Mr. D Ng would prepare some data on the departmental consumption of PPEs to COSs or Heads of Departments for information. The Chairman emphasized that the figures provided did not intend to control the consumption of PPEs but aimed to provide a reference to department heads so that they could have a grasp on the activities / procedures undergoing and to make sure that staff wear appropriate protective devices only when necessary.

Mr. D Ng

*Back to Normality**SARS as regular admission*

17. The Chairman invited members to give suggestions and recommendations on the following issues so that he could plan ahead on the mode of management and operation on SARS services in the long term:
- i) Was the triage system of the pneumonia to be changed or to be maintained;
 - ii) The number of admission ward, cohort ward and step-down ward required;
 - iii) Was a separate SARS ICU be set up or SARS patients be taken care under existing ICU; and
 - iv) Whether HA should designate a hospital to admit SARS patients or the concept of "Infection Disease Hospital within a Hospital" be adopted.
18. Dr. Seto commented that the running of a designated hospital for SARS cases required lots of care and manpower and HA should ponder over the subject before a decision was made.
19. Dr. Lilian Leong agreed with Dr. Seto and was concerned on the role and functions of the designated hospital if there was no more outbreak in the territory.
20. The Chairman promised to keep members updated on the position of HAHO on the issue.

HCEs of cluster hospitals

Bed space and facilities provision

21. The Chairman advised that based on the successful result of QMH, HAHO had adopted the hospital's rule on space between beds and be applied to all wards, including non-SARS wards in all HA hospitals.
22. Based on Mr. Alan Wong's rough guess, the bed stat of QMH had to be decreased from 1,444 to 1,025 approximately. Mr. A Wong would send the proposal to all COSs for information and comments.
23. Members noticed that the Chairman had been told to withhold the decision of closing Nam Long Hospital. The Chairman opined that the hospice care model of NLH would still be changed even if the hospital would not be closed.

Mr. A Wong

Services and manpower planning

24. The Chairman envisaged that there would be a change in the health care model and the expertise that needed to be built up to deal with the disease. He remarked the following areas should be strengthened: i) respiratory physician; ii) intensive care and iii) infection control.
25. Prof. K Luk suggested that every clinical staff be trained to deal with the disease and refresher courses be given regularly so that staff could be mobilized within a very short time whenever situation required.
26. Prof. K N Lai raised the issue on the use of nebulizer and Bipap and commented that conversion to the construction or ventilation in certain areas might be required so as to make use of the technique without endangering the carer.

Any Other Business

27. Dr. S J Wong asked if visiting doctors be allowed inside the operating theatres as requested by Prof. S T Fan. The Chairman opined that since HKU had resumed academic teaching, it was reasonable to allow academic exchange but the group of visitors should be small.
28. Dr. Anthony HO shared with members his feelings and experience of visiting other hospitals and suggested QMH to share their knowledge and expertise with other hospitals.
29. Dr. Seto proposed and Dr. K Tsang agreed to organize one more face-to-face training session to medical staff who had never attended the training due to leave.
30. Chairman proposed and members supported that a Thanksgiving Party be arranged in 3-4 weeks' time for all those involved in combating SARS. Dr. Joyce Wong proposed and members agreed that a letter of appreciation from the Management be awarded to all those who have taken part in fighting this SARS outbreak. Name lists concerned would be prepared by COS for submission to CCE.

Dr. Seto,
Dr. K
Tsang

Date of Next Meeting

31. There being no other business, the meeting adjourned at 5:00 p.m. The next meeting would be held in Conference Room, G/F, Administration Block, the date of which would be confirmed in due course.

12th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Tuesday, 13 May 2003 at 3:00 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH	Dr. C K CHAN, CD(CSC&D)
Dr. York CHOW, CCE (Chairman)	Dr. M T CHAU, CD(C, VS&D)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)	Dr. C.C. YAU, CD(L&ITS)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director AICU)	Dr. B LAM, CD (C, HE&SD)
Dr. Y HUI (vice COS, ENT)	Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Prof. K N LAI, CC cum COS (Med)& Director, Combined Renal Service	Dr. K.T. TOM, HCE, TWH & CD(PHCS)
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)	Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
Dr. R J Collins, CC cum COS (Pathology & Clinical Biochemistry)	Mr. William Chui, Chief (PHA)/QMH DM PHA)
Dr. Y. W. FAN, CC cum COS (Neurosurgery)	Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
Prof. P C HO, CC cum COS(Obstetrics & Gynaecology)	Ms. Olive YU, CGM(F)
Dr. T L POON (vice COS, Orthopaedics & Traumatology)	Ms. Joyce LEUNG, CGM(HR)
Prof. Y L LAU, CC cum COS (Paediatrics & Adolescent Medicine)	Mr. Desmond NG, CGM(BSS&CW)
Dr. [REDACTED] (vice COS, Surgery)	Ms. Josephine POON, Dep. GM (O&S)
Dr. [REDACTED] TONG, Consultant, A&E	Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Ms. Jane CHAN, Director of C2, AICU	Ms. Selina WONG, DOM (Medicine)
Mr. P C WONG, Consultant (Medicine)	Mr. Joseph KWAN, DOM (OTS & ICU)
Dr. K TSANG, Associate Professor (Medicine)	Ms. Patricia CHING, SNO (ICN)
Dr. Lilian LEONG, Consultant (Radiology)	Ms. Tammy SO, SNO, CND
	Miss Pansy LIM, CSM(S, C&PR)
	Ms. Connie CHOW, CRO(S, C&PR)
	Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action

Amendment to Notes of Last Meeting

1. The following amendments to the minutes of the last meeting were proposed:
 - a) para. 7 line 3 should read as: "...death as marked on the death certificate was *Atypical pneumonia (SARS)* but upon".
 - b) para 7 last sentence should read as: "...since there was no proof that he had contracted coronavirus pneumonia".

Update on HAHO issues and Visit by Dr. Sarah Liao, Secretary for Environment, Transport & Works Bureau

2. The Chairman updated members on the followings:
 - i) The HA Board had decided to set up a Review Panel which would comprise of both external people and HA Board members to assess the performance of the public hospital system in handling the crisis situation, with a view to crystallise lessons learned in the process, so that the public hospital system was best prepared for any similar major outbreak of infectious disease in future;
 - ii) Members from The HA Board would conduct an audit visit the following day; and
 - iii) The visit by Dr. Sarah Liao, Secretary for Environment, Transport & Works, was made on 12 May 2003 and she was presented with details on our management of SARS with respect to (i) operations & logistics; (ii) ventilation / environment; and (iii) infection control. Dr. Liao had expressed concern on the following areas: (i) ventilation and environment of the hospital; (ii) sewage system; (iii) the impact on the use of Bipap to the environment.

