



Sharing of experience

ISUOG webinar: 17th March 2020

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Declaration

- No conflict of interest
- Not an expert in infection control

*Sharing of my first 7 weeks' experience
at Dept. level in this battle!*

Governing structure in HK

Department of Health (DH)

Hospital Authority of Hong Kong (HA)

Clusters and Individual Hospitals

C.O.S. of all 8 O&G units of
HK

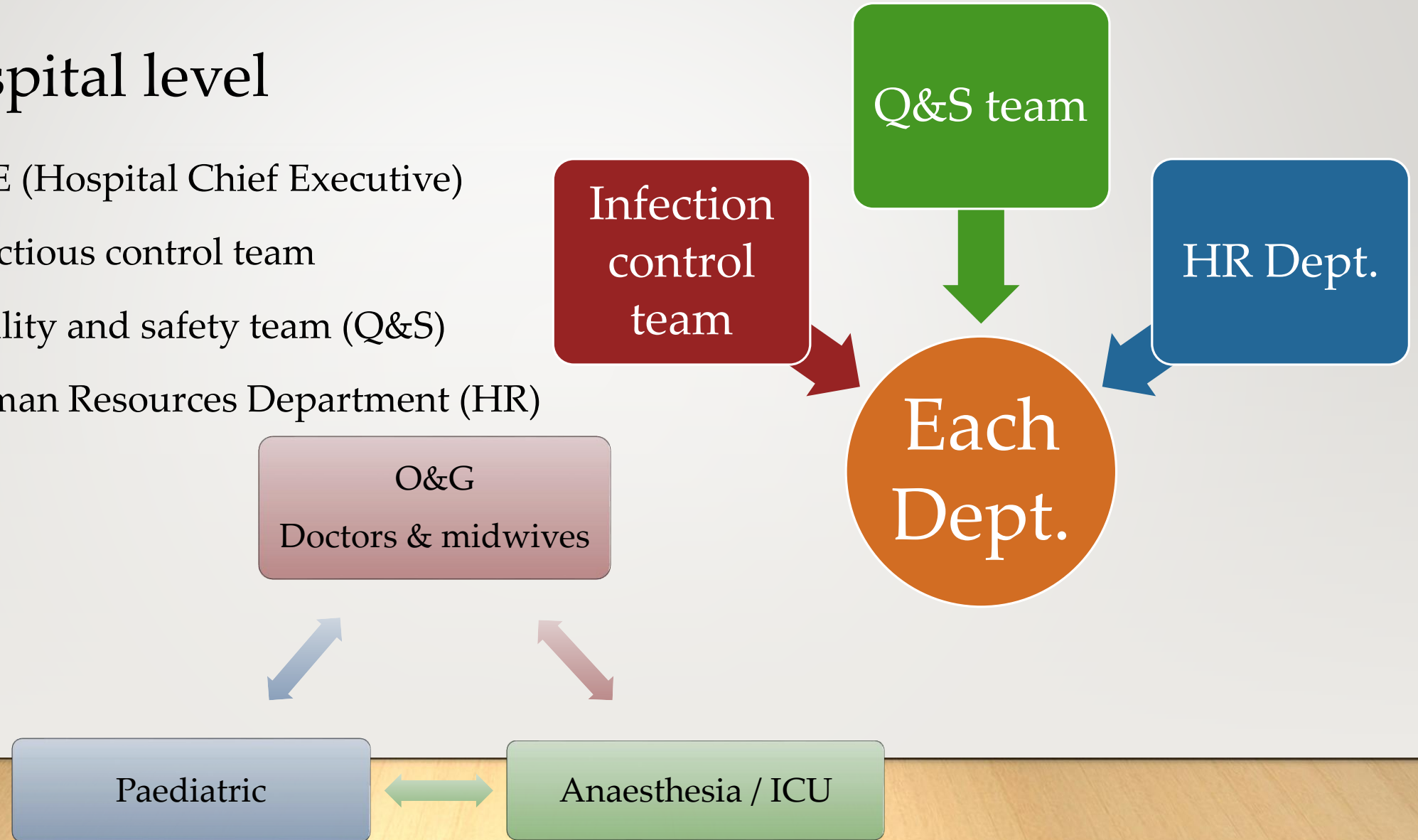
HA and hospital level

- Escalation to **Emergency level**
- Suspended:
 - All clinical attachment or teaching: medical students, nursing, midwifery students etc
 - Volunteer service / visit
 - +/- Educational talk
 - Visitors to hospital
 - → **husband is not allowed to accompany labour** (all OBS units adopted the same policy)



Hospital level

- HCE (Hospital Chief Executive)
- Infectious control team
- Quality and safety team (Q&S)
- Human Resources Department (HR)



Hospital level

- Set up isolation wards / ICU area to management the confirmed or suspected case
 - Dept. of Medicine and Dept. of ICU
- Laboratory to provide the COVID-19 tests
 - Initially, issue results once per day to now 3 times per day
- Enhance communication
 - WhatsApp group to disseminate information and reply queries of clinical dept.
 - Frequent COS and DOM (Dept. manager) meetings to enhance communication
 - Already 4 meetings for past 7 weeks (previously once / month)
 - Explanation of emergency level of whole HA
 - Review the responses of each Dept.
 - PPE / N95 stock and plan issues
 - Updates on PPE / new HR policy

Hospital

- HR Dept.
 - Arrange staff quarters for staffs who work in high risk area and who does not want to transmit virus to their family members
 - Set up measures for staff who cross the border (China) everyday to work
 - Quarantine policy set by Government: 14 days if one comes back from China
- Hold staff forums
 - Speaker: Experts in Infection Control
 - Understand the disease, Explain protective measures

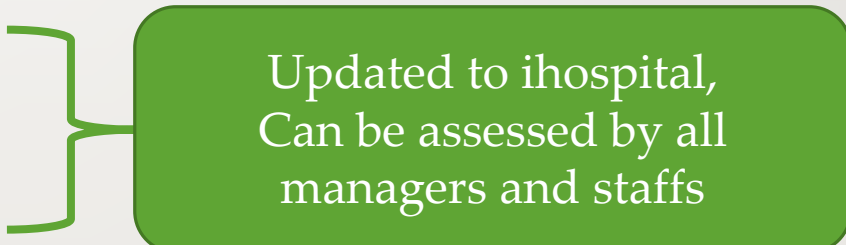
ICN

- Work with ICN of HA Head office and DH
- Set up policy of bed assignment for patients
 - Clear instruction to clinical staffs

		Symptomatic patients	Asymptomatic patients (i.e. due to other medical condition not related to COVID-19)
Quarantine camp	1. Close contact of confirmed cases 2. From infectious area, e.g. Hubei, Korea	Airborne Infection Isolation Room (AIIR)	AIIR
Home quarantine	Mainland China other than Hubei province	AIIR	Corner bed with adequate space
Medical surveillance	Other contacts	AIIR / Surveillance ward	Managed as general patients

ICN

- Work with ICN of HA Head office and DH
- Set up policy of bed assignment for patients
- Set up (and update) reportable disease definition
- Set up protective measures for all staffs
 - **Appropriate protective measures for appropriate work**
- Reinforce PPE audit at Dept. level
- Provide N95 fit test to staffs
 - Even retest



