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瑪嘉烈醫院 PRINCESS MARGARET HOSPITAL

CONFIDENTIAL 關懷病人 醫護同心

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Message Dear Ms Tai, Ms Wan,

Attached please find my statement and CV for your information. Thank you

Yan Wing Wa

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Written statement by Dr YAN Wing Wa

1. 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? Were any healthcare workers (HCWs) and non-SARS patients in and visitors to the ICU of PMH infected by the SARS patients? If yes, how many and how were they infected?

   There were 14 ICU beds in the ward C2 including 2 single-bed isolation cubicles. On 23 March 2003, Ward D2, which was capable of holding 18 ICU beds, was also used for treating SARS patients. The manpower included 6 doctors, 56 nursing staff and 8 supporting staff.

   11 SARS patients were being treated in ICU on 26 March 2003 and no healthcare workers (HCWs), non-SARS patients or visitors were infected at that time.

2. Were you consulted prior to the designation of PMH as a SARS hospital? If not, why not? If yes, what views did you express?

   I was not consulted prior to the designation of PMH as a SARS hospital. I was only informed of the decision in the special morning meeting on 27 March 2003.

3. What were the facilities and manpower required for the ICU of a SARS hospital? In what ways did the ICU of PMH fit the requirements? Was conversion of the facilities of the ICU of PMH required? If not, why not? If yes, what were the details of the conversion work carried out? Was additional manpower needed to cope with the additional SARS patients? If not, why not? If yes, what were the details of the additional manpower deployed to the ICU of PMH?

   The facilities of SARS ICU should have good infection control such as good ventilation, easy access to wash basins, partition between cubicles and adequate staff changing areas. Conversion work was carried out including the installation of additional exhaust fans to create negative pressure, relocation of staff changing areas, installation of cubicle doors. The ward was also zoned into dirty and clean areas.

Additional medical manpower was arranged from the Department of Anaesthesia of PMH and other hospitals within Kowloon West Cluster while the nursing and supporting staff would be arranged by the Department Operations Manager (DOM), ICU and General Manager (nursing) of PMH.

The actual manpower deployment is tabled as follows:

Doctors from PMH	14
Doctors from other hospitals	20
Total doctors deployed in	34
Nurses from PMH	231
Nurses from other hospitals	42
Total nurses deployed in	273

4. Were you involved in making the necessary preparations to turn PMH to be a SARS hospital? If not, why not? If yes, please provide details of your involvement. How much time were you given to carry out the necessary preparations? Did you consider the time allowed sufficient? If not, did you raise your concern with the hospital management? If not, why not? If yes, what was the management's response? 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?

Besides performing the frontline clinical duties, I was involved in the preparations to turn PMH into a SARS hospital. The preparation started on 27 March 2003 right after the meeting. I started to arrange the deployment of staff and equipment. The setting up of the infection control system and measures in the department was done with the help of Infection Control Team of the hospital. Crash courses were arranged for the newly deployed staff. The plan was to prepare for a total of 64 adult ICU beds. Preparation time was tight but taken into account of the disaster situation at that moment, we had to do the best possible we could.

I think that ICU PMH would be able to cope with a gradual increase of SARS patients. However, it turned out to be a huge and sudden influx of SARS patients within a short period of time.

5. What was the anticipated SARS patient load of the ICU of PMH when PMH was designated as a SARS hospital? Did you make an estimate of the facilities, (including the number of isolation rooms) and manpower required for the ICU after PMH was so designated? If not, why not? If yes, what were the details of your estimate, in terms of the number of isolation rooms, doctors, nurses and other HCWs required? Did you know the percentage of SARS patients in Prince of Wales Hospital (PWH) that needed ICU care? If not, did you try to find out such percentage? If yes, what was the percentage? Did you take into account this percentage in making your estimate of the facilities and manpower required for the ICU of PMH to cope with additional SARS patients? If not, why not?

