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Professional Qualifications and Experience

I am a [redacted]. I am now working in Central Nursing Division of PMH.

The specified areas of study on preparedness and readiness of PMH to serve as a SARS hospital, infection control measures in PMH during SARS outbreak and infection of healthcare workers were dealt with in my responses to the questions as listed in appendix IV.

Yours sincerely

Chan Kwan-ying, Winnie

Responses to questions set in appendix IV

Q1 Princess Margaret Hospital (PMH) was designated as a Severe Acute Respiratory Syndrome (SARS) hospital on 26 March 2003. Please describe the facilities and manpower situation of the intensive care unit (ICU) of PMH prior to that date? Were there any SARS patients being treated in the ICU of PMH at that time? If yes, how many? Had any healthcare workers (HCWs) and non-SARS patients in and visitors to the ICU been infected by the SARS patients before 26 March 2003? If yes, how many and how were they infected?

PMH ICU had 14 beds with 2 single-bed isolation rooms. Prior to designation, the 2nd ICU ward with 18 beds (2 single-bed isolation rooms) in the adjoining ward was used on 23/3. Exhaust fans were installed to create negative pressure. The ICU was served by a team of 6 doctors, 56 nurses, 6 supporting and 2 clerical staff. There was no healthcare worker (HCW), non-SARS patient or visitor infected before 26/3.

Q2 Were you involved in the discussion on the designation of PMH as a SARS hospital? If not, why not? If yes, what views did you express?

I was not involved in the discussion of the designation of PMH as a SARS Hospital

Q3 Were you involved in making the necessary preparations to turn PMH to be a SARS hospital? If not, why not? If yes, for what preparations were you responsible? How much time were you given to make the preparations? Was the time given sufficient to make such preparations? If not, did you ask for more time?

I was involved in making the necessary preparation to turn PMH to be a SARS hospital. After the urgent meeting called by CCE on 27/3, I immediately worked together with COS to make plan for the 64 ICU beds in 4 wards. I was responsible for nursing and supporting staff, ward environment, equipment, consumables and infection control. Since we had the 2nd ICU ward opened on 23/3, the major work was to prepare the 3rd and 4th ICU wards upon the decanting of O&G patients. Time was tight but we had not thought of asking for more time and we just had to do our best.

Q4 Did you consider the ICU of PMH ready to cope with additional SARS patients when PMH began to serve as a SARS hospital on 29 March 2003? If not, why not? If yes, what was the basis of your view?

Based upon the situation on 26/3, I considered our ICU would be able to cope with additional SARS patients because ICU had been treating severe CAP patients since February 03 and later SARS patients with no staff infection up to the time of designation. The intake of SARS patients to ICU was gradual before 26/3 and the cases were not complicated. On 26/3, we had 11 patients and we expected that the 3rd ICU ward would not be required till end of the first week. With the additional manpower, we should be able to get the 3rd and 4th ICU wards ready.

Q5 Did you know the percentage of SARS patients in Prince of Wales Hospital (PWH) that needed ICU care? If yes, what was the percentage?

I did not know the percentage of SARS patients in PWH that needed ICU care.

Q6 What was the anticipated SARS patient load of the ICU of PMH when PMH was designated as a SARS hospital? Did PMH have an estimate of the facilities, including the number of isolation rooms and manpower required for the ICU? If not, why not? If yes, what were the details of the estimate, in terms of the number of isolation rooms, doctors, nurses and other HCWs required?

When PMH was designated as a SARS hospital, we were informed to plan for 64 ICU beds. It was based upon the available facilities in 4 wards on the same floor. Since we had only SARS patients, single isolation room was not required. There are 6 single rooms and 14 large cubicles. 32 ventilators and necessary equipments were ready. Exhaust fans and double door were installed immediately. 200 nurses, 28 supporting and 4 clerical staff were planned.

Q7 Was the respiratory equipment used in the ICU of PMH equipped with filters? If yes, was the respiratory equipment only equipped with filters during the SARS outbreak? If yes, when was the equipment fitted with filters and on whose advice?

Our respiratory equipment was fitted with filters for all patients with air-borne infections such as T.B. It had been a standard practice in ICU before the SARS outbreak.

Q8 Prior to the designation of PMH as a SARS hospital, had infection control measures been stepped up in the ICU of PMH, given the SARS outbreak at PWH? If not, why not? If yes, how had the infection control measures been stepped up?

Infection control measures in our ICU had been stepped up in late February, well before the SARS outbreak in PWH. Exhaust fans were installed in all rooms and cubicles; severe CAP

cases were isolated in single room; bacterial / viral filters were fitted together with scavenging system; closed suction system was used in the ventilator circuit. All staff was required to put on surgical masks. For high risk procedure, N95, latex gloves, gown and goggles were used and good hand hygiene was reinforced.

