

The SARS Task Force — Building a Network to Support Health, Education and Community Needs

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CUHK Campus (SARS) Task Force

Midnight on 11 March. Fifteen medical staff and students develop a high fever. By 14 March we still think it is a localized infection in Ward 8A of the Prince of Wales Hospital (PWH). However, by 18 March it is clearly much more serious. In this first week, four medical professors and 17 medical students come down with this new viral infection, which came to be known as SARS. As a number of medical students live in resident hostels on the main campus of The Chinese University of Hong Kong (CUHK), the possibility of cross-infection brought from hospital to the main campus is of deep concern right from the onset of this crisis.

This paper was written in discussion with Carmel McNaught, Centre for Learning Enhancement And Research, The Chinese University of Hong Kong.

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On 21 March the SARS Task Force of The Chinese University of Hong Kong is formed and meets first thing on Saturday morning 22 March. This immediate and appropriate action captures the spirit of how the University responds to this crisis. This story is one that is told with pride and humility. Pride because as each new need emerged, a response was formed; because this University has staff with the skills and acumen needed to cope with this unprecedented crisis; and finally, we are proud because we have some sense that this has been a time that has tested our University as an organization and we have demonstrated our capacity for complex problem solving. Humility? Because no matter how hard some of us worked here on campus, we knew that there were those in the hospitals and community at large who were risking so much more than we were.

In thinking about this story I made a list about why I, as a senior member of the University community, felt this story needed to be told. This list emerged really quickly. We needed to:

- acknowledge the contribution of several individuals;
- give testimony to the sense of community that exists at CUHK;
- track how CUHK, as an organization, successfully handles a problem that grows in complexity very rapidly;
- show that coordination between devolved networks around the University can be effectively achieved;
- highlight the need for transparency and communication in handling crises;
- show the power of collective decision making in formulating guidelines, policies and processes;
- illustrate the processes whereby guidelines, policies and processes can then be disseminated using a website and limited mass mailing;
- alert the University that an attitude of contingency planning is likely to be increasingly important, and will affect both academic policy and infrastructure needs; and
- ensure that adequate records of policy and infrastructure needs, possi-

bilities and implications are kept of this time and become integrated into the University's "living memory".

The story of the first month of the SARS Task Force is one of long and full meetings with clear action items. Actions were rapidly taken and provided the agenda for the next day. Decisiveness was critical; this was not a time for debating fine nuances of meaning for their own sake. We needed the best information and then rapidly needed to act on it. Between 22 March and 25 April there were 22 Task Force meetings, occupying a total of 37 hours in meeting time, and virtually every other waking minute in enacting the decisions of the meetings. The SARS website was launched on 25 March and became a vital part of our strategy. Accurate information and clear communication were key weapons in controlling SARS and the website's evolution clearly shows this.

In our first meeting we were still grappling with understanding what SARS is. We had a sense that this was a serious health crisis, but was probably a short-term issue; we adopted a reassuring tone: "60–70% on track to recovery"; "situation under control in PWH"; "Cancellation of class ONLY if necessary". There was a focus on information collection and the need to upgrade hygiene on campus. Health education was emphasized more than counseling. Within days our understanding of how extensive any single person's network of contacts is grew. We realized how difficult mass isolation could be.

However, underlying this reassuring approach, there was a gnawing concern. In the first few days after the formation of the Task Force, three more students (two of them non-medical students) came down with SARS. There were also a number of suspected cases. We could sense that acute panic and fear were just below the surface.

