

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.

**Minutes of Ad hoc Medical Committee Meeting
Pamela Youde Nethersole Eastern Hospital**

Date : 17 March 2003 (Monday)
Time : 11:30 a.m. to 1:15 p.m.
Venue : Conference Room A (02.134), 2/F Main Block

Present : Dr. Pamela LEUNG, HCE(Chairman)
Dr. C M TAI, CC1
Dr. W C WU, CC2/COS(O&T)
Dr. Loretta YAM, CC3/COS(Med)
Dr. Betty YOUNG, CC4/COS(Paed)
Mrs. Mary WAN, GM(AS)
Mr. C K LAW, GM(AH)
Mrs. Elizabeth KO, GM(FS)
Ms. S F CHEUNG, GM(N)
Dr. C C LAU, COS(A&E)
Dr. Wallace CHIU, COS(Anae)
Dr. Anne LEE, COS(Onc)
Dr. Raymond YUNG, COS(Path)
Dr. S K CHOW, COS(ENT)
Dr. P T CHOI, SMOi/c(NM)
Dr. C K WONG, Cons.(NS)
Dr. T K NG, COS(O&G)
Dr. W N TANG, COS(Psy)
Dr. K M LAU, COS(Rad)
Dr. Michael LI, COS(Surg)
Dr. Daniel CHU, CSC(FM)
Ms. T F CHU, Dep. WM(Oph) [vice Dr. S P HUI, Cons.i/c (Oph)]
Miss Mabel CHAN, HA(G)1(Secretary)

Absent with Apology: Dr. S P HUI, Cons.i/c (Oph)

Minutes of Meeting**Action By****1. Purpose of Meeting**

Dr. P LEUNG briefed the purpose of the meeting was to get departments informed of the latest news about Atypical Community Acquired Pneumonia (CAP), including situation in HA hospitals & PY and the contingency plans.

2. Situation in HA hospitals

- 2.1 Dr. LEUNG informed that Atypical CAP cases started in mid-February with a patient having severe symptoms after returning from Guangzhou. There was a number of staff working in ward 8A of PWH first acquired the disease on Mar 8 & 9 and now there were 100 staff admitted for observation and treatment of which 37 had pneumonia. As at today, there were 56 staff admitted to hospitals with 46 of them demonstrating pneumonic changes on X-ray.

She further informed about index case (case that first presented to the hospital with atypical CAP and contacts later developed pneumonia) distribution in HA hospitals:

PWH – a patient returning from Guang Dong who died afterwards;

KWH – a professor from Guangzhou who died afterwards;

PY – a M/44 patient returning from Guangzhou;

PMH – a GP and 2 nurses who took care of a patient with the symptoms and also a taxi driver and his wife;

QMH – received a patient from St. Paul's Hospital (PY will admit 3 nurses from St. Paul's Hospital later today)

2.2 Cohorting Hospitals

It was informed that all who had contacted with the index cases and developed atypical CAP symptoms would be managed by cohorting hospitals: QMH, PYNEH, PWH, PMH, QEH, KWH, TMH and UCH.

3. Situation in PYNEH

The index case at PY stayed at A5 ward from Mar 2 to 7 and he passed away yesterday. There were now 8 staff (including a volunteer) and 2 patient/visitor who had contacted with the index case admitted for management. Most of them were stable except two who had desaturation requiring oxygen.

A&E doctors would make enquiry to patients with CAP symptoms including: whether they had been to China recently, whether they had contacted with index cases, etc. to try to locate cases of infection. Dr. R YUNG was HKEC's coordinator for atypical CAP and Dr. S W LIU was HAHO's coordinator.

4. Clinical Management of Cases**4.1 Transferal Criteria to PY's Isolation Wards (A5 for Male pt & B5 for Female pt)**

Patient having CAP with pneumonia changes on CXR but with **exclusions**:

1. Patients with CAP admitted before 10 March 2002, already on Rx and showing signs of improvement
2. High fever but with only upper respiratory tract symptoms (e.g. sore throat, cough)
3. Hospital-acquired pneumonia
4. Aspiration pneumonia or hypostatic pneumonia post-stroke

* For unstable cases, follow usual routine to consult for higher level of care (MHDU, ICU)

4.2 Clinical staff should be alerted to patients with high fever and diarrhoea (50% of the patients reported to have diarrhoea problem) and:

1. CXR – Pneumonic change
2. Platelet – thrombocytopenia
3. Lymphocyte – lymphopenia
4. Electrolyte problem

4.3 A&E Admission criteria to A5 & B5 Wards

1. Patient contact + high fever, or
2. CAP with pneumonic changes on CXR in previous normal patient and with persistent fever $> 38.5^{\circ}\text{C}$ x 3days or more

Exclusions:

1. Patients with CAP admitted before 10 March 2002, already on Rx and showing signs of improvement
2. High fever but with only upper respiratory tract symptoms (e.g. sore throat, cough)
3. Hospital-acquired pneumonia
4. Aspiration pneumonia or hypostatic pneumonia post-stroke
5. Patients admitted from old age home

4.4 Dr. LEUNG said that age range was told to be between 18 to 55. Dr. R YUNG added that infectivity of the disease dropped in each subsequent level of transmission and was already very weak down to the 3rd level.

It was said that Methylprednisolone plus IV Ribavirin was used on trial to treat patients with atypical CAP. Tamiflu would not be prescribed as there was no evidence that it could cause any improvement.

5. Contingency Plan for PYNEH

Dr. LEUNG said that the crisis situation might persist for some time and as the incubation period ranged from 3 to 11 days, the coming week would be critical. In order to decrease patient traffic and release manpower to support A&E and Medical, the following Contingency Plans were discussed and agreed:

- Cancel all elective non-urgent cases for 2 weeks (from Mar 18 to 28). Cancer cases could be proceeded based on clinical judgement of individual specialty;
- All clinical teaching activities suspended;
- All volunteer work stopped;
- Overflow Wards – would be worked out by Dr. C M TAI with Medical Dept and announced later (*Post-meeting notes*: A9 and E11 will be the overflow wards for male & female patients of Medical's non-CAP cases respectively);
- Handling of Medical's SOPD cases – would be worked out by Dr. C M TAI, Medical & DOM(SOPD);
- SOPD case of other specialties – at the discretion of specialties;
- Other medical cases would be transferred to RH as far as possible or to other specialty if required;
- Visiting Hours to cohorting wards (A5 & B5) – restricted (*Post-meeting notes*: confine to the periods from 3-4 p.m. and 7-8 p.m. with immediate effect);
- Though each ward's airflow was self-contained, air-exchange was increased to minimize possibility of transmission;
- Additional surgical masks (10,000 nos.) would be delivered to PY for use by frontline staff and other workers, including in Oncology, Radiology and NM; Face mask were also available for sale at Rehab Shop and the Convenient Store (tentative starting from 18 Mar); Paper mask would be given to visitors to A5 and B5;
- All Media and PR issue would be handled by HAHO;
- 2 nurse volunteers from PY and a respiratory physician from RH would be sent to help in PWH;
- FM trainees who had worked in Medicine and/or A&E would be deployed to help in Staff Clinic, A&E or Medical ward other than the isolation wards. The trainee from Paediatrics would be exempted as the department had high admission rate and 25 staff were on sick leave;
- Concerning worry about high volume traffic and possibility of cross-infection at 3/F canteen, staff could take away if they want and the surcharge would be waived (*Post-meeting notes*: from Mar 18 to 31).

CCI, Med &
DOM(SOPD)

6. Date of Next Meeting

There being no other business, the meeting adjourned at 12145 p.m. Next meeting was scheduled at **11:30 a.m. on 24 Mar 03** in Conference Room A.

Minutes of Ad hoc Medical Committee Meeting Pamela Youde Nethersole Eastern Hospital

Date : 24 March 2003 (Monday)
Time : 11:30 a.m. to 1:15 p.m.
Venue : Conference Room A (02.134), 2/F Main Block

Present : Dr. Pamela LEUNG, HCE(Chairman)
 Dr. C M TAI, CC1
 Dr. W C WU, CC2/COS(O&T)
 Dr. Loretta YAM, CC3/COS(Med)
 Dr. Betty YOUNG, CC4/COS(Paed)
 Mrs. Mary WAN, GM(AS)
 Mr. C K LAW, GM(AH)
 Mrs. Elizabeth KO, GM(FS)
 Ms. S F CHEUNG, GM(N)
 Dr. C C LAU, COS(A&E)
 Dr. Wallace CHIU, COS(Anae)
 Dr. T K YAU, Cons.(Onc) [vice Dr. Anne LEE, COS(Onc)]
 Dr. Raymond YUNG, COS(Path)
 Dr. S K CHOW, COS(ENT)
 Dr. P T CHOI, SMOi/c(NM)
 Dr. C K WONG, Cons.(NS)
 Dr. T K NG, COS(O&G)
 Dr. W N TANG, COS(Psy)
 Dr. K Y LAU, COS(Rad)
 Dr. Michael LI, COS(Surg)
 Dr. W N CHAN, Cons.(Oph) [vice Dr. S P HUI, Cons.i/c (Oph)]
 Miss Mabel CHAN, HA(G)1(Secretary)

Absent with Apology: Dr. Anne LEE, COS(Onc)
 Dr. S P HUI, Cons.i/c (Oph)
 Dr. Daniel CHU, CSC(FM)

Minutes of Meeting**Action By****1. Amendment of Minutes of Last Meeting**

Minutes of last meeting were confirmed except for a typing error of the initial of Dr. Lau and it should be: 'Dr. K Y LAU, COS(Rad)'.

2. Updates from HA**2.1 CE's admission**

Dr. LEUNG confirmed that CE having fever and pneumonia symptoms was admitted to QMH for treatment the previous night.

2.2 Hospital Admission

HA aimed to keep some hospitals 'clean' by not admitting SARS cases and they included NDH, AHMLNH, CMC and OLMH. Dr. LEUNG informed that UCH, TKOH, PYNEH and RH had SARS patients.

Upon enquiry about whether patients in HKEC should be centralized for management at PY, Dr. R YUNG opined that it was not suitable to transfer patients admitted via A&E of RH to PY as RH already had their established chest infection unit and appropriate arrangement had been made for patients admitted. Members agreed.

2.3 Standard Guidelines

Dr. LEUNG informed that HA would announce today 2 standard guidelines on:

(1) Disinfection procedure regarding high risk SARS;

(2) Precaution by staff – not to spread the disease.

Ms. S F CHEUNG and Mrs. M WAN were requested to take note of the premier and make necessary arrangement in areas concerned.

GM(N) &
GM(AS)

2.4 Fees & Charges

Dr. LEUNG informed that implementation of drug charge would be deferred by 1 month while HA Chairman would meet the Secretary of HWB regarding other charges in view of the current situation of SARS. It would be announced in due course and seminars on fees and charges would continue to proceed. Meanwhile, Dr. LEUNG reminded that frontline staff should adopt a flexible approach when there were queries.

All to note

3. Current Situation in PYNEH**3.1 Dr. R YUNG reported the following number of cases under treatment in PY:**

Staff : 7

Health care workers from private hospital : 3

Patient/ Visitor/ Family members : 2

There were altogether 24 cases under treatment or observation, including those who had close contact with the index case and those from the community. Dr. YUNG informed that on-line update of hospital situation to HAHO was requested.

Dr. W CHIU updated that there were 3 vacant ICU beds in PY at the moment while HDU had already admitted medical's patients.

Action By**4. Updates from HKU Pathologist**

- 4.1 Dr. R YUNG informed that QMH had identified the virus as 'Colonal Virus' which was first found in 1965. It was considered not the same type as that was found in PWH. Pathologists at HKU were now working on immune test on patients' serum and Dr. YUNG would continue to follow up and announce the progress in due course.

It was concluded that the virus was still unknown but the current treatment method was considered effective. It was still considered at the moment that the disease was spread by droplet and the virus deposited on droplets could survive for 2 hours.

- 4.2 Dr. YUNG continued to present a case study conducted by Dr. SZETO of QMH to compare the attack rate between those with and without protective gear when having close contact with index case.

It was concluded that physical barrier by wearing masks and gloves were effective in protecting against the disease whereas gowns were less significant. As such, staff having direct contact with index or suspected cases of SARS should wear mask and gloves. Staff was also reminded to wear masks when using telephone to communicate in order to avoid contamination via the mouthpiece.

Members to
cascade
message to staff

5. Manpower Deployment

Dr. LEUNG expressed that management worried about manpower at the cohorting wards and especially ICU and therefore requested Ms. S F CHEUNG to identify nursing staff who had ICU training as a reserve in case the manpower became tight. HA Chairman was also asking hospitals to run short courses (1-2 days) to train up nursing staff to help in ICU but all should be deployed on voluntary basis. Dr. LEUNG said that patients might be overflowed to hospitals on HK Island when PWH, PMH, QEH, etc. could no longer cater for the increased in-patients and therefore we should get prepared.

GM(N)

6. Contingency Measures in PYNEH

- 6.1 In order to minimize close contact and make appropriate preparation for the possible 2nd or 3rd wave of the disease, the followings were concluded:

- HGC meeting, Staff Focus Group and the HKE blessing meeting would be cancelled whereas other management meetings would be considered by HCE and CCs accordingly;
- All elective non-urgent operations would be suspended for another 2 weeks (i.e. up to 11 Apr 03). Cancer cases would be proceeded in the following week;
- Elective procedures including endoscopy procedures would be continued as they did not violate the principles, i.e., to save acute beds and ICU service;
- All clinical teaching activities continued to be suspended;
- FM trainees deployment would continue though they would have new rotation schedule in Apr 2003;
- Members agreed that various protective gears including surgical masks, N95 masks (white, green or orange type), visors, hoops, etc. should be made available for staff when required as a contingency measures;
- Dr. R YUNG would facilitate to reinforce guidelines on protection to staff / visitor in high risk areas;
- Department heads should cascade message to frontline staff as an effective communication about the issue;
- Radiology had set station at wards to provide quick mobile x-ray service for in-patients and staff having protective gear was deployed on rotation basis.

Action By

- 6.2 Dr. L YAM appreciated departments' concern about staff protection especially in the cohorting wards. She informed that staff felt comfortable with the various protection gears provided and the ventilation arrangement by opening the windows and installing ventilation fans to direct exhausted air to outside.

Members had discussion about effectiveness of different types of masks and timeframe for replacement. It was suggested that staff having close contact with SARS cases should wear N95 mask, gloves and gowns and they should be taken off and disposed before leaving the area. Other frontline staff should also wear surgical masks within the hospital as a protection. As a general guideline, the masks should be replaced when they were wet. It was also informed that HAHO was acquiring protective gears and Mrs. M Wan was requested to obtain some for PY.

GM(AS)

7. **Date of Next Meeting**

There being no other business, the meeting adjourned at 12:40 p.m. Another review meeting was scheduled at **11:30 a.m.** on **31 Mar 03** in Conference Room A.

Minutes of Ad hoc Medical Committee Meeting Pamela Youde Nethersole Eastern Hospital

Date : 27 March 2003 (Thursday)
Time : 11:30 a.m. to 12:35 p.m.
Venue : Conference Room A (02.134), 2/F Main Block

Present : Dr. Pamela LEUNG, HCE/CCE(Chairman)
 Dr. H C MA, HCE/RHTSK
 Dr. K T TOM, HCE/TWEH
 Dr. C M TAI, CC1
 Dr. W C WU, CC2/COS(O&T)
 Dr. Loretta YAM, CC3/COS(Med)
 Dr. L Y SO, Cons.(Paed) [vice Dr. Betty YOUNG, CC4/COS(Paed)]
 Mrs. Mary WAN, GM(AS)
 Mr. C K LAW, GM(AH)
 Mrs. Elizabeth KO, GM(FS)
 Ms. S F CHEUNG, GM(N)
 Dr. C C LAU, COS(A&E)
 Dr. Wallace CHIU, COS(Anae)
 Dr. T K YAU, Cons.(Onc) [vice Dr. Anne LEE, COS(Onc)]
 Dr. Raymond YUNG, COS(Path)
 Dr. S K CHOW, COS(ENT)
 Dr. P T CHOI, SMOi/c(NM)
 Dr. C K WONG, Cons.(NS)
 Dr. T K NG, COS(O&G)
 Dr. W N TANG, COS(Psy)
 Dr. K Y LAU, COS(Rad)
 Dr. Michael LI, COS(Surg)
 Dr. S P HUI, Cons.i/c (Oph)
 Dr. Daniel CHU, CSC(FM)
 Miss Mabel CHAN, HA(G)1(Secretary)

Absent with Apology: Dr. Betty YOUNG, CC4/COS(Paed)
 Dr. Anne LEE, COS(Onc)
 Dr. C K WONG, Cons.(NS)

Minutes of Meeting**Action By****1. Latest Updates from HAHO****1.1 Disease Surveillance Centres**

Dr. LEUNG tabled notes of *Round-up meeting on Severe Respiratory Syndrome* and announced that HWB and DH decided to step up contingency measures in view of the recognized spread of SARS in the community. 4 disease surveillance centres would be set up to screen all contacts of index cases. Therefore, it was expected that admission would increase significantly. PMH with 1,000 beds would be vacated for forced admission of patients having obvious symptoms while other hospitals had to prepare for admitting suspected cases. Members were requested to keep this message confidential until official announcement by the Government.

1.2 Restriction of visit to Cohorting Areas

With immediate effect, cohorting areas occupied by patients of SARS are not open for visitors as infection control measures.

1.3 HA Guideline on the Management of SARS

Dr. LEUNG tabled the Guideline and highlighted:

'Since the potential for continued viral shedding during convalescence is still unknown, a cautious approach is adopted in discharging SARS patients. They should be cohorted during convalescence for up to 3 weeks from onset of illness, or at least 7 days since convalescence, whichever longer.'

PMH was now decanting their patients to WTSH for convalescence.

2. Contingency Measures in HKEC**2.1 Hospitals on HK Islands would help to receive decanted TB cases and central infirmary waiting list from NT and Kwln.**

Dr. H C MA reported that after elective cases were suspended, RH had 80 vacant beds but he proposed that 40 beds would be used to accommodate those decanted TB cases while others would be catered for suspected/ confirmed cases of SARS admitted to RH and as reserve for PY's cases.

Dr. MA raised concerns about mixed sex in the same ward but members informed that it was a usual practice as long as they were kept in different cubicles in view of the current situation of tight hospital beds.

The following statistics were reported:

		25.3.03	26.3.03	27.3.03
PY	SAR	20	22	25
	BIPAP	1	1	1
	Observation	32	28	20
	Total	52	50	45
RH	SAR	4	3	3
	BIPAP	0	0	0
	Observation	16	15	20
	Total	20	18	23
HKEC	SAR	24	25	28
	BIPAP	1	1	1
	Observation	46	15	40
	Total	72	40	68

Action By

- 2.2 Dr. K T TOM reported that TWEH would vacate 30-40 beds for non-SARS patients decanted from PY while WCHH could absorb up to 40-60 cases except that tight manpower would be encountered. Ms. S F CHEUNG was requested to consider recruiting more temp GSA to help in convalescence wards where mainly escorting and cleansing services were required.