Mr. D Ng

3. Miss Patricia Ching tabled the following details for members' information:
 - i) Daily Return on SARS Admission in A6, B6, C6, D6 & E6. (till 13 May 2003);
 - ii) Laboratory Result of Confirmed SARS.

As at 13 May 2003, the total admission was 440, including suspected as well as confirmed SARS cases. Out of the 440 cases admitted, 49 were confirmed cases including those transferred from other hospitals. A total of thirty-four SARS patients had been discharged.

4. Members also noted that serology studies had been done on 47 confirmed SARS patients and the results showed that the clinical diagnosis of SARS reached an accuracy rate of 96%.
5. Dr. Seto gave a detailed report on the investigation on two suspected SARS staff working in ward B6. Dr. P C Wong supplemented that both staff showed symptoms of SARS though remained afebrile at the moment. Treatment was not started but he would closely monitor the cases.
6. Dr. Seto shared with members his analysis on the "HA Staff SARS Infection Review" report. (Note: The report had been sent to members by the Secretary via email on 12 May 2003)

Patient Care & Operational Plans

SARS wards

7. Dr. P C Wong reported that number of daily admission was decreasing, more patients were being discharged and the workload was manageable.

ICU cases

8. Dr. Jane Chan reported that there were currently three SARS patients requiring intensive care and two of them were on ventilator. Three of them were stably-ill.

Paediatric wards

9. There was no SARS paediatric patient at the moment.

Infection Control Policy Update

Guidelines on the use of Personal Protection Equipment (PPE)

10. An updated "QMH Policy on Personal Protective Equipment" was distributed to members for information.

Recommended Guidelines for the Canteen

11. Dr. Seto tabled the "Recommendations for the Canteen" for members' comments.
12. Members discussed and agreed that it was not necessary to classify the canteen as "Community Risk" area though staff should not be complacent in the mindset as the canteen was full of strangers.

Visitation Policy

13. Members discussed and agreed that it was not the appropriate time to relax the visitation policy though the situation had stabilized. However, flexibility in Paediatric wards was considered acceptable.

All to
note

Resuscitation Trolley

14. Dr. Susan Joyce Wong proposed and the task force endorsed the standardization of resuscitation trolley, including equipment and procedures.
15. CCE reminded that all frontline staff performing resuscitation must be trained on how to use the resuscitation trolley. Dr. S. Joyce Wong
16. As regards the supply of adaptor for the home-made resuscitation scavenging system, Mr. D Ng would follow-up on the issue. Mr. D Ng

Return to Normality Exercise

17. In response to the Chairman's proposed resumption of the hospital services and clinical activities in June 03, Prof. P C Ho commented that more OT sessions in K11 for elective operation were needed since F-6, originally used by Dept. of Obstetrics & Gynaecology, would still be occupied for performing procedures, operation on SARS patients.
18. Mr. Alan Wong tabled the "Proposal of Resuming Plan for SARS Contingency in QMH" for members' comments. All to note

Long-Term Planning for SARS Services

19. The Chairman reported that HA was thinking to designate the following hospitals for managing SARS outbreak in the future:
- i) Ruttonjee Hospital;
 - ii) Princess Margaret Hospital; and
 - iii) Tai Po Nethersole Hospital.
20. The Chairman opined that QMH was still required to prepare contingency for setting up an "Infectious Disease Hospital within a Hospital" for regular admission of atypical pneumonia patients. He pointed out that more isolation / single rooms would be needed for the purpose.
21. Mr. Alan Wong tabled the paper "Establishing a Temporary SARS Unit in QMH" for members' comments. Concerning the establishment of SARS ICU, Prof. K N Lai had reservation over the conversion of ward C6 into SARS ICU. Alternatively, he suggested the merging of HDU beds at C2 with Respiratory Service and the vacated HDU facilities be converted into isolation / single rooms. He further remarked that structural changes to ward areas should be minimised.
22. Dr. J Chan supplemented that ward C4 would be a better option than ward C2 for SARS ICU due to the close proximity of the latter to the ground.
23. The Chairman requested for more information on the requirement of respiratory medicine for further detailed planning on HDU / ICU / Respiratory Medicine. Prof. K N Lai
24. Dr. P C Wong opined that it might be unnecessary to retain the whole 6th floor in Main Block for SARS admission in the long run as the resources would not be fully used with foreseeable idle time.
25. The Chairman added that further discussion / planning with departments concerning the reshuffling of ward areas / clinical activities would be needed even if not all wards on 6th floor, Main Block, currently under the management of Dept. of Obstetrics & Gynaecology, be reserved for SARS admission. He reassured members that the following be observed: (i) principles to be set for fairness to all departments and (ii) ambulatory care and day surgery to be increased.

26. The Chairman advised that the wide spacing requirement between beds would only apply to SARS wards, as lately decided by HAHO.

Any Other Business

27. The Chairman advised members that HA had decided not to close Nam Long Hospital but the service development of the hospital was not yet finalized.
28. Dr. Lilian Leong presented the A&E x-ray workload statistics for SARS-related cases as well as the portable plain x-ray service for Main Block for members' information. She advised that the demand for portable x-ray service for SARS service was decreasing, possibly due to the decrease in admission as well as the increase in discharge of patients. As a result, the department would cut down the portable x-ray teams from three to two.
29. Dr. T L Poon expressed concern as raised by staff of his department that SARS patients were transferred to DKCH. The Chairman reassured him that neither confirmed nor suspected SARS patients were or would be transferred to any HKW cluster hospitals though the hospital had previously planned to use the convalescent beds in FYKH for step-down patients.

Date of Next Meeting

30. There being no other business, the meeting adjourned at 5:50 p.m. The next meeting would be held in Conference Room, G/F, Administration Block, at 2:30 p.m. on Wednesday, 21 May 2003.

