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LegCo Panel on Health Services
Subcommittee to Monitor the Implementation of the Recommendations of the SARS Expert Committee and the Hospital Authority Review Panel on the SARS Outbreak

Manpower requirement for combatting SARS

Purpose

This paper sets out the manpower requirements of the Department of Health (DH) and Hospital Authority (HA) in combatting SARS.

Background

2. We have implemented a series of measures to –

- prevent the resurgence of SARS;
- maintain a close and effective surveillance for the disease; and
- combat the disease swiftly and rigorously, should it come back.

These measures have created additional workload for DH and HA. There are a number of means by which these requirements can be met, including recruitment of additional staff, streamlining current work procedures and reprioritizing and reorganizing the work on hand to create spare capacity amongst existing staff to absorb additional work.

Preventing the resurgence of SARS and maintaining surveillance for the disease

3. The total number of staff having been/planning to be recruited by DH and their duties are as follows –

No. and type of staff	Duties
● Specialists - one to two epidemiologists - one virologist	● Specialists - Field Epidemiologists are required to support the proposed Centre for Health Protection (CHP) in outbreak control, to provide training in Field Epidemiology and to undertake research on epidemiology. - The Virologist is required to plan, supervise and co-ordinate the laboratory works of the virology specialty, to provide training to medical and laboratory staff, to liaise with local and overseas bodies/departments.
● Apart from deploying existing doctors, DH also needs about 20 public health doctors and a number of research officers in the coming three years.	● Public health doctors are mainly deployed in public health duties, including field epidemiology, infectious diseases surveillance, disease prevention and control, and public health treatment service. The research officers will provide support in both public health and laboratory functions.

The total number of staff having been/planning to be recruited by HA and their duties are as follows –

No. and type of staff	Duties
● 8 – 10 specialist doctors	Provide specialist services in the clinical areas of intensive care and infectious disease management; supervise junior doctors; undergo continuing medical education and professional development
● 40 Infection Control Nurses in 2 years	Improve infection control measures in clinical areas including staff education, monitoring and surveillance.
● 12 Diagnostic Radiographers (mostly on temporary contracts)	Perform mobile plain X-ray studies; conduct operation of CT scanner for additional demand in high resolution CT scanning for SARS patients and emergency plain film studies for additional isolation general x-ray service for A&E Department.
Posts under the Infectious Disease Control Training Centre	
● 1 half-time Consultant as Consultant in-charge for the Infectious Disease Control Training Centre ● 1 Advanced Practice Nurse (Nursing Officer) in Infection Control	The Consultant in-charge and the Advanced Practice Nurse will help map out the overall training strategy with the aim of enhancing the knowledge and skills of all HA staff in infectious disease management and to develop a culture that is geared towards infectious disease management. They would also source, identify and develop relevant training programs.

To enhance psychosocial support and services to staff, the existing clinical psychology service operated by HA (under a corporate centre named "OASIS") will be enhanced and the following staff members have been / will be recruited -	
● 2 Clinical Psychologists	Provide psychological assessment and intervention; assist staff in crisis (e.g. individual crisis intervention, critical incident stress debriefing); develop and conduct training programs; develop psychotherapeutic/ educational materials.
● 3 Project Assistants	Assist in organization/ implementation of training programs, data input, data analysis, webpage update, clerical/ administrative support.

4. Some of the work involved in the prevention and surveillance of SARS is undertaken by existing staff. Some of these are "one-off" tasks handled by redeployment of existing staff resources. Examples of this type of work are –

- the visit to all residential care homes for the elderly to assess their capabilities in infection control;
- reviewing the arrangements for evacuation and isolation; and
- to provide influenza vaccination to health care workers in hospitals, high risk group patients and high risk elderly patients on CSSA attending GOPCs.

Some other items of work require recurrent staff resources and are/will be absorbed by existing staff. Examples are –

- maintaining an adequate stock of Personal Protective

Equipment (PPE);

- appointing infection control link nurses (ICLN) to provide close liaison implementation of existing and new infection control guidelines in clinical areas. There are currently over 900 such nurses appointed in HA hospitals;

- providing administrative support to the Infectious Disease Control Training Centre and monitoring the activities organized by the Training Centre;

- maintaining close liaison with private practitioners and to remind them to take appropriate infection control measures in their clinics, to assess the requirement for PPE and to maintain adequate stock etc.; and

- issuing updated guidelines on infection control for residential care homes for the elderly and people with disabilities.

It should also be noted that some items of work are on-going and there have all along been staff dealing with them. For example, health screening measures are on-going at the airport, seaport and land border control points for travelers. Some 400 contract staff have been deployed to carry out the control measures at various border control points. The responsible staff will continue with their work and additional staff may not be needed.

Combatting the resurgence of SARS

5. It will not be possible to increase staff numbers overnight, especially professional staff, in any organization to deal with a crisis. The manpower requirement for coping with an outbreak will have to be dealt with by re-prioritization and re-organization of services and work which will release the manpower needed to deal with the outbreak. The

work related to combating the outbreak will be given the first priority and sufficient manpower will be devoted to such work.

6. For DH, reprioritization and re-organization of services and work involves scaling down or suspending activities of lower priority at the time to concentrate manpower on the outbreak. Services/activities to be scaled down or suspended include -

- routine health promotion/education talks/programmes of various Services;
- services provided by Maternal & Child Health Centres and Woman Health Centres;
- school dental care service;
- tobacco control promotional activities;
- routine inspection to drug manufacturers and suppliers; and
- non-urgent administrative work and training programmes.