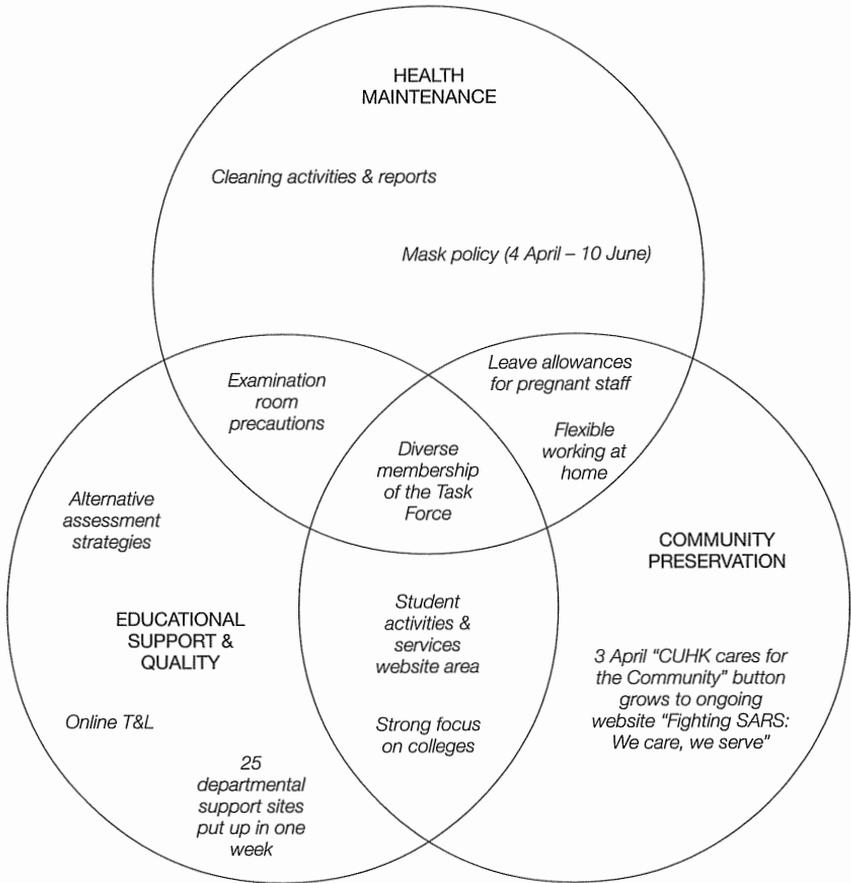
In the first four days I remember there was a marked change in understanding the scope of the Task Force. With such a crisis we came to realize that the work of individuals by themselves was not enough; coordinated action and communication became top priorities. Later on, this coordina-

tion became more formal; however, in these initial days it was the spirit and willingness of individuals who committed themselves to working together to solve this crisis and support CUHK that set the scene for the success we feel we have had in the fight against SARS on this campus. Also, together with the policies about mask distribution, and the logistics of campus disinfection and clinical waste bags, a growing emphasis on counseling needs emerged more clearly as the long-term nature of the SARS problem became increasingly apparent. The complexity of the problem can be understood by just considering the sheer extent of the CUHK campus. There are over 140 buildings with nearly 700 toilets on this campus and so cleansing and disinfection is a project of mammoth proportions.

In less than a week the possibility of class suspension was being discussed. This decision was one of balancing opposing tensions which is, of course, the hallmark of all “real” complex situations. On the “plus” side of keeping the campus open, there was the safety of working in a clean campus environment; on the “minus” side there were student and family fears and anxieties (whether these are rational or not), and the real issue of travel to campus for those who are non-residents. We were very conscious of the particular needs of final year students which needed to be met so that they could graduate. Basically, the decision was made to suspend so that this community of 20,000 people could have a little space to reflect and also to make additional cleaning and planning less stressful.

We can see this first hard decision as being the balance of the three central needs of health maintenance, community preservation, and educational support and quality. These are shown in Figure 1. All the decisions that the SARS Task Force made can be mapped in these spaces and some examples are shown in Figure 1. Note that the “Diverse membership of the Task Force” sits at the centre and is the pivot that provides support for all three areas. The membership of the SARS Task Force included representatives from all sections of the administrative, academic and student communities of the University. Sixteen people, each with their own particular area of expertise and/or constituency to care for, working together in a

Figure 1 Interdependence of Health, Community and Educational Needs



dedicated and efficient manner. As Chair of this group I know it has been an honour and privilege to have such colleagues.

The details of all the policies and guidelines that emerged are available on the SARS website <<http://www.cuhk.edu.hk/sars/>>. The art was in coordinating and communicating all this information. Besides the website, we hosted ten briefings and forums in these initial weeks. We considered carefully the focus of each meeting. We needed to cater for senior administration, heads of departments and units, as well as the whole staff and student population. There were, of course, additional special categories where the

responsibilities or the risks were much higher; these groups included safety coordinators, exchange students, mainland students and hostel students.