GM(N)

- 2.3 Dr. LEUNG also requested other specialties of PY to prepare to provide facility for overflow like Surgery and O&T which had already offered one of their wards for overflow of medical cases.

All COS/Cons.

3. **Step-up Precautions & Arrangement**

3.1 **HA new guidelines**

HA would issue a new guideline on hand washing and environmental precaution/hygiene. It was requested that infection control in areas other than cohorting wards would be stepped up.

3.2 **Designated lifts & route for transferring SARS patients**

Staff escorting SARS patients to Radiology Department or admission to cohorting wards would have full protective gear and cleansing procedures would be enhanced. It was suggested to post up notice in the designated lifts to alert visitors not to use them as far as possible.

GM(AS)

It was agreed that HCA, instead of hospital transportation team, should escort SARS patients to go to Radiology Department for CT examination as they were more aware of infection control measures and they would transfer patients back to the ward immediately after the procedure to ensure the shortest stay in the Department. Radiology would perform cleansing at the end of the day in addition to immediate disinfection of the equipment. Moreover, non-urgent cases would be grouped to carry out in a particular session.

3.3 **Supplies**

Mrs. M WAN was requested to coordinate for additional supply of alcoholic handrub and paper towels as frequent hand washing was recommended. The OSH restriction of storing alcoholic handrub would be put aside in view of the current situation.

GM(AS)

3.4 **Masks Provision**

Due to the limited supply of surgical masks and staff should be given priority, it was agreed that hospital would not provide visitors with these masks and they were recommended not to visit hospitals as far as possible. Double paper masks might be provided if necessary.

3.5 **Minimize non-urgent interdepartmental consultation & gathering activities**

Departments were reminded not to request for interdepartmental consultation for non-urgent cases in order to minimize possible transmission.

Dr. S P HUI also suggested to alert HKMA not to organize gathering activities for the time being.

3.6 **Intern & Family Medicine Trainee rotation**

In order not to jeopardize interns' training and licensing, their rotation attachment would continue. Dr. D CHU suggested that he would discuss with College to defer FM trainees' program. Moreover, 1 more FM trainee would be deployed from O&G to help in A&E in addition to those 2 already deployed. Dr. CHU's proposal to scale down Integrated Clinic workload and deploy manpower to help in GOPC was supported.

Action By**3.7 Emergency Operations**

Dr. LEUNG raised concern about emergency operations workload and suggested Dr. M LI to consider to download cases to RH if patients were admitted via A&E in the morning. Dr. LI said that workload decreased but most cases were in serious condition. He considered that it was not necessary to download cases to RH at the moment but would continue to monitor the situation.

4. Reporting System

Dr. C C LAU was requested to fax before 7:15 a.m. daily to GM(N) a report of number of suspected SARS cases admitted to PY in the past 24 hours to facilitate reporting to HAHO.

COS(A&E)

5. Paediatrics' concern

5.1 In view of Paediatricians' concerns, Dr. L YAM explained that patients in A5 and B5 were classified into 3 grades:

- (1) suspected case: patients wear masks and they are separated by a 3-foot distance;
- (2) confirmed case: kept in the middle cubicles with ventilation fans to direct exhausted air to outside;
- (3) patients' condition improved: moved to the last cubicle

Dr. YAM informed that when patients were confirmed non-SARS cases, they would be transferred to general wards after infection control procedures done.

5.2 It was informed that a 3-year-old patient was admitted and pneumonia was confirmed. He was known to have contact with relatives living in Amoy Garden where there was recent outbreak of SARS. His relatives were already admitted to hospital. Dr. L Y SO informed that necessary precaution was done upon his admission when it was confirmed to be a pneumonia case. However, Dr. SO opined that restriction of visit by relatives might not be strictly enforced in view of his young age though it was imposed in all Paediatric wards that only one visitor was allowed for each patient.

With immediate effect, it was agreed that O&T and Surgery's paediatric patients and new admission would be transferred to the respective specialty wards for management.

Paediatrics was requested to revise their admission ward arrangement to cater for SARS paediatric patients. Mrs. M WAN would help to follow up about the installation of ventilation fans in A6 ward.

COS(O&T),
COS(Surg) &
COS(A&E)
COS(Paed)
GM(AS)

6. A.O.B.

Dr. K Y LAU informed that regarding the launch of new CT service, 2 specialists decided not to come to HK in view of the current SARS crisis and therefore the department would need more time to adjust and further assistance from Oncology was requested.

7. Date of Next Meeting

There being no other business, the meeting adjourned at 12:35 p.m. The schedule of next meeting remains unchanged: at **11:30 a.m.** on **31 Mar 03** in Conference Room 134.

Severe Acute Respiratory Syndrome (SRS) Daily Briefing, PYNEH

(29 March 2003, 11:30-13:10, MB-02-134)

Present:

Dr. Pamela Leung, HCE	Dr. C C Lau, COS(A&E)
Ms. S F Cheung, GM(N)	Dr. Raymond Yung, COS(Path)
Ms. Joyce Leung, CHRM	Dr. Betty Young, COS(Paed. & Adol.)
Mrs. Mary Wan, GM(AS)	Dr. Loretta Yam, COS(Med)
Mr. C K Law, GM(AH)	Mr. S L Chan, DM(Pharm)

Recorded by: Ms. Gina Wai, HA(G)2

Minutes:**Introductory Remarks by HCE:**

In view of the current Severe Acute Respiratory Syndrome¹ (嚴重急性呼吸系統綜合症) situation in the territory, everyday briefing meeting is deemed necessary. The meeting will be held daily at 11:30 on Monday to Saturday and on ad hoc basis on Sunday, or in the format of Medical Committee meeting, until further notice. Issues discussed or decided will be updated to HAHO and HKEC daily. Minutes will be copied to all HCEs, GMs, CSCs, COSs, Cons i/cs, DOMs, CHRM, PROs of HKEC as well as SHA(G&PS)/PYNEH to ensure efficient communication to all staff.

1. Daily Update**➤ Overall Situation:**

Source	Date/Time	Total No. of Confirmed SRS Cases
HA	March 29 / 11:30	655 (sporadic cases included)
Government	March 28 / 13:00	425

➤ HKEC Situation:

Hospital	Date/Time	No. of Confirmed SRS Cases Admitted	Remarks
PYNEH	March 29 / 11:30	32	No new confirmed case.
RHTSK	March 29 / 11:30	19	
Cluster Total :		51	

➤ Cluster staff admitted to other HA hospitals:

Parent Hospital	No. of staff	Admitted to	Remarks
PYNEH	1	QMH	Rapid test negative, PCR test pending, medication started. Dr. R Yung will confirm which hospital shall report the case to HAHO.

¹ Case definition of SRS

- ✓ High fever (>38°C); &
- ✓ One or more respiratory symptoms including cough, shortness of breath, difficulty breathing; &
- ✓ Close contact with a person who has been diagnosed with SRS.

- Unusual spread of SRS in Amoy Gardens.
- PMH and UCH have become the pressure points.

2. New Arrangements of DH / Government

- DH has converted four clinics into designated medical centres (DMC 醫療中心) with the designated function of health surveillance for cluster contact only. These centres have X-ray facilities and will operate during 09:00-17:00 daily starting from March 31. HA has passed a referral protocol to DH. Very obvious cases will be admitted to PMH for isolation and treatment. Less obvious cases will be referred to the nearest A&E. The addresses and telephone numbers of the DMCs are as follows:

Pamela Youde Child Assessment Centre (Shatin) 尤德夫人兒童體能智力測驗中心(沙田) 2/F, 31-33 Chap Wai Kon Street, Shatin 沙田插桅杆街 31 至 33 號 2 字樓 Tel. 電話 2647 7411 Fax. 傳真 2646 6327
South Kwai Chung Jockey Club Polyclinic 南葵涌賽馬會分科診所 310 Kwai Shing Circuit, Kwai Chung 葵涌葵盛圍 310 號 Tel. 電話 2615 7333
Shek Kip Mei Health Centre 石硤尾健康院 2 Berwick Street, Shek Kip Mei 石硤尾巴域街 2 號 Tel. 電話 2788 3023
Sai Ying Pun Jockey Club Clinic 西營盤賽馬會分科診所 6/F, 134 Queen's Road West, Western, Western 西區皇后大道西 134 號 6 字樓 Tel. 電話 2859 8234

- DH will set up a hotline 187 2222 to answer enquiries from individuals who may have close contact². The hotline will operate between 12:00-16:00 on March 29 and from 09:00-17:00 from March 30 onwards. HA has emphasized to DH that this hotline shall encourage individuals who claim to be sick to approach GP, not A&E.
- With effect from March 31, the Director of Health will exercise her authority under the Quarantine and Prevention of Disease Ordinance 《檢疫及防疫條例》to require individuals who have come into close contact with those suffering from SRS to report daily to one of the four DMCs for check-up for 10 consecutive days after last contact, not to go to work/school, and to stay at home as far as possible.
- For border and airport, people will be requested to declare health

² Close contact means having cared for (but unprotected), having lived with, or having had direct contact with respiratory secretions and body fluids of a person with SRS. Close contacts are mainly household contacts and those caring for the case.

condition. Cases will be screened according to the management protocol for border checks (see attached email from Dr. Beatrice Cheng).

- For individuals who refuse to be admitted, the hospital shall first try to persuade and convince. DH will work out legal forms authorizing 3 officers of each hospital (either singly or collectively) to direct and detain patient at a specific hospital. For PYNEH, they will be HCE, COS(A&E) and COS(Med). If the individuals still resist, the Hospital may seek assistance from the Police, who will mobilize their negotiators. DAMA is not allowed.

3. New Arrangements of A&E Service

- HA will not receive asymptomatic contact cases. Quick test is not applicable to social³ contact. Such cases shall be referred to GP / GOPC / DMC.
- A&E of PYNEH shall put up prominent notice at the A&E registration counter reminding people not to register if they only have social contact but with no symptom and to approach GP / GOPC / DMC.

4. Isolation Hospital

- PMH will start admitting SRS patients from March 29, based on two principles:
 - With contact history (not sporadic cases)
 - Confirmed or very high index of suspicion
 Referral guidelines will be obtained from PMH.

[Dr. C C Lau]

5. HKEC Issues

- Each cluster will designate one hospital to cohort treatment for SRS cases. For HKEC, RHTSK can transfer all suspected cases with contact history to PYNEH, including individuals having been to China. Medicine of PYNEH will allow for direct admission of cases from RHTSK. RHTSK will be informed of this arrangement.
- Depending on the capacity of PYNEH, SRS cases may be transferred to PMH as in-patients, applicable to both adult and paediatric.

[Dr. P Leung]
[Dr. C C Lau]

6. Infection Control Issues

³ Social contact implies persons who have had contact with an individual with SRS but do not fit the definition of close contact. All co-workers and all visitors of cases in hospitals are social contacts. But if these social contacts involve direct contact with respiratory secretions and body fluids of a case, they are classified as close contact.

- New requirements for on-line reporting:
 - The place of contact must be clear (e.g. the exact block in Amoy Gardens) and the full address must be input according to the patient label. [ICN]
 - Convalescent status must be reported in daily update. [ICN]
- Extension of hours of on-line reporting:
 - Closing time extended to 21:00.
 - The operation of SRS centre set up in ICN office may need to be re-structured to tie in with the new requirement. [Dr. R Yung]
- To ensure instantaneous reporting, the flow of information is re-defined as follows:
 - A&E will fax all suspected cases instantaneously to ICN during 09:00-21:00, with backlog of 21:00-09:00.
 - Isolation wards will fax all confirmed cases instantaneously to ICN office.
 - A&E will provide the figures of suspected cases admitted during the past 24 hours at 07:00 daily.

7. Clinical Diagnostic / Treatment Issues

- SRS quick test on serology and PCR is now available at DH, QMH, and PWH. The test will soon be rolled out to PMH.

8. New Guidelines

- Prophylactic Ribavirin will not be used because of its high cost, the fear of resistance, and the absence of clinical evidence.
- Guidelines for pregnant women will be finalized soon.
- Guidelines for paediatric management issued by COC will be put on the web.
- The potential hazards and precaution of CPAP and BiPAP will be investigated by an expert group. Dr. Raymond Yung and Dr. Loretta Yam are co-opted to sit on the group.
- EMSD is checking which Ventilators are installed with filter. Such Ventilators will be deployed to stand-by D5 where CPAP will be used. Paediatric isolation ward is provided with such Ventilators already.
- Visiting hours for all isolation wards are banned, unless under extraordinary circumstances, e.g. terminal patient. All extraordinary cases of visit must be well documented by nursing staff. Ms. S F Cheung will check to whom such record shall be reported. [Ms. S F Cheung]

9. BSS Issues

➤ Disposal of used mask, gowns, caps, gloves, covers:

high risk areas ⁴	Disposed as clinical waste i.e. in red bags.
non-high risk areas	Normal disposal, recommend to put in container first, unless the refuse bin has a cover.

➤ Service:

Laundry	All contaminated linen items are centrally sluiced in the Hospital before sending out for laundering.
NEATS	HAHO will deploy seven NEATS vehicles for decanting patients from PMH to other hospital. One will be from PYNEH.
Catering	With immediate effect, all meal trolleys shall be delivered to the door of isolation wards only.
Quarters	<ul style="list-style-type: none"> • 20 rooms allotted to Medicine. • 2 additional rooms to be allotted to Paediatrics. • 5 additional rooms to be allotted to A&E.

➤ Supplies:

Item	Stock	Remarks
Surgical Mask	57,000 nos.	<ul style="list-style-type: none"> • Stock replenishment expected in early April, Rehab Shop can back up if necessary. • To preserve stock, paper masks are supplied to visitors instead and only suspected cases in A&E are supplied with surgical masks.
N95 Mask	20,000 nos.	<ul style="list-style-type: none"> • Recommend to store the mask in paper bag for re-use but the bag must be disposed after use. • Suggested to limit its use in high risk areas only.
Paper bags	3,700 nos.	
Alcoholic handrub	shortage	<ul style="list-style-type: none"> • Stock pooled to PMH and UCH. • Available stock reserved for high risk areas only. • Pharmacy may produce in-house substitute.
Protective clothings	stringent	<ul style="list-style-type: none"> • HAHO is making up more stock for turnaround. • May consider pooling supply from other hospitals. • May consider purchasing substitutes.
IV Ribavirin	ample	<ul style="list-style-type: none"> • Weekly replenishment. • Enough for 5,000 patients.
Oral Ribavirin	limited	<ul style="list-style-type: none"> • Costly and not widely applied in PYNEH. • Enough for 1,000+ patients.

⁴ SRS high risk areas (for PYNEH)

- ✓ A&E
- ✓ Isolation wards
- ✓ ICU
- ✓ Radiology

Spare beds	50 (for WCHH)
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- HKEC Sub-Command Centre:
Mr. Hans Li has been appointed as the co-ordinator of HKEC for direct liaison with HAHO for all supplies (including drugs) through the dedicated SRS domain on the web during 09:00-17:00, Mon-Sun.

10. HR Issues

- Each hospital of HKEC will adopt a proactive approach to care for staff who are exposed to potential risk of contracting SRS in their place of residence. Health Ambassadors will follow up with them. The respective hospital will supply masks and promote the use of alcoholic handrub to those staff and their family.
- If a staff is put in quarantine at home, HA will grant paid 'special leave' instead of sick leave. HR will screen the type of leave entitled. If the staff contracts SRS from co-workers or patients, the case shall be reported as IOD. [Cluster HR]

11. Nursing Issues

- Members suggest designating buffer zone in high risk areas [Ms. S F Cheung] (including OT) for patient transfer.

12. PA Issues

- Currently, HA provides daily updates to all radio stations. Legislator Michael HO suggested that GIS shall designate daily PA slots for official updates.

13. Communication with Private Sector

- HA will organize a forum on the "Management of Severe Respiratory Syndrome in the Community" for private practitioners on 30 March promoting early treatment of SRS.

14. Other Issues

- It is noted that if there is reduction in the no. of new confirmed SRS cases of health care workers within today, PWH may consider partial re-opening of its A&E service but cases requiring admission will be referred to other hospitals.
- Subject to the admission situation in PMH and RHTSK, PYNEH may consider opening one or two wards to cope with the continuous influx of SRS patients. Manpower from other clinical departments will be re-deployed to support the new ward(s). If necessary, all day wards will be suspended to tie in with such arrangement.
- Dr. Loretta Yam mentions about complaint cases in which the

Hospital was accused of not having confirmed to a patient that he had contracted SRS. Subsequently, the employer discovered the truth and the patient was blamed and now dismissed for spreading the virus in the workplace. To address the problem, Medicine has drafted a standard SRS notification letter to patient, which can be adopted by Paediatrics as well.

- Dr. Pamela Leung suggests to draw up a contingency procedure for setting up isolation ward and re-arrangement of all related services based on the current SRS incident.
- The meeting supports to issue appreciation letter to all staff and volunteer workers concerned after the crisis subsides.

[Dr. R Yung]

Minutes of Ad hoc Medical Committee
Pamela Youde Nethersole Eastern Hospital

080088

Date : 31 March, 2003
Time : 11:30am-1:20pm
Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, HCE _____ (Chairman)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. Loretta Lam, CC3/COS(Med)
Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Mrs. Elizabeth Ko, GM(FS)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E)
Dr. Wallace Chiu, COS(Anae)
Dr. Daniel Chu, CSC(FM)
Dr. Anne Lee, COS(Onc)
Dr. Raymond Yung, COS(Path)
Dr. S.K. Chow, COS(ENT)
Dr. P.T. Choi, SMO i/c(NM)
Dr. T.K. Ng, COS(O&G)
Dr. W.N. Chan, Cons(Oph) representing Dr. S.P. Hui, Cons i/c(Oph)
Dr. W.N. Tang, COS(Psy)
Dr. K.Y. Lau, COS(Rad)
Dr. Micahel Li, COS(Surg)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

In attendance :

Mrs. Anita Chan, HCE(CCH)
Dr. D Wijedoru, HCE(SJH)
Dr. K.T. Tom, HCE(TWEH/WCH/TWH)
Mr. William Kwok, SHA(HR)
Mr. Hans Li, SHA(SS)

Absent with Apology :

Dr. C.K. Wong, Cons i/c(NS)

Minutes of the Meeting :**Action By**

1. Minutes of the SRS Daily Briefing on 29 March 2003 were noted. The followings were highlighted :

1.1 Meeting and Communication

To ensure timely communication and response, weekly Medical Committee and daily meeting on SRS would be held from Monday to Saturday until further notice. Minutes will be copied to all HCEs, GMs, CSCs, COSs, Cons i/c, DOMs, CHRM and PROs of HKEC for information and necessary action.

1.2 Problem of DH Hotline

Dr. P. Leung would reflect to HAHO the problem of DH hotline which was frequently engaged or no answer.