For HA, each hospital cluster has established a contingency plan for service reprioritization. The plans for reprioritization and re-organization cover –

- plans for reduction of non-urgent elective operations, especially operations that may potentially require ICU support;
- plans for reduction of elective admissions;
- plans for re-designation of wards less likely to be involved, such as surgical, orthopaedic and gynaecological wards; and
- staff deployment plan to provide assistance to the areas likely to be stressed.

Other hospitals in the cluster should also reorganize service to support the service reprioritization and re-organization. There is also close liaison with private hospitals and other medical professional societies for referral of patients to the private sector when HA has to reduce its non-emergency service during contingency.

Staff Deployment Plan

7. We believe that it is important to have in place a staff deployment plan to cope with any outbreak. HA has built into its contingency plans at different levels staff deployment plans. The sequence in which staff should be deployed is as follows –

- staff with expertise and experience on the required specialist skills;
- staff trained in the field or a closely related field; and
- staff of a less affected specialty.

Moreover, there should be equitable chances for deployment across all ranks under the same principles, unless there are demonstrable overriding essential needs in other clinical areas. All staff deployed must receive training on infection of relevance to the local setting before they are put to full duties. Individual clusters are now working out detailed staff deployment plans in consultation with their staff and within corporate parameters.

8. For the newly renovated isolation beds, staffing is provided by existing manpower. In case of surge in suspicious cases, additional medical and nursing staff will be deployed from other departments in accordance to hospital plans.

9. For DH, the responsibilities at the time of an outbreak that will necessitate deployment of large number of staff include –

- contact tracing;
- epidemiological investigations;
- medical surveillance of household contacts of SARS patients;
- isolation and evacuation operations;
- laboratory testing; and
- public education.

Services/Units requiring additional manpower in case of SARS outbreak have worked out their detailed requirement. Staff identified for deployment will be matched according to skills and experiences, with appropriate positions to help out at SARS outbreak.

Staff Training

10. The professional knowledge and skill needed to cope with the outbreak cannot be acquired within a short period. DH and HA therefore devote much effort to prepare sufficient number of staff for a SARS outbreak. In this connection, the SARS Expert Committee recommended that the Government, HA, universities, training institutes and private sector employers should ensure that all healthcare workers get basic and ongoing training in infection control and have an understanding of fundamental epidemiology and public health principles.

11. To implement this recommendation, DH has organized infection control training courses for their staff. The first round of SARS infection control courses for DH medical and nursing staff will be completed in December 2003 and that for other frontline healthcare staff will be completed in January 2004. DH will work with HA on training on infection disease/infection control and epidemiology for healthcare personnel. Auditing on infection control practice is also carried out in every DH clinic on a quarterly basis. Apart from infection control and epidemiology, DH is arranging training to enhance its staff's capacity in communication, including training on how best to communicate risk and uncertainty.

12. For HA, by early November, the Infectious Disease Control

Training Centre (IDCTC) has sponsored more than 500 health care professionals to attend local infectious disease/infection control training programs organized by universities and professional associations. In addition, HA has allocated funds to each cluster for setting up Resource Centres and organizing basic infection control training for front-line staff, in particular supporting staff (including contractors' staff). It is expected that by end of March 04, around 3,500 supporting staff would have gone through refresher training on infection control. In mid October 03, the HA, jointly with the DH, has conducted a seminar on infection control for the private sector. In collaboration with the University of Hong Kong and the Department of Health, the IDCTC will organize three tailored programs on infectious disease management in December 03 for a total of 75 senior executives/health care professionals.

13. In the event of an outbreak, there may be increased demand for ICU nursing. To meet the possible requirement, the HA will continue to speed up training of its nurses currently working in ICU. In addition, HA has provided preparatory ICU training to nurses outside ICU as back up for emergency. It is expected that 200 nurses will have completed the preparatory ICU training by the end of this year. The training for these nurses include a clinical practice period in ICU.

14. Besides the training initiatives mentioned in paragraph 13, a 5-year training plan has been mapped out to maximize the utilization of the Training Fund to enhance the knowledge and skills of the healthcare professionals both inside and outside HA in infectious disease management. The 5-year training plan focuses on the following areas:

a. To develop a proficient infection control team through enhancing the competency of Infection Control Nurse (ICN) and to develop a critical mass of infection control link person to strengthen the infection control network;

b. To enhance the leadership capability for crisis management;

c. To facilitate effective infectious disease management through developing infection control advisers within major specialties and disciplines so that they can offer more tailored advice;

d. To build up a robust surveillance system by providing training on outbreak control and field epidemiology; and

e. To promote proactive occupational safety and health (OSH) concept in HA by developing in-house expertise in OSH and enhancing training on OSH for staff.

Staff Protection

15. Providing adequate protection for staff is our responsibility and will ensure that there is sufficient manpower to cope with the outbreak. To this end, HA has built up a three-month stock of PPE for most items. A set of guidelines on the standard of PPE for different risk areas is available for reference by staff members and hospital management.

16. For DH and other government departments, an adequate stock of PPE for at least six months is kept for activities and operations initiated by DH. A video on the proper use of personal protective equipment for healthcare staff in clinic setting has been distributed to each DH clinic and government departments.

Way Forward

17. The manpower requirement for combating SARS is under regular review in the light of increased knowledge about the disease and development of new clinical management methods. We will consult the staff where appropriate and take into consideration feedback from staff when refining the manpower plans.

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