Each action revealed new needs and so new plans were made. Key people were willing to reach out and meet whoever needed them. Here is an example. When the Director of the University Health Service (UHS) met College Wardens to explain facilities and thus reassure students that medical help was available if they were ill, this resulted in many students (>100) going to the UHS the following day! Chaos. So new guidelines, listing the symptoms that students needed to be concerned about in more detail were posted and progressively updated as needed. Again good information was the key.

CUHK is unusual with its strong and, we believe, very beneficial focus on Colleges. Five thousand students live in hostels on our campus. Colleges soon developed their own SARS Working Groups with representation on the main SARS Task Force. By the end of March with the campus cleaning program well underway, it was time to give more attention to the complexity of the student needs in our community. For example, most exchange students had returned home. What are the implications for the coming summer programs of exchange? How much will we have to forego these valuable cultural exchanges?

Around this time, issues of assessment moved to the forefront. Possible alternatives to examinations were discussed. With hindsight, I can see how important this was because these decisions about teaching and examinations might have ramifications in our post-SARS University. Indeed, reading the other stories in this collection, I can see this is true. By 12 April 161 courses had opted to replace examinations; this is very significant in a highly traditional university. A variety of options were used, mostly additional written work, or take-home examinations.

Throughout this whole first month there were constants—the continual monitoring of cleaning; and the constant need to liaise and communicate with groups on- and off-campus about SARS as a medical crisis and SARS as a community crisis. Added to this constant base of work were the grow-

ing complexity of educational needs, and the issue of how to restore the image of Hong Kong in general and CUHK in particular as a safe place to visit, to work and to study.

The SARS Task Force juggled all these priorities by careful devolution of responsibility. Devolution works when one has good systems for coordination, monitoring and feedback. The SARS Task Force meetings were the occasions when we ensured that the coordination, monitoring and feedback were working well.

The mask policy which lasted from 4 April till 10 June is a good example to explore. If the wearing of masks is mandated in enclosed public areas on campus, then there are a myriad of details to attend to. Some are:

- ensuring that a supply of high quality and affordable masks can be maintained;
- monitoring in critical areas such as canteens and crowded campus buses;
- monitoring in less critical areas such as private study areas in the Library; and
- what to do with people who are allergic to the mask fabric.

Working at policy formulation, implementation planning and monitoring levels, essentially all at the same time, is demanding if there is only one thing to do. Multiply this many times over and you begin to appreciate the complexity of the management of this crisis.

The SARS website was invaluable in our communication strategy. The website became a visual metaphor of the work of the SARS Task Force. The meetings became “reports on buttons”. The first iteration of the website appeared on 31 March and is on the left of Figure 2. The version beside it is that of 22 April. Of the 17 buttons on the later site, 11 are essentially the same as those on the original site, though of course the depth and organization of the content behind each button increased enormously (as Figure 3 demonstrates). The six buttons that appeared later were:

- Notes regarding Exchange Students (added 3 April)

- University Administrative Announcements/ Circulars (added 3 April)
- Policy on Wearing Mask — Why? How? And Distribution Arrangements (added 4 April)
- CUHK cares for the Community (added 4 April)
- University Academic Announcements (added 8 April; initially a presence of six departments which grew to 25 by 15 April)
- Student Activities/ Student Services (added 11 April)/ College Announcements (added 12 April)

The addition of these buttons illustrates clearly the themes of growing complexity, devolution and coordination. These six buttons also reinforce the image in Figure 1. They deal largely with the educational and community needs which grew alongside the ongoing work which was primarily medical in nature. So, the synergy between medical, educational and community needs was again seen as central in the development of the SARS Task Force's communication strategy.

The Chinese version of the SARS website went live on 11 April and this strengthened our capacity to communicate to the whole community.

I can remember that after two weeks into the life of the SARS Task Force that the pace of work was not slowing. There was always a feeling of "so much to be done NOW". All the Task Force members were tired but not despondent; there was no time to worry too much! However, we were also buoyed up by a sense of community and of achievement. This was work that was essential and was valued.