1.3 SRS admission in HKEC

Suspected SRS cases in RHTSK would be admitted directly to cohort wards of PYNEH, following the same transport route and using the designated lifts.

1.4 Guidelines for pregnancy women

- 1.4.1 Dr. P. Leung updated that specific management guidelines for pregnancy women would be issued by HAHO. In HKEC, it was agreed that following special arrangement would be made for pregnant staff, in considering their gestation period :

- (i) Facilitate staff to take annual leave ;
- (ii) Support no pay leave, if pay leave was exhausted ;
- (iii) Redeployment to non-high risk areas.

- 1.4.2 COSs would take care of the medical staff; GM(N) for nursing staff; GM(AS) for other staff.

1.5 Registry of Visitors in Cohort Wards

Registration of all visitors in cohort wards has commenced and to be kept in wards until further notice.

2. Daily Update

2.1 Amoy Garden

DH investigation revealed that outbreak at Amoy Garden concentrated at flats 7 and 8 from 7th floor upwards. 4 environmental aspects were scrutinized : water supply, sewage, post box and a construction site nearby. From the available evidence, the transmission was mostly by droplet and contact, rather than air though the latter could not be excluded.

2.2 Overall situation

Institutions	No. of confirmed SRS cases (sporadic cases included)
HA	788
PWH	256
PMH	141
UCH	134

Dr. P. Leung

**COSs/
Ms. SF Cheung/
Mrs. M. Wan**

2.2.1 Dr. R. Yung highlighted that the figures differ from those published by DH as only affected cases with contact and of health care workers were announced.

2.2.2 In PMH, over 200 cases have been admitted and another outbreak was suspected in Ngau Tau Kok Lower Estate. 1 nurse working in Isolation room was confirmed SRS and 2 doctors were under observation.

2.2.3 In PWH, 6 more staff was confirmed to be affected. CCE(NTEC) had been discharged but had to stay away from work. Its A&E services would be provided on a limited scale but admission would still be transferred to other cluster hospitals.

2.2.4 1 intern and 1 nurse in QEH were confirmed SRS. UCH had transferred its confirmed SRS cases to PMH and the transfer nos. was decreasing.

2.2.5 Situation in TMH, QMH and PYNEH were relatively stable.

2.3 HKEC Situation

2.3.1 In HKEC, there were 40 confirmed SRS cases, 34 in PYNEH and 6 in RHTSK. 18 cases in PYNEH were at convalescent stage.

2.3.2 11 staff of PYNEH were admitted for SRS and 1 of them was in QMH.

2.3.3 To facilitate AED staff to identify contact cases, Dr. R. Yung would discuss in Expert Group meeting this afternoon of a mechanism to alert AED of all possible contact with SRS patients/wards.

Dr. R. Yung

3. New Arrangement of A&E Service

3.1 Dr. CC Lau was reminded to ensure ambulance transfer for SRS patients.

3.2 The meeting revisited the definition of 'contact'. 'Close contact', mainly household contacts, was defined as :

- (i) having lived together for 10 days ;
- (ii) unprotected nursing
- (iii) direct contact of secretion and body fluids.

3.3 Generally, other co-worker contact was 'social contact'.

3.4 In view of the close down practice in other government departments, Dr. R. Yung would clarify the practice of HA Clinic in case of clinic staff being affected.

Dr. R. Yung

Post-meeting Note : It is confirmed with HAHO that HA Clinic would continue its service with proper disinfection even though its staff is confirmed SRS.)

4. New Arrangements of DH/Government

4.1 Dr. P. Leung clarified that DH's 4 designated medical centres (DMC) would mainly focus on compulsory attendance, currently confined to all contacts of Metropoli Hotel, Ward 8A of PWH and Amoy Garden

Block E. Initially, about 2,000 people needed surveillance.

(Post-meeting Note : It was confirmed on 1 April that DMC of DH would contact and screen close contact with all confirmed patients in SRS registry)

4.2 DH was considering to set up additional screening centres for other contacts at GOPCs or HA facilities.

4.3 DH requested to conduct its contact tracing of SRS patients by telephone interview, instead of in-person visit to wards. Ms. SF Cheung would check and co-ordinate the adequate provision of cordless phone.

Ms. SF Cheung

4.4 All departments were reminded to alert of any patient having contacted with [REDACTED], wife of a GP, [REDACTED]. Both of them were confirmed SRS and being hospitalized. "SS"

All to note

4.5 Dr. P. Leung reminded that in addition to the HA central registry, SRS cases should also be reported to DH as a 'notifiable disease'.

Infection Control

5. Isolation Hospital

5.1 PMH had decanted its non-SRS cases to CMC, YCH and KWH; WTSH to GH, RH and CCH this week which was expected to be completed by 7 April.

5.2 Dr. KT Tom, Ms. SF Cheung would work out with Mr. Alan Wong, GM(N) of QMH for appropriate deployment of nursing staff to cope with the patient load in hospitals on HK Island.

Dr. KT Tom &
Ms. SF Cheung

5.3 Dr. P. Leung added that if patients in PMH and WTSH exceeded 1,000, HA might consider sending recovered patients home for the 21 days stay-out requirement.

6. Infection Control Measures

6.1 Dr. P. Leung also emphasized that all guidelines/policies discussed in Expert Group/specialties should be endorsed by the morning assembly in HAHO before announcement and implementation.

6.2 It was clearly defined that only confirmed cases were to be reported to the central registry. In this regard, departments/hospitals had to review their previously reported cases and delete non-SARS cases by written confirmation to Co-ordination Centre of HAHO and DH. Missing case details of full addresses and contact data, if any, should also be reviewed and reported.

Departments/
Infection Control

6.3 In case of major incidents where a large no. of contacts may be involved, departments should input '9' under 'any other related information' in their report to alert HAHO so that immediate follow up action could be taken.

6.4 Dr. R. Yung would arrange the logistics of instantaneous reporting from 9am to 9pm daily.

Dr. R. Yung

6.5 ITD, HAHO would contact hospitals to set up dedicated email domain for Infection Control Centre to expedite the communication both within HA and with DH, HKMA, Doctors Union, etc.

6.6 In times of current serious public health issues, personal privacy was overridden. GPs should be informed of their attended patient's SRS status after verification of their medical registration identity.

6.7 Hospitals had designated a doctor to collect contact history from SRS patients. GPs having treated these patients would be immediately informed for appropriate precaution. After service hours of Infection Control Unit, ward staff would help to log down the GP information for reply by Infection Control Team afterwards. Dr. R. Yung would work with Mrs. M. Wan for the required clerical support to Infection Control Team.

Dr. R. Yung and
Mrs. M. Wan

7. BSS Issues

7.1 Mr. Hans Li or his designate would directly liaise with HAHO for all supplies issues in HKEC. The supply situation was summarized as follows:

- (i) Bed- Bed provision in WCH and A8 ward of PYNEH was arranged. PYNEH had no extra bed available. Mr. H. Li was reminded to report to HAHO in case of bed inadequacy in HKEC ;
- (ii) Mask – Territory-wide supply was co-ordinated by Secretary for Financial Services and the Treasury. About 800,000 masks would be received by HAHO tomorrow.
- (iii) Additional OT uniforms and protective gowns were being produced. Disposable protective gowns would be delivered to HKEC this Thursday.
- (iv) X-ray film – Stock was checked to be adequate
- (v) Drugs- Supply was generally smooth, except that of alcoholic hand-rub.
- (vi) Bedding and towel supply at quarters were adequate.
- (vii) IWEP staff might be deployed to laundry for an extra shift to cope with the increasing workload.
- (viii) Supply of laboratory reagents was stable.

8. HR Issue

8.1 In view of the incidents of cross-infection of GP, HRD would help to inform staff to attend HA facilities in case of sick. Dr. D. Chu added that HA Staff Clinic service had been stepped up to cater the need.

8.2 After discussion, the meeting agreed that staff in HKEC with close contact with index patients and their relatives could have their screening and follow-up in Staff Clinics and/or AED in HKEC.

8.3 Staff under quarantine would be granted special leave of 10 days from day of contact. Dr. R. Yung would share its central registry with AED and Staff Clinic to facilitate verification of SRS contact. Attending doctors should state "Special leave for SRS contact" in sick leave certificate to facilitate HRD input.

Mr. W. Kwok

Dr. R. Yung

(Post-meeting Notes : It was updated on 1 April that an electronic registry with restricted access would be created by HAHO)

- 8.4 All Staff Clinics, including the PYENH would be co-ordinated by Dr. D. Chu.
- 8.5 Staff having contracted the disease in hospital would be reported as injury-on-duty (IOD). As advised by HAHO, hospitals should handle as flexibly as possible in cases staff claimed IOD from SRS.
- 8.6 To further enhance staff communication, Michael Ho, ex-Legco member would prepare information sheet with update and positive information to frontline staff. Ms. SF Cheung and Mrs. M. Wan were requested to work out the distribution logistics to staff.
- 8.7 Dr. P. Leung updated that HAHO would soon announce and implement compulsory redeployment under such a critical time.
- 8.8 HAHO had endorsed mandatory infection control training documented for all staff.

Ms. SF Cheung
& Mrs. M. Wan

(Post-meeting Note : Dr. P. Leung added that message from HAHO was received to encourage leave encashment in order to have more helping hands. HR, HAHO would announce the details in due course).

9. Nursing Issues

- 9.1 HAHO would centrally co-ordinate recruitment of nurses whereas clusters would be responsible for that of GSA/TSA. Walk-in interview for nurses had commenced and above 20 nurses have been recruited and deployed to PMH.
- 9.2 HA Infection Control team had organized infection control training. Ms. SF Cheung would clarify with HA to incorporate into 1 set of training for HKEC staff.

Ms. SF Cheung

10. PA Issues

- 10.1 PA, HAHO would make public announcement on :
 (i) Daily patient status and update.
 (ii) Call for volunteers, particularly the retired HA/DH healthcare professionals and from private sector. The volunteers would be given temporary employment.
 (iii) Asymptomatic contacts should not go to AED of public hospitals. They should go to private sector or GOPC.
 (iv) Revision of fees and charges would take effect from 1 April 2003, except drug charge.
- 10.2 As agreed in HAHO, only 1 bill and 1 reminder would be sent to confirmed SRS patients for their outstanding payment, including NEP. Dr. R. Yung would provide the patient list to Finance for appropriate action.

Dr. R. Yung &
Ms. E. Ko

11. Communication with Private Sector

HKMA will set up a structure for liaison, training and co-ordination of

supply. Dr. P. Leung or her designate was the contact person for HKEC. HKMA had requested its members to open for extended hours to relieve the pressure in public sector.

12. Communication with HGC and Community

- 12.1 Mrs. M. Wan would prepare a highlight for HGC of HKEC hospitals once/twice weekly. Dr. KT Tom also suggested to send the update to the Chairman of Eastern and Wan Chai District Board Chairmen for information.
- 12.2 Upon invitation, Dr. P. Leung would attend the meeting of Eastern District Board in April with Dr. KT Tom.

Mrs. M. Wan

13. Issues in HKEC

- 13.1 A convalescent cohort ward would be opened at A8 today. Departments of Medicine and Radiology had to work out the logistics of x-ray taking for patients in A8 ward.

Med & Rad

(Post-meeting Note : A portable x-ray machine would be deployed to ward A8 to facilitate x-ray taking for A8 patients)

- 13.2 Dr. CC Lau reported that training for redeployed staff in AED had been completed. He would work out with individual COS for the redeployment schedule. It was reiterated that there was no wash-off period for redeployed staff.
- 13.3 Department of Medicine would organize training for redeployed staff. Dr. KT Tom and Ms SF Cheung would study if staff deployed to GOPC was required to be redeploy to hospital as manpower was tight.
- 13.4 The meeting agreed that the current communication channels in form of daily briefing, weekly Medical Committee and update from Michael Ho were adequate.
- 13.5 Mr. W. Kwok informed that there were 13 HKEC staff living in Amoy Garden. Staff Health Ambassador would contact the staff and masks, if required, would be provided for asymptomatic staff and their families.

Med.

Dr. KT Tom &
Ms. SF Cheung

14. Date of Next Meeting

There was no other business. The meeting adjourned at 1:20pm. The next ad hoc Medical Committee was scheduled at 11:30am, 7 April 2003(Mon) in Conference Room A.

Minutes of SRS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 1 April 2003
 Time : 11:30am-1:05pm
 Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, HCE _____ (Chairman)
 Dr. M.T. Cheung, SMO(Med) representing Dr. Loretta Lam, CC3/COS(Med)
 Dr. Betty Young, CC4/COS(Paed)
 Mrs. Mary Wan, GM(AS)
 Mr. C.K. Law, GM(AH)
 Ms. S.F. Cheung, GM(N)
 Dr. C.C. Lau, COS(A&E)
 Dr. Raymond Yung, COS(Path)
 Dr. K.Y. Lau, COS(Rad)
 Dr. Micahel Li, COS(Surg)
 Ms. Joyce Leung, CHRM
 Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

1. A suspected SRS case of a staff in Endoscopy Unit

1.1 A confirmed SRS patient had underwent bronchoscopy in ward C5 on 25 March. A Ward Attendant (WA) of C5 attended AED yesterday (31 March) presented with signs of fever and chills, but no x-ray change. Following actions would be taken :

(i) The WA would be called back for reassessment ;

(Post-meeting Note : The WA was admitted to B5 ward this afternoon)

(ii) Infection Control Team would perform contact tracing for all staff and patients in C5, as well as an infection control assessment for the environment and instrument.

(iii) Respective COS should be consulted if patients in cohort wards had to leave isolation wards for any procedure.

(iv) To minimize the risk, an Isolation Room in A5/B5 ward and a designated set of instrument would be arranged for SRS patients requiring bronchoscopy. Mrs. M. Wan would follow up with EMSD on the ventilation provision.

(v) Dr. M. Li would inform his staff of this potential case so that appropriate precaution could be taken.

(vi) C5 would be closed down on 2 April for thorough cleansing. For the week of 7 April, a team of staff and one treatment room would be standby for emergency cases only. All elective cases would be cancelled.

Action By

Infection Control Team

Mrs. M. Wan

2. Daily Update

2.1 Overall situation

(i) After review of the SRS registry, the updated records were 690.

(ii) PMH : > 400 cases were admitted. 44 out of 118 admission yesterday were from Amoy Garden. 1 nurse working in isolation ward has SRS.

(iii) AHMLNH : 4 nurses working in non-SRS ward has SRS

(iv) CMC : 1 doctor has SRS

(v) QEH : 4-6 staff has SRS

(vi) UCH : 2 MO taking care of SRS patients presented with fever and were under observation

2.2 In PYN EH, there were 9 newly admitted cases and another patient was transferred to PMH. There were a total 61 patients staying in SRS wards, 34 were confirmed cases and of which 21 in convalescent stage

2.3 In view of the newly affected cases among healthcare workers, it was agreed that precaution in non-SRS wards/areas, especially in Medical wards had to be stepped up.

(i) Dr. R. Yung would highlight this message in the coming training sessions.

(ii) All wards taking acute medical admissions should adopt the same

Dr. R. Yung

Med & Paed

080035

infection control measures as SRS wards, i.e. all medical and paediatrics wards should wear gown, masks and gloves. Possible protective gowns would be used in AED and SRS wards upon receipt.

3. New Arrangement of DH/Government

- 3.1 Health and Welfare Bureau was discussing if SRS cases should be charged. HA recommended to charge as usual to avoid confusion and refund.
- 3.2 Finance Committee of LegCo has approved additional budget for HA to deal with SRS and had expressed appreciation to the professionalism of HA staff.
- 3.3 DMC of DH would contact and screen close contact of all confirmed SRS cases as listed in SRS registry. The Centre would not entertain walk-in patient. Dr. CC Lau would help to inform Dr. D. Chu of DMC's practice. AED was advised to refer close contact of confirmed SRS cases to DMC for screening and follow-up.
- 3.4 Doctors in Medicine and Paediatrics were reminded to state "confirmed SRS" on medical certificate of relevant patient upon request.
- 3.5 HAHO is working out an electronic SRS registry with restricted access.

Dr. CC Lau

Med & Paed

4. Isolation Hospital

- 4.1 Decanting of WTSG patients to WCH was still pending because of inadequate hospital bed.

5. Infection Control Measures

- 5.1 Dr. P. Leung informed that the new guidelines was not yet adopted in today's morning assembly as further discussion was required.
- 5.2 Dr. R. Yung was requested to customize special training sessions for radiographers to emphasize the importance of strict infection control precaution.

Dr. R. Yung

6. BSS Issues

- 6.1 HAHO confirmed that 1.3 million masks would be delivered to HA weekly.
- 6.2 Supply of hospital beds was tight.
- 6.3 The supply of drug was smooth.
- 6.4 All alcoholic hand-rub received by HA had been sent to PMH.

7. HR Issue

- 7.1 HAHO would centrally co-ordinate the recruitment of resident and

Associate Consultant in related specialties of Paediatrics, ICU, Respiratory Medicine, etc. The incumbents would be deployed to the frontline clinical work.

- 7.2 HAHO would also call for unpaid volunteer medical staff who would help in other lower risk work, like data analysis.

- 7.3 HAHO would soon announce several HR issues, including :

- (i) Staff having household contacts with SRS patients would be given 10 days special leave ;
- (ii) Staff with signs and symptoms of SRS were advised to attend HA facility for medical treatment, preferably to the AED/Staff Clinic of their own cluster.
- (iii) Pregnant staff should not be deployed to high risk area.
- (iv) Leave encashment for annual leave was to be encouraged. Ms. J. Leung would clarify if it was applicable to compensation off of nurses and HCAs.

Ms. J. Leung

8. Nursing Issues

- 8.1 Only 7 nurses have been recruited and deployed to PMH.

9. Communication with Private Sector

- 9.1 HKMA has established its network of private GPs in 18 districts, whose doctors would conduct educational talks and undertake the screening for social contact cases in their district. This list would be made available to HA in due course for referral of patients if required.

(Post-meeting Note : List of District Coordinator of HKMA Network is attached as provided by Dr. B. Young)

10. Issues in HKEC

- 10.1 A portable x-ray machine would be deployed to ward A8 to facilitate x-ray taking for A8 patients.
- 10.2 Department of Paediatrics in PYNEH and QMH would help to receive paediatrics patients from PMH. PYNEH would receive 2 NICU patients and 8 SCBU patients.

11. Date of Next Meeting

There was no other business. The meeting adjourned at 1:05pm. The next SRS daily briefing was scheduled at 11:30am, 2 April (Wed) in Conference Room A.

