Annex I

5 April, 2003

Dear Nurses of ICU,

With the influx of SRS cases, your physical and mental stress has been stretched excessively. I can share your frustration and anxiety in caring for the critically ill SRS patients. I must admit that I am a bit late to attend to your needs. With this, please accept my sincere apology. After the last 2 days' discussions and actions, I would like to summarize my messages to you:

1. Additional Manpower
   - Teams of nurses had been deployed from OT, Resp, CCU and NS wards
   - With the help of CCE, experienced ICU nurses were deployed from CMC and OLMH.
   - HAHO has also organized volunteers and HDU nurses from HK Cluster coming to us. Nursing Section will continue to deploy nurses from other hospitals.
2. Manpower Allocation
   - Subsequent to the massive deployment, we now have over 160 nurses and more will be coming.
   - Based upon your suggestion and discussion with DOM and NO, we shall allocated nurses to form 4 teams. Since CD2 will be catered for the critical and unstable cases and AB2 for more stable ones, more experienced ICU nurses will be based in CD2, those in AB2 are mainly for clinical supervision.
   - Each team will be led by an ICU NO or NS – like any other ward. Each will have its own duty roster and holiday relief. The team can work out what is best for the patients. Autonomy and flexibility is the key. The team leader shall work similar to that of a WM, and thus should take up 9-5 duty.
   - NO/NS from other areas should take care of patients at bedside. There is no ranks or hierarchy in this special situation. Everybody is an invaluable member of the team and experienced ICU NO / NS are designated to be leader of the team in this battlefield.
3. Management & Supervision
   - DOM ICU is the overall in charge of nurses in ICU. She shall maintain effective communication with other departments, deploy nurses from other areas to the respective nursing team and responsible for the adequate supplies of equipment, consumables and drugs in ICU.
   - I have solicited help from DOM OT/TSC, Mr. Cheng will enforce the infection control practices in ICU. With the help of WM NS, Ms. Jocelyn Cho will help supervise the minor staff in performing cleansing duties, 5S and traffic flows within ICU.
4. Infection Control
   - Since ICU is an ultra high risk area, very stringent control to prevent spread of infection should be enforced. Audit checks, policing and warnings will be given to those who violate the principles.
   - Each pair ward and the corridor between is considered to be dirty areas. Clean gowns should be put on before entering and take off before leaving the highly infective areas.
   - Caps and masks should be on at all times in ICU. All protective gears should be used as appropriate and properly. Supplies should be made abundant via DOM.
   - Handwashing should be performed as frequently as possible. Make hand rub handy for use.

- Supervise your minor staff who may not realize the importance of handwashing and the use of gloves. Each and everyone has the responsibility to alert others the correct infection control measures.
- Toilets, patient excreta, blood and body fluids are highly infectious. Handle these with greatest caution. No spillage is allowed. Contaminated areas should be disinfected promptly and correctly. All areas should be disinfected at least once a day and as frequently as required. Solicit help from SSD if you need extra hand. Remember, Safety First.

5. Changing room and rest area
   - With the help from OT and SS, changing room in operating theatre in LG1 is now opened for ICU nurses. A lift will be identified to run between 2/F and LG1. Everybody should change in LG1 to ICU / OT dress before coming into ICU.
   - Tea and meal breaks should be taken in LG1. Masks should be worn while talking and no talking while eating or drinking. I hope everybody should take special note on this.
6. Accommodation
   - With the assistance from SS, some rooms will be assigned for ICU nurses in NQ. Please coordinate among yourselves to ensure the best utilization of these rooms.
   - You should take a shower immediately after work in NQ before leaving
7. Communication
   - Communication is extremely difficult in such busy environment. That's why we have rumors, misunderstanding and conflicts. Open communication channels should be established among us.
   - Each team should have a communication board – to jot down the ideas, suggestion and feedback. The team leader is responsible to see this happen.
   - A white board shall be put up in the rest room in LG1 for announcement or information update
   - You can gather your suggestions to Lai Ping who will convey the message to me.
   - I am accessible via email and telephone. Do call me if you need help. I will do whatever I can.
8. Team spirit and professionalism
   - I have tried hard to maintain the integrity of each team of nurses in ICU. But I hope there are no boundaries established among you. Remember, each one of us is a knowledgeable nurse with different expertise and clinical experience. To win this battle, we just have to share our resources and leave our labels, ranks and pride behind.
   - Being a professional nurse, we need to uphold our standards of care. On the other hand, we have to be flexible. We have to use whatever is best available for the patient based upon our experience and clinical judgment. We may have to adjust ourselves to the situation and environment, don't be the slave of rituals, rules and guidelines. Be proactive and propose early.

This is a long message. I hope I can convey my sincere thoughts across to you all. Even I could not attend patients at the bedside, through you, I will do my best to support your to perform what is best for our patients. Please take great care of yourself, eat well, sleep well and wash you hands.

Adela