By the end of the third week, around the middle of April, we began to enter a new "management" phase. There were fewer items under each day's Action Plan. There were several smooth operations in place. Now there was little more space for the contingency planning we needed to do for students returning to campus, the Easter break and the forthcoming examination period.

Regarding the examination arrangements, we had only 70% of the normal number of examinations; also some exams were reduced in length.

Figure 2 Two Versions of the SARS Website

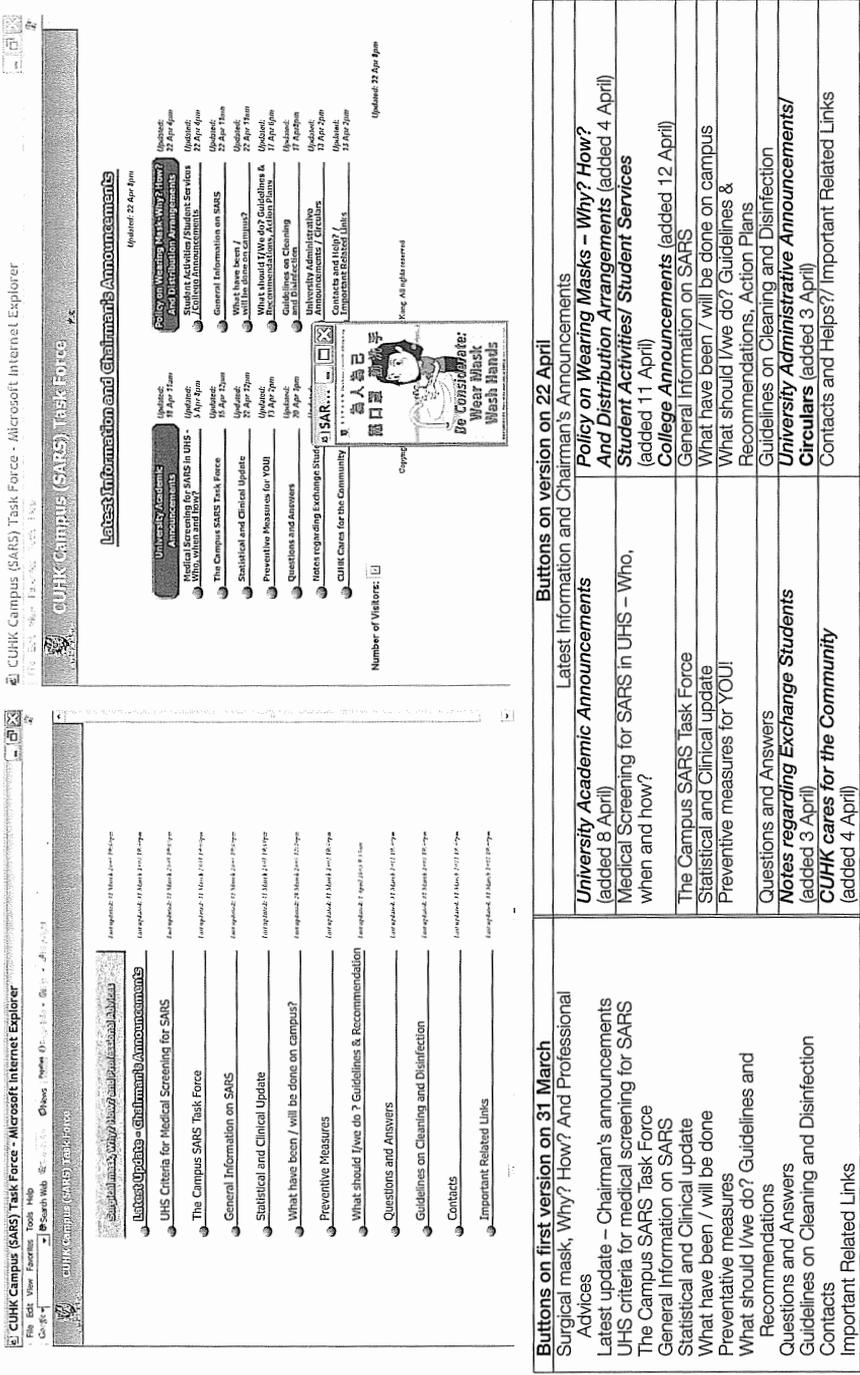