Q9 Were additional infection control measures put in place in the ICU of PMH to prepare PMH to serve as a SARS hospital? If not, why not? If yes, what were these measures?

Upon the designation additional exhaust fans and doors were installed . Clean and dirty zones were identified with areas for gowning and de-gowning. Designated staff were assigned for infection control and training.

Q10 Were HCWs of the other Departments in PMH and/or other hospitals deployed to the ICU of PMH when PMH was designated as a SARS hospital? If not, did you know the reason? If yes, what were the details of the deployment?

There were altogether 14 doctors, 231 nurses, 42 supporting and 6 clerical staff deployed to ICU within PMH. 20 doctors and 42 ICU nurses were deployed from other hospitals / clusters.

Q11 Was there a maximum number of SARS patients that the ICU of PMH could handle overall? If yes, what was the number? Was there a maximum number of daily intake of SARS patients that ICU could handle? If yes, what was the number? How did the actual SARS patient load of ICU of PMH compare to the anticipated SARS patient load? Was there any contingency plan to deal with the situation where the actual patient load was more than the ICU of PMH could handle? If yes, what was the plan? If not, why was there no contingency plan?

Our plan was to prepare for 64 ICU beds. It would be difficult to estimate the maximum number of daily intake of SARS patients that ICU could handle because it would be affected by the existing number of patients requiring ICU care, the workload and availability of expertise. The sudden influx of 40 SARS patients to ICU in 1 week was beyond our expectation. Many of them were in acute respiratory failure requiring immediate resuscitation and ventilatory care. The plan to speed up the opening the 3rd and 4th ICU wards was the contingency plan.

Q12 How many HCWs in the ICU of PMH were infected during the SARS outbreak in PMH? How and why were they infected? When was the first of such cases reported? Were the infection control measures in the ICU of PMH stepped up after the first of such cases was reported? If not, why not? If yes, how were the infection control measures stepped up?

Why did HCWs in the ICU of PMH continue to be infected even though the level of infection control had been increased?

25 HCWs in ICU were infected during the SARS outbreak including 6 doctors, 12 nurses, 5 supporting and 2 clerical staff. It could be caused by the sudden increase of large patient load within a short time. As mentioned before, many of these patients were in acute respiratory failure requiring immediate resuscitation and ventilatory care. The high viral load within ICU, prolonged work stress and the discomfort with the added PPE, all could be the causes. However, the exact cause remained unknown.

The first case was reported on 1/4; and infection control measures in ICU were stepped up immediately. All ICU staffs were further reminded to be vigilant in infection control. Air-mate was used for intubation. Extra hand-wash basins were installed, areas for gowning / de-gowning areas were extended, partitions were set up at staff dining table; extra notice boards were set up at changing room with reminders to staff. Frequency of waste collection and cleansing of toilet and floor was increased. Daily briefing and patrol on use of PPE and hand washing was reinforced. Engineers from HAHO and EMSD were invited to examine the air quality and explored way to improve the working environment.

The last healthcare worker in ICU was infected with SARS on 13/4. It could be related to the unprecedented heavy workload when ICU was flooded with SARS patients , stress at work and frequent high risk procedures.

13 Were there problems with the supply of personal protection equipment in the ICU? If yes, how were the problems resolved?

There was no problem with the supply of PPE in the ICU.

Q14 Was the need to quarantine HCWs to prevent the spread of SARS to the community ever considered? If not, why not? If yes, what was the decision taken and what were the considerations?

The practice of infection control measures by HCWs was one of the means to prevent infection and spread of SARS. Temporary accommodation was provided if staff wished to stay away from home. Sickbay was also provided to sick staff and staff with symptoms. I practiced home quarantine for myself.

Q15 A series of staff forums were held for the Kowloon West Cluster commencing 27 March 2003. Did you and/or any of the HCWs under your charge attend these forums? If not, why not? If

yes, what was your and their assessment of the usefulness of these forums?

A series of staff forums were conducted in PMH which were video-conferenced to all KWC hospitals. My staff and I had attended the forums. We found that they were very helpful. They gave us updated SARS information, service re-arrangement, infection control measures on SARS. Experts such as Prof. J. Sung and Prof. P. C. Leung were invited to share their experience. Demonstration on wearing of PPE was done by ICN. SHW&F and HA Board Chairman also came to boost our staff morale. Staff and CCE exchanged views on many issues. It was a good opportunity for staff communication.

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