Present:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH
Dr. York CHOW, CCE (Chairman)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU)
Miss Swana CHEUNG (vice COS, ENT)
Prof. K N LAI, CC cum COS (Med)& Director, Combined Renal Service
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
Dr. R J Collins, CC cum COS (Pathology & Clinical Biochemistry)
Dr. Y. W. FAN, CC cum COS (Neurosurgery)
Prof. P C HO, CC cum COS(Obstetrics & Gynaecology)
Dr. N C CHAN (vice COS, Ophthalmology)
Dr. J. K CHEUNG (vice COS, Oral & Maxillofacial Surgery)
Dr. J LEONG, CC cum COS (Orthopaedics & Traumatology)
Prof. K LUK, CD (RS&D)
Prof. Y L LAU, CC cum COS (Paediatrics & Adolescent Medicine)
Dr. J HO (vice COS, Surgery)
Dr. H K TONG, Consultant, A&E
Dr. Jane CHAN, Director of C2, AICU

Dr. P C WONG, Consultant (Medicine) Dr. K TSANG, Associate Professor (Medicine)
Dr. Lilian LEONG, Consultant (Radiology)
Dr. M T CHAU, CD(C, VS&D)
Dr. C.C. YAU, CD(L&ITS)
Dr. B LAM, CD (C, HE&SD)
Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PCS)
Dr. K.T. TOM, HCE, TWH & CD(PHCS)
Dr. Cissy YU, HCE, FYK/MMRC & CD.(ES)
Ms. Christine Wong (vice Chief (PHA)/QMH DM PHA)
Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
Ms. Joyce LEUNG, CGM(HR)
Mr. Desmond NG, CGM(BSS&CW)
Ms. Josephine POON, Dep. GM (O&S)
Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
Ms. Selina WONG, DOM (Medicine)
Mr. Joseph KWAN, DOM (OTS & ICU)
Ms. Patricia CHING, SNO (ICN)
Ms. Tammy SO, SNO, CND
Miss Pansy LIM, CSM(S, C&PR)
Ms. Connie CHOW, CRO(S, C&PR)
Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action

Amendment to Notes of Last Meeting

1. The following amendments to the minutes of the last meeting were proposed:
 - a) para. 29 line 2 should read as: "...patients were transferred to FYKH. The Chairman reassured"

Update on HAHO issues and Visit by HA Board Members

2. The Chairman updated members on the followings:
 - i) Members from The HA Board conducted an audit visit on 14 May 2003 and the comments received were positive. The following documents, concerning the visit, were tabled for members' information: (i) Report on Hospital Visits by HA Members on SARS Management; (ii) De-briefing on Hospital Visits on SARS Management. Dr. Ho added that the debriefing report was a draft only and more comments would be added and the final report with recommendations for improvement would be sent to the hospital later. The Chairman took this opportunity to thank all staff to help fighting against SARS in particular the SARS Combat Team, Respiratory Team, X-ray Department, A&E Department, Microbiologists, Infection Control Team etc.
 - ii) The Review Panel set up by HA would also include external members. The methodology of the review was not yet known but the investigation would be completed in three months' time.
 - iii) The government was considering to offer official recognition to those who had special contribution to fight against SARS and HA had been requested to submit nominations. HA had decided that staff who died from SARS or got infected through work would be nominated.

- iv) The Chairman told members that HA was considering to make it mandatory the performance of fit test of masks so as to find a specific type, model and size of masks adequately fit for individual staff. Dr. Seto explained that fit test was a long and complicated procedure and there was no documentation of result. Moreover, the same type of mask had to be worn once the fit test was done or the staff had to go through another fit test if another type of mask was worn. The supply of the same type of mask must then be guaranteed. Dr. Seto further added that another equally important issue was the individual staff knew how to wear the mask properly. The proper mask would provide little protection if the mask was not worn correctly.

Update on Admission / Discharge / Confirmed SARS Patients, and Analysis

3. Miss Patricia Ching tabled the following details for members' information:

- i) QMH SARS Cohort Admission (15 March - 14 May 2003);
- ii) Diagnosis of Admission (March - 14 May 2003);
- iii) Laboratory Result of Confirmed SARS; and
- iv) No. of Phone Call Made by Infection Control Team (April - 20 May 2003).

As at 14 May 2003, the total admission was 434, including suspected as well as confirmed SARS cases. Out of the 434 cases admitted, 52 were confirmed cases including those transferred from other hospitals. The percentage of SARS diagnosed from total admission was 11.98% while the SARS crude mortality rate was 7.69%.

- 4. Members also noted that serology studies had been done on 52 confirmed SARS patients and the results showed that the clinical diagnosis of SARS reached an accuracy rate of 98%. Moreover, a total of 2,176 phone calls were made by ICN team by 20 May 2003. The Chairman thanked the team for sparing no efforts to trace the contacts.
- 5. Prof. K N Lai supplemented that the conclusion of SARS was still clinical decision, not serology test. He guessed that the survival rate of SARS patients in QMH was much better than other hospitals because physicians commenced the giving of steroid, which was very toxic and damaging, at a later stage.
- 6. In response to Prof. K Luk's query concerning the number of patients contracted with SARS during their stay at the cohort ward, Dr. Seto replied that only 1 probable case was recorded.
- 7. The Chairman was told that some of the 26 staff put under quarantine got out of the rooms and went to buy snacks. He remarked that the staff should be reminded on what they were expected not to do during quarantine and the policy of quarantine needed to be reviewed.

Dr. Seto

Patient Care & Operational Plans

SARS wards

- 8. Dr. K Tsang reported that there were currently twelve SARS patients staying in the hospital and four of them were under intensive care. Dr. P C Wong supplemented that conditions of the two QMH nurses were stable; they were afebrile and the chest x-ray were almost clear.

Pulmonary and Psychosocial Rehabilitation for SARS patients

- 9. The Chairman tabled the protocol on "Pulmonary and Psychosocial Rehabilitation for SARS Patients" prepared by HAHO for members' information and advised that corporate policy on the issue required further clarification. Dr. P C Wong responded that SARS patients who had residual problem and required rehabilitation was limited and Ms. Mary Chu suggested that the rehabilitation of patients be done in QMH rather than DTRC.

10. Dr. Jane Chan reported that there were currently four SARS patients requiring intensive care and two of them were ventilated. She added that unconventional therapy had been given to two SARS patients.

Infection Control Policy Update

Safety Enhancement for in-hospital Resuscitation

11. Dr. Jane Chan tabled the draft "Safety enhancement for in-hospital Resuscitation" for members' comments. She explained that two levels of protection were initiated and the Working Group proposed an early calling system and the coverage of all clinical departments by the central resuscitation team. She requested for the provision of secretarial staff who would be responsible for training, equipment checking / calibration and overall monitoring matters. The Chairman would further address the issues in details with the department concerned.
12. Prof. K N Lai commented that universal precaution, instead of two levels of protection, should be adopted in the long term as all patients should be treated as suspected SARS cases. Moreover, he suggested live demonstration and videotaping on the training of the new resuscitation procedures.
13. Dr. Jane Chan further explained the rationale behind the setting up of two levels of protection. In response, the Chairman reminded that the level of protection to be adopted depended highly on the diagnosis of the patient.

