

**Ad hoc Meeting on  
SARS Update  
on 17 March 2003  
in Room AB1028, 1/F, Main Block  
Tuen Mun Hospital at 1:30pm**

Present: Dr W L CHEUNG  
Dr Albert C Y LO  
Dr T W LEE  
Dr C W KAM  
Dr K T SO  
Dr L CHOW  
Dr T L QUE  
Ms Sylvia TAM  
Mr Benjamin LEE

**Patient Statistics and Clinical Information Flow**

**Action**

All in and out information flow and reporting between HAHO and NTWC on SARS issues and incidents would be coordinated by Dr T L QUE.

**TLQUE**

**Data Definition and Reporting**

2. According to existing data definition, there was no SARS cases in NTWC. There were two cases with contact history under observation. Dr S W LIU would conduct a meeting in HAHO on 17 March afternoon. Dr QUE would keep in view of any updates and report to CCE and any other concerned staff.

**TLQUE**

**Content: Index Case Related  
Community Acquired**

3. 4 SARS index cases were treated in PWH(ward A8), PYNEH, KWH (patient visited Vietnam)and PMH(staff of private clinic in Mongkok).

**Patient Isolation and Cohorting**

4. Patients related to PWH index case might consider referring back to PWH.

**Index Case Related(PWH)**

5. There was only one female patient who was the daughter of the male patient died in PWH staying in a medical ward of TMH. As at todate, there was no sufficient evidence to diagnose the patient as suffering from SARS. Dr L Chow would try to convince the patient to agree for transfer back to PWH for treatment.

**L CHOW****Other Cases**

6. Other cases from NTWC would be treated in TMH.

**Existing Arrangement & Contingencies for the Following Departments****A&E Department**

7. Dr K W KAM suggested to buy some rubbish bins with covers for better infection control.

**Benjamin LEE**

8. In general, staff morale were stable. There was no significant number of staff taken sick leave. Number of attendances to the Department increased by around 100 daily. In view of the heavy workload, CCE advised that for staff who wanted to seek medical treatment with or without suspected symptoms of pneumonia should attend staff clinic for consultation during normal office hours. Outside office hours, staff could attend A&E Department for consultation. CCE would follow up with Dr S Y AU to request the staff clinic to be lax on the daily quota set for consultation.

**W L CHEUNG**

**Department of Medicine & Geriatrics**

9. Wards D8 and C10 were now using as holding wards for treating suspected SARS cases. There were a total of one male and one female patients currently staying in the said wards, respectively. Dr CHOW requested for information on the routing of the air-ducts of the medical wards so as to facilitate him in making decision on which ward to be used for isolation of the affected patients. Mr LEE would clarify with Dr CHOW.

**Benjamin LEE**

(Post-meeting note: All wards were equipped with independent Air Handling Units)

10. Dr K K LAI of NDH requested for medical wards in TMH to receive patients overflowed from NDH. CCE requested Dr CHOW to follow up with Dr LAI. Dr CHOW was delegated by CCE to suspend the arrangement when the capacity was deemed fully utilized by Dr CHOW. Arrangement should be made to facilitate direct admission of the said cases transferred from NDH to medical wards of TMH without initial screening by A&E Department of TMH.

**L CHOW****L CHOW  
C W KAM****Department of Paediatrics**

11. No special issues. Ward A6 was identified for holding suspected SARS cases.

**Intensive Care Unit**

12. No special issues except that CCE advised Dr T W LEE to be prepared for making beds available for admitting patients with deteriorated conditions overflowed from ICU, PWH. If and when necessary, number of elective operations would be reduced to reduce the demand for ICU beds. CCE advised Dr Albert LO to fore-warn COSs of the surgical stream of clinical specialties. CCE advised Dr LEE to give sufficient time for the Hospital Management to serve prior notice to the COSs for cutting the number of elective operations if such was needed.

**Albert LO****T W LEE**

**Readiness****Manpower**

13. Internal re-deployment of staff within the Department and between Departments should be arranged to meet additional workload. Support could be sought from Ms Sylvia TAM if redeployment of nurses from central pool was required. COSs should report to CCE if and when significant increase in number of staff taken sick leave was detected.

**Sylvia TAM**  
**COSs**

**Supplies**

14. No need for special N95 masks. Disposable surgical masks were deemed appropriate. The existing stock for supplying the masks was able to last for two weeks. The procurement staff would endeavour to maintain a continuous supply of the disposable surgical masks. Supply of N95 masks, disposable gowns and masks with flaps for covering the upper face and eye-glasses would also be sourced and increased. Visiting relatives would not be supplied with surgical masks routinely, courtesy supply could be considered in exceptional cases.

**Support to Other Clusters**

15. CCE appealed COSs and CGM(N) to promote the need for volunteers from doctors and nurses to be seconded to PWH for clinical duties on very short-term(a few days) or short-term(a few weeks) basis to relieve staff shortage problem faced in PWH.

**COSs**  
**CGM(N)**

**Staff Education, Support and Concern**

16. An open forum was organized to be held on 18 March in Lecture Theatre, ACC, at 3:00 pm to update staff on SARS. CCE advised to organize one more forum.

**TLQUE**

(Post-meeting note: An additional forum was organized to be held on 21 March at 10:00am at the same venue)

**Information Flow/Hotline**

17. Two DECT phones and telephone line would be allocated to ICN for setting up hotlines for general enquiry and psychological support/counseling needed by staff. Formal psychological services would be provided by Clinical Psychologist colleagues if and when deemed necessary.

(Post-meeting note: The hotline nos. were 2468 5957 and 2468 5896.)

**Accommodation**

18. Up to a maximum of 300 beds for staying over-night in TMH by staff could be made available.

**Overall Control**

19. CCE advised that control centre could be set up if and when the circumstances so warranted.

**End of Meeting**

20. The meeting ended at 2:30 pm.

Secretariat  
Cluster Administration Division  
New Territories West Cluster

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18 March 2003