The plan was to open 64 ICU beds gradually. Because all the patients in the ICU would be SARS patients, the number of isolation rooms would not be an issue. There were plan for additional facilities and manpower. It was estimated that a total of 28 doctors, 200 nurses, 28 supporting staff and 4 clerical staff would be required when all 64 ICU beds were used.

I did not know the percentage of SARS patients in PWH that needed ICU care at the time of designation. Besides, the percentage itself depends on the ICU admission policy and the number of ICU beds available at that hospital.

6. 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?

I had attended the staff forums in the first few days. Most of the information provided in those forums had been known to me. Other staff would benefit more. DOM, ICU, had attended most of these forums and she found most of these forums very useful.

7. 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?

The respiratory equipment used in the ICU of PMH was equipped with filters during SARS period. Before SARS, respiratory filters would also be fitted for all patients suspecting air-borne infectious diseases such as pulmonary tuberculosis, and chickenpox. This is the normal practice of every Critical Care physician.

8. 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?

The infection control measures had been stepped up in early March even before the SARS outbreak in PWH. Ward ventilation was improved by installing exhaust fans. Patients with suspected atypical pneumonia were put in isolation cubicles and filters were used in ventilators. Closed suction system were applied. Scavenging system had been installed to de-gas evacuation part of all ventilators. Bacterial/viral filters were fitted to all ventilators. All staff were required to wear masks, gowns, gloves, goggles or face shields and observe standard precautions. All ICU staff were advised to have frequent hand washing.

9. Were additional infection control measures put in place in the ICU of PMH when PMH was designated as a SARS hospital? If not, why not? If yes, what were these measures?

Please refer to the first part of my answer to Q3.

10. 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, why not? If yes, what were the details of the deployment?

Please refer to the second part of my answer to Q3.

11. 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 the ICU of PMH could handle? If yes, what was the number? Was there any contingency plan to deal with the situation where the actual SARS 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? How did the actual SARS patient load of the ICU of PMH compared to the anticipated SARS patient load?

The plan was to prepare for 64 adult ICU beds gradually. It would be difficult to estimate the maximum number of daily intake of SARS patients that the ICU of PMH could handle because this number would depend on the number of existing SARS patients in ICU.

The designation of PMH as SARS hospital was already a contingency plan. The measure taken to deal with the sudden influx of SARS patients was to speed up the opening of the other ICU beds. All we could do was to try our best to cope with the influx of SARS patients.

The actual load was much greater than the anticipated SARS patient load and the patients were flooded to ICU within a very short period of time.

12. How many HCWs in the ICU of PMH were infected with SARS during the SARS outbreak at 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 when the first of such cases was reported? If not, why not? If yes, how were the infection control measures stepped up? Why did the HCWs in the ICU of PMH continue to be infected even though the level of infection control had been increased?

A total of 25 HCWs including me in ICU of PMH were infected with SARS. In my opinion, it was probably due to the sudden increase in patient load within a very short period of time and hence the high viral load in the environment; the prolonged exposure to the risky environment and hence the great tension developed in staff; and the high risk procedures involved in handling critically ill SARS patients.

The first case of infection of ICU HCW was reported on 1 April 2003. When the first of such cases was reported, the infection control had already been implemented in full. The staff were further reminded to observe all the infection control measures. There were further upgrading of facilities.

13. When did you fall ill with SARS? Did you know how you were infected with SARS? Did you know when Dr Tom Buckley took over as the Chief of Service of the ICU of PMH? Were you involved in the operation of the ICU of PMH when you were hospitalized? If yes, what was the reason for your involvement? When did you resume duty?

I fell ill on 7 April 2003. I did not know how I was infected with SARS. I wore full PPE and observed all infection control measures all the time. I did not know Dr Tom Buckley took over as the Chief of Service of the ICU of PMH initially until my condition became stable in early May 2003. I was not involved in the operation of the ICU of PMH when I was hospitalized, but I made some suggestions in the first few days of my hospitalization when my condition was still stable.

I started to perform some office paperwork in mid July and resumed my full clinical duties on 4 August 2003.

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