Updated to ihospital,
Can be assessed by all
managers and staffs

N95 fit test



- Add more sessions (even outside office hour)
 - Consider prioritization
- Experience sharing:
 - After 6 weeks, one model (1870) is the only model that fits a significant proportion of staffs; however, the stock of that model was limited.
 - That proportion was deviated from other test centers (at 2 standard deviations)
 - Retest was run (again according to priority)
 - Out of 111 staffs → only 7% has one model
 - **Need explanation to staffs that they are not asked to use an inferior model but an additional appropriate model**

NTEC Fit Test Centre
新東聯口罩測試中心

Fit Test Card
口罩測試記錄咭

Name 姓名: CHAN SHING CHEE

Respirator 呼吸器	N95		Chemical 化學用
	1st Choice 首選	2nd Choice 次選	
Model 型號	1860S		
Fit Test Date 測試日期	15/2/2020		
Done in NTEC FTC 測試於新東聯口罩測試中心			
Done in other location 測試於其他地點			
Staff self-report 員工自行報告			
Verified 已查證			

Choice(s)
1860S / xxx model
Instead of 1st & 2nd choice

Q&S team

- Stocking taking of protective measures: surgical masks, PPE, N95 etc
- Purchase protective measures
- Set up measures to reduce use of PPE at different levels
- Set up triage area at clinic
- Instructions:
 - Avoid crowding in ward area
 - No visitors; stop volunteers' services
 - Reduce service activities in whole hospital
 - Advise Dept. reduce elective procedures, including cutting elective operative lists.
 - Rearrange educational talk

Department level

At week 0 – week 2

- Response level changed during CNY*

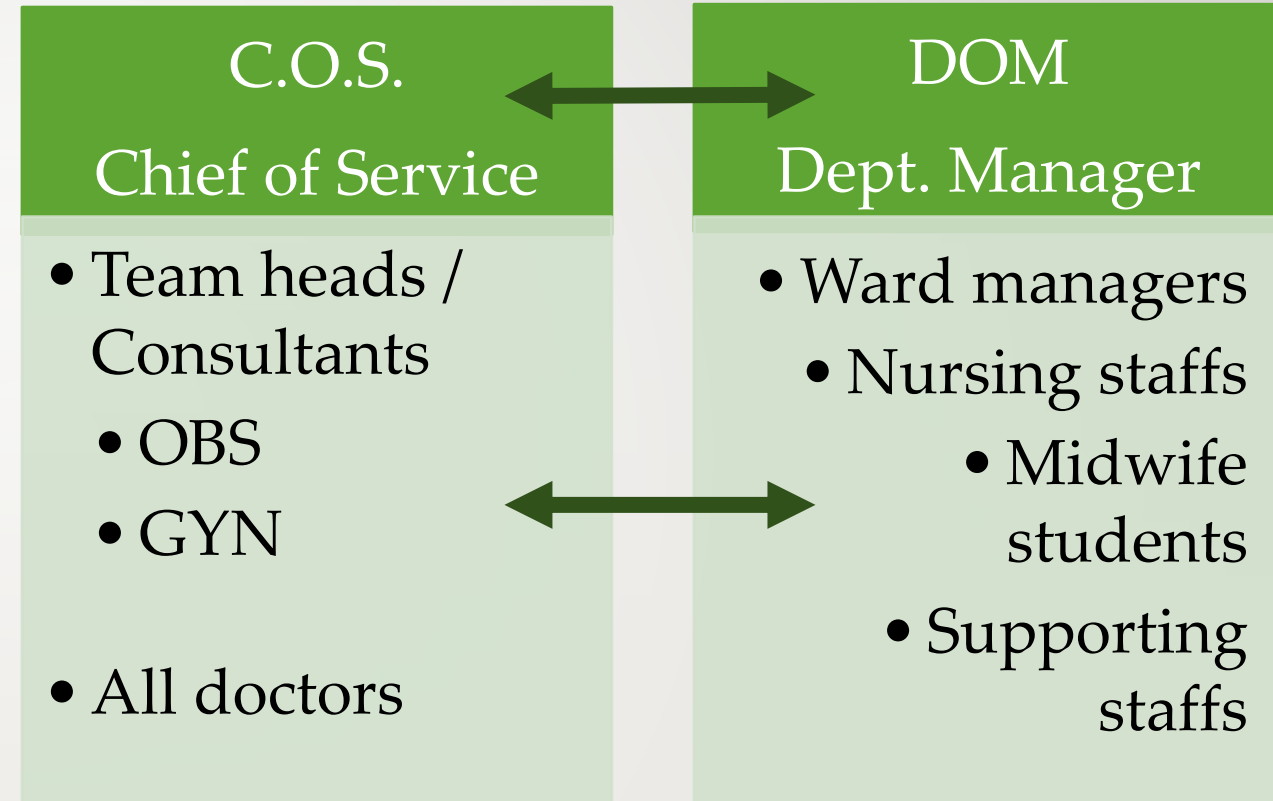
1月	JANUARY						2月	FEBRUARY						3月	MARCH					
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1 初七	2 初八	3 初九	4 初十							1 初八	1 初八	2 初九	3 初十	4 十一	5 驚蟄	6 十三	7 十四
5 十一	6 小寒	7 十三	8 十四	9 十五	10 十六	11 十七	2 初九	3 初十	4 立春	5 十二	6 十三	7 十四	8 十五	8 十五	9 十六	10 十七	11 十八	12 十九	13 二十	14 廿一
12 十八	13 十九	14 二十	15 廿一	16 廿二	17 廿三	18 廿四	9 十六	10 十七	11 十八	12 十九	13 二十	14 廿一	15 廿二	15 廿二	16 廿三	17 廿四	18 廿五	19 廿六	20 春分	21 廿八
				23 廿九	24 三十	25 正月	16 廿三	17 廿四	18 廿五	19 雨水	20 廿七	21 廿八	22 廿九	22 廿九	23 三十	24 三月	25 初二	26 初三	27 初四	28 初五
							23 二月	24 初二	25 初三	26 初四	27 初五	28 初六	29 初七	29 初六	30 初七	31 初八				

Chinese
New
Year

Week 0

Department level

- Enhance communication with staffs
 - Emails
 - WhatsApp
 - Dept. meeting
- **Staff safety is a priority of Dept. and Hospital**
- Establish workflow to guide them



Protection to staffs

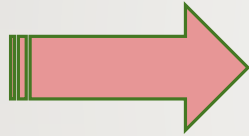
- Safety measures to staff
- Arrange working clothes
 - Though available previously in clinical area, majority of staffs do not use them
 - With the help of one consultant and one clerical staff
 - Set up clean area to collect clean working clothes and dirty clothes in office;
 - Ensure supply



Protection to staffs



- Arrange surgical mask and stock taking
 - From collection in any site → Collect in designated area & need signature



Once, this introduced anxiety to staffs → Worried that there was restriction of protective measures to them

Explained in ad hoc meeting: This is safe guarding them and control the stock. Anyone can obtain the mask when indicated.

