

CONFIDENTIAL

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Miss Flora Tai,  
Clerk to Select Committee of the Legislative Council  
Your Ref. CB2/SC2  
Fax. No. 2248 2011

**Written Statement Submitted by Lai Shuet Fun, Adela**

**Professional qualification**

[REDACTED]  
[REDACTED]  
[REDACTED]

**Working Experience**

[REDACTED]

Currently, I am the Cluster Manager (Community Health) and General Manager (Nursing) in PMH since October 2002.

The specific areas of study concerning the preparedness and readiness of PMH to serve as a SARS hospital and infection of healthcare workers in PMH would be addressed in the respond to the questions raised by the Committee.

Infection control measures in PMH during SARS outbreak were:

- Full PPE in all SARS wards – N95, goggle / face shield, gowns, cap, gloves
- Exhaust fans installed in all SARS wards to create negative pressure
- Identified clean zone, dirty zone, gowning and de-gowning areas in all SARS wards
- Increase hand wash / hand hygiene facilities in all areas
- Training, demonstration and on-site briefing on the use PPE and hand hygiene
- Orientation training for new staff on infection control and SARS
- A VCD produced to demonstrate gowning, de-gowning and hand washing technique
- Internal and external audits, surprise checks and patrol were conducted
- Environmental hygiene and pest control strengthened in all areas
- Guidelines on droplet precaution, contact isolation, waste handling and dress codes
- No visiting in all SARS wards

**Respond to Questions Raised by the Select Committee**

**Q1** *Were you involved in the discussion on the designation of Princess Margaret Hospital (PMH) as a Severe Acute Respiratory Syndrome (SARS) hospital? If not, why not? If yes, what views did you express?*

I was involved during the discussion in the designation of PMH to be a SARS hospital. On 26/3, an urgent meeting was called by CCE to explore the capacity of PMH in receiving SARS patients. Another meeting was held again in the evening with the cluster HCEs to discuss the preparatory work and bed provision within the cluster.

Since it was a government decision, as a citizen of Hong Kong and a health care professional, we were obliged to take up the mission.

**Q2** *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. I was responsible for the SARS registry, ward coordination, nursing manpower deployment, set up the help desk and control center.

As we had to start receiving SARS patients as a SARS hospital on 29/3, the time was very tight. But with the Amoy outbreak, it did not seem to be realistic to ask for more time.

**Q3** *Did you consider PMH ready to serve as a SARS hospital on 29 March 2003? If not, why not? Did you raise your concern with the hospital management? If yes, what was the response? Who made the decision that PMH should commence to serve as a SARS hospital despite the fact that there was not sufficient time to make the necessary preparations?*

On 26/3, we considered PMH should be ready to serve as a SARS hospital on 29/3. But with the Amoy outbreak, 44 SARS patients had already been admitted to PMH on 28/3. On the very first day of designation, there were 93 new SARS cases rushed in and we had concern on the sudden increase in patient number. Since CE HKSAR had designated PMH to be a SARS hospital as a means to combat the Amoy outbreak, we had to try our best to achieve the entrusted mission.

**Q4** *A series of staff forums were held for the Kowloon West Cluster commencing 27 March 2003. Did you and / or any of the healthcare workers (HCWs) under your charge attend these forum? If not, why not? If yes, what was your assessment of the usefulness of these forums?*

Before and during PMH was designated to a SARS hospital, a total of 6 staff forums (19/3, 27/3, 28/3, 29/3, 2/4 and 9/4) were held, which were video-conferenced to all KCW cluster hospitals to get everybody involved. These forums had been very well attended by all grades of staff. A lot of nurses attended the forum, including DOMs, SNOs, ward supervisors and frontline staff. We found that these forums were extremely useful. They were the most valuable moments where we could get together and to share the progress and broader picture of the situation. Timely information and updated guidelines were disseminated. Many outside experts were invited to share their experience. SHW&F was also present on 2/4 to boost staff morale. CE of HA appeared at the forum on 9/4 via video conferencing to meet the staff. Most important of all, the forums were interactive; CCE was there to listen to staff's concerns and addressed their issues.

**Q5** *A control and coordinating center commenced operation at PMH on 31 March 2003. Did you know what the role and functions of this center were? Did you know why it was necessary to set up this center when the New Territories West Regional Office of the Department of Health had already set up a control center at PMH on 28 March 2003? Did you know what was the working relationship between the two centres and what information wash exchanged between the two centres?*

The NTW Regional Office of DH did not set up any control center at PMH on 28/3.