Minutes of SRS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 2 April 2003 (Wednesday)
 Time : 3pm - 4:20pm
 Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
 Dr. H.C. MA, HCE(RHTSK)
 Dr. C.P. Wong, COS(IMS), RHTSK
 Dr. W.C. Yuen, COS(Surg), RHTSK
 Ms. Esther Wong, GM(N), RHTSK
 Dr. K.H. Wong, Cons(Geriatrics), TWEH representing D. K.T. Tom, HCE(TWEH)
 Dr. C.M. Tai, CC1/Cons(O&G), PYNEH
 Dr. W.C. Wu, CC2/COS(O&T) PYNEH
 Dr. M.T. Cheung, SMO(Med) representing Dr. Loretta Lam, CC3/COS(Med) PYNEH
 Dr. Betty Young, CC4/COS(Paed), PYNEH
 Mrs. Mary Wan, GM(AS), PYNEH
 Mr. C.K. Law, GM(AH), PYNEH
 Ms. S.F. Cheung, GM(N), PYNEH
 Dr. C.C. Lau, COS(A&E), PYNEH
 Dr. T.K. Ng, COS(O&G), PYNEH
 Dr. Raymond Yung, COS(Path), PYNEH
 Dr. Micahel Li, COS(Surg), PYNEH
 Mr. William Kwok, SHA(HR) representing Ms. Joyce Leung, CHRM
 Ms. Fion Lee, SHA(G&PS), PYNEH _____ (Secretary)

MINUTES OF THE MEETING :

1. Daily Date

1.1 SRS Status

- (i) SRS registry reported 685 records and about 80 patients have been discharged.
- (ii) UCH : 7 RNs working in a non-SRS medical ward have SRS.
- (iii) PMH : 2 ICU specialists confirmed SRS.
- (iv) There were 35 confirmed SRS cases in PYNEH and 6 in RHTSK.

1.2 Infection Precautions

HA has decided to further step up infection precautions including :

- (i) All SRS wards and acute wards will not be open to visitors from 9pm tomorrow (3 April 2003).
- (ii) For visits to non-acute wards, there are two hours' designated visitors hours and only one visitor of each patient will be accommodated. Ward staff will check whether the visitor has respiratory disease symptoms and make detailed record for each visitor.
- (iii) In line with the tightened visiting arrangement, use of mobile phones should be relaxed as far as practicable.
- (iv) Exception to the above visiting arrangement would be given to delivery suite, NICU, SCBU and other special occasions at discretion of the department.
- (v) All patients in acute wards would be provided with surgical masks.
- (vi) All staff in acute wards should wear mask, gloves and eye shield. Hand washing is required after caring of each patient.
- (vii) Staff should take extra precaution in caring all patients with fever regardless of the diagnosis. Patients with fever should be cohorted.

1.3 Stocktake of Manpower for Deployment

To prepare for the possible contingency escalation, clusters were required to stocktake their manpower for redeployment. Potential spare beds in HKEC included :

Dept/Hospital	No. of beds spare	Remarks
Semi-private ward, PYNEH	28	F8 ward will be closed tomorrow. Existing patient would be given a choice to transfer to general ward or Semi-private ward in RHTSK
O&G, PYNEH	40	Based on the delivery nos. in recent weeks
O&T, PYNEH	20	

Action By

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OMSF	20	Further discussion with and ENT was required.
RHTSK	~30 for Medical convalescent patients from PYNEH	34 patients from RHTSK have been received.
TWEH	-	TWEH was ready to receive Medical convalescent patients from PYNEH
Total	~140	

- 1.4 The meeting requested Dr. L. Yam to consider closing or scaling down services of Geriatric Day Hospital.
- 1.5 The meeting also agreed that geriatric outreach services were useful to reduce hospital attendance and admission, but the manpower provision in Medicine and Geriatrics and the risk of outreach visits had to be considered and balanced.
- 1.6 HAHO requested doctors to standardize their medical certificate for SRS patients to "I confirm the following patient is a reported case of Severe Acute Respiratory Syndrome". Confirmed SRS patients are those listed in SRS registry.
- 1.7 Dr. L. YAM was undertaking a case control study regarding prophylactic Ribavirin for residents of Amoy Garden. Patients under quarantine in Lei Yue Mun holiday camp would be admitted to PYNEH for any drug complication.
- 1.8 HAHO advised that post-mortem for SRS patients should be kept to a minimum to avoid contagious contact.

Dr. L. Yam

All to note

2. Isolation Hospital

- 2.1 HAHO was identifying an additional isolation hospital and the feasibility of RHTSK was explored, but its isolation and ICU facilities were inadequate.
- 2.2 As a contingency measure, early discharge of convalescent SRS patients in WTSH has also been explored.
- 2.3 Currently, 1 hospital in each cluster was receiving SRS patients, with the exception of NTEC. To relieve the manpower pressure of Medicine in PMH, 1 specialist and 5 MOs were to be deployed from each cluster. HKEC had to deploy 2 MOs on 7 April. Departments of Medicine in PYNEH, RHTSK and TWEH would further discuss and sort out the deployment details.
- 2.4 Related clinical departments would discuss the deployment of the 15 staff deployed from surgical streams so that both operational and training needs could be met as far as practicable. Departments of O&T and Surgery, RHTSK have deployed 1 medical staff each to A&E already.

A&E, Med & related specialties

3.

Clinical Diagnostics/Treatment Issues

The standard treatment regime was still under development. Though BIPAP ventilation was not used in most of the hospital, except PYNEH and UCH, it could be used with appropriate prevention of aerosol effect, like additional protective gear and in negative pressure isolation room.

4.

New Guidelines

- 4.1 Guidelines on AED management of SRS and admission criteria were adopted by HAHO. (Copy attached)
- 4.2 Hospitals having admitted staff of another hospital with SRS should notify the employing hospital. In HKEC, all confirmed SRS patients, including staff, should be transferred to PMH and suspected cases to PYNEH.

Med, Paed & Infection Control

5.

BSS Issues

- 5.1 HAHO requested nomination of 1 doctor and 1 nurse from each cluster for expert consultation of medical supplies. Mrs. M. Wan would inform BSS, HAHO of HKEC's nomination of Ms. Esther Wong, GM(N), RHTSK.
- 5.2 Mr. M. Li added that Dr. James Kong has volunteered to join the team at HAHO for infection control monitoring at all HA hospitals and could also be consulted for medical supplies issues.
- 5.3 Mrs. M. Wan was requested to liaise with PL Yuen, BSS of HAHO to ascertain the sewage system in hospitals.
- 5.4 Mrs. M. Wan would work out with EMSD to designate an Operating Theatre with negative pressure for SRS patients. Dr. WC Wu would co-ordinate with Anaesthesia and related specialties of the logistics for operation/procedure for SRS patients.
- 5.5 As many staff in UCH has got sick, additional quarter provision was required. Mrs. M. Wan reported that 130 non-furnished quarter rooms were available. She would further liaise with Dr. M.Y. Cheng of HAHO if quarters in PYNEH were required and the arrangement.

Mrs. M. Wan

Mrs. M. Wan

Mrs. M. Wan
Dr. WC Wu

Mrs. M. Wan

6.

HR Issue

- 6.1 Information sheet prepared by Mr. Michael Ho (肺炎日訊) has been distributed since yesterday and should be posted up in prominent area in each ward/unit/department.
- 6.2 Recruitment of nurses and HCA was difficult. In HKEC, only 1 HCA was recruited and would report duty on 7 April.
- 6.3 HAHO would organize Phlebotomist training class.

All to note

- 6.4 HR, HAHO would soon announce mandatory staff redeployment.
7. **Nursing Issues**
- 7.1 Only 7 nurses have been recruited and deployed to PMH.
8. **Training on Infection Control**
- 8.1 Mr. M. Li revealed that the infection control training session today was very full and the background of attendants was mixed. Dr. P. Leung suggested to conduct this training on a departmental basis. Ms. SF Cheung, Dr. R. Yung and Mr. W. Kwok would further review the organization and logistics of the coming training.
- 8.2 The meeting also viewed that self-training via VCD was effective and safe to avoid potential cross-infection. Upon receipt of the training VCD from SEM(Nursing) and that prepared by MMU of PYNEH, Dr. R. Yung would help to choose one for copy and distribution to staff. Mr. W. Kwok would co-ordinate production in bulk by external vendor.
9. **Supply of N95 Masks**
- Dr. B. Young told that only large size of N95 mask was provided which was not suitable for most staff. Mrs. M. Wan would follow-up the supply of small size N95 masks or explore the '鴨嘴' model.
10. **Leave Arrangement for Staff**
- 10.1 Mr. W. Kwok updated the leave arrangement of staff with family members confirmed SRS :
- (i) HA Staff – 10 days special leave from last day of close contact would be granted ;
 - (ii) Civil Servants – 7 days sick leave would be granted or at the recommendation of doctors in DMC.
- 10.2 The message would be promulgated to staff.
11. **Patients and Visitors in Canteen**
- In order to avoid possible SARS cross-infection, it was decided that all canteens in hospitals will be strictly limited for use by staff members only.
12. **Leave Encashment**
- Leave encashment for staff was encouraged except compensation off and the annual statutory leave of 10 days. HRD was requested to inform staff as soon as possible.
13. **Provision of OT gowns**
- In response to the shortage of OT gowns, Mrs. M. Wan circulated a sample jacket with available stock in Linen Production Unit (LPU) for comment. Members agreed to use the jacket provided.

Ms. SF Cheung,
Dr. R. Yung &
Mr. W. Kwok

Dr. R. Yung &
Mr. W. Kwok

Mrs. M. Wan

Mr. W. Kwok

Mr. W. Kwok

14. **Pregnant Staff**

HRD would send to Department Heads list of staff having reported pregnancy to facilitate the necessary special work arrangement.

Mr. W. Kwok

15. **Date of Next Meeting**

There was no other business. The meeting adjourned at 4:20pm. The next SRS daily briefing was scheduled at **11:30am, 3 April (Thur) in Conference Room A.**

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Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 3 April 2003 (Thursday)
Time : 11:30am – 12:45pm
Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. Betty Young, CC4/COS(Paed), PYNEH
Mrs. Mary Wan, GM(AS), PYNEH
Mr. C.K. Law, GM(AH), PYNEH
Ms. S.F. Cheung, GM(N), PYNEH
Dr. C.C. Lau, COS(A&E), PYNEH
Dr. Raymond Yung, COS(Path), PYNEH
Dr. Micahel Li, COS(Surg), PYNEH
Ms. Joyce Leung, CHRM
Ms. Fion Lee, SHA(G&PS), PYNEH _____ (Secretary)

In the attendance of :

Mr. Hans Li, SHA(SS), PYNEH

Minutes of the Meeting :

1. Daily Up

1.1 SARS Status

- (i) About 700 records were reported in SARS registry.
- (ii) UCH : 7 RNs working in a non-SARS medical ward have SARS.
- (iii) PMH : 76 patients were admitted yesterday, total to 467 admissions.
- (iv) 4 more admissions were reported from Ngau Tau Kwok Lower Estate.
- (v) PYNEH : 55 patients in SARS wards, 36 were confirmed cases and 19 were in convalescent stage.
- (vi) In general, more ventilated and ICU cases were noted in Kowloon and NT hospitals, inter alia, 19 out of 21 ICU cases in PMH were intubated ; 16 out of 50 cases in QEH were intubated; 10 SARS patients in UCH were in ICU and 4 in TMH were also in ICU.

1.2 Manpower Deployment

The issue of manpower deployment to PMH was thoroughly discussed in the morning assembly and 2 highlights were noted :

- (i) HKW preferred a team-based deployment to run a ward.
- (ii) Most clusters agreed that the deployed staff should work under the overall direction of PMH.

2. Isolation Hospital

About 60 patients in WTSH were pending transfer.

3. New Guidelines

- 3.1 The standard treatment guideline was not yet unified which was expected to be ready this afternoon.
- 3.2 Management guidelines for pregnant patients were being commented by COC(O&G).

4. BSS Issues

Masks

- 4.1 Supply of surgical mask was expected to be tight when masks are provided to all patients in the hospital as announced by Chairman, HA. BSS of HA was requested to review if HA's purchase price was attractive to vendor. WMs at hospital levels have to help monitoring the utilization.
- 4.2 In HKEC, it was agreed to delineate the clinical areas into high risk and low risks ones and different protective provisions would be provided. (Appendix I)
- 4.3 In HKEC, there were 71,000 paper masks and more would be delivered in mid-April.

Quarters

- 4.4 Some staff of UCH had complained to media against inadequate provision

Action By

All to note
080100

Gloves

- 4.5 Mr. H. Li would step up the supply of disposable gloves from JOS and 4-day stock of latex gloves was available.

Disposable cap and shoe cover

- 4.6 Supply of both items were adequate.

Eye shields

- 4.7 ~23,000 eye shields have been ordered. 2,000 would be delivered tomorrow and 20,000 was expected next week. The purchase of eye shields should be centrally co-ordinated at Mr. H. Li.

- 4.8 As the supply of eye shields was still limited, priority would be given to staff who do not wear spectacles and work in high risks areas. Staff should also be informed that the transparent shield was reusable and could be cleaned by alcohol.

Protective Gowns

- 4.9 Dr. B. Young reported shortage of small size OT trousers. Supply of launderable isolation gown (紫袍) was tight and 2,000 new stock was expected next week.

5. HR Issue

- 5.1 UCH has requested for additional helping hands for cleansing. The operation and manpower in cleansing in PYNEH were smooth at the moment.

- 5.2 In view of the recruitment difficulties, Ms. J. Leung would liaise with other HCEs in the cluster to redeploy cleansing staff from convalescent hospital to acute hospital, and then deploy the new recruits to convalescent hospital.

- 5.3 Dr. P. Leung updated that the infection control audit planned by HA was withheld. Instead, Dr. James Kong would help HAHO to review the data collection and analysis of SARS cases.

6. Nursing Issues

- 6.1 Recruitment for all ranks was reported to be difficult. SEM(N) reported an increasing sick leave trend of nursing staff. An average of 200 nurses reported sick every day. Different recruitment strategies would be tried, including:

- (i) Contact nurses retired within last 5 years ;
(ii) Offer temporary employment to nursing students in universities.

- 6.2 After the closure of F8 ward, its nursing and ward staff would be deployed to other pressure areas. 3 new recruits from IWEP would report duty and 3 HCAs would be deployed to WCH for help.

Mrs. M. Wan

Ms. J. Leung

7. Experience at UCH

- 7.1 Dr. R. Yung reported that his review of the recent outbreak of SARS among staff in non-SARS wards in UCH was mainly related to the non-compliance of strict infection control guidelines.

- (i) Staff in non-SARS wards only wore mask, without other protective precaution like gloves and eye shield.

- (ii) Infection precaution for high risk area was not practised in the whole AED area.

- 7.2 Dr. R. Yung will use this experience as an example to alert staff in the coming training sessions. Mr. M. Li hoped the customized training session for Radiographers would enable better understanding and precaution.

8. Training on Infection Control

- 8.1 Dr. R. Yung reported that a 3-level training approach was being adopted :

- (i) ICN nurses to conduct training sessions on infection control procedure ;

- (ii) VCD was distributed to ward level through the infection control link nurse;

- (iii) Dr. R. Yung to focus on clinical staff at departmental level.

9. Early Discharge Follow-up for Paediatrics Patient

The meeting agreed to Paediatrics's proposal of relocating the follow-up consultation for early discharged patient from ward A6 to E6 on a daily basis.

10. Revised Visiting Arrangement

- 10.1 Door of Paediatrics wards would be locked at night following the revised visiting arrangement. To facilitate normal access for allied health and other related staff, Dr. B. Young requested for more access control cards.

- 10.2 Ms. SF Chueng would revise the registry of visitor to incorporate the contact telephone no. for use in HKEC.

11. Information of Admitted SARS Patients

The meeting requested Dr. R. Yung to provide more information, like residence and contact, of admitted SARS patients so that AED and other departments could monitor the trend and take appropriate actions.

12. Date of Next Meeting

There was no other business. The meeting adjourned at 12:45pm. The next SARS daily briefing was scheduled at 11:30am, 4 April (Fri) in Conference Room A.

Mrs. M. Wan

Ms. SF Cheung

Dr. R. Yung

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 5 April 2003 (Saturday)
Time : 3pm – 4:35pm
Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. C.H. Ma, HCE(RHTSK)
Dr. K.T. Tom, HCE(TWEH)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. Betty Young, CC4/COS(Paed), PYNEH
Mrs. Mary Wan, GM(AS) , PYNEH
Ms. S.F. Cheung, GM(N) , PYNEH
Dr. C.C. Lau, COS(A&E) , PYNEH
Dr. Raymond Yung, COS(Path) , PYNEH
Mr. Peter To, HKEC Quality & Risk Manager
Ms. Fion Lee, SHA(G&PS) , PYNEH _____ (Secretary)

Minutes of the Meeting :**Action By****1. Daily Update****1.1 SARS Status**

- (i) SARS registry recorded 761 cases, of which 164 were health care workers and 103 patients stayed in ICU.
- (ii) PYNEH : 62 patients in SARS wards and 39 were confirmed.
- (iii) New HA staff being affected included :
 - UCH : 15 staff in non-SARS wards ;
 - AHNH : 4 staff in non-SARS ward ;
 - TMH : 1 doctor and 3 nurses in SARS wards, which might be related to the use of BIPAP and intubation. Dr. R. Yung would contact TMH for more details ;
 - PMH : 2 doctors and 1 nurse in ICU.

Dr. R. Yung**1.2 CE's 3 Messages**

- (i) Step up infection control precaution in all acute wards ;
- (ii) Staff morale and tighten discipline in infection control ;
- (iii) Method of contact tracing. Public appeal to possible contact might be considered by HA.

1.3 Chairman's Concern

- (i) Stop further infection of staff ;
- (ii) Information to staff was not getting through. Dr. Vivian Wong of HAHO would abstract daily morning assembly and email to all staff to enhance direct information flow.
- (iii) Deployment of teams to PMH. No further isolation hospital for SARS would be identified in view of manpower deployment difficulties.

1.4 AED, PWH will start admitting cases again tomorrow (6 April), but ambulance diversion would continue because its ICU still has 20 SARS cases in ICU.

1.5 UCH has already admitted 180 cases. Diversion of its female medical patients has started and that of male medical patients will also be started on 7 April (Monday) according to the following ratio :

1/3 to PYNEH
 1/6 to KWH
 1/6 to QEH
 1/6 to RHTSK
 1/6 to TKOH

1.6 Also, up to 50 convalescent SARS cases would be transferred to WTSH on 7 April.

2. Infection Control Issues**Protective Gear**

2.1 Dr. V. Wong, HAHO would work out the type of protective gear, ration to be provided per staff and the volume of supplies needed if all acute wards are similarly provided. Phased implementation would then be started subject to co-ordination of supplies

Action By**Infection Control Process**

- 2.2 Strict compliance with infection control protocol was still insufficient. Each hospital was requested to nominate 1 full-time doctor or nurse to patrol whole hospital on compliance. The HKEC team composed of :

PYNEH – Dr. P.S. KO, SMO(O&T) – Team Head
 RHTSK – Peter To, Cluster Quality & Risk Manager
 TWEH & WCH – Ms. Rosanna Leung, SNO
 CCH & SJH – Jimmy Wong, GM(N)

**Infection
Control Patrol
Team &
Dr. R. Yung**

- 2.3 The patrol team and Dr. R. Yung would attend a briefing in Function Room, 2/F, HAHO on 6 April (Sun).