- Office: before enter clinical area
- Designated clerk to keep stock taking and distribute
- Arrange N95 fit test for staff
 - OBS service is necessary, pregnant women might return from China

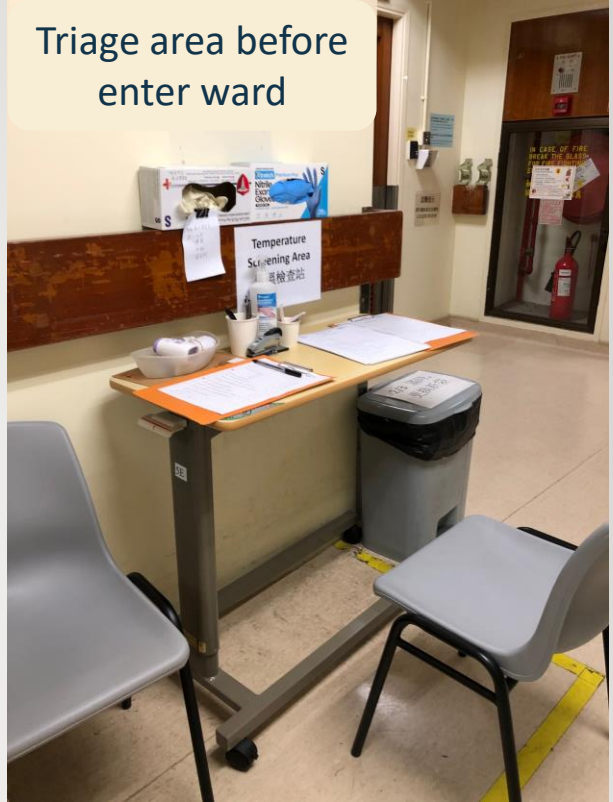
→ Applied as priority Dept. for staffs

*Approved by Hospital → Set priority among Dept:
Doctors: 1st call → 2nd call / pregnant staffs → consultants
being the last*

Nursing: starts with midwives in delivery suite

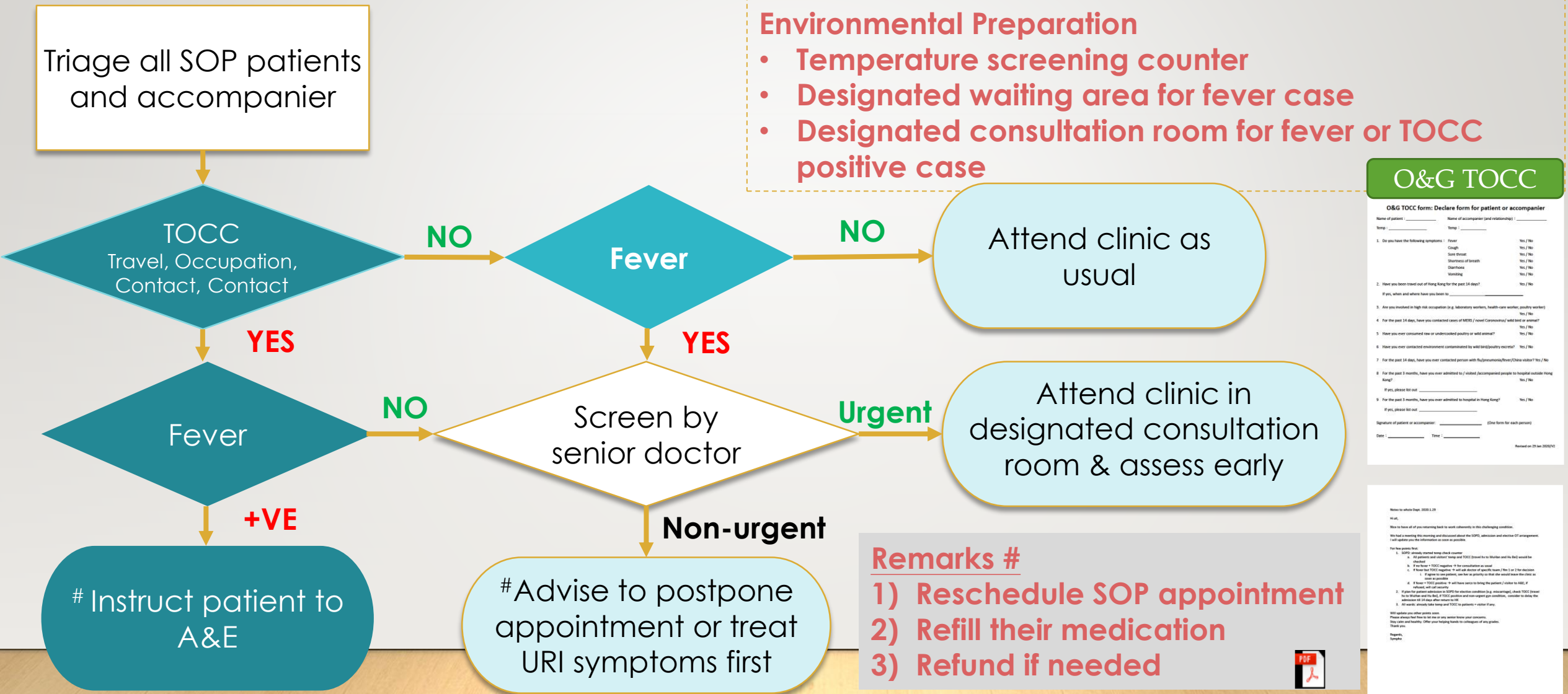
Triage (TOCC screening)

- Set up triage protocol
 - **Safe guard the staffs and patients who use our services**
- Set up **triage area & manpower** in outpatient clinics and wards
- Pre-admission for elective cases
 - E.g. elective CS, elective Gyn operations, or even medical evacuation of uterus
 - Phone contact and ensure screen negative for TOCC before admission
 - Patients scheduled for elective Gyn operations: **Doctors to contact them**
 - Engaged the staffs
 - Rearrange operation if needed, avoid unnecessary logistics if this was done by nurses/clerks



Workflow of Triage for O&G Outpatients

Triage all SOP patients and accompanier



Environmental Preparation

- Temperature screening counter
- Designated waiting area for fever case
- Designated consultation room for fever or TOCC positive case

O&G TOCC

O&G TOCC form: Declare form for patient or accompanier

Name of patient: _____ Name of accompanier (and relationship): _____

Temp: _____

1. Do you have the following symptoms: Fever Yes / No
Cough Yes / No
Sore throat Yes / No
Shortness of breath Yes / No
Diarrhoea Yes / No
Vomiting Yes / No

2. Have you been travel out of Hong Kong for the past 14 days? Yes / No
If yes, when and where have you been to: _____

3. Are you involved in high risk occupation (e.g. laboratory workers, health-care workers, poultry workers)? Yes / No

4. For the past 14 days, have you contacted cases of MERS / novel Coronavirus/ wild bird or animal? Yes / No

5. Have you ever consumed raw or undercooked poultry or wild animal? Yes / No

6. Have you ever contacted environment contaminated by wild bird/poultry excreta? Yes / No

7. For the past 14 days, have you ever contacted person with Pulmonary/fever/China visitor? Yes / No

8. For the past 3 months, have you ever admitted to / visited / accompanied people to hospital (outside Hong Kong)? Yes / No
If yes, please list out: _____