On 29/3, PMH set up a SARS Control Centre and staff of the DH joined in on 31/3. The role and functions of the center were:

- Act as central coordinating center to monitor and control all SARS patients information
- Liaise with SARS wards, HA SARS Centre, and DH to ensure efficient flow of information
- Provide all assistance to DH and HAHO to facilitate contact tracing and reporting
- Maintain SARS case registry and update the e-SARS system
- Prepare daily SARS reports to CCE and HAHO
- Formulate statistical reports for SARS patients
- Provide data to concerned parties for clinical review, research and report writing
- Keep track of suspected cases and early identification of outbreaks

The SARS Control Centre had worked alongside with the DH NTW surveillance team. They shared the same database together with a lot of exchanges in information and expertise. Close working relations were developed between DH and specialists of PMH.

**Q6** *Did any HCWs under your charge contract SARS during the outbreak at PMH? If yes, when was the first of such cases reported to you? What was your response to the situation? Did you inform the hospital management immediately? If not, why not? If yes, what was their response? How many HCWs under your charge were infected during the SARS outbreak at PMH? Did you make an assessment of why these HCWs had fallen ill with SARS? If not, why not? If yes, what was the assessment?*

Among the 63 infected staff, 35 were nurses. The first case was reported on 30/3. It had alerted everyone to be vigilant in infection control and I was concerned for more staff could be infected. CCE was informed and immediate actions were taken to trace any staff contact with advice given. Ward visits were made by myself, ICN and other senior staff.

For each staff admitted, I would be notified and a designated senior staff would visit the sick staff to show our concern and explore any possible break of infection. Contact tracing would be carried out by DH with the assistance of PMH staff. After detailed investigation, staff infection could be resulted from the following:

- Large influx of 555 SARS patients within 1 week
- Many involved in high risk procedures such as intubation, bagging, handling of wastes and infected excreta
- With the large number of patients in ICU, the viral load was high
- Prolong work stress could be the other cause

**Q7** *On 7 April, PMH stopped the admission of SARS patients from all hospitals except Yan Chai Hospital and Caritas Medical Centre. Who made the decision and what were the considerations? In which forum was the decision made and who were involved in the discussion? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?*

On 7 April, CCE announced at the KWC SARS Management Committee that the morning SARS Round-up meeting at HAHO had decided that PMH should stop receiving SARS patients from all A&Es. At the same KWC SARS Management Committee meeting, it was agreed that CMC and YCH should be kept free from SARS as far as possible. Thus PMH continued to take SARS patients referred from the A&E of CMC and YCH.

**Q8** *On 7 April, 2003, PMH began transferring SARS patients to Wong Tai Sin Hospital for convalescence. In which forum was the decision made who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?*

In the evening of 26/3, CCE, together with the KWC HCEs and myself discussed the bed provision for the designation. Considering the anticipated long stay of the SARS patients, a step-down facility would be required. In order to better utilize the beds in PMH, WTSH would be vacated to provide 400 SARS convalescent beds. The proposal was accepted by HAHO.

**Q9** *Were there any step-down arrangement for patients before they were transferred out? If not, why not? If yes, when were the step-down arrangement put in place?*

WTSH was the convalescent hospital for SARS patients in PMH. Stringent criteria were set before patients could be transferred to WTSH.

**Q10** *On 11 April 2003, PMH stopped admission of new SARS cases. In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?*

On 11 April, PMH stopped all SARS new admissions. The decision was made by the morning SARS Round-up meeting at HAHO and I was not involved in the decision.

**Q11** *On 11 April 2003, PMH began transferring "potential intensive care unit" patients to other hospitals. Were they non-SARS patients? In which forum was the decision made and who were involved in the discussion? Who made the decision and what were the considerations? Were you involved in the discussion? If not, why not? If yes, what views did you express? Why was the decision taken at that point in time?*

On 7 April, CCE announced at the KWC SARS Management Committee that the morning SARS Round-up meeting at HAHO had decided that potential ICU cases could be transferred to other hospitals. This was to reduce the burden of ICU in PMH. A total of 16 SARS patients were transferred to other hospitals (10 QMH, 5 PYNEH, 1 TMH).

  
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