3. HR Issue**3.1 Manpower Deployment of Doctors**

- 3.1.1 WTSH will mobilize 2 teams of physicians, 1 chest team and 1 geriatric team to help out at PMH. Trainees in Surgery, O&BG, O&T and FM have already been deployed. Deployment of medical teams from other clusters to PMH will not be required for the next 2 weeks.

- 3.1.2 QMH will still send their team of 3 next week to assist PMH.

- 3.1.3 As PYNEH will receive 1/3 male and female medical cases and RHTSK to receive 1/6 of case load, HKEC will not deploy any team yet.

3.2 Pregnant Staff

- 3.2.1 All pregnant staff of all ranks and grades who are less than 13 weeks pregnant will be given special leave until 13 weeks or end of SARS crisis, whichever is the earlier.

All to note

- 3.2.2 Pregnant staff more than 13 weeks will be deployed to non-high risk areas, i.e. non acute settings.

3.3 Rotational deployment

Rotational deployment of doctors, nurses, HCAs and ward clerk working in SARS wards was under discussion. In general, redeployment to SARS areas should not be more than certain period of time. However, special arrangements may be required for staff with particular expertise, like respiratory specialists, intensivists, ICU nurses. Dr. V. Wong of HHAO would calculate the no. of specialists and the rotational period.

4. Nursing Issues**4.1 Manpower Deployment of Nurses**

- 4.1.1 Most critical manpower area is ICU nurses. Each hospital in HA with ICUs will deploy 10% of their ICU nurses to PMH ICU as 48 patients need ICU care. Redeployment will be at the direction of SEM(N) and in phases, start with HKW. The aim is to increase no. of ICU beds at PMH to 100.

- 4.1.2 In HKEC, Ms. SF Cheung will decide the redeployment according to the following ratio :

Ms. SF Cheung

Hospital/Unit	ICU Nurses to be redeployed
PYN ICU	5
PYN CCU/MH DU	2
PYN HDU	1
RHTSK ICU	2
HKEC Total	10

5. Clinical Diagnostic and Treatment Issues

5.1 CPAP and BIPAP

All other hospitals have stopped using CPAP and BIPAP in fear of aerosol effect except PYNEH. Staff protection would be stepped up :

- (i) Use of BIPAP would be limited in isolation room or cubicle with improved ventilation.
- (ii) 2 sets of total body exhaust system from Operating Theatre will be sent to Medical for use today. Additional sets would be sent to Medical and Paediatrics after delivery.

Ms. SF Cheung

5.2 Nebuliser

Nebuliser utilization in general wards should be limited as far as practicable. PYNEH has developed special guidelines on use of Nebuliser which will also be promulgated to other HKEC hospitals for implementation.

6. Donation

6.1 HA and hospitals should not directly accept donation from vendors on SARS. Instead, staff would be informed of the available donation for their own contact.

6.2 EC of AHNH will donate \$40,000 per week for 4 weeks to PYNEH for fruits and nutritious soups for staff. Mrs. M. Wan will co-ordinate with DOMs to make it available to staff.

Mrs. M. Wan

7. HKEC Measures to Accept Medical Admissions from UCH

7.1 Existing facilities in PYNEH and RHTSK were adequate to meet demand upon receipt of medical admissions from UCH as various medical wards were not fully occupied.

7.2 Dr. CC Lau would arrange deployment of 2 MOs to Medical for help on 7 April (Monday). Department of Medicine will discuss the deployment of staff from ward F8 and use of B8 in case of increasing admissions.

Dr. CC Lau

Dr. L. Yam

8. Follow-up on Previous Issues

8.1 Negative Pressure Operating Theatre (OT)

HAHO has requested all SARS receiving acute hospitals to provide a negative pressure OT. PYNEH has discussed with EMSD to temporarily convert a negative pressure OT

8.2 Quarters Policy

- 8.2.1 Dr. M.Y Cheng of HAHO would co-ordinate requirement and allocation of quarters for staff. About 800 quarters were available in HA but the actual utilization was not so high. In case of inadequate supply, staff will be arranged quarters across clusters or in private holiday camp. PYNEH would prepare provision of 2 floors of about 50 rooms in case of need.

- 8.2.2 The meeting highlighted that provision of quarters for all staff in HKEC are guaranteed via co-ordination of respective COSs and DOMs. Mrs. M. Wan would monitor the quarters utilization and reported in the daily briefing

All to note

Mrs. M. Wan

8.3 Restrict Patients to Wards

The meeting agreed that patients should be advised to stay in wards as far as practicable. Mrs. M. Wan would follow-up with convenience store and fruit shop to provide selling round in wards.

Mrs. M. Wan

8.4 Infection Control Officers of Each Ward

As agreed in previous meeting, Ms. SF Cheung reported that WM during office hours and shift in-charge during non-office hours are designated infection control officers, who would work closely with the Infection Control Patrol Team to ensure strict compliance.

8.5 Contact Tracing

Dr. R. Yung reported that contact tracing for SARS patient having stayed in ward B4 was completed. The contact list would be given to Dr. P. Leung.

Dr. R. Yung

8.6 Surgical Masks for Patients

HAHO has decided provision of surgical masks for all patients in the hospitals.

8.7 Post-operative Pneumonia

- 8.7.1 COSs were reminded of a recent case of post-operative pneumonia, which was later confirmed as SARS. As agreed, fever patients should be cohorted and infection control for high risk areas should be followed.

All to note

- 8.7.2 Dr. L. Yam also highlighted that recent SARS cases from Amoy Garden were presented with diarrhea. Their fascies should be handled with care following appropriate infection control protocol.

8.8 Materials and People Flow in High Risk Areas

The meeting requested Mrs. M. Wan to review and co-ordinate all materials and staff flow in high risk areas, including meal cart, maintenance staff, medical record, etc. Disposable utensils were considered necessary in SARS wards only.

Mrs. M. Wan

9. Date of Next Meeting

There was no other business. The meeting adjourned at 4:35pm. The next ad hoc Medical Committee was scheduled at **2:30pm, 7 April (Mon) in Board Room, 3/F, Main Block, PYNEH.**

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 4 April 2003 (Friday)
 Time : 2:30pm - 4:20pm
 Venue : Conference Room A(02.134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
 Dr. C.M. Tai, CC1/Cons(O&G)
 Dr. W.C. Wu, CC2/COS(O&T)
 Dr. C.M. Cheung, SMO(Med) representing Dr. L. Yam, CC3/COS(Med)
 Dr. Betty Young, CC4/COS(Paed), PYNEH
 Mrs. Mary Wan, GM(AS), PYNEH
 Mr. C.K. Law, GM(AH), PYNEH
 Mrs. Elizabeth Ko, GM(FS), PYNEH
 Ms. S.F. Cheung, GM(N), PYNEH
 Dr. C.C. Lau, COS(A&E), PYNEH
 Dr. T.K. NG, COS(O&G)
 Dr. Raymond Yung, COS(Path), PYNEH
 Dr. Micahel Li, COS(Surg), PYNEH
 Mr. William Kwok, SHA(HR) representing Ms. Joyce Leung, CHRM
 Mr. Hans Li, SHA(SS)
 Ms. Fion Lee, SHA(G&PS), PYNEH _____ (Secretary)

Minutes of the Meeting

1. Daily Update

1.1 SARS Status

- (i) SARS registry 734 records and 85 were in ICU.
- (ii) PMH : 59 new admissions were received, total to ~ 460 admissions.
- (iii) AHNH & UCH : Staff in non-SRS wards were confirmed SARS. Contact tracing would be conducted.
- (iv) PYNEH : 38 confirmed SARS and 19 were in convalescent stage.

- 1.2 Dr. R. Yung also conveyed Eastern District Board's appreciation to the professionalism of health care workers in HKEC. Most DB members were very concerned of the potential infection from Lei Yue Mun Holiday Village and requested release of affected cases by geographic district.

2. New Government/DH Arrangements

2.1 Contact Tracing

- 2.1.1 DH would follow-up all social contact of confirmed SARS cases.

- 2.1.2 Contact tracing for SARS patient having stayed in non-SARS ward was to be stepped up at 4 levels :

- (i) Patients and staff staying in the non-SARS ward with the index patient ;
- (ii) Visitors of index patients in non-SARS ward ;
- (iii) Visitors to other patients during the period ;
- (iv) Patients having discharged during incubation period.

- 2.1.3 The hospital would follow up with the staff. Ms SF Cheung would inform and counsel staff in the non-SARS ward for wearing mask and segregation at home or quarter during incubation period.

- 2.1.4 The complete list would be forwarded to DH who would daily phone contact the social contact cases. Hospital has to help in contact tracing if DH cannot cope with the service need. Department of O&G could deploy staff for support, if needed.

2.2 Bed Status in HA

- 2.2.1 HA was handling ~1,000 SARS admissions now and ~3,200 admissions were expected in case of another outbreak by end of April. It was estimated that whole HA got about ~5,000 beds capacity.

- 2.2.2 Two possible contingencies were being considered : transfer of infirmity patients to private nursing home and transfer of cancer cases and emergency surgery to private hospitals.

3. A&E Service

- 3.1 Contingency plan for receiving influx of SARS patients was discussed. A&E would designate its DOA room for temporary holding area so that patients need not stay at waiting area. Security and registration assistance were required

Action By

D. R. Yung

080107

- 3.2 Facilities, ventilation and supplies in B8 ward will be upgraded as a contingency SARS ward, to be opened in 1 hour after contingency activation.
4. **Infection Control Issues**
- 4.1 Dr. H.W. Liu of HAHO has reviewed the infection control measures in UCH and strict compliance with protocols in non-cohort wards was insufficient.
- 4.2 It was decided that each shift should designate an Infection Control Officer to ensure compliance.
- 4.3 Gloves should be worn in all acute areas.
- 4.4 Infection Control Team would further remind staff that protective devices i.e. cap, gown, shoes cover, protective eyewear must be removed before leaving the ward/work place to prevent spread of SARS within hospital compound. Staff in Canteen was requested to stop staff with any protective device from entering the Canteen.
- 4.5 VCD on one of the centrally-organized briefing sessions has been produced and was ready for distribution to staff this afternoon. However, the VCD is not intended to replace attendance at the briefing sessions.
- 4.6 30,000 VCDs on infection control from SEM(N) was expected to be ready next week.
5. **New Guidelines**
- 5.1 Management guideline for pregnant patients has been issued and the whole set of HA guidelines on SARS has been put on HA homepage.
- 5.2 In view of the revised visiting arrangement, doctors, especially those for elderly patients, were reminded to contact relatives by phone in case of relatives' enquiries and update of patient condition.
6. **BSS Issues**
- 6.1 BSS of HAHO reminded hospitals not to source supplies for SARS themselves to avoid any potential conflict of interest. Mrs. M. Wan reported that some masks have been purchased as contingency for staff and operation use.
- 6.2 **Masks**
HAHO has worked out the standard provision of surgical masks to staff and patients. Future supply to hospitals would be rationed according to the no. of staff and patients.
- ICU & high risk areas : 10/day ;
 - General wards and outreach : 3/day
 - Non-clinical staff : 2/day
 - Patients : 1/day

Action by

Ms. SF
Cheung

Ms. SF
Cheung

All to note

- 6.3 **Quarters**
Though ~130 beds were available in PYNEH but provision of air-conditioning was impossible because of the limited electricity load. Air-conditioners would be installed for 2 floors of 54 rooms and 1 floor would be provided for UCH staff next week.

7. **HR Issue**

Manpower Deployment of Doctors

- 7.1 Urgent deployment of doctors to PMH was required.
- 7.1.1 PWH would deploy experienced respiratory physicians and professor to PMH for expert management consultation.
- 7.1.2 Deployment of a team of 3 from HKW and HKE respectively on 9 April (Wed) was required. The meeting had a thorough discussion on the deployment arrangement and followings were highlighted :
- (i) Staff was willing to help in this critical time but the deployment should be reasonable and fair ;
 - (ii) Staff deployment within KWC should be arranged before deployment from other clusters ;
 - (iii) The detailed deployment arrangement across clusters and hospitals should be further discussed in HKEC and the expertise of respiratory medicine had to be considered in management of SARS patients.
- 7.1.3 Dr. L. Yam would confirm with PMH of the coming deployment schedule.

(Post-meeting Notes : It was confirmed on 5 April that HKEC will not deploy doctors to PMH yet as HKEC is receiving medical cases from UCH.)

- 7.2 **Pregnant Staff**
- 7.2.1 Pregnant staff should be deployed to non-high risk areas, like O&G, O&T and SOPD. Ms. SF Cheung would co-ordinate the deployment of nurses and HCAs.

- 7.2.2 Department should facilitate pregnant staff to take annual leave, if required.

- 7.3 **Staff Recruitment**
- 7.3.1 2 newly recruited GSAs would report duty. ~30 candidates have been scheduled interview next Monday (7 April). Dr. P. Leung agreed that more attractive wages could be offered in case of recruitment difficulties.

- 7.3.2 Cluster HR was required to submit the manpower requirement of HKEC to HR, HAHO for consolidation and referral.

8. **Date of Next Meeting**

There was no other business. The meeting adjourned at 4:20pm. The next ad hoc Medical Committee was scheduled at 7 April (Mon).

Action by

All to note

Mr. W. Kwok

080108

Minutes of Ad hoc Medical Committee
Pamela Youde Nethersole Eastern Hospital

Date : 7 April 2003
 Time : 2:30am-4:30pm
 Venue : Board Room, 3/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
 Ms. Anita Chan, HCE(CCH)
 Dr. H.C. Ma, HCE(RHTSK)
 Ms. Esther Wong, GM(N), RHTSK
 Dr. C.P. Wong, COS(IMS), RHTSK
 Dr. W.C. Yuen, COS(Surg), RHTSK
 Dr. D. Wijedoru, HCE(SJH)
 Dr. K.P. Leung, COS(Med), TWEH
 Dr. C.M. Tai, CC1/Cons(O&G), PYNEH
 Dr. W.C. Wu, CC2/COS(O&T), PYNEH
 Dr. Loretta Lam, CC3/COS(Med), PYNEH
 Dr. Betty Young, CC4/COS(Paed), PYNEH
 Mrs. Mary Wan, GM(AS), PYNEH
 Mr. C.K. Law, GM(AH), PYNEH
 Mrs. Elizabeth Ko, GM(FS), PYNEH
 Ms. S.F. Cheung, GM(N), PYNEH
 Dr. C.C. Lau, COS(A&E), PYNEH
 Dr. Wallace Chiu, COS(Anae), PYNEH
 Dr. Daniel Chu, CSC(FM)
 Dr. Anne Lee, COS(Onc), PYNEH
 Dr. Raymond Yung, COS(Path), PYNEH
 Dr. S.K. Chow, COS(ENT), PYNEH
 Dr. P.T. Choi, SMO i/c(NM), PYNEH
 Dr. C.K. Wong, Cons i/c(NS)
 Dr. T.K. Ng, COS(O&G), PYNEH
 Dr. W.N. Chan, Cons(Oph) representing Dr. S.P. Hui, Cons i/c(Oph)
 Dr. W.N. Tang, COS(Psy), PYNEH
 Dr. K.Y. Lau, COS(Rad), PYNEH
 Dr. Micahel Li, COS(Surg), PYNEH
 Mr. William Kwok, SHA(HR)
 Mr. Hans Li, SHA(SS)
 Ms. Fion Lee, SHA(G&PS), PYNEH _____ (Secretary)

Minutes of the Meeting :**Action By****1. Daily Update****1.1 SARS Status**

- (i) SARs registry recorded 842 records, of which 108 were in ICU. ICU facility became the limiting factor of further admission in some hospitals.
- (ii) PYNEH : 39 confirmed SARS cases and 5 were discharged.

- 1.1 [REDACTED] is recovering and manages to work while staying in QMH. In his letter to staff on 5 April, he has alerted everybody to prepare for a long battle still, for which to keep up the spirit and staff morale is imperative. The management must maintain a positive attitude and display confidence to our staff during this crisis time.

All to note**2 Isolation Hospital**

- 2.1 PMH has received ~600 admissions, of which 50 were in ICU and the admission was still increasing.

- 2.2 2 teams of physicians from WTSH and BSTs in FMD, O&G and other surgical streams have been deployed to help out at PMH. No deployment of doctors from other cluster was required at the moment.

- 2.3 In view of the limitation of ICU facility in one hospital, the sentiment of the community nearby and the deployment difficulties, HA has decided that SARS cases should be handled in all A&E hospitals with ICU facilities. Each cluster is going to take care of its own SARS cases, except KEC. KWH, PYNEH, QEH and QMH would take turn to receive SARS cases from UCH.

- 2.4 PMH will continue to receive referrals from DMC of DH and admissions of KWC. TMH will help receiving admissions from NDH. PWH has begun receiving SARS cases from its own cluster.

- 2.5 All confirmed SARS in HKEC should be admitted to cohort wards of PYNEH. In view of the increasing SARS and medical admissions from UCH and our own cluster, contingency measures were discussed.

- (i) Dr. CM Tai would follow up on the deployment of ward facilities, including B8 and wards from other specialties.

Dr. CM Tai

- (ii) Members agreed the general principles of staff deployment to help out the pressure areas, particularly A&E, Medicine and SARS wards, and the importance of early training for staff to be deployed. Deployed staff should help in the management of SARS, rather than in General Medial ward for the benefits of both patients and the deployed staff.

- (iii) Dr. WC Wu would co-ordinate with the Surgical streams to work out the deployment and training schedule. The 1st batch of deployed staff would start their training under the mentorship of doctors in Medicine for a period of 2 weeks. During this training period, the deployed staff will undergo training in day time and

Dr. WC Wu

Action By

can return to their parent department after hours.

- (iv) In considering the morale issues, the management will firstly ask for voluntary deployment and deployment at specialist level would also be considered.
- (v) Dr. L. Yam and Dr. CP Wong would further discuss the deployment and co-operation of the medical teams in PYNEH and RHTSK.
- (vi) RHTSK was reminded to prepare for the future admission of SARS cases if the admissions continued to increase.
- (vii) Ms. SF Cheung would arrange for similar training for nurses and HCAs.
- (viii) Doctors from FMD and Surgery, RHTSK were welcome to join the training and deployment, if operationally practicable.
- (ix) Deployed staff should be reminded of the 14 days risk period after working in SARS wards and the need for contraception.

**Dr. L. Yam &
Dr. CP Wong**

Dr. HC Ma

Ms. SF Cheung

3**Infection Control Measures****3.1 Delineation of Risk Level and Provisions of Protective Gear**

Strict compliance with infection control protocol is re-emphasized, especially in view of the recent survey result from CUHK. HAHO is working towards a standardized risk level delineation and the appropriate provision of protective gears and infection control measures.