9. For the past 3 months, have you ever admitted to hospital in Hong Kong? Yes / No
If yes, please list out: _____

Signature of patient or accompanier: _____ (One form for each person)

Date: _____ Time: _____

Revised on 27 Jan 2020/12

- Remarks #**
- 1) Reschedule SOP appointment
 - 2) Refill their medication
 - 3) Refund if needed

Hospital TOCC for inpatient

O&G TOCC form: Declare form for patient or accompanier

Name of patient : _____ Name of accompanier (and relationship) : _____

Temp : _____ Temp : _____

1. Do you have the following symptoms :
- | | |
|---------------------|----------|
| Fever | Yes / No |
| Cough | Yes / No |
| Sore throat | Yes / No |
| Shortness of breath | Yes / No |
| Diarrhoea | Yes / No |
| Vomiting | Yes / No |

2. Have you been travel out of Hong Kong for the past 14 days? Yes / No

If yes, when and where have you been to _____

3. Are you involved in high risk occupation (e.g. laboratory workers, health-care worker, poultry worker) Yes / No

4. For the past 14 days, have you contacted cases of MERS / novel Coronavirus/ wild bird or animal? Yes / No

5. Have you ever consumed raw or undercooked poultry or wild animal? Yes / No

6. Have you ever contacted environment contaminated by wild bird/poultry excreta? Yes / No

7. For the past 14 days, have you ever contacted person with flu/pneumonia/fever/China visitor? Yes / No

8. For the past 3 months, have you ever admitted to / visited /accompanied people to hospital outside Hong Kong? Yes / No

If yes, please list out _____

9. For the past 3 months, have you ever admitted to hospital in Hong Kong? Yes / No

If yes, please list out _____

Signature of patient or accompanier: _____ (One form for each person)

Date : _____ Time : _____

Revised on 29 Jan 2020/V2

Modified
from the long
form

HOSPITAL AUTHORITY
PRINCE OF WALES HOSPITAL

HN/ OPD No.: _____ ID No.: _____

Name: _____

Sex: _____ Age: _____ Chinese Name: _____

Ward: _____ Bed: _____ Dept: _____

Checklist for ILI/ GE Symptom and TOCC

1 Influenza-like-illness (ILI) / Gastroenteritis (GE) Symptoms / MDRO		
<input type="checkbox"/>	Fever	→ Droplet Precautions for patient with respiratory symptoms
<input type="checkbox"/>	Cough	
<input type="checkbox"/>	Sore Throat	
<input type="checkbox"/>	Shortness of breath	
<input type="checkbox"/>	Diarrhea and/ or vomiting	→ Contact Precautions
<input type="checkbox"/>	MDRO: MRSA/ ESBL/ CRA/ MRAB/ MDRA/ CPE/ VRE/ MRPA (Index/ Contact)	
<input type="checkbox"/>	None of above	
<input type="checkbox"/>	Information cannot be obtained	
2 TOCC (*AI: 10 days/ **MERS: 14 days before onset of symptoms)		
<input type="checkbox"/>	History of recent <u>Travel</u> to the affected areas (AI/ MERS) Date of travel: from _____ to _____ Area: _____	*If ILI symptom plus TOCC +ve (e.g. both T+C +ve)
<input type="checkbox"/>	High risk <u>Occupation</u> (e.g. laboratory workers, health-care workers, poultry workers)	
<input type="checkbox"/>	History of unprotected <u>Contact</u> with: a Human case/ wild bird/ poultry confirmed with AI or consume raw or undercooked poultry in areas known to have AI infection in poultry and/ or humans in the recent 6 months, OR b Confirmed or suspected case of MERS	→ Prompt isolation → Airborne, Droplet & Contact Precautions → Inform MO & IC team
<input type="checkbox"/>	History of unprotected <u>Contact</u> with environment contaminated by wild bird/ poultry excreta in areas known to have animal or local human Avian Influenza case	
<input type="checkbox"/>	<u>Clustering</u> of ILI/ pneumonia (≥ 2 affected persons)	
<input type="checkbox"/>	None of above	
<input type="checkbox"/>	Information cannot be obtained	
Please refer below links for epidemiology information (affected areas/ countries): * Avian Influenza (AI): http://www.chp.gov.hk/files/pdf/global_statistics_avian_influenza_e.pdf **Middle East Respiratory Syndrome (MERS): http://www.chp.gov.hk/files/pdf/distribution_of_mers_cases_en.pdf		
3 History of hospitalization outside Hong Kong in the past 12 months		
<input type="checkbox"/>	Yes → Empirical Contact Precautions → For Carbapenemase Producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE) screening. Please take 2 separate rectal swabs.	<input type="checkbox"/> No <input type="checkbox"/> Unknown
4 History of hospitalization in Hong Kong other than NTEC in the past 3 months		
<input type="checkbox"/>	Yes → Empirical Contact Precautions → For Carbapenemase Producing Enterobacteriaceae (CPE) and Vancomycin Resistant Enterococci (VRE) screening. Please take 2 separate rectal swabs.	<input type="checkbox"/> No <input type="checkbox"/> Unknown
5 Types of Isolation Precautions required:		
<input type="checkbox"/>	Droplet Precautions	<input type="checkbox"/>
<input type="checkbox"/>	Contact Precautions	<input type="checkbox"/>
<input type="checkbox"/>	Airborne Precautions	<input type="checkbox"/>
<input type="checkbox"/>	Nil	<input type="checkbox"/>
Date: _____		Version 9 Effective Date: 1/1/2019 Form No. 285
Name & Signature: _____		
Rank: _____		

Checklist for ILI Symptom and TOCC

Outpatient services

- **Cancelled** antenatal talk (~300 participants) and fertility talk (~30 couples)
→ Avoid crowding
- Or Conduct small group talk
 - Breast feeding
 - Educational talk to GDM patients
 - Continence advise (reduce from 30 participants/group to ~10 participants/group)
 - **Adjust the sitting plan**
 - **+/- a talk for a shorter duration**

If TOCC +ve:

- Postpone appointment till fulfill 14 days quarantine or become asymptomatic
- Arrange **drug refill**, then rearrange appt. according to their disease severity
 - Even few months later
- **X** DSS1 → arrange DSS2
- **See walk-in cases** if TOCC –ve and no fever, especially semi-urgent cases
 - → Avoid repeat logistics (repeat TOCC in next few days)
 - → Avoid overbooking later

Set up protocol for admission

- Workflow for managing suspected Novel CoronaVirus cases

Workflow for managing suspected Novel CoronaVirus cases

Draft by: Dr. SC Chan
Date: 27th Jan 2020

Scope of patients

- Being isolated in PWH but status not yet certain
- If NEGATIVE status of patient is known, the patient is downgrade from the risk. Apply the current practicing rules.