Dr. Y Chov
Dr. J Chan

Use of P-100 Masks

14. Dr. S Joyce Wong requested the hospital's support for the use of P-100 mask by staff of Department of Anaesthesiology when performing intubation on SARS patients and patients considered at very high risk of SARS. Dr. Seto responded that he would suggest staff to use surgical mask, something that they were familiar with, rather than using something they did not feel comfortable. He would meet with staff of ICU and Department of Anaesthesiology to understand their concerns and to give professional advice on the subject.

Dr. Seto,
Dr. S J
Wong

Return to Normality Exercise

15. Members were told that the hospital was planning the resumption of hospital services and clinical activities on 3rd June 2003. In response, Dr. S J Wong opined that the two anaesthesiology consultants currently deployed to SARS ICU would then be required to report back to Department of Anaesthesiology.
16. Dr. Jane Chan expressed concern over the tight manpower in E5 if the two anaesthesiology consultants were deployed back to their own department as the occupancy of ICU remained high. Dr. S J Wong agreed to try deploying another MO to help out in E5 as far as possible. Ms. Selina Wong also expressed concern over the nursing manpower in SARS wards if all specialties required their staff back.
17. The Chairman replied that the overall situation would be reviewed before any action could be taken. He and Dr. M P Leung would liaise with COSs concerned on the issues.
18. Since there was a long waiting list of patients waiting for hospice care in NLH, Dr. S C Leung queried if some of the FYKH patients could be transferred back. Dr. C Yu would follow-up on the issue.

Dr. S J
Wong

Dr. C Yu

19. Prof. Y L Lau advised that Department of Paediatrics & Adolescent Medicine was considering to convert K7N to a ward with 12 – 14 single rooms equipped with ante-room, negative pressure ventilation, facilities for gowning & de-gowning and showering. The converted area would accommodate pneumonia, SARS and SARS ICU cases.
20. The Chairman opined that as a result of SARS, HA would need to address many different issues such as the setting up of Infectious Hospital, nursing ratio to patients, isolation room facilities, ventilation system etc. For QMH, there was a need to upgrade admission facilities for triage of all fever / pneumonia cases, and putting patients under the respiratory medicine team in a segregated area similar to the current arrangement.
21. Regarding AICU, the Chairman remarked that there was no plan for separate SARS ICU, but to install a number of isolation cubicles and to merge C2 & C4 together on the same floor.

Any Other Business

22. In response to Ms. Selina Wong's request for the extension of tea time, the Chairman responded that individual department should strike its own balance between work and rest. Concerning the cramped space inside the tea room, members understood that space in the hospital was very limited and it was not possible to identify additional spaces for this purpose.

Date of Next Meeting

23. There being no other business, the meeting adjourned at 5:05 p.m. The next meeting would be held in Conference Room, G/F, Administration Block, at 2:30 p.m. on Wednesday, 28 May 2003.

14th Task Force Meeting on Anti-SARS of HKW ClusterHeld on Wednesday, 28 May 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH
 Dr. York CHOW, CCE (Chairman)
 Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
 Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU)
 Dr. Y HUI (vice COS, ENT)
 Prof. K N LAI, CC cum COS (Med)& Director, Combined Renal Service
 Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)
 Dr. Y. W. FAN, CC cum COS (Neurosurgery)
 Prof. P C HO, CC cum COS(Obstetrics & Gynaecology)
 Dr. L K CHEUNG (vice COS, Oral & Maxillofacial Surgery)
 Dr. F L CHAN, CC cum COS (Radiology)
 Prof. K LUK, CD (RS&D)
 Prof. L LOW (vice COS, Paediatrics & Adolescent Medicine)
 Dr J HO (vice COS, Surgery)
 ne CHAN, Director of C2, AICU
 Dr. P C WONG, Consultant (Medicine)
 Dr. K TSANG, Associate Professor (Medicine)

Dr. M T CHAU, CD(C, VS&D)
 Dr. C.C. YAU, CD(L&ITS)
 Dr. B LAM, CD (C, HE&SD)
 Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&P)
 Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
 Mr. William CHUI, Chief (PHA)/QMH DM PHA)
 Mr. Kenneth WONG (vice CC, AH)
 Ms. Joyce LEUNG, CGM(HR)
 Mr. Desmond NG, CGM(BSS&CW)
 Ms. Josephine POON, Dep. GM (O&S)
 Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOP
 Ms. Selina WONG, DOM (Medicine)
 Mr. Joseph KWAN, DOM (OTS & ICU)
 Ms. Patricia CHING, SNO (ICN)
 Ms. Tammy SO, SNO, CND
 Miss Pansy LIM, CSM(S, C&PR)
 Ms. Connie CHOW, CRO(S, C&PR)
 Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

ActionAmendment to Notes of Last Meeting

1. The following amendments to the minutes of the last meeting were proposed:
 a) para. 15 line 2 should read as: "activities on 2nd June 2003. In response, ...".

Update on HAHO issues

2. The Chairman updated members on the following issues:

- i) HAHO was working out contingency plans to manage another SARS outbreak in the future and the following proposals were being discussed: (a) to upgrade the ventilation in hospitals; (b) to build three separate blocks, with 100 beds each, in three designated hospitals; and (c) to build an "Infectious Disease Hospital" with a capacity of 500 beds.

It was told that most CCEs supported the idea of containing its own outbreak within own cluster and no specific SARS Hospital was considered necessary. If there was another mini SARS outbreak, it was proposed that the first 50 SARS patients would be sent to Princess Margaret Hospital; after that each of the major hospital would have to cater for 40-50 cases; and if extension of SARS service was required, some capacities in other hospitals would be open up.

Dr. A Ho supplemented that Members of the HA Board had reservation over the building of a new "Infectious Disease Hospital" and had requested for more details regarding the measures to tackle the issue in case of another outbreak in the foreseeable future.

Dr. Seto shared his views on the preferred model of managing the new emerging disease hospital. He had reservation over the building of a new Infectious Hospital and considered PMH a desirable centre for dealing with the conventional communicable disease. However, SARS was a new emerging disease; it would be better for university hospitals, which had strong research background to manage the disease e.g. QMH & GH; PWH & AHNH.

The Chairman commented and Prof. K N Lai agreed with him that Ruttonjee Hospital was the ideal hospital on Hong Kong Island for handling SARS due to its size, its flexibility to give up A&E and other elective services; and its historical link with respiratory diseases.

