**CONFIDENTIAL**



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31 December 2003

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Clerk to Select Committee
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Honk Kong Special Administrative Region
Fax : 2248-2011

AA

**Re: Handling the case of [redacted]**

Thank you for your letter dated 24 December 2003 requesting me to make a written statement on the above captioned event.

My involvement in handling the case of AA [redacted] was to provide supervision on nursing care as I am the Nurse Specialist of Intensive Care Unit (ICU), Kwong Wah Hospital (KWH). The following events took place and are outlined to the best of my knowledge.

***22 February 2003 (Saturday)***

I was on morning shift (0700-1530) as a nursing officer. Approximately 1130, Dr. Ng CH (Medical Officer of ICU) received a phone call from Accident and Emergency Department (AED), Kwong Wah Hospital, requesting to transfer a patient directly to ICU because the patient had presented shortness of breath and low $SaO_2$ ( percentage of oxygen saturation of arterial blood). I asked the nursing staff to prepare Bed 2 to receive the patient. Dr. Watt CL (ICU director) was at the nurse station and he asked

Dr. Ng CH about information of the patient. He was told that the patient was a "大陸醫生" having dyspnoea. Dr. Watt asked Dr. Ng CH to clarify the information of "大陸醫生". When the patient's identity was clarified as a tourist and medical doctor from Mainland, Dr. Watt asked the nursing staff to prepare the isolation room (negative pressure installed, ventilators and equipment were placed) and put on N95 mask when attending the patient. The patient was transferred to ICU at 1155 and was put into the isolation room immediately.

Dr. Watt filled the form 'Report Form for severe community acquired pneumonia' and faxed to Hospital Authority Head Office (HAHO). My colleague, Ms Tai LL (Nursing Officer) gave a phone call to Infection Control Unit and informed them of the case. I arranged the vehicle to send the nasopharyngeal aspiration specimens to Queen Mary Hospital and the Department of Health.

I instructed the nursing staff to put the N95 mask, gowns, glove into the ante-room of the isolation room and reminded them to wash hands after nursing procedures. I checked whether the negative pressure ventilation was functioning well. I advised my nursing staff, minor staff that there was a patient from Mainland suffering from 'suspected atypical pneumonia' and was staying in the ICU isolation room, the staff who attended the patient and relatives should take precautions as airborne and droplet routes.

***<u>23 February 2003 (Sunday)</u>***

I was on night shift (2245-0730). I was told that AA [redacted]'s $SaO_2$ was 90% at 2102. Dr. Ng CH increased the oxygen flow from 10 liter per minute to 13 liter per minute via non-invasive pressure support ventilation.

0030, I found that AA [redacted]'s $SaO_2$ was around 84%, I discussed with Dr. Ng CH whether we needed to intubate AA [redacted] for stepping up ventilation support to mechanical ventilation. Dr. Ng CH explained the condition to AA [redacted]. AA [redacted] agreed with the intubation. I and AA [redacted]'s case nurse, Miss Wong LK, assisted Dr. Ng CH to intubate and put on the mechanical ventilator.

***24 February 2003 (Monday)***

We received the 'FAQ in the management of Severe Community Acquired Pneumonia' dated 21 February 2003.

Dr. Watt suggested the ICU staff to take tamiflu, I arranged the dispensing of medication for my colleagues.

As suggested by Professor Ho PL, I arranged my colleagues to draw blood and sent specimens to Queen Mary Hospital microbiology laboratory for viral serology baseline.

***2 March 2003 (Sunday)***

I was on morning shift. My colleagues told me that they had seen AA [redacted]'s sister, Ms [redacted] wearing patient's clothing, visited AA [redacted] the evening before that day. I confirmed the patient's name with the register of AED and found that Ms [redacted] had been admitted to a medical ward of KWH for chest infection on 1 March. I told the nursing officer of that ward that the case might be infectious and suggested them to arrange Ms [redacted] to stay in an isolation room. I told Dr. Tsang HH (Senior Medical Officer of ICU) about the event. I heard that Dr. Tsang HH reported this information to Dr. Watt. Dr Tsang HH went to the medical ward to confirm Ms. [redacted] identity later.

About 12 noon, a medical ward nurse phoned ICU asking me whether I had seen Ms [redacted]. They were looking for her because her husband's condition had deteriorated and the doctor wanted to see her and to explain to her about her husband's condition. Then I realized that the patient (Mr. [redacted]) whom I had met before in ICU, was the relative who had accompanied [redacted] AA during his visit in Hong Kong.

My colleagues also told me that an X-ray technician who contacted Professor Liu on 22 February, had fever. I phoned X-ray department to confirm such information with the on-duty staff. I was told that the x-ray technician had recovered already.

A nursing staff said that she had heard about the admission of an AED nurse on 28 February because of pneumonia. There was concern that the nurse might have contact with AA [redacted] on 22 February.

I called Dr. Watt CL to inform him about this. I also informed the Infection Control Nurse, Ms Leung KL about this (On 3 March, I was told by Ms Leung KL that the

AED nurse had developed signs and symptoms of pneumonia as early as 20 February and that she did not have direct contact with [redacted]).

AA

I instructed my colleagues if they had any signs and symptoms of chest infection, they should inform me or other nursing officers and reminded them to comply with infection precautions strictly.

Yours Sincerely,

Kwok Lai Yin
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