Consultation from other specialties

- If there is no urgent active Obs / Gyn problems, decline the urgent consultation.
- If there is active Obs / Gyn problems, assess the patient according to urgency.
 - If not urgent, refer to SOPD according to current guidelines.
 - If there is active Obs problems, e.g. dec FM or in frequent abdominal contraction:
 - Can seek one midwife (call AN ward to coordinate) to assess the complaint of patient and perform CTG in isolation ward etc; midwife will send the CTG to call team for assessment and manage accordingly. MO will assess the patient preferably after the NEG status of CoronaVirus is known.
- If there is active Obs problems, e.g. PVB that need assessment:
 - Call team assess the patient, preferably limit the number of call team member assess the patient
 - Follow standard hygiene and protection rules, PPE if appropriate
 - ICN stated that if the above measures are followed, it is not regarded as 'contact'. Please follow the Novel CoronaVirus status of patient.

Admission guide for OBS cases during the novel Coronavirus outbreak

Date of issue: 6 Feb 2020

All patients: Check temperature + TOCC form

- If no fever or respiratory symptoms + TOCC negative
→ admit as usual
- If **fever or respiratory symptoms** but TOCC negative
→ inform MO and assess patient in side room (bed 28 & 29) as soon as possible
- If **fever or respiratory symptoms** + **TOCC positive** with NO active obs problem → go to A&E and admit to Medical ward
- If **fever or respiratory symptoms** + **TOCC positive** with **Active obs problem**
→ admit to NEGATIVE pressure room in 6EF for assessment

- nCoV test should be arranged as soon as possible to triage the patient
- Report suspected nCoV case according to reportable criteria:

Surveillance and case reporting (related to the surveillance for the cluster of pneumonia with unknown aetiology in Wuhan)

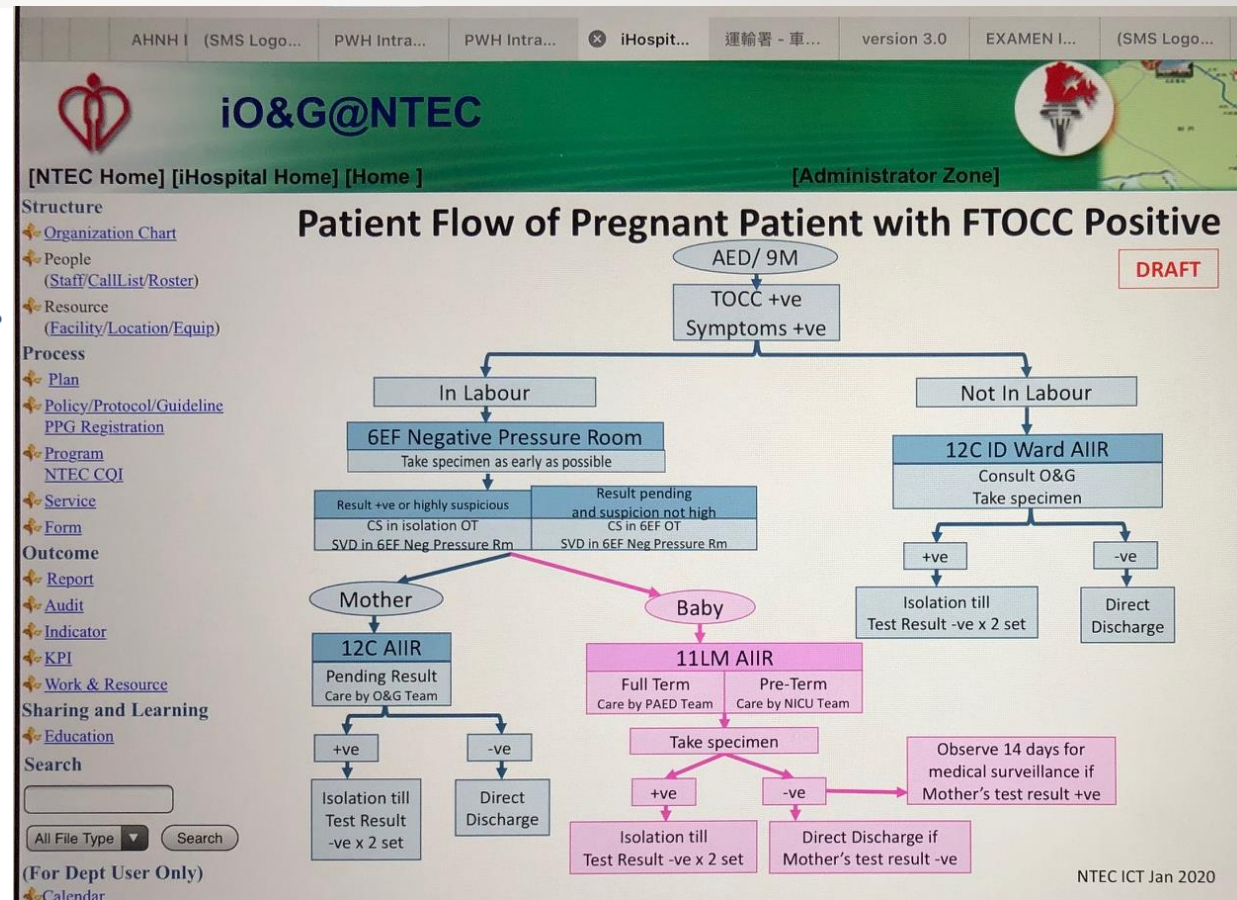
All registered medical practitioners are required to notify the Centre for Health Protection if patient fulfilling the reporting criteria (as of 23 Jan 2020)

- Patient presented with fever OR acute respiratory illness, OR with pneumonia; **and**
- Patient who had either one of the following **within 14 days BEFORE ONSET OF SYMPTOM**:
 - With travel history to Hubei Province (irrespective of any exposure to a wet market or seafood market); OR
 - Visited a medical hospital in Mainland China; OR
 - Had close contact with a confirmed case of novel coronavirus infection while that patient was symptomatic.

should be isolated immediately and notified the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html).

For details, please refer to "Letters to Doctor" at CHP website <https://www.chp.gov.hk/en/healthprofessionals/31/index.html>

- Admission guide for OBS cases



Week 3 - 7 onwards

**At hospital level:
High consumption of PPE & N95
→ sustainability?**

FEBRUARY							3月							MARCH						
W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S			
			1 初八	1 初八	2 初九	3 初十	4 十一	5 驚蟄	6 十三	7 十四										
5 十一	6 小寒	7 十三	8 十四	9 十五	10 十六	11 十七	2 初九	3 初十	4 立春	5 十二	6 十三	7 十四	8 十五	8 十五	9 十六	10 十七	11 十八	12 十九	13 二十	14 廿一
12 十八	13 十九	14 二十					9 十六	10 十七	11 十八	12 十九	13 二十	14 廿一	15 廿二	15 廿二	16 廿三	17 廿四	18 廿五	19 廿六	20 春分	21 廿八
19 廿五	20 大寒	21 廿七	22 廿八	23 廿九	24 三十	25 正月	16 廿三	17 廿四	18 廿五	19 雨水	20 廿七	21 廿八	22 廿九	22 廿九	23 三十	24 三月	25 初二	26 初三	27 初四	28 初五
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Protective measures