Dr. K Tsang pointed out what was important was not only the physical hardware but also the software i.e. staff with good infection control knowledge and experienced physicians.

- ii) Some members nominated by the Independent Review Panel of HA had other commitments with the government and HA therefore, had to identify some more suitable candidates to sit in the Panel. The Chairman alerted members to compile the facts about the operation and logistics of managing SARS for his subsequent consolidation of a detailed report to the HA.
- iii) The WHO was coming to Hong Kong on 13 & 14 June 2003 and would probably focus on the diagnosis, treatment and infection control aspects of the territory.

Update on Statistics

3. Miss Patricia Ching tabled the following details for members' information:

- i) Admission & No. of SARS in QMH (15 March - 27 May 2003); and
- ii) Analysis of result on SARS patients' specimen for PCR (March - May 2003).

As at 27 May 2003, the total admission was 543, including suspected as well as confirmed SARS cases. Out of the 543 cases admitted, 52 were confirmed cases including those transferred from other hospitals.

- 4. Members also noted that respiratory secretion and stool were more useful specimen than urine for conducting tests on the virus.
- 5. In response to Prof. K N Lai's request, Dr. Seto would arrange to do culture for patients whose result of the PCR test was still positively indicated.

Dr. Seto

Patient Care

SARS wards

- 6. Dr. P C Wong reported that there were currently five SARS patients staying in the cohort wards, including the two QMH nurses whose conditions were stable and expected to be discharged in a week or two.
- 7. Prof. K N Lai advised that he would arrange to release medical staff deployed from other specialties in 2 weeks' time, and after that, the SARS wards would all be manned by his department. Ms. Selina Wong supplemented that she had also started releasing the nursing staff deployed from other departments back.

SARS ICU

- 8. Dr. Jane Chan reported that there were currently four SARS patients requiring intensive care and two of them were ventilated. Concerning one of the critically ill patient, she wondered if a drug normally used for paediatric patients could be applied and she would further discuss the issue with Dr. B Lam. The Chairman reminded that the drug trial should be supported with sound evidence.

Dr. J Chan,
Dr. B Lam

Return to Normality Exercise

- 9. Mr. Alan Wong tabled the "Revised Resuming Plan for Normal Services in QMH" for members' comments. He emphasized that the plan was a draft only and would be further revised depending on the development of the epidemic.

10. As regards the ward E5 which was currently occupied as SARS ICU, it was proposed that if the number of SARS patients requiring intensive care decreased to 1 or 2, they would be transferred back to the main ICU so as to release the ward back to Department of Surgery. Dr. J Chan reminded that there was only one negative pressure ventilation room in ward C2 and the ventilation of another isolation room was positive pressure and had to be reserved for BMT patients. The issue would be subject to further review in another week's time.
11. Members also discussed about the medical manpower in SARS ICU. Dr. J Chan pointed out that as long as there was a separate ICU, an extra team of medical and nursing staff was needed. The issue would be subject to further review in another week's time.

Long-Term Planning for SARS Services

12. The Chairman advised that no separate SARS ICU ward would be planned and SARS patients requiring intensive care would be admitted to the main ICU with more isolation / single rooms with negative pressure ventilation to be provided. Moreover, it was planned to merge ICU wards i.e. C2 & C4 together on the same floor and ward E2 would be a desirable location for converting into ICU due to its proximity to C2. Further liaison with Department of Medicine would follow.

Dr. M P
Leung,
Mr. A Wong
Mr. D Ng
13. Mr. D Ng advised that feasibility study of converting ward E2 into ICU was in progress and the renovation would take 3-4 months' time.

Mr. D Ng
14. The Chairman also informed members that wards A6 & B6 would serve as the triage admission ward for SARS patients with a capacity of 16-20 beds in each ward. Moreover, some general medical wards might also be relocated to 6/F, Main Block. With such planning in mind, there would probably be some "permanent" reprovision and relocation of wards in the hospital.

Dr. M P
Leung,
Mr. A Wong
15. Prof. P C HO had no objection to have his departmental wards operating in Block K subject to the condition that adequate OTs sessions could be arranged in K11.

Thanksgiving Activities

16. The Chairman informed that as a gesture of thanking everyone for their contribution in fighting against SARS, a thanksgiving event to commemorate the "Battle against SARS" for everyone in HKW would be organized, together with HKU.
17. Dr. Barbara Lam, co-ordinator of this function, briefed members her tentative ideas regarding the format, the name and venue of the event. She advised that she would meet representatives from HKU on 2 June 2003 to discuss the logistics and details and she invited members to make any suggestions about the function. Members commented that the event should be a family-like gathering but not something grand. Moreover, the garden area at the Faculty Building was suggested as the venue for the event. The proposed date would either be 24 June (Tuesday evening) or 27 June (Friday evening - preferred). Dr. Anthony Ho and Heads of Departments were requested to suggest a list of guests to be invited.

Dr. B Lam

Establish a SARS Services Co-ordination Committee and Winding up of the Anti-SARS Task Force

18. The Chairman proposed and members agreed with the setting up of a small committee, comprising respiratory physicians, intensivists and infection control team to work out the operation and logistics of the long-term SARS services and related issues. The new structure of the committee would be finalized in the coming week.

Dr. M P
Leung

Any Other Business

19. Dr. Seto sought members' comments on the appropriate timing to end the daily Newsletter and the Chairman suggested that he should continue writing until the thanksgiving event. Moreover, the Chairman emphasized the importance of regular communication with staff on infection control aspects, as the Newsletter was popular among staff. Dr. Seto
20. Dr. C Yu told members that the cohort ward for the contacts in FYKH was too hot to stay and so patients, transferred from the step-down wards of QMH, were now kept in the general wards. CCE had reservation over the arrangement, taking into account the recent outbreak in the convalescent hospital and requested Mr. D Ng to follow up with the ventilation of the ward with EMSD soonest possible. Mr. D Ng
21. Dr. M.P. Leung proposed and Prof. Keith Luk agreed that an O&T MO would be allowed to work two more weeks in FYKH.
22. Dr. F L Chan advised that the portable x-ray teams for SARS service would be cut from three to two and the immediate reporting of radiological examination at A&E would remain between 0800 hour and midnight.
23. In response to Ms. Selina Wong's concern over the special leave for staff who were in their first 13 weeks of pregnancy as well as the extra day off to staff for every 2 weeks' duty in SARS wards and SARS ICU, the Chairman emphasized such policy should continue until further announcement by HAHO.