3.2**3.2.1 Infection Control Enforcement Team and Network**

Dr. P.S. Ko, SMO(O&T), PYNEH is assigned as the team head of HKEC's Infection Control Enforcement Team. An infection control enforcement network will be established with representatives from each department and ward. Communication to staff and compliance with hygiene procedure were to be reviewed on a daily basis. Dr. R. Yung would prepare an organization chart for the information of members tomorrow.

Dr. R. Yung

- 3.2.2** Dr. CP Wong shared that 2 elderly patients admitted for fall were later confirmed SARS. Hence, strict compliance with infection control even at Level 3 wards was important.

All to note

3.3 Provision of Protective Gear

- 3.3.1** Experience from PMH showed that intubation and tracheostomy were 2 high risk procedures requiring extra staff precaution. Additional full body exhaust systems and hoods are being purchased.

- 3.3.2** Bacteria-viro filter will also be purchased and for use in A&E of PYNEH and RHTSK as well.

- 3.3.3** After discussion, it was agreed that use of Nebuliser will keep to a minimum and is limited to a designated facility.

3.4 Wearing of Mask by Patients

Dr. J. Cheng reflected incidents of in-patients referred from ward who

did not wear mask when attending OMFS Clinic. Ward staff would strengthen their reminder to patients. All patients in clinic areas should wear mask for attendance.

4. Clinical Diagnosis and Treatment

4.1 Prophylactic Ribavirin

To ease staff concern of having performed high risk procedures of intubation and tracheostomy, prophylactic Ribavirin, though medically not recommended, could be started if requested after full counseling by respiratory physician and consent.

All to note

4.2 Convalescent Serum

Convalescent serum is being manufactured in KWH and later provided to hospitals as standby. HA is working out the mechanism and guidelines.

5. BSS Issues

5.1 Supplies

- (i) Supply of N95 masks was sufficient, but its use was only recommended during high risk procedure.
- (ii) 3.2 million surgical masks will be received by HA weekly starting this Wednesday and the supply was sufficient. It was recommended that a new eye shield should be in OT for Surgeons, instead of that having used in wards. Purchase of children size surgical masks was suggested
- (iii) Supply of latex gloves and disposable cap were stable. New batch of alcoholic rub has been received.
- (iv) Some sourcing was still needed for goggles.
- (v) Supply of face shield for Level 1 risk area and high risk procedures, and eye shield for Level 2 risk areas were available.
- (vi) Hoods have been received by HA and will be distributed to hospital.
- (vii) 1,200 striped jackets were delivered last week. Small size trousers have also been added. No further comment on shortage of jackets and trousers (綠衫褲) was received.
- (viii) To increase the supply launderable isolation gown(紫袍), 3 colors of gown, green, mauve and white, will be provided..
- (ix) Use of shoe cover was not recommended by HAHO.
- (x) To improve the hygiene control of patients, it was agreed to supply soap and paper towel in patient toilets and nurses would help to teach patients of the proper hand washing procedures.

5.2 Materials and People Flow in High Risk Areas

Mrs. M Wan reported that a meeting has been held this morning with different disciplines to discuss the materials and people flow in high risk areas, and the appropriate protective provision for supporting staff. Areas covered included patient portering, material portering, catering, security, medical record, maintenance, pest control, contractors, etc. In general, frequency of materials and people flow will be reduced as far as practicable and designated team for SARS wards will be assigned. Mrs. M. Wan will copy the finalized guidelines and practices to HCEs of HKEC for reference and implementation.

Mrs. M. Wan

6 HR Issue6.1 Special Leave for Pregnant Staff

6.1.1 As promulgated in HA's Press Release, pregnant staff in their first 13 weeks of pregnancy would be granted special leave with pay. Pregnant staff more than 14th week will not be deployed to work in high risk areas.

All to note

6.1.2 The meeting agreed that this special leave will take effect from HA announcement, ie. today and issue of date back for pregnant staff having take leave themselves would follow the corporate policy.

6.2 Honorarium

The Cluster decided that staff from A&E having deployed to other specialties will be paid honorarium of the higher level, while staff from other specialties having deployed to A&E will keep their original higher level honorarium.

7. Communication with Private Sector

PWH is exploring to send its surgeons to operate cancer cases in Union Hospital.

8. New CT Machine

Dr. Y.K. Lau updated that the new CT machine was expected to be in full function next week (i.e. week of 14 March).

9. Date of Next Meeting

There was no other business. The meeting adjourned at 4:30pm. The next ad hoc Medical Committee was scheduled at 2:30am, 14 April 2003(Mon) in Board Room, 3/E, Main lock, PYNEH. The SARS daily briefing would be re-scheduled to 2:30pm at Conference Room A.

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 8 April 2003 (Tuesday)
Time : 2:30pm – 4:20pm
Venue : Conference Room A(134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E)
Mr. Michael Li, COS(Surg)
Dr. P.S. Ko, SMO(O&T)
Ms. Joyce Leung, CHRM(HKEC)
Mr. Hans Li, SHA(SS)
Mr. William Kwok, SHA(HR)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

Minutes of the Meeting :**Action By****1. Daily Update****1.1 SARS Status**

- (i) SARS registry recorded 883 cases, of which 208 were health care workers and 116 stayed in ICU.
- (ii) PYNEH : 70 patients in SARS wards. 39 were confirmed, of which 11 were staff.
- (iii) The incident of 1 WA in CEU, PYNEH has SARS revealed that provision for supporting staff was inadequate. Eye shield will be provided for staff responsible for terminal cleansing, besides protective garment, gloves and masks.
- (iv) More HA staff were being affected :
 - PMH : 13 confirmed SARS and 5 were under observation ;
 - UCH : 20 staff have SARS ;
 - AHNH : 3 staff have fever ;
 - QEH : 15 staff were confirmed ;
 - TMH : 4 staff have SARS ;
 - HAHO : 1 staff has SARS and 2 have fever.
- (v) The lessons from PMH situation was that the strict infection precaution was not fully complied because of urgency and sudden change of patient condition.
- (v) There is no indication of any outbreak in other hospitals. There were still some new admissions from Kwun Tong and Ngau Tau Kwok.

2. Isolation Hospital

- 2.1 An average daily admission of ~40 was recorded in PMH. 45 patients stayed in ICU and of which 35 were ventilated. Supply of ventilators was stretched. Decanting of some patients to other hospitals was required. PYNEH would receive 5 patients on <5L O₂. QMH, QEH and TMH would also help to receive some other patients.
- 2.2 9 non-SARS patients on long-term ventilation would also be transferred out from PMH. 5 would be transferred to RH and 5 to GH.

3. A&E Service

- 3.1 The overall A&E attendance has dropped about ~40% as compared with the same period last year.
- 3.2 List of Index Patient *Man* *Man*
HA has provided A&E with a list of index patients. The meeting decided to copy this list to all acute wards for double checking, and the list should be kept as confidential.

4. Infection Control Issues

- 4.1 Infection Control Enforcement Team (層壓式安全糾察系統)
Dr. P.S. Ko summarized the works of his Enforcement Team :
 - (i) HAHO has defined 3 levels of precaution.

Action By

- Level 1 : SARS wards/areas ;
 - Level 2: Acute patient admission;
 - Level 3 : Others.
- (ii) 2 briefing sessions were held yesterday for departments and workplace in PYNEH. Other cluster hospitals would also be covered in today's session.
- (iii) 3 levels of controller were identified :
- Cluster level : Dr. R. Yung and the Infection Control Enforcement Team
 - Department level : DOM/DM/Dept Head
 - Workplace/Unit level : WM/Shift in-charge/Supervisor
- (iv) To further enhance staff communication, controller is required to conduct daily briefing to all staff on 抗炎日訊, updates on precaution and HKEC and any problem and suggestion. The attendance list would be faxed to the Enforcement Team. The practice will be reviewed in 2 weeks.
- (v) HAHO plans to conduct audit next week but the details are pending.
- (vi) Some concerns were identified from the briefings :
- (a) Supply of isolation gown and eye shield
- Mr. H. Li updated that Laundry staff is liaising with wards for their requirement and supply. **Mr. H. Li**
 - The meeting accepted the practice of reusing isolation gown within the same ward with the current limited supply.
 - Mr. H. Li would explore alternative supply of gowns in case supply was still limited. **Mr. H. Li**
 - Face shield will be provided for all acute wards. But with the available stock, priority would be given to nurses and staff involving in splashing and high risk procedures.
- (b) Difficulties in procurement of protective gears by cluster hospitals. **Mr. H. Li**
- Mr. H. Li would help to co-ordinate procurement for the cluster hospitals. The meeting also agreed to share and deploy supplies among hospitals of the cluster.
- (Post-meeting Notes : Mr. H. Li confirmed that stock of ~1,800 face shields in TWEH was different from the one PYNEH currently use and hence deployment is impossible)*
- (c) 10 beds of WCH had direct admission from private nursing home.
- Dr. P. Leung would discuss with HCE/WCH to stop direct admission. **Dr. P. Leung**
- (d) To facilitate compliance of infection control procedure for medical staff, it was suggested to minimize the no. of ward a doctor needed to round and keep grand round to a minimum. **All to note**

4.2 The meeting also noted a potential SARS case currently staying in Isolation Room of ICU. Following actions will be taken :

- (i) Dr. R. Yung and Ms. SF Cheung would prepare a list of potential contact of patient, staff and visitors in case the patient was confirmed SARS.
- (ii) This potential patient has stayed in open cubicle of ICU and cleansing would be arranged.
- (iii) ICU staff have been reminded of strict compliance with infection control procedure and the necessary precaution during incubation period. The meeting agreed to upgrade ICU as Level 1 in provision of protective gears and infection control.
- (iv) Exhaust fan will be installed to improve ventilation.

4.3 Portable Hepa Filter

WTSH has sourced some portable hepa filter, claimed to be capable of filtering odour and bacteria. It was not recommended in patient areas because it was not evidence-based and the area covered was also limited. Mr. CK Law would investigate more details of the filter so that departments could order for their own if needed.

Mr. CK Law

4.4 Staff was reminded to remove and change a new mask when leaving ward or hospital.

All to note

5. BSS Issues

5.1 Negative Pressure Operating Theatre (OT)

Temporarily conversion of a negative pressure OT in OT2, 8/F was completed yesterday.

5.2 Department of O&G was planning an elective caesarean operation for a suspected SARS patient. Patient will be transferred to Medical cohort ward or Isolation Room of post-natal ward for post-operative care.

5.3 6 sets of protective hood have been delivered. Pending future delivery, hoods will also be provided for A&E in case of CPR.

5.4 Cleansing

In view of the improper hygiene practice in another hospital, Mrs. M. Wan would review the cleansing procedure in PYNEH to ensure strict compliance.

Mrs. M. Wan

6. HR Issues

6.1 Nursing Issues

6.1.1 Ms. SF Cheung reported that 2 nurses from ICU, RH and 1 from ICU, PYNEH have been deployed to ICU, PMH.

6.1.2 In view that more ICU cases in PYNEH were expected, two 1-week training classes for 16 nurses will be conducted.

6.1.3 Nurses in D5 have also been familiarized to handle ventilator.

Ms. SF Cheung

6.1.4 Training and deployment of nurses from other specialties to Medical would continue. Besides training and rotation of nurses, Dr. P. Leung emphasized the importance of practicum training of HCAs in SARS wards.

6.1.5 The meeting confirmed that no wash-out period was required for staff having worked in SARS areas. However, as a precaution, the general principle was not to deploy staff to ante-natal services immediately after having worked in SARS areas.

6.2 Training and Deployment of Doctors

6.2.1 Dr. WC Wu updated that 4 MOs would work as a team and 2 teams would be prepared for 2 shifts. 1 doctor from each of the specialties of Anaes, FMD, Eye, ENT, NS, O&G, O&T and Surgery, would start their training and deployment next week.

6.2.2 Dr. K.M. Choy of HAHO is co-ordinating the training for doctors at HAHO. Professor Sung of CUHK would work out a structured modular curriculum for ICU, SARS and non-SARS medical wards. The modules will cover both theories and on-site practicum under close supervision, expected to be ready in 1 week.

6.2.3 At HAHO level, objections to mandatory redeployment to SARS wards were received from some doctors. The corporate line of mandatory redeployment remains unchanged.

6.3 Pregnant Staff

Leave and work arrangement for pregnant staff was a hot media issue and hospitals should follow the direction of HAHO and offer appropriate help to pregnant staff.

6.4 Psychological Support to Staff

All managers in hospitals were reminded to refer staff under severe stress to HA's Clinical Psychologist for help.

All to note

7. Clinical Diagnostic and Treatment Issues

7.1 Expert Group at HAHO was investigating the following issues :

- (i) Management of asymptomatic patient but PCR is positive ;
- (ii) Step down care of SARS patients at home ;
- (iii) Serum therapy ;
- (iv) Quarantine requirement of potential SARS patient.

7.2 Departments could raise their queries/issue to the Expert Group via Dr. P. Leung.

All to note

7.3 All new guidelines have been put on HA homepage.

8.	<u>On-line reporting of SARS in CMS</u>	Action By
8.1	On-line reporting of SARS cases in CMS was expected to start tomorrow. Doctors were requested to input the SARS field as soon as the patient was admitted. The SARS status should be updated daily or whenever appropriate. HAHO would soon inform hospitals and departments of the details.	All to note
8.2	Upon implementation of the system, hospitals were also required to input all cases currently stayed in SARS wards into the CMS. Dr. CM Tai would discuss with Dr. R. Yung to deploy Dr. Sherman Lee for support in SARS updating.	Dr. CM Tai & Ms. SF Cheung
8.3	Hospitals' HIRMs or IPAS co-ordinators were required to update the ward description as a SARS ward and ICU at the back end.	
9.	<u>HKEC Measures to Accept SARS Cases from PMH and KEC</u>	
	An additional SARS ward was required in view of the transfer of SARS cases from PMH and KEC. The arrangements were :	
	<ul style="list-style-type: none"> (i) 5 SARS cases from PMH on O₂ would be admitted to D5; (ii) The Cardiac patients currently staying in D5 would be transferred to ward B10 and continued to be under the management of Cardiologist ; (iii) EMSD has confirmed that the negative pressure in the Isolation Room of ICU was up to standard. Hence, SARS patients requiring intensive care would be admitted to ward D10. (iv) One more cohort ward will be opened at B8. Wards A8 and B8 would be used for male and female patients respectively. Both screening and convalescent SARS cases of the same sex will stay in one ward. Day surgery service of B8 ward will cease tomorrow for cleansing, upgrade of facilities and ventilation improvement. It is planned to open B8 as cohort ward before this weekend. 	Ms. SF Cheung Mrs. M. Wan
10.	<u>Shower Facilities</u>	
	In view of staff's great demand of shower facilities, 2 floors of quarter with ~10 showers each floor would be opened for staff use. Collection points for uniform and linen will also be provided there.	All to note
11.	<u>Honorarium for Doctors</u>	
	The meeting reconfirmed the general principle that doctors from specialty of full-rate honorarium having deployed to A&E or other specialty of half-rate honorarium will keep their full-rate honorarium. Doctors from AED and other specialty of half-rate honorarium having deployed to specialty of full-rate honorarium will be paid full rate honorarium.	All to note
12.	10 masks purchased by Staff Welfare Fund for staff are ready for distribution.	
13.	To minimize the manpower in delivery, donated fruits received will be put in Canteen for staff's own collection.	All to note

14. **Date of Next Meeting**

There was no other business. The meeting adjourned at 4:20pm. The next SARS daily briefing was scheduled at 2:30pm, 9 April (Wed) in Conference Room A, PYNEH.

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 9 April 2003 (Wednesday)
Time : 2:30pm – 4:30pm
Venue : Conference Room A(134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. L.Y. So, Cons(Paed) representing Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E)
Dr. Wallace Chiu, COS(Anaes)
Dr. Anne Leung, SMO(Anaes)
Dr. Raymond Yung, COS(Path)
Dr. C.K. Wong, Cons i/c (NS)
Dr. W.N. Chan, Cons(Oph)
Mr. Michael Li, COS(Surg)
Mr. Hans Li, SHA(SS)
Mr. William Kwok, SHA(HR)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

Minutes of the Meeting :**Action By****All to note**

1. Dr. P. Leung told that the daily briefing was open to all COSs and Department Heads to join.

2. **Matters Arising**

- 2.1 **Protective Gears**

- 2.1.1 Incident of staff wearing isolation gown outside ward area was still found. Dr. P. Leung would issue a memo to all staff reminding removal of all protective gears including gloves, cap, mask, eye shield, face shield and isolation gown when leaving the ward of Level I & II, and hand washing after disposal of the said protective gears.

**Mrs. M. Wan
& Dr. P. Leung**

- 2.1.2 Dr. R. Yung informed that a poster on proper handling of protective gears would be distributed from HAHO to hospitals. Nursing staff would also help to remind staff of the procedures before entering and leaving the ward.

Ms. SF Cheung

- 2.2 **Alternative Supply of Isolation Gown**

Mrs. M. Wan has sourced the supply of disposable gown wore by staff of Department of Food, Environment and Hygiene, which cost from ~\$4 to \$5 each. The information would be passed to BSS, HAHO for central procurement.

- 2.3 **Supplies for Cluster Hospitals**

Mr. H. Li reported that cluster hospitals have been informed of the co-ordinated procurement and supplies in HKEC Procurement Centre and deliveries were being arranged.

- 2.4 **Direct Admission to WCH**

It was confirmed that direct admission of patient to WCH has been stopped since 1 April.

- 2.5 **Hepa Filter**

After exploration, hepa filter sourced by WTSH was not recommended because of the comparatively poor filter function.

- 2.6 **Online Input of SARS into CMS**

- 2.6.1 Input of SARS information into CMS has started from 12pm today. HAHO would input all reported cases while hospitals have to input information of all currently hospitalized SARS patients and new admission. Nurse from ICN would help to input the existing SARS cases and sort out any other problem of implementation.

**Infection
Control Team**

- 2.6.2 HIRMs were reminded to update the information of designated SARS areas in IPAS to enable interface with CMS.

(Post-meeting Notes : Update of information of designated SARS areas in HKEC hospitals have been completed.)

- 2.7 List of "Index Place", instead of "Index Patients" was copied from A&E to all acute wards.

3. Daily Update

3.1 SARS Status

- (i) SARS registry recorded 928 cases, of which 268 were health care workers and 138 were discharged.
- (ii) PYNEH : 76 patients in SARS wards. 46 were confirmed, of which 11 were staff.
- (iii) Admission of several patients from the same block of a residential estate was noted in PYNEH and has reported to DH.
- (iv) More HA staff were being affected by SARS:
 - PMH : Total confirmed and suspected SARS were 30, of which 16 were ICU staff ;
 - UCH : 22 staff were affected and intubation was required for some;
 - AHNH : 19 staff were affected, mainly concentrated in 3 wards ;
 - QEH : 13 staff were affected ;
 - TKOH : 1 staff ;
 - KWH : 6 staff ;
 - NDH : 2 staff ;
 - HAHO : 4 staff.
- (v) PWH are grouping data from various hospitals for analysis. CUHK has already published a paper in New England Journal of Medicine in April, "A Major Outbreak of Severe Acute Respiratory Syndrome in Hong Kong" which is available at ekg homepage.