- Reinforce appropriate protective measures for appropriate work
 - Safe to staff
 - Hold ad hoc meetings (HCE with COS and DOMs) / staff forum
 - Hold ad hoc Dept. meeting for explanation and reassurance
- Reserve PPE or N95 for appropriate work
 - No PPE for non-aerosol generating procedure or low risk procedures
 - E.g. only surgical mask for usual consultation

Reinforce through team heads

If violation occurs, I consider stop some private services

個人防護裝備建議
Recommended PPE

威院 E訊
11/02/2020

適當場合 適當保護衣 Appropriate PPE for Appropriate Settings

專科門診/專職醫療專科門診
SOPC/Allied Health SOPC

1.1 分流站/體溫監測站
Triage station including temperature-checking station

護目鏡/全面罩/眼罩
eye visor / face shield / goggles

外科口罩/N95呼吸器
surgical mask / N95 respirator

黃色保護衣 (AAMI 1)
yellow gown (AAMI 1)

即棄手套
disposable gloves

1.2 一般病人診症室
general patient consultation room

外科口罩
surgical mask

1.3 發燒病人診症室
fever consultation room

即棄頭帽 (可選用)
disposable cap (optional)

護目鏡/全面罩/眼罩
eye visor / face shield / goggles

N95呼吸器/外科口罩
N95 respirator / surgical mask

黃色保護衣*
yellow gown (AAMI 1)*

即棄手套
disposable gloves

*如預計有飛濺情況，可考慮穿著藍色保護衣，或在黃色保護衣外加上防水圍裙。
*AMMI level 3 isolation gown can be considered when splashing is anticipated. Alternatively, a waterproof apron on top of the AMMI level 1 isolation gown is also acceptable.

符合新型冠状病毒呈報準則的病人會轉送急症室
Patients fulfilling nCoV reporting criteria will be escorted to AED

住院區域
In-patient Area

3.1 普通病房(非進行雾化醫療程序時)
general ward without Aerosol Generating Procedures (AGP)

外科口罩
surgical mask

N95呼吸器
(當需要採取空氣傳播預防措施時)
N95 respirator for airborne precautions

按標準防護措施及傳播途徑防護措施
穿著其他個人防護裝備
other PPE according to standard precautions and transmission based precautions

3.2 進行雾化醫療程序時
performing Aerosol Generating Procedures (AGP)

即棄頭帽 (可選用)
disposable cap (optional)

全面罩/眼罩
face shield / goggles

N95呼吸器
N95 respirator

黃色保護衣*
yellow gown (AAMI 1)*

即棄手套
disposable gloves

3.3 接收懷疑或確診病人的隔離病區
isolation area with suspected or confirmed nCoV case

即棄頭帽 (可選用)
disposable cap (optional)

全面罩/眼罩
face shield / goggles

N95呼吸器
N95 respirator

藍色保護衣
blue gown (AAMI 3)

即棄手套
disposable gloves

3.4 加強監察病房
enhanced surveillance ward

即棄頭帽 (可選用)
disposable cap (optional)

護目鏡/全面罩/眼罩
eye visor / face shield / goggles

N95呼吸器#
N95 respirator#

黃色保護衣*
yellow gown (AAMI 1)*

即棄手套
disposable gloves

*如預計有飛濺情況，可考慮穿著藍色保護衣，或在黃色保護衣外加上防水圍裙。
*AMMI level 3 isolation gown can be considered when splashing is anticipated. Alternatively, a waterproof apron on top of the AMMI level 1 isolation gown is also acceptable.

#可因應風險評估，以外科口罩替代。
#Surgical mask could be used as an alternative based on risk assessment.

適當場合 適當保護衣
Appropriate PPE for Appropriate Settings

專科門診/專職醫療專科門診
SOPC/Allied Health SOPC

1.1 分流站/體溫監測站
triage station including temperature-checking station

- 護目鏡/全面罩/眼罩
eye visor / face shield / goggles
- 外科口罩/N95呼吸器
surgical mask / N95 respirator
- 黃色保護衣
yellow gown (AAMI 1)
- 即棄手套
disposable gloves



示範
As shown

1.2 一般病人診症室
general patient consultation room



- 外科口罩
surgical mask

示範
As shown

1.3 發燒病人診症室
fever consultation room

- 即棄頭帽 (可選用)
disposable cap (optional)
- 護目鏡/全面罩/眼罩
eye visor / face shield / goggles
- N95呼吸器/外科口罩
N95 respirator / surgical mask
- 黃色保護衣*
yellow gown (AAMI 1)*
- 即棄手套
disposable gloves



示範
As shown

*如預計有飛濺情況，可考慮穿著藍色保護衣，或在黃色保護衣外加上防水圍裙。

*AMMI level 3 isolation gown can be considered when splashing is anticipated. Alternatively, a waterproof apron on top of the AMMI level 1 isolation gown is also acceptable.

符合新型冠狀病毒呈報準則的病人會轉送急症室
Patients fulfilling nCoV reporting criteria will be escorted to A&E

3.1 普通病房(非進行霧化醫護程序時)
general ward without Aerosol Generating Procedures (AGP)

- 外科口罩
surgical mask
- N95呼吸器
(當需要採取空氣傳播預防措施時)
N95 respirator for airborne precautions
- 按標準防護措施及傳播途徑防護措施穿著其他個人防護裝備
other PPE according to standard precautions and transmission based precautions



示範
As shown

3.2 進行霧化醫護程序時
performing Aerosol Generating Procedures (AGP)

- 即棄頭帽 (可選用)
disposable cap (optional)
- 全面罩/眼罩
face shield / goggles
- N95呼吸器
N95 respirator
- 黃色保護衣*
yellow gown (AAMI 1)*
- 即棄手套
disposable gloves



示範
As shown

3.3 接收懷疑或確診病人的隔離病區
isolation area with suspected or confirmed nCoV case

- 即棄頭帽 (可選用)
disposable cap (optional)
- 全面罩/眼罩
face shield / goggles
- N95呼吸器
N95 respirator
- 藍色保護衣
blue gown (AAMI 3)
- 即棄手套
disposable gloves



示範
As shown

3.4 加強監察病房
enhanced surveillance ward



示範
As shown




- 即棄頭帽 (可選用)
disposable cap (optional)
- 護目鏡/全面罩/眼罩
N95 respirator / surgical mask
- N95呼吸器#
N95 respirator#
- 黃色保護衣*
yellow gown (AAMI 1)*
- 即棄手套
disposable gloves

*如預計有飛濺情況，可考慮穿著藍色保護衣，或在黃色保護衣外加上防水圍裙。

*AMMI level 3 isolation gown can be considered when splashing is anticipated. Alternatively, a waterproof apron on top of the AMMI level 1 isolation gown is also acceptable.

#可因應風險評估，以外科口罩替代。
#Surgical mask could be used as an alternative based on risk assessment.