Date of Next Meeting

24. There being no other business, the meeting adjourned at 4:55 p.m. The next meeting would be held in Conference Room, G/F, Administration Block, at 2:30 p.m. on Thursday, 5 June 2003.

15th Task Force Meeting on Anti-SARS of HKW Cluster
Held on Thursday, 5 June 2003 at 2:30 p.m. in Conference Room, G/F, Administration Block

Present:

Dr. Anthony HO, Chairman, Hospital Governing Committee, QMH	Dr. C K CHAN, CD(CSC&D)
Dr. York CHOW, CCE (Chairman)	Dr. M T CHAU, CD(C, VS&D)
Dr. M P LEUNG, Deputy HCE, QMH & CC cum COS(A&E)	Dr. C.C. YAU, CD(L&ITS)
Dr. Joyce WONG, CC cum COS(Anaes.) & Admin. Director (AICU)	Dr. B LAM, CD (C, HE&SD)
Prof. K N LAI, CC cum COS (Med)& Director, Combined Renal Service	Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&P)
Dr. W.H. SETO, CC cum COS(Microbiology) & CD(CQI&RM)	Dr. K T TOM, HCE, TWH & CD (PHCS)
Dr. R J COLLINS, CC cum COS (Pathology & Clinical Biochemistry)	Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
Dr. K N HUNG (vice COS, Neurosurgery)	Ms. C WONG (vice Chief (PHA)/QMH DM PHA)
Dr. C P LEE (vice COS, Obstetrics & Gynaecology)	Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OCC)
Dr. L B YIH (vice COS, Ophthalmology)	Ms. Joyce LEUNG, CGM(HR)
Prof. N SAMMAN (vice COS, Oral & Maxillofacial Surgery)	Mr. Desmond NG, CGM(BSS&CW)
Miss Teresa LI (vice COS, Orthopaedic & Traumatology)	Ms. Josephine POON, Dep. GM (O&S)
Dr. Y L LAU, CC cum COS, Paediatrics & Adolescent Medicine	Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOP
Dr. J WONG, CC cum COS (Surgery)	Ms. Selina WONG, DOM (Medicine)
Dr. Lilian LEONG, Consultant (Radiology)	Mr. Joseph KWAN, DOM (OTS & ICU)
Dr. Jane CHAN, Director of C2, AICU	Ms. Patricia CHING, SNO (ICN)
Dr. P C WONG, Consultant (Medicine)	Ms. Tammy SO, SNO, CND
Dr. K TSANG, Associate Professor (Medicine)	Miss Pansy LIM, CSM(S, C&PR)
	Ms. Connie CHOW, CRO(S, C&PR)
	Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action

Update on HAHO issues

1. The Chairman updated members on the following issues:

- i) The review on the management of SARS would soon commence. There would be two reviews, one by the Government and the other by HA itself. As regards the HA internal review, Dr. C H LEONG, Chairman, Hospital Authority, would serve as coordinator with external members of other professions appointed. Mrs. Virginia Mong and Mr. Clifton Chiu, who were members of the HA Board, had also been invited to join the HA Review Panel.

The Chairman remarked that he was collecting details from members on the following aspects to facilitate the compilation of a detailed report on the management of SARS in HKWC: (a) chronology of events and milestones; (b) facility and logistics planning; (c) patient care; (d) infection control; (e) epidemiology contact tracing; (f) human resources planning; (g) communication strategy & (h) negative scenario planning. He requested members to provide the details to him via the secretary soonest possible.

- ii) The recent "mini-outbreak" in AHNH was in fact the backlog cases; the crisis had actually stabilized. However, the Chairman reminded members to remain vigilant as regards the detection of the disease and be alert on the infections at the old age homes.

Update on Statistics & Clinical Outcome Statistics / Analysis

2. Miss Patricia Ching tabled the following details for members' information:

- i) Weekly Admission to Cohort Wards (March – June 2003);
- ii) Phone Calls Made by ICN; and
- iii) Statistics of SARS by Hospitals (5 June 2003).

As at 5 June 2003, the total admission was 574, including suspected as well as confirmed SARS cases. Out of the 574 cases admitted, 52 were confirmed cases including those transferred from other hospitals. There was no new case reported to HAHO since 18 May 2003.

3. Members also noted that over 2,800 phone calls had been made by ICN to staff, discharged SARS patients and contacts of SARS patients for contact tracing.
4. The crude death rate of SARS patients at different hospitals was also presented. The crude death rate of QMH was 9.6% while the percentage of SARS patient admitted to ICU was 11.5%. Members wondered the reasons behind the low admission rate to ICU but a high crude death rate in some hospitals and considered necessary for HA to review on this phenomenon.
5. Members commended the usefulness and relevance of the "Daily Newsletter" issued by Dr. Seto and hoped that similar communication would continue on regular, though not necessarily on daily, basis. Prof. J Wong considered the infection control guidelines / policy contributed substantially to the encouraging result of the cluster in handling SARS.
6. In response to Dr. S C Leung's query on the likelihood of having another SARS outbreak in Autumn, the Chairman replied that the hospitals ought to be prepared for the worse and requested for the expedition of the alteration works in wards A6, B6 & E2.

Mr. D Ng

Patient Care

SARS wards

7. Dr. P C Wong reported that there were currently two SARS patients staying in the cohort wards and the two QMH nurses had been discharged. He added that the respiratory team was still busy with patients screening and clinical duties in the step-down wards.
8. Dr. K Tsang responded to Prof. J Wong's query that a range between 40 – 60 patients in the general medical wards and new admission to SARS triage cohort wards would be screened per day.
9. Prof. K N Lai supplemented that medical staff deployed from other specialties would be released back to the parent departments in the coming week. The SARS wards would then be manned exclusively by Department of Medicine.

SARS ICU

10. Dr. Jane Chan reported that there were still three SARS patients in ICU; one patient was on high flow oxygen, one patient was on ventilation and the other one suffered from extensive disease with unclear clinical projection.

Return to Normality Exercise

11. Dr. J Chan tabled a proposal on the options available (i) to match patient care demand to manpower provision; and (ii) to return ward E5 to Dept. of Surgery.
12. Prof. J Wong had reservation over the continued occupation of ward E5 with only a handful of patients. He remarked that ward D5 was also affected as long as ward E5 was occupied with SARS patients and hoped that ward E5 could be returned to his department soonest possible since clinical activities were resuming normal. He agreed to do without wards D5 & E5 subject to the complete alteration of ward B6 in 20 days' time.
13. Mr. D Ng reported on the progress of ward B6 alteration. He remarked that the requirement of the design was not yet finalized and the earliest possible completion of the alteration work in ward B6 was early – mid July 2003.