4. Infection Control Issues

4.1 Avoid Further SARS Cases of Staff

4.1.1 One of the major targets is to avoid further SARS cases of staff. The Infection Control Enforcement Team (ICET) was given the target of no further SARS cases of staff in their workplace. Effectiveness of enhanced infection control and protective gear still need to be observed.

4.1.2 HAHO would be suggested to review incidents of staff being affected and categorized the reasons of infection for further improvement.

4.1.3 Use of ambu bag during transportation was considered another high risk procedure. At HAHO level, Dr. HW Liu and Dr. WL Cheung were reviewing the provision and guidelines of using ambu bag. Dr. CC Lau and Dr. W. Chiu will review the situation in HKEC and draw up some guidelines.

4.2 It was agreed that in case of any inter-departmental difference in patient management during this critical period, discussion and decision should be made between the Department Heads/COSs.

4.3 Changing Room

4.3.1 As changing room was an area of potential cross-infection, Mrs. M. Wan would review the current provision for different grades, particularly in view of the hygiene and facility provision issues.

Dr. CC Lau
Dr. W. Chiu

All to note

Mrs. M. Wan

Action By**All to note**

4.3.2 Mr. M. Li appealed to COSs/Department Heads to remind their staff of proper disposal of protective gear in changing rooms.

4.4 As requested by HAHO, EMSD would assist to review the air exchange standard in Schedule II hospitals, i.e. TWEH and CCH in HKEC.

Mrs. M. Wan

4.5 Nasal-Pharyngeal Aspiration (NPA)

4.5.1 In view of the temporary aerosol effect of NPA, PMH has stopped this procedure and QMH would only perform it in negative pressure area and with adequate staff precaution.

4.5.2 After discussion, it was decided that NPA will also be performed in PYNEH provided :

- (i) it is performed systematically and well planned ;
- (ii) it is performed by well trained competent staff ;
- (iii) it is limited to designated area and thorough clean-up after procedure ;
- (iv) staff is provided with full protection.

4.5.3 Dr. R. Yung would prepare a protocol on NPA.

Dr. R. Yung

5. BSS Issues

5.1 Supplies

(i) Isolation Gowns

- 600,000 disposable gowns will be delivered to HAHO by the end of next week and weekly thereafter ;
- Mr. H. Li would arrange delivery of gowns to all Levels 1 and 2 wards today.

Mr. H. Li

(ii) Goggles

- 3,000 nos. will be delivered to HA tomorrow but the no. to HKEC was not known.

(iii) Face shields

- With the available stock, 10 nos. were delivered to each of the Level 2 wards and each staff in OT was provided with one. All staff would be provided with one next week after new delivery. 80,000 face shields will be delivered to HA next week.

(iv) Guidelines on the cleansing of eye shield/face shield/goggles will be issued.

**Dr. R. Yung &
Ms. SF Cheung**

6. HR Issues

6.1 Training and Deployment of Doctors

6.1.1 Dr. WC Wu tabled a proposal on the training and deployment plan of HKEC (Appendix 1) and the updated status of manpower deployment from various departments.

6.1.2 In general, the meeting agreed with the proposal in Appendix 1 with the following comments :

- (i) Deployed staff for 'Quick practical training' would work under the assignment and management of Department of Medicine, including on-call duties.
- (ii) Staff should be informed that the SARS training is in preparation for a major influx of cases and the on-call duties and hands-on experience are part and parcel of the training program ;
- (iii) Dr. WC Wu and Dr. L Yam would further discuss the details of the training ;
- (iv) Dr. P. Leung should be informed of the training schedule so that she could personally talk to the staff.
- (v) Dr. WC Wu would contact Dr. KM Choy of HAHO and QMH for their available training materials for use ;
- (vi) Staff having been deployed to Department of Medicine in early April should continue to work in Medicine.
- (vii) Departments involved should submit their list of staff to Dr. WC Wu by end of this week.

Dr. WC Wu &
Dr. L Yam

Dr. WC Wu

Dr. WC Wu

All to note

- 6.2 Mr. W. Kwok updated that leave for civil servants before 14 weeks of pregnancy will be counted as sick leave as informed.

7. HKEC Issues

PYNEH

7.1 ICU Beds

- 7.1.1 Based on the experience of ~15% ICU admission and the increasing no. of SARS patients, all clusters were required to plan for expansion of ICU beds.

- 7.1.2 The maximum no. of ICU beds in PYNEH was projected as 40, of which ~25 could be used for SARS cases :

- D10 : 10 (for SARS cases)
- B10 : 12 (Clean areas for non-SARS cases and later for SARS, if required)
- D5 : 8 (for SARS cases)
- Recovery Areas in OT : 10 (for non-SARS cases)

- 7.1.3 Works for ventilation improvement in D10 would commence from 11 April for 4 days and works for B10 will follow.

7.2

7.2.1 Ventilators

- Dr. W. Chiu and Mr. H. Li would review the current provision of ventilators in HKEC and the required upgrade for use of ICU patients.

7.2.2

- Dr. W. Chiu would prepare the requirements for expansion of ICU beds, including manpower, equipment, supplies, etc.

Mrs. M. Wan
& Dr. W. ChiuDr. W. Chiu &
Mr. H. Li

Dr. W. Chiu

7.3 An additional Cohort Wards

7.3.1 Ward B8 would cease its Surgical day ward activities tomorrow (10 April).

7.3.2 After discussion, the arrangement of cohort wards were :

- Wards A8 and B8 : Screening wards
- Wards A5 and B5 : Confirmed SARS and convalescent patients
- Wards D5 and D10 : Serious cases requiring intensive care

7.4 Hood

7.1.4 The current provision of hood was listed and discussed :

- (i) 6 sets of 'helmets' with batteries and 72 sets of disposable hoods (purchased by PYNEH);
- (ii) 7 sets of 'Air-mate' (disposable) with 2 chargeable batteries (allocated from HAHO) ;
- (iii) 2 sets of 'helmets' with batteries and non-sterilized hoods (old stocks held at PYNEH)

7.4.2 In the short-term, the allocation of 10 sets of hood listed above were as follows. It was also agreed that all available sets would be deployed to OT in case of operation.:

Ward	No. of hood allocated
B6 cohort ward	1
A5, B5 and D5 cohort wards	1 + 2 sets non-sterilized hoods with helmet as spare
ICU	1
OT	1
A&E	1
On-call medical wards (for resuscitation)	1

7.4.3 In the long-term, additional sets could be purchased to meet the demand. Departments of Anaesthesia and Medicine would trial 2 kinds of hood purchased by the hospital and HAHO before deciding the preferred one. Departments would review their demand and forward their quantity required to Dr. WC Wu. Dr. P. Leung would take samples of 2 kinds of hood for further discussion.

Depts of Anaes
& MedDepts & Dr.
WC Wu
Dr. P. Leung7.5 RHTSK

RHTSK will vacate 2 wards for receiving SARS patients which was expected to be ready in 1 week. It has 6 ICU beds and its maximum capacity for SARS patients was ~40.

7.6 WCH

WCH has received 65 patients from WTSH and higher level of care was required for some, instead of the originally planned 50 Central Infirmary Waiting List (CIWL) patients.

8. **A.O.B.**

- 8.1 To enable better design and planning of on-site radiology services, Department of Radiology should be informed as soon as further cohort wards and SARS areas were decided.

All to note

8.2 **Recruitment of Temporary Radiographer**

To cope with the increasing workload of Radiology, Mr. CK Law would co-ordinate the recruitment of temporary radiographer and consider deployment of radiographers among cluster hospitals in case of recruitment difficulties in PYNEH.

Mr. CK Law

8.3 **Admission of Paediatrics SARS Patients**

The meeting agreed with Department of Paediatrics' proposal to admit all paediatrics and adolescent SARS cases to ward B6 wef today.

All to note

- 8.4 Ms SF Cheung was requested to inform cluster hospitals of the arrangement for SOPD patents to take drug without the need of consultation, as far as practicable.

Ms. SF Cheung

9. **Date of Next Meeting**

There was no other business. The meeting adjourned at 4:30pm. The next SARS daily briefing was scheduled at 2:30pm, 10 April (Thur) in Conference Room A, PYNEH.

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 10 April 2003 (Thursday)
Time : 2:30pm – 4:30pm
Venue : Conference Room A(134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. L.Y. So, Cons(Paed) representing Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E)
Dr. Wallace Chiu, COS(Anaes)
Dr. Anne Leung, SMO(Anaes)
Dr. Raymond Yung, COS(Path)
Mr. Michael Li, COS(Surg)
Ms. Joyce Leung, CHRM(HKEC)
Mr. Hans Li, SHA(SS)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

Minutes of the Meeting :**Action By****1. Matters Arising****1.1 Protective Gears**

- 1.1.1 Dr. P. Leung has issued a memo to remind staff to remove all protective gears when leaving the ward of Level I & II, and hand washing after disposal of the said protective gears. The meeting confirmed that such practice should be adhered even for short stays between wards of the same level.

- 1.1.2 To avoid cross-contamination, isolation gown should be hanged outside in.

- 1.1.3 Dr. R. Yung informed that the classification of ward will be finalized tomorrow and color label will then be posted at the entrance of ward as identification.

Dr. R. Yung

- 1.1.4 Posters on proper handling of protective gears for entering and leaving ward area are received and will be distributed to the applicable areas.

Ms. SF Cheung

- 1.1.5 Mr. H. Li updated that temporary shortage of small size gloves and hand towel would resume very soon.

1.2 Online Input of SARS into CMS

- 1.2.1 ICN nurses were helping doctors to input SARS cases into CMS as many information was required. ICN nurses should be given the access level in CMS for inputting SARS.

(Post-meeting notes : It was confirmed that HAHO has opened the input right to all medical and nursing staff in its SARS module. ICN nurses have tried and confirmed accessibility)

- 1.2.2 Dr. P. Leung requested ICN to input all suspected cases staying in hospital today.

Infection Control Team**1.3 Use of Ambu Bag**

- 1.3.1 Review on use of ambu bag at HAHO was still underway. Dr. CC Lau is exploring the use of valve for ambu bag after intubation. He will re-check the standard of the valve before use.

1.4 Changing Room

Mrs. M. Wan reported that provision of shower facilities for clinical departments has been reviewed and in general satisfactory. Housekeeping would further review the provision and facilities inside changing and shower rooms, and issue guidelines on cleansing of changing room. Administration will continue to work with Nursing colleagues on the issue.

Mrs. M. Wan & Ms. SF Cheung**1.5 Air Exchange Rate in Schedule II Hospitals**

EMSD has been informed to check the air exchange standard in TWEH and CCH.

- 1.6 Guidelines on NPA and cleansing of eye shield/face shield/goggles were under preparation and will submit to the meeting when ready.

Dr. R. Yung**1.7 Continues**

Information on the upgradability of ventilators was received from HAHO. Dr. W. Chiu and Mr. H. Li would work out the nos. of upgradable ventilators for SARS patients and the subsequent allocation for the whole cluster.

1.8 Hoods

1.8.1 The meeting agreed to give 2 sets of non-sterilized hoods with helmet to RHTSK for use. Staff of RHTSK would come to PYNEH for training on the use and collect the hoods.

Ms. SF Cheung

1.8.2 Dr. P. Leung has presented the video on 2 different sets of hood to the morning assembly. BSS, HAHO would contact the supplier for details this afternoon and decide whether to buy it centrally. HKEC will proceed to our own procurement if central procurement is not arranged.

1.9 Recruitment of Temporary Radiographer

Various recruitment channels, including VNC, advertisement, union, PolyU, etc. have been initiated. 6-month contract will be awarded for suitable candidate. Radiology Departments in the cluster also agreed to staff deployment between hospitals, if required. Dr. P. Leung asked Mr. CK Law to contact Dr. Kathleen So of HAHO for central recruitment of radiographer.

1.10 Arrangement to take drugs for SOPD patients

Dr. L. Yam confirmed that staff from old age home could take drugs for a lot of SOPD patients without consultation provided it is clinically suitable, and HAHO has been informed.

2 Daily Update

2.1 SARS Status

(i) SARS registry recorded 970 cases, of which 241 were health care workers and 142 were discharged.

(ii) PYNEH : 77 patients in SARS wards. 46 were confirmed, of which 5 were discharged and 2 were in ICU. The meeting agreed that Dr. L. Yam was the overall in-charge of SARS cases, including those in ICU.

All to note

(iii) RHTSK : 3 SARS cases and 1 was in ICU.

(iv) Situation of HA staff affected by SARS:

- PMH : 6 more staff were admitted, 3 from ICU staff and 3 from SARS wards. Total of 38 staff was affected.
 - : 520 patients were admitted and 383 were confirmed SARS. 47 were in ICU and 34 were on ventilators.
 - : Many staff from other hospitals volunteered to help
- UCH : The admission wave is coming down and staff morale is improving. 2 more staff were confirmed, total to 24.
- TKOH : 1 staff had fever
- PWH : Still 70 SARS cases were hospitalized and 16 were in ICU. 17 suspected cases were admitted yesterday and CCE(NTEC) is improving.

- NDH : 2 staff were affected.
- AHNH : 2 more staff were confirmed.
- QEH : 89 SARS were admitted, 60 were confirmed and 17 were in ICU.
- NTWC : 15 SARS, of which 6 were in ICU and 4 were staff. 1 doctor of non-SARS ward has fever.
- KWH : 39 confirmed SARS out of 95 admission, including 8 staff.
- QMH : Admitted 7 patients from other clusters and total 23 SARS.
- WTSH : 40 convalescent patients have been transferred.

2.2 Koway Court

2.2.1 Dr. P. Leung updated that both HAHO and DH have been informed of the cluster of cases in Koway Court. Instructions has been given to the estate for cleaning and for them to seal the water outlets.

2.2.2 Mrs. M. Wan reported that 11 hospital staff live in Koway Court. Staff Health Ambassador will follow-up with the related staff and their families.

2.3 Dr. R. Yung shared that face shield and surgical mask is the most effective protection for intubation.

All to note

3 Infection Control Issues

3.1 Infection Control Enforcement Team

The team will take up to interview the infected staff to find out the possible cause of infection for hazard sharing in daily briefing and feedback to Dr. HW Liu of HAHO.

3.2 Body Fluid Decontamination

Expert Group reviewed that use of bleach is ineffective to decontaminate blood fluid. Body fluid should be discarded as usual. Ms. SF Cheung was requested to organize refresher training for HCAs on the disinfection of bedpans and other hygiene protocols.

Ms. SF Cheung

4. Clinical Diagnosis and Treatment

4.1 Nasal-Pharyngeal Aspiration (NPA) and Nasal-Pharyngeal Swab (NPS)

4.1.1 The options of NPA and NPS were discussed. It was decided to continue the practice of NPA with the precautions agreed in previous meeting.

4.1.2 In response to the suggestion of Dr. LY So, request for installation of exhaust fan in non-SARS ward would be considered later.

4.2 Convalescent Serum

Convalescent serum will proceed despite purification technique is new to HK.

4.3 Prophylactic Ribavirin

In addition to staff, family of the staff confirmed SARS should also be offered the option of prophylactic Ribavirin after full counseling by respiratory physician and consent.

All to note

4.4 Expert Group

Expert groups will be reorganized to weekly meeting amongst the related experts.

4.5 NICU

Each cluster should take care of its own NICU case provided isolation facilities are available. UCH will transfer its NICU case to PMH because it got no isolation facility.

4.6 Use of BIPAP

At HAHO level, Dr. P. Leung will urge HA to reconsider the use of BIPAP when more hoods are available and in considering the air exchange condition in individual hospital.

4.7 Camp Treatment for Convalescent SARS Patients

HAHO is exploring camp treatment for convalescent SARS patients. Dr. L. Yam agreed it as a possible outlet if patients were stable after starting treatment

4.8 Contact Tracing for Staff Fell Sick

4.8.1 Close contacts of staff who fell sick need to be quarantine unless the staff stayed in quarters.

4.8.2 Government is helping to identify more quarters.

4.9 Haemodialysis of SARS Patients

HAHO requests isolation facility for haemodialysis of SARS patient. Such case will be referred to PMH as PYNEH does not have the isolation provision for renal cases.

5. Patient Information

Online input of SARS into CMS has rolled out. Data co-ordinator has been given CMS access right and help to clarify data. Dr. R. Yung informed that a meeting will be held tomorrow at HAHO to clarify the system.

Dr. R. Yung

6 BSS Issues6.1 Negative Pressure OT and ICU

Installation of negative pressure in OT has been completed and Department of Surgery has just completed the 1st operation of SARS case and found it satisfactory. Works for negative pressure for ICU will start tomorrow (11 April). The meeting sent its thanks and appreciation to EMSD.

6.2 Supplies

(i) Isolation Gowns

- About 3,000 isolation gowns have been delivered to wards today.

(ii) Jackets and Trousers

- HA Board members are helping to source supply. 20,000 sets will be delivered to HAHO next week. Adequate supply was expected in 1 week.

(iii) Goggles

- Goggles purchased by HAHO and PYNEH were to be delivered (~300). Use of either goggles or face shield is recommended for high risk procedures. The meeting agreed to allocate it based on the staff no. for shared use in A&E, OT, Medical, Paediatrics and Surgery, in order of priority.

(iv) Eye Shield

- 50,000 will be delivered on 14 April.

(v) Face shields

- 90,000 was expected by next week.

(vi) N95 masks

- 150,000 will be purchased, of which 80% are in small size.

(vii) Hoods

- HAHO will decide which model to buy this afternoon after discussion with the vendor of the model provided by PYNEH.
- With the limited supply request from Dr. SW Pang of Pathology will be withheld.

7 **HR Issues**7.1 HAHO Staff

A staff in HAHO having SARS has passed away. She had chronic lung problem and was only admitted in late stage.

7.2 Training and Deployment for Doctors

7.2.1 Dr. KM Choy of HAHO has developed the 3 modules for ICU, SARS and general medical ward and can be contacted for VCD and reading materials.

7.2.2 As Department of Medicine has to cater attachment training from RHTSK and its own doctors rotation next week, the meeting agreed to postpone the training and deployment of doctors from surgical streams. Dr. WC Wu and Dr. L. Yam will discuss the details.

7.3 Training for Nurses

7.3.1 SEM(N) aimed at 100% training for nurses on infection control. ~90% was trained by 12 April.

7.3.2 Ms. SF Cheung commented that VCD from SEM(N) was not applicable to HKEC and hence the cluster will continue to use our own.

7.4 124 nursing students will come to work this week. Another 60 from CUHK will also come in May.