Protective measures

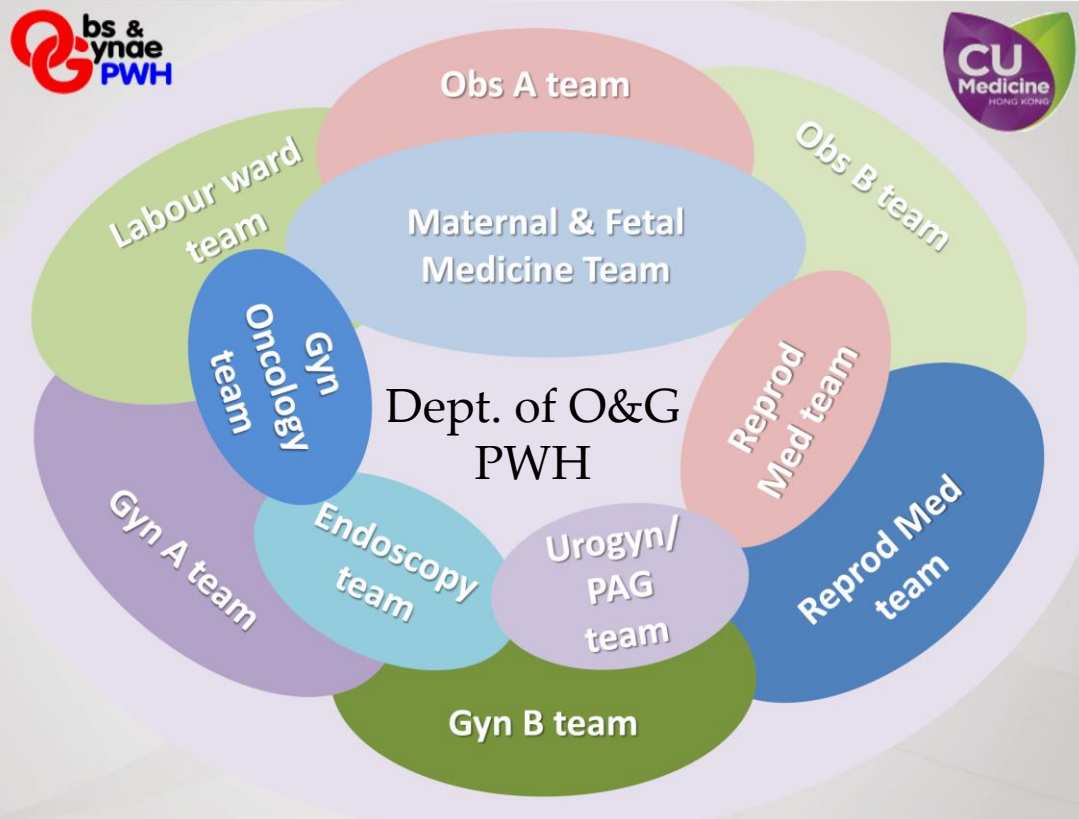

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[NTEC Home] [iHospital Home] [Home]
[Administrator Zone]

	PPE 20200131	N95	Eye/Face Field	Gown	Disposable gloves	Cap
Structure	Suspected nCoV	YES	YES	AAMI 3	YES	Optional
People (Staff/CallList/Roster)	Confirmed nCoV	YES	YES	AAMI 3	YES	YES
Resource (Facility/Location/Equip)	Resuscitation	YES	YES	AAMI 3	YES	YES
Process	CS GA (anaeth / OTA / circulating nurse / scrub nurse / surgeon / assistant / newborn)	YES	YES	Sterile disposable	YES	YES
Plan	Delivery room (conduct delivery)	Optional	YES	Sterile disposable	Sterile disposable	YES
Policy/Protocol/Guideline PPG Registration	Delivery room (newborn) Special precaution for newborns require Paed standby	Optional	YES	Apron disposable	YES	YES
Program NTEC CQI	Admission	Optional	YES	AAMI 1	As indicated	Optional
Service	Temp Screening Station at clinic and ward entrance (PWH SOPD)	Optional	YES	AAMI 1	As indicated	Optional
Form	Temp Screening Station at clinic and ward entrance (PWH Day Ward)	Optional	YES	AAMI 1	As indicated	Optional
Outcome						
Report						
Audit						
Indicator						
KPI						
Work & Resource						

Department level

Division of work worked with each team:



OBS

- Set up protocol for high risk or suspected cases
- Workflow for Caesarean Section

Gyn oncology

- Continue their services

Gyn - others

- Review the priority of other services

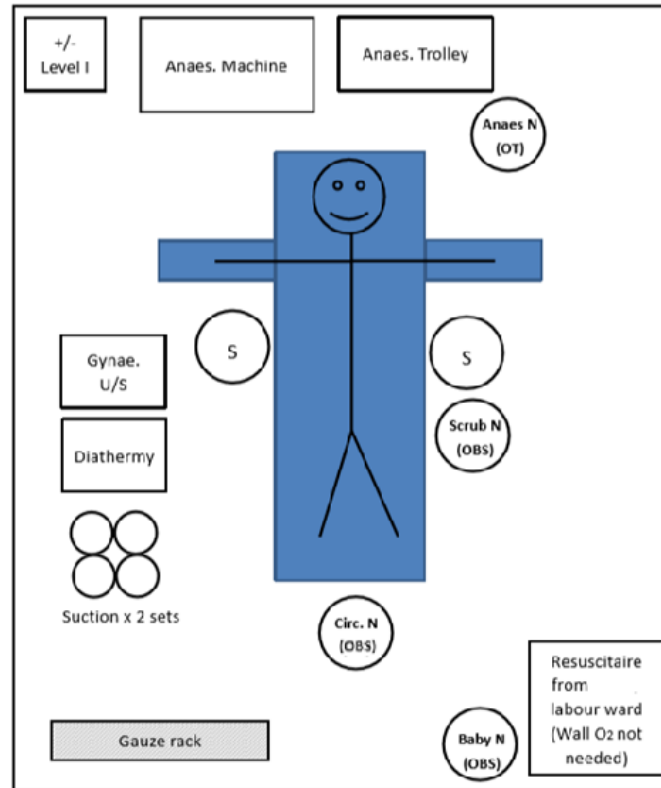
Obs service: Elective Caesarean Section

- Worked with HA and Chief of Services of all OBS units in Hong Kong
- HA sent SMS message (via mobile phone) to all patients who are scheduled elective C.S. and remind them comply with quarantine policy before their C.S.
 - → Postpone the CS if possible