Mr. D Ng

14. Members discussed about the option of moving SARS ICU patients to ward C6 or moving the SARS patients staying in the cohort wards to ward E5 instead until the complete alteration of ward B6. Members preferred the proposed moving of one SARS ICU patient to the isolation room in C2 ICU and 2 SARS ICU patients to ward C6, though improvement to the ventilation was necessary. Mr. D Ng would explore the feasibility of installing exhaust fan inside the isolation rooms of ward C6.

Long-Term Planning for SARS Services

15. Mr. Alan Wong tabled the document on "Establishing the Cohort Unit of Queen Mary Hospital at Wards A6, B6 & C6" concerning the projected staff strength as well as the design of the ward for members' comments. All to note
16. Mr. D Ng had reservation over the proposed full-height glass partition and the matter would be subject to further discussion and review. The Chairman demanded the design be finalized soonest possible and the alteration works be expedited. Mr. D Ng
17. In response to Prof. Y L Lau's query concerning the future planning of admission of SARS paediatric patient, the Chairman replied that HA planned to admit all SARS paediatric cases to PMH.
18. Prof. Y L Lau proposed to use K7 to admit all pneumonia or fever cases with a shared gown and de-gown area. The Chairman would further discuss the detailed plan with the department taking into account the contingency back up for DKCH. Prof. Y L Lau, CCE
19. Dr. Lilian Leong enquired about the long-term requirement for imaging service for SARS and the Chairman responded that space for the x-ray machine would be reserved in the SARS wards as patients of the triage ward, cohort ward or step down ward would definitely require radiological examination for clinical diagnosis and treatment.
20. Dr. C P Lee commented that space for labour activity was still required in future SARS areas and the request would be considered in the contingency plan. Dr. M P Leung

Postponement of Thanksgiving Activities

21. Dr. B. Lam tabled a document on "Activities to Commemorate the SARS Crisis and to Show Appreciation to Staff Engaged in Combating SARS" for members' information and comments. She said that a meeting with the Faculty of Medicine, HKU had been held and almost all members considered it not appropriate to organize grand or high profile celebrating activities in late June. The following activities would be organized instead to commemorate the unprecedented SARS crisis; and to remind staff to remain vigilant on infection control measures and to show appreciation to the unity and dedication by staff: All to note
- (i) to give away a badge with a vote of thanks and a gift (hand lotion/cream) to all staff;
 - (ii) to send a letter of appreciation to staff who had worked in SARS areas;
 - (iii) to give away a badge of commendation and bravery to staff who demonstrated utmost professionalism, bravery and outstanding commitment in patient care. COSs and team heads were requested to make nominations on this issue;
 - (iv) a publication to commemorate the crisis.
22. It was suggested that the formal award ceremony would be jointly held with the Annual Staff Award Presentation Ceremony took place in around October / November.
23. Prof. J Wong opined that due consideration must be given in staff nomination for award as some staff would surely be officially commended by the Government. Moreover, some "real hero" who had contributed substantially should not be missed out. COS & Team Heads

24. Members had no objection of using "Staff Welfare Fund" or donations received to fund the activities.

Continuation of Contingency Measures and Teams

25. Dr. M P Leung tabled the document on "Contingency Plan on Manpower / Space Deployment on future SARS outbreaks" for members' information.
26. Prof. J Wong had no objection to use ward E5 as a back up SARS ICU in case of an outbreak in the future and agreed that the temporary provisions such as low level exhaust air duct could remain subject to regular inspection and maintenance by EMSD.
27. As regards the staffing requirement, the Chairman advised that Prof. K N Lai would arrange the training programme for medical staff whereas nursing staff of these to-be SARS wards must be provided with refresher course on regular basis.

Mr. D Ng

Prof. K N
Lai,
Mr. A Won

Future Meetings of Task Force

28. Starting from next meeting, the task force would meet once a fortnight on every Wednesday. There being no other business, the meeting adjourned at 4:50 p.m. The next meeting would be held in Conference Room, G/F, Administration Block, at 2:30 p.m. on Wednesday, 18 June 2003. (Post-meeting note: Since the Chairman had other commitments, the next task force meeting would be held on 25 June 2003, Wednesday, at 2:30 p.m. in the same venue.)

16th Task Force Meeting on Anti-SARS of HKW Cluster**Held on Wednesday, 25 June 2003 at 2:30 p.m. in Conference Room. G/F, Administration Block****Present:**

Dr. ~~York~~ CHOW, CCE (Chairman)
 Dr. ~~M P~~ LEUNG, Deputy HCE, QMH & CC cum COS(A&E)
 Dr. ~~Joyce~~ WONG, CC cum COS(Anaes.) & Admin. Director (AICU)
 Prof. William WEI, CC cum COS (ENT)
 Dr. W.H. SETO, CC cum COS (Microbiology) & CD(CQI&RM)
 Dr. R J COLLINS, CC cum COS (Pathology & Clinical Biochemistry)
 Prof. P C HO, CC cum COS (Obstetrics & Gynaecology)
 Prof. H TIDEMAN, CC cum COS (Oral & Maxillofacial Surgery)
 Prof. John LEONG, CC cum COS (Orthopaedic & Traumatology)
 Prof. Y L LAU, CC cum COS (Paediatrics & Adolescent Medicine)
 Dr. Judy HO (vice COS, Surgery)
 Dr. HK TONG, Consultant (A&E)
 Dr. Jane CHAN, Director of C2, AICU
 Dr. ~~Y~~ C WONG, Consultant (Medicine)
 Dr. ~~Y~~ SANG, Associate Professor (Medicine)
 Dr. Lilian LEONG, Consultant (Radiology)

Dr. M T CHAU, CD(C, VS&D)
 Dr. C.C. YAU, CD(L&ITS)
 Dr. B LAM, CD (C, HE&SD)
 Prof. K LUK, CD (RS & D)
 Dr. S. C. LEUNG, HCE, GH/NLH&CD(CO, CR&PC)
 Dr. Cissy YU, HCE, FYK/MMRC & CD (ES)
 Mr. William CHUI, Chief (PHA)/QMH DM (PHA)
 Ms. Mary CHU, CC(AH)/Chief(OCC)/QMH DM(OC)
 Mr. Desmond NG, CGM(BSS&CW)
 Ms. Josephine POON, Dep. GM (O&S)
 Ms. Olive YU, GM (F)
 Mr. Alan WONG, Dep. GM(N), QMH/TYH/SYPOPC
 Ms. Selina WONG, DOM (Medicine)
 Mr. Joseph KWAN, DOM (OTS & ICU)
 Ms. Patricia CHING, SNO (ICN)
 Ms. Tammy SO, SNO, CND
 Miss Pansy LIM, CSM(S, C&PR)
 Ms. Connie CHOW, CRO(S, C&PR)
 Ms. Cindy SHEK, HA(S, C&PR) (Secretary)

Action**Amendment to Notes of Last Meeting**

1. The following amendments to the minutes of the last meeting were proposed:
 - a) para. 18 line 1 should read as: Prof. Y L Lau proposed to renovate K7N to a safe environment for admitting with pneumonia or fever cases.....