7.5 There was central recruitment of radiographer and GSA.

7.6 Expert comment has been obtained that asthma is not a contraindication to treat SARS.

Dr. WC Wu &
Dr. L. Yam

All to note

8. **PA Issues**

- 8.1 A recent media report on purchase of sub-standard disposable gowns in one HA hospital is shared. The need and importance of central procurement of protective gears used in hospitals are stressed.
- 8.2 In view of the enthusiastic donation from community, HAHO is planning to give information about HA's supply of protective gear.

9. **Communication with Private Sector**

- 9.1 PWH proposed to perform a cardiac operation in Union hospital with its own team of surgeons and nurses. As there is spare capacity in GH, HAHO has decided that facilities within HA should be used first if there is still capacity. Likewise, cancer surgery in PYNEH may have to stop and send to other hospitals if our SARS cases increase.

10. **HKEC Issues**

- 10.1 Secretary for Health, Welfare and Food has requested Dr. B. Young to help at Bureau level.
- 10.2 **Bed Status in Cohort Wards**
Dr. L. Yam reported that the bed situation in cohort wards were still manageable and will be further improved with the opening of wards A8 and B8 for screening at 12pm tomorrow (11 April).
- 10.3 **Deployment of Housemen**
In response to Dr. L. Yam's enquiries of the possibility of deployment of HO to Department of Medicine for help, Dr. WC Wu will review the training profile of HOs and discuss the details with D. L. Yam.

Dr. WC Wu &
Dr. L Yam

11. **A.O.B.**

- 11.1 **Tracing of Medical Records in Paediatrics Wards**
Dr. LY So asked if MRO could continue to trace medical records in Paediatrics ward in view that medical records in Paediatrics are stored in the 'clean area' of MO room near the entrance of ward, and ward staff is heavily loaded with other clinical works. The meeting agreed with the proposed practice of Paediatrics.

Mrs. M. Wan

12. **Date of Next Meeting**

There was no other business. The meeting adjourned at 4:30pm. The next SARS daily briefing was scheduled at 2:30pm, 11 April (Fri) in Conference Room A, PYNEH.

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

Date : 11 April 2003 (Friday)
Time : 2:30pm – 3:55pm
Venue : Conference Room A(134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Mrs. Anita Chan, HCE(CCH)
Dr. H.C.Ma, HCE(RHTSK)
Dr. D. Wijedoru, HCE(SJH)
Dr. K.T. Tom, HCE(TWEH/WCH)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. L.Y. So, Cons(Paed) representing Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Mrs. Elizabeth Ko, GM(F)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E)
Dr. Wallace Chiu, COS(Anaes)
Dr. Raymond Yung, COS(Path)
Mr. Michael Li, COS(Surg)
Ms. Joyce Leung, CHRM(HKEC)
Mr. Hans Li, SHA(SS)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

Minutes of the Meeting :**Action By****1. Matters Arising****1.1 Protective Gears**

Classification of ward has been finalized and issued. Dr. R. Yung and Ms. F. Lee will co-ordinate the posting of color label, red for level 1, yellow for level 2 and green for level 3, at entrance of ward/department by tomorrow. Similar practice is expected in cluster hospitals.

**Dr. R. Yung &
Ms. F. Lee**

1.2 Changing Room

Nursing and housekeeping staff have reviewed the provision in OT and cleansing guidelines will be issued soon.

1.3 Guidelines

Guidelines on NPA and cleansing of eye shield/face shield/goggles were still under preparation.

1.4 Ventilators

As requested by HAHO, Mr. H. Li is nominated the co-ordinator of ventilators for HKEC. Dr. HC Ma was requested to complete the model information of ventilators in RHTSK in AMS.

Dr. HC Ma

1.5 Refresher Training of HCAs

Refreshing competency training of HCAs will be conducted by WM at ward level. Similar training should also be conducted in RHTSK.

Dr. HC Ma

2. Daily Update**2.1 SARS Status**

(i) SARS registry recorded 998 cases, of which 253 were health care workers and 154 were discharged.

(ii) PYNEH : 80 patients in SARS wards. 49 were confirmed, of which 3 were in ICU, 2 using BIPAP and 1 intubated.

(iii) RHTSK : 4 SARS cases. 2 were on treatment, of which 1 was in ICU using BIPAP.

(iv) Admission situation in various hospital was :

- PMH : 376 SARS cases and 47 were in ICU. 40 staff confirmed ;
- UCH : 154 SARS patients admitted, of which 21 were in ICU and 23 were staff. Another new staff confirmed SARS.
- QEH : 84 SARS cases and 65 were confirmed. 19 in ICU. No new staff was affected.
- TKOH : 23 SARS cases and 11 was in ICU. 1 staff was under observation.
- PWH : 66 SARS cases, of which 17 were in ICU. 2 more staff of AHNH confirmed.
- KWH : 45 SARS and 6 were in ICU. No new staff was confirmed.
- QMH : 22 SARS patients and 1 was in ICU.
- TMH : 13 SARS cases and 5 were in ICU. 4 staff confirmed and 1 suspected.

3. Update of DH/Government Policy

3.1 Quarantine

Household contact with confirmed SARS was requested to mandatory stay at home for 10 days from last day of contact, including maid. Government departments would conduct random checking of the compliance. DH will issue letter to inform the affected families.

3.2 Disclosure of residential address of confirmed cases

DH will disclose the residential address of confirmed SARS cases, up to the block level, on its homepage by Monday (14 April).

4. Isolation Hospital

4.1 As PMH was fully occupied, new SARS cases will be diverted to other hospitals to share out the patient load.

- (i) New PMH staff affected will be admitted to QMH ;
- (ii) Patients referred from DMC of DH will be diverted to TMH ;
- (iii) KEC will continue its diversion of SARS cases to KWH, PYNEH, QMH and TMH.
- (iv) TMH will continue to receive cases from NDH.

4.2 Situation of ICU provision in PMH was still very tight and one of its ICU ward will be decanted for thorough cleansing because many ICU staff were affected in the ward. Patient in serious condition or on <50% O₂ will continue to be transferred to other hospitals with ICU provision.

5. Patient Information Flow

5.1 Dr. R. Yung updated that a new registry in HA with direct input from CMS was rolled out and followings were highlighted :

- (i) Residential address should be clearly entered to enable disclosure to public. Dr. J. Kong is exploring to standardize the address format according to Census Department ;
- (ii) Before inputting a confirmed case, a checklist of several SARS criteria has to be checked ;
- (iii) A new category of "suspected but start treatment" has been added.
- (iv) The registry data will be transferred to DH daily or online.
- (v) DH will take action if more than 2 cases are found in the same building.
- (vi) Infection Control nurses will co-ordinate the report and update of the registry.
- (vii) Cluster Microbiologist will confirm SARS cases in batch for reporting to DH as notifiable disease.

6. BSS Issues

6.1 Supplies

In general, all supplies of protective gear will be sufficient by next week.

6.2 Hoods

6.2.1 Mr. H. Li updated that supplier has informed weekly shipment of adequate

Action By

nos. HAHO is going to purchase 3,000 sets hoods used in PYNEH and 3,000 sets 'Airmate'.

6.2.2 Ms. SF Cheung will find a volunteer nurse to wear the hood for a continuous period to see the tolerance. **Ms. SF Cheung**

6.2.3 With the available limited supply, Anaesthetist will bring along his/her own set for resuscitation call. In case of inadequate hood, face shield should be used.

6.3 Isolation Gowns

Mrs. M. Wan and Ms. SF Cheung will try to explore the supply of isolation gowns wore by health care workers in Mainland China as shown in newspapers and pass the information to BSS, HAHO. **Mrs. M Wan & Ms. SF Cheung**

7. HR Issues

7.1 Quarantine for Staff and Families

7.1.1 HAHO has decided the quarantine arrangement for HA staff and their families in case of SARS (Appendix I)

All to note

7.1.2 Cluster HR will inform staff of their responsibility to inform supervisor in case their family members are suspected or confirmed SARS so that necessary manpower deployment could be arranged. During the 'suspected period', staff could take their annual, if they agree. Or else, staff should continue to work and be assigned duties considered safe by respective department. Special leave will be granted once the SARS case is confirmed.

Cluster HR

All to note

7.1.3 Ms. J. Leung will inform AEDs in the cluster of their contact person for office hours and after hours so that AED could inform HRD of any HA staff or their family confirmed or suspected of SARS.

Cluster HR & AEDs of HKEC

7.1.4 In view of the current crisis and stringent manpower requirement, Dr. P. Leung granted special approval to staff in Department of Medicine to carry forward their annual leave for 2 years.

7.1.5 The Cluster Management Team will discuss in detailed criteria and arrangement of leave encashment.

7.2 Training and Deployment of Doctors

7.2.1 Dr. WC Wu has co-ordinated with Dr. KM Choy of HAHO for a half-day training for HKEC at 2:15pm, 16 April (Wed) in Lecture Theatre, Block B, Multi-Centre, PYNEH. The targets are staff from Surgical stream planned to be deployed, other interested staff and private practitioners.

All to note

7.2.2 The session will cover update on SARS, infection control and emergency intubation. 120 sets teaching material have been obtained from HAHO for each participant. MMU will help to tape the session for VCD production.

7.2.3 The 1-week 'Quick Practical Training' will start from 16 April and 2nd batch on 23 April.

All to note

Action By7.3 Training for Nurses

7.3.1 To familiarize nurses in B8 for SARS ward operation, they will be attached to wards A5 and B5 starting tomorrow. Ward B8 will be open for admission by Monday if the occupancy in existing cohort wards is manageable during weekend.

7.3.2 Nurses training for ICU has commenced. Attachment from RHTSK will come next week. Ms. SF Cheung was requested to furnish a training plan for non-medical nurses for SARS to facilitate manpower planning and deployment in case of increasing SARS cases.

7.3.3 To expedite the training, Dr. R. Yung will co-ordinate practicum training of infection control for all grades of staff, including EMSD.

Ms. SF Cheung

Dr. R. Yung

8. HKEC Issues8.1 Rest Day for SARS Staff

Ms. SF Cheung and Dr. L. Yam were requested to plan for the rest day arrangements for staff having worked in SARS for 4 weeks as decided by HAHO. The meeting agreed that 1 rest day would be granted for 1 week of service in SARS.

Ms. SF Cheung
& Ms. SF
Cheung8.2 Admission of SARS in HKEC

8.2.1 As RHTSK is preparing to upgrade 2 wards for receiving SARS patients, SARS cases received by AED, RHTSK will continue to divert to PYNEH until 21 April. RHTSK will explore to speed up the renovation work.

8.2.2 After the renovation of SARS wards in RHTSK, it will receive SARS patients from its own AED, TKOH and UCH.

8.3 Laparoscopic operation

The meeting agreed that SARS patients should not be offered the option of laparoscopic operation.

8.4 Dr. LY So will revise the admission criteria for paediatrics and adolescent SARS cases and send to AED.

9. Date of Next Meeting

There was no other business. The meeting adjourned at 3:55pm. The next SARS daily briefing was scheduled at 11:30am, 12 April (Sat) in Conference Room A, PYNEH.

Minutes of SARS Daily Briefing
Pamela Youde Nethersole Eastern Hospital

080140

Date : 12 April 2003 (Saturday)
Time : 12pm – 1pm
Venue : Conference Room A(134), 2/F, Main Block

Present :

Dr. Pamela Leung, CCE(HKEC)/HCE(PYNEH) _____ (Chairman)
Dr. C.M. Tai, CC1/Cons(O&G)
Dr. W.C. Wu, CC2/COS(O&T)
Dr. L. Yam, CC3/COS(Med)
Dr. L.Y. So, Cons(Paed) representing Dr. Betty Young, CC4/COS(Paed)
Mrs. Mary Wan, GM(AS)
Mr. C.K. Law, GM(AH)
Mrs. Elizabeth Ko, GM(F)
Ms. S.F. Cheung, GM(N)
Dr. C.C. Lau, COS(A&E) .
Dr. Wallace Chiu, COS(Anaes)
Dr. Raymond Yung, COS(Path)
Mr. Michael Li, COS(Surg)
Ms. Joyce Leung, CHRM(HKEC)
Mr. Hans Li, SHA(SS)
Ms. Fion Lee, SHA(G&PS) _____ (Secretary)

Minutes of the Meeting :**Action By****1. Daily Update****1.1 SARS Status**

- (i) SARS registry recorded 1,059 cases, of which 169 were discharged.
- (ii) PYNEH : 81 patients in SARS wards. 57 were confirmed, of which 5 were in ICU, 4 using BIPAP and 1 intubated.
- (iii) RHTSK : 4 SARS cases. 2 were on treatment, of which 1 was in ICU.
- (iv) Situation of HA staff affected by SARS :
 - TMH : 5 staff have SARS
 - QEH : No new staff was affected
 - PWH : 4 staff were affected, of which 3 were from ANNH
 - PMH : 1 more staff was affected, totaled to 38, of which 4 were in ICU.
 - KWH : 9 staff were affected

2. Isolation Hospital

- 2.1 There are 47 patients in ICU of PMH. Total 10 potential ICU cases will be decanted to PYNEH and QMH.
- 2.2 As many doctors in ICU fell sick, volunteers from other hospitals, especially at the specialist level, were called for. Dr. W. Chiu will ask if any of his ICU staff would volunteer to help.
- 2.3 PMH will stop admitting SARS patients.
 - (i) Clusters will admit its own SARS patients
 - (ii) TMH will receive SARS cases from DMC of DH and YCH
 - (iii) SARS patients from OLMH will divert to KWH.
 - (iv) CMC will open its SARS wards.
- 2.4 UCH will resume to receive its own non-SARS medical patients from 2pm next Monday (14 April) onwards.
- 2.5 HA and Government are exploring alternatives to relieve bed status in hospitals, including :
 - (i) NTEC : Pilot to decant 100 infirmary beds in TPH to private old age home ;
 - (ii) HKEC : Set up ambulatory facility in Lei Yue Mun Holiday Village for suspected and mild SARS cases. Expert panel will work out a set of transfer criteria.
- 2.6 As many elderlies prefer to refill drug for their SOPD appointment, Ms. SF Cheung will explore the feasibility of outreach blood taking by CNS.

Dr. W. Chiu

Ms. SF Cheung

3. Clinical Diagnosis and Treatment

- 3.1 Use of Traditional Chinese Medicine (TCM) for prophylactic purpose is being explored :
 - (i) CUHK has commenced a research with hospital in Mainland China for a TCM prescription for choice of social contact cases ;

- (ii) KWH will research 4-5 TCM prescriptions for different body conditions. Staff is welcome to try and Ms. J. Leung will check the details before announcing to staff.

Ms. J. Leung

4. Patient Information Flow

- 4.1 Some data verification between HA and DH was required in the initial interface of new registry. Dr. R. Yung is the designated Microbiologist to sign off SARS cases.

5. BSS Issues

5.1 Hoods

- 5.1.1 Dr. W.M. Ko will meet the suppliers of hood himself to secure adequate supplies.

- 5.1.2 Ms. SF Cheung reported that a nurse has worn 'Airmate' continuously for 2 hours and find it comfortable. They will continue to try wearing the helmet and hood bought by hospital.

Ms. SF Cheung

5.2 Quarters

Provision of quarter is still very tight. Dr. M.Y. Cheng, HAHO is sourcing private accommodation.

6. HR Issues

6.1 Training of Doctors

- 6.1.1 Our coming half-day training co-organized with HAHO will be opened to private practitioners, who have volunteered to help in GOPC.

6.1.2 Staff Rest Days

CE, HA decided to leave the arrangement flexibly to cluster level as long as the same principle of 1 rest day for 1 week of service in SARS areas is followed. In HKEC, the arrangement is left for department heads to discuss and decide with staff.

Dept Heads

7. PA Issues

- 7.1 Adequacy of ICU facilities is a hot media issue recently. Though current provision of ICU facilities is still adequate, clusters are required to plan for ICU expansion. It was expected that early treatment and re-consideration to use BIPAP could reduce the ICU demand. Some other hospitals, including TMH and PMH, are considering the use of BIPAP but very much hinge on the provision of hood.

- 7.2 Dr. K. M. Choy has requested for special consideration from various complaints handling organizations, namely Ombudsman, EOC, PCO, etc. to extend the complaint investigation time for HA under current crisis time.

8. HKEC Issues

- 8.1 5 patients have been admitted to D5. To spare the ICU facility for SARS, 2 non-SARS cases in D5 will be transferred to ICU.

- 8.2 Total of 11 cases were admitted from Koway Court. Both DH and HAHO

were informed and contact tracing was being conducted.

8.3 Contingency Plan for Influx of SARS Cases

8.3.1 The contingency plan in case of influx of SARS cases in PYNEH was :

- (i) Open B8 ward immediately or on Monday (14 April), whichever is the earlier ;
- (ii) Open B9 ward for SARS: Transfer O&T patients in B9 to A7, to stay with Gynaecology patients on 14 or 15 April.
- (iii) Open A9 ward for SARS: Transfer Medical patients in A9 to F8.

Dr. WC Wu,
Dr. CM Tai &
Ms. SF Cheung

8.3.2 Ms. SW Wong, DOM(Med) was requested to prepare list of standard requirement for opening new SARS ward, including supplies, facilities and drugs.

Ms. SW Wong
& Mr. H. Li

8.3.3 To prepare for the increasing SARS wards, Ms. SF Cheung will expedite the training of nurses.

Ms. SF Cheung

8.3.4 Dr. R. Yung has studied the design of planned SARS wards in RHTSK and considered the ventilation was far from satisfactory. After discussion, the meeting agreed to following measures are feasible.

- (i) To centralize all SARS cases in HKEC in PYNEH in view of its better provision of facilities and ventilation. No further renovation in RHTSK is required ;
- (ii) RHTSK will help to receive 50% of non-SARS medical patients from PYNEH
- (iii) Respiratory team of RHTSK will be deployed to PYNEH to help treating SARS cases.

These arrangements will be subject to agreement by RHTSK.

8.3.5 Dr. L. Yam also updated that respiratory physician of NLH has been contacted and agreed to help from 22 April onwards.

9. A.O.B.

9.1 Cleansing Rounds for Paediatrics wards

In response to Dr. LY So's request for additional cleansing round in afternoon for Paediatrics wards, Mrs. M. Wan will explore the arrangement.

Mrs. M. Wan

9.2 Infection Control Issues

The Infection Control Enforcement Team reflected 2 infection control issues as discussed in its daily briefings :

- (i) Nebuliser was ordered for a post-operative case. It was reminded that Nebuliser should not be used as far as practicable and guidelines on Nebuliser should be adhered ;
- (ii) Incidents of staff wearing protective gears in the corridor were still found. Information of the related staff will be forwarded to respective COS for action.

Dr. W. Chiu

9. Date of Next Meeting

There was no other business. The meeting adjourned at 1pm. The next meeting is ad hoc Medical Committee scheduled at 2:30pm, 14 April (Mon) in Board Room, 3/F, Main Block, PYNEH