

CONFIDENTIAL

Written Submission to Questions in the Summon

1. What are your role and duties as the Infection Control Officer of Tuen Mun Hospital (TMH)? What were your specific responsibilities in the handling of the outbreak of Severe Acute Respiratory Syndrome (SARS) at TMH?

My role as the Infection Control Officer is to supervise the daily operation of Infection Control Unit in the hospital and the NTW Cluster. To formulate hospital infection control policies and guidelines, advise the hospital management on issues related to infection control. I need to monitor the infection control practices and the occurrence of hospital acquired infections.

Being a regular member of the SARS Core Group of the Cluster, I need to attend the meeting and to give professional advice to the group on issues such as infection control and clinical management of SARS patients.

Other duties during the period includes clinical consultation, provision of Microbiology Service and liaison with Department of Health.

2. Following the SARS outbreak at Prince of Wales Hospital and Princess Margaret Hospital, were infection control measures stepped up in the TMH? If not, why not? If yes, how were the infection control measures stepped up? Did you provide infection control training for the HCWs in TMH?

After learning about the situation in other hospitals. I had taken measures to ask my colleagues to keep a high index of clinical suspicion. We have also stepped up infection control measures to enhance infection control training and ward preparedness.

The infection control team always considers training a top priority in our responsibilities, even before SARS outbreak. I personally involved in giving open forum / lectures and also provided on site coaching during my visits to wards / ICUs.

3. On 12 April 2003, TMH began receiving referrals of SARS patients from the designated medical centres of the Department of Health and Yan Chai Hospital? Who made the decision and were you consulted on the decision? If not, why not? If yes, what views did you give? Were you involved in making preparations for TMH to admit additional SARS patients? If not, why not? If yes, what preparations did you carry out? Did you consider that you had been given adequate time to make the preparations?

I was not consulted on the decision.

I myself and my infection control team were involved in preparation of additional wards for handling of SARS patients, in terms of staff education and ward setting design. I considered the preparation time to be adequate.

4. Did you advise the hospital management that additional infection control measures should be put in place to prepare TMH to receive the additional SARS patients? If not, why not? If yes, what were the details of your advice? Was any follow-up action taken on your advice?

Yes, there is always close communication between the hospital management and myself. Additional infection control measures advised by me included staff training, ward inspection, review of equipment, improved ventilation, and redesign work system. All these measures were implemented.

5. When and how did you first find out that the healthcare workers (HCWs) in a medical and geriatric ward had been infected with SARS? What was your reaction on learning about the information? Did you take any follow-up action? If not, why not? If yes, what follow-up action did you take?

I was informed about the admission the same day that the first colleagues were admitted (26th April 2003). The infection control team immediately commenced investigation and contact tracing. Hospital management, HAHO and DH were also informed.

6. How many HCWs and non-SARS patients in as well as visitors to TMH were infected during the SARS outbreak at TMH? When and how were they affected? Were there problems with the supply of personal protection equipment during the SARS outbreak? If yes, how were the problems resolved? How many index patients were involved in the SARS outbreak at TMH? When were they admitted and what were their diagnoses on admission? Was there any information to indicate whether any of the index patient was from Amoy Gardens?

There were 2 index patients in C8 outbreak; none of them were from Amoy Garden. 5 HCWs, 10 patients and 1 patient relative were subsequently diagnosed as Clinical SARS.

I was not aware of any problem with the supply of PPE during the SARS outbreak.



Dr. Que Tak Lun
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