Update on HAHO issues

2. The Chairman updated members on the following issues:
 - i) The review on the management of SARS, one by Health, Welfare & Food Bureau and the other by HA itself, was in progress. Reports were expected to be released in late September 2003.
 - ii) HAHO had reminded the hospitals to remain vigilant as regards the detection of the disease in particular paying attention to patients attending A&E. The Chairman supplemented that he would soon lead a co-ordination committee with members from respiratory physicians, infection control team, A&E colleagues and nursing management to work out the contingency plans and operational logistics of the resurgence of SARS or other new emerging infectious disease.

Update on Statistics

3. Miss Patricia Ching tabled the following charts for members' information:
 - i) Comparison of Length of Stay (SARS vs Non-SARS) ;
 - ii) Patients Admitted to Cohort Wards (by Age Group);
 - iii) Training of HKU Students, Staff & Interns; and
 - iv) Lectures / Training by Infection Control Unit (March – Present).

4. Members noted that average length of stay of SARS patients was 30.4 days in March, 27.8 days in April and 26.5 in May 2003.
5. A total of 63 lectures / training sessions were organized by Infection Control Team since the SARS outbreak, including 7 special lectures / workshops organized for HKU students, staff as well as interns. The attendance rate was overwhelming. The Chairman thanked the infection control team for their hard work and efforts in educating staff and making phone calls.

Patient Care Overview

6. Dr. P C Wong reported that there was only one SARS patient staying in the hospital and the patient would be discharged the following day. Regarding the rehabilitation program for the discharged patients, he informed that HAHO would standardize the logistics and procedures for hospital's reference.
7. Dr. Joyce Wong tabled a document on "Checklist Against SARS" for members' comments. She opined that the form aimed to screen SARS / suspected SARS patients scheduling for procedures in theatres / admission to labour wards.
8. Prof. J Leong considered the idea relevant but the form too lengthy. He suggested to incorporate such idea into CMS. The Chairman supplemented that the screening process for SARS cases would start from A&E and not limited to patients coming to operating theatres. The whole screening mechanism required further details discussion amongst respiratory physicians and A&E colleagues.
9. Members also discussed about the taking of CT scan to facilitate the diagnosis of SARS. Dr. L Leong advised that requests for radiological examination and CT Scanning increased threefold during SARS and considered that a better mechanism would be required to better utilize the limited resources.

Return to Normality Exercise and Future Planning for SARS Services

10. The Chairman reported that requirements on facilities renovation / re-provision and ventilation improvement had been submitted to HAHO for subsequent consolidation. HAHO would bid for a funding of \$400 million from the government for improving the environment, facilities and equipments in the 9 designated hospitals for receiving SARS patients.
11. Apart from the hardware side, the Chairman also emphasized the importance of software issues i.e. staff with good infection control knowledge and experienced physicians. He demanded for regular provision of refresher courses to medical, nursing and supporting staff who could then be immediately deployed to SARS wards if need arose. Prof. K N
Lai,
Mr. A
Wong
12. Mr. Alan Wong tabled the document on "Revised Resuming Plan for Normal Clinical Services in QMH" and "Renovation Plan for the Cohort Unit and Integrated AICU Services" for members' information and comments. The Chairman hoped all relevant renovation works would be completed before winter came. Mr. D Ng
13. The Chairman added that the total bed no. in hospital would be reduced as a result. Further discussion / planning with departments concerning the reshuffling of spaces / clinical activities would be needed.
14. In response to Dr. J Chan's concern over the use of bipap and nebulizer, Dr. K Tsang agreed to write up something on the issue. Dr. K
Tsang
15. Members discussed about the visitation policy and agreed that a flexible approach be adopted on the understanding that all visitors took necessary precautions and the number of visitors be limited to 1-2 at a time. All to note

Activities to Commemorate SARS Crisis

16. Dr. B. Lam went through the document on "Activities to Commemorate the Anti-SARS Combat" for members' information and comments. Members supported the following activities so as to commemorate the unprecedented SARS crisis; and to show appreciation to the unity and dedication by staff:

- (i) all staff in HKWC hospitals would be given an anti-SARS commemorative badge, a "thank you" card and a tube of hand cream;
- (ii) staff who had worked in SARS wards / areas or with consistent exposure to SARS patients would be awarded with an anti-SARS silver badge and a certificate of appreciation;
- (iii) staff who had outstanding contribution or demonstrated high dedication, devotion and bravery in the care of SARS patients, or exemplary contribution in clinical management, research and infection control would be awarded with an anti-SARS gold badge and a certificate of commendation; and
- (iv) a publication namely "The HKW Cluster Anti-SARS Combat" would be issued to compile an account of the strategy, chronology, professional activities and personal reflections of our staff during the crisis.

17. Departments would be invited to nominate staff for the gold and silver badge awards and a review panel to be chaired by CCE would be formed to screen all nominations.

All to note

A group photo of this Task Force was taken at this juncture.

Conclusion

18. The Chairman, Dr. Seto and Ms. Pat Ching shared their experiences and observations gained during their visit to Xiaotangshan Hospital, Beijing. They pointed out that the following practices and principles adopted in Xiaotangshan Hospital worth HA's consideration in running an infection hospital:

- (i) full time patrol nurse per ward;
- (ii) full time orientation team;
- (iii) strict hospital staff quarantine;
- (iv) all notes to be retained in a clean office;
- (v) the issuance of medication, delivery of supplies between clean and dirty areas with a pass-through hatch; and
- (vi) staff got 2-week off for every three-week duty.

19. The Chairman concluded that this meeting would be the last task force meeting and thanked everyone for the contribution and unfailing support rendered to him during the SARS crisis in the past memorable 3 months. There being no other business, the meeting ended at 4:50 p.m.