OBS team: Set up workflow

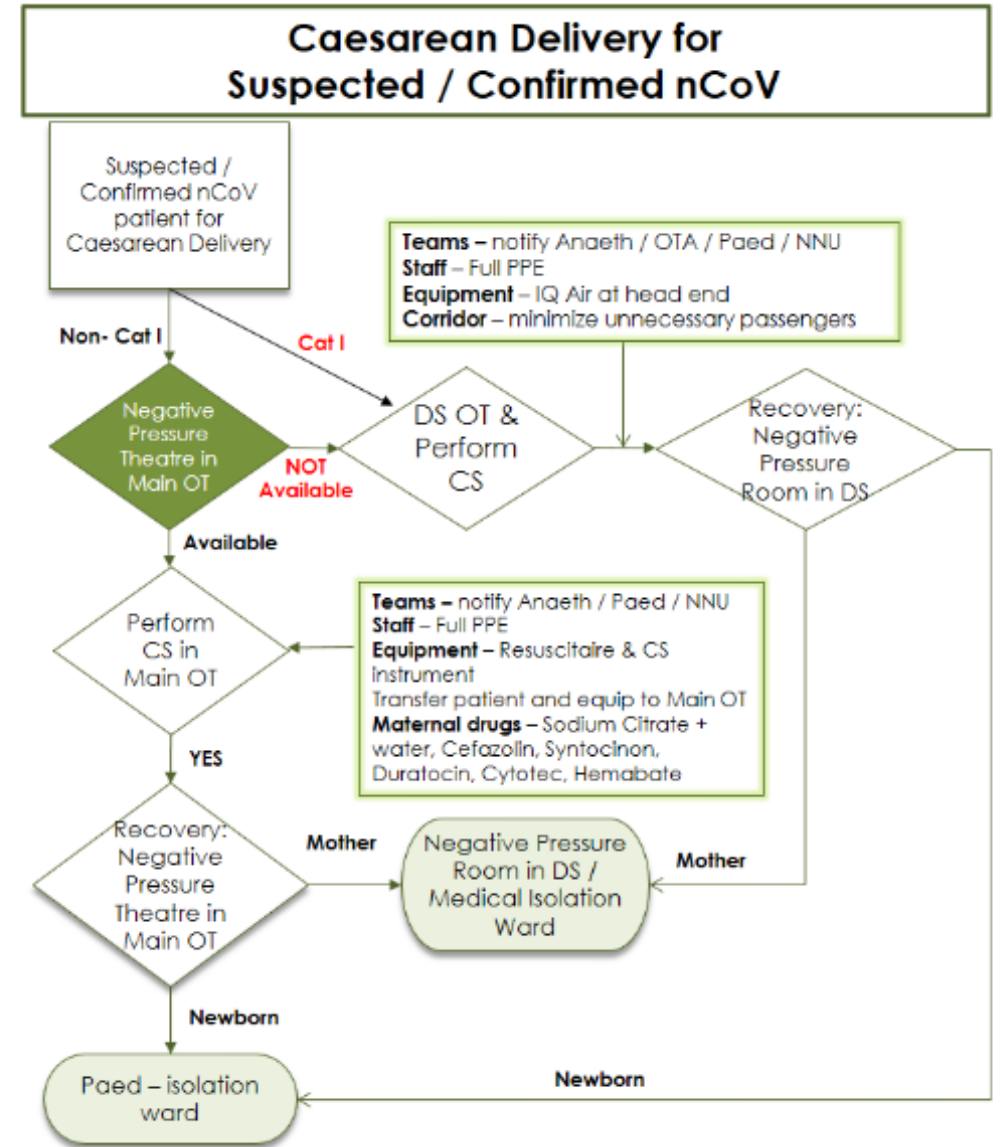
- Set up workflow for reportable and confirmed nCoV cases going for caesarean section
- Conducted drill

Remarks - Basic theatre set-up for Caesarean Section in Main OT:



Note: Theatre temperature at 26°C and warm gamgee.

Workflow for CS for suspected / confirmed nCoV cases



Obs service: (Week 6)

Provide antenatal visit to women in quarantine camp

- Background:
 - 14 pregnant women were kept in Wuhan & HK Government arranged them back to HK on March 4th
 - 8 women were booked in HA OBS unit and gestation 25 – 36 week 6 days
 - Other 6 women only 4-18 weeks and not yet booked
 - No antenatal check up for at least past 6 weeks & would be kept in Quarantine camp for another 2 weeks
 - Quarantine camp was close to our hospital
- Worked with HA, my hospital admin, and all Chief of Services of OBS units in H.K.
- →Provide one antenatal visit to the 8 women
 - Reduce the risk of unscheduled admission to A&E and Obs ward for “emergency obs problem”
 - Reduced repeated logistics arrangement between DH and few OBS units

Antenatal Visit for Pregnant Women from Hubei

Women with gestation > 25 weeks
COVID-19 Test negative & URI Asymptomatic

Location – 9M O&G Day Ward, 9/F, Day Treatment Block, PWH

Drop-off point – 2/F, Podium, Traffic Interchange

Triage Station for Fever and TOCC

- Provide hand-rub and ensure hand hygiene for all attending person
- Ensure standard infection control precaution in all areas

No fever and URI symptoms

- Day Ward Staff PPE – refer to ICN instruction
- Ensure adequate space between patients in waiting area

PWH Booked Case

Proceed follow-up in
consultation room (CR2)
(+/- CTG at Bed 1)

FU or admission
appointment

PWH Non-booked Case

Issue PWH OBS number

Proceed antenatal visit

FU or admission appointment of the
respective hospital

With fever / URI symptoms

Escort to A&E
Staff with full PPE

Supports from different levels

- DH + HA + my unit
- Hospital security: parking, lift holding, reporters (if any)
- O&G: minimal no. of staff & settings of clinic
- ICN to confirm triage and PPE etc.
- Supporting team to clean environment after the use

Obstetric services forward

- Liaising with doctors & midwives to restart husband accompany delivery
- First start with only at 2nd stage of labour
- → Resume during whole labour (may take a longer period for midwives to accept)

Gynaecology teams: Elective Operation

- Reduce elective cases
 - Avoid crowding and reduce risk of cross infection in Gyn ward
 - Conserve PPE and N95 consumption in Operation Theatre
 - Intubation and extubation for GA procedures: aerosol generating procedures that need PPE
- Elective gynaecological operations
 - For week 1-3: reserve for malignancy cases + patients with more severe gyn conditions
 - About 50% of non-malignant cases requested for postpone
 - For week 4-7: reserve for malignancy cases + life-saving conditions only
 - Due to hospital policy to conserve PPE for most high risk area
 - Only ~40% of cases continue operation
 - For week 8 onwards: After liaise with HCE and Q&S:
 - Will add cases who are fit and agree for regional anaesthesia

Gynaecology teams: Emergency Operation

- Try to reduce emergency surgery for evacuation of uterus for miscarriage / incomplete miscarriage
 - Try medical treatment first
 - If fails, promote surgical treatment under **regional anaesthesia**

Gynaecology: other services

To align with hospital policy on conserving PPE, avoid crowding, enhance efficiency

- Reviewed default rate of some services in the first 2 weeks
 - E.g. 50% in urodynamics clinics, 50% in one-stop clinic for post-menopausal bleeding
 - **Combined 2 urodynamics clinics to 1 session / week** → will resume normal from week 8
 - **Combined 3 PMB clinic sessions to 2 sessions / week**
- Reviewed priority of services
 - Colposcopy services for LSIL is regarded as lower priority, compared with services for HSIL
 - **Only arrange colposcopy for HSIL cases and postpone others to few months later**

Staff

- Shortened the working hours of staff taking residential calls
 - 2 first call and one second call doctors
 - → More rest, reduce crowding, reduce risk of cross infection



- Remind them the latest travel alert level
- Respond to their concerns promptly
- Reserved staff quarters for them if they managed high risk cases

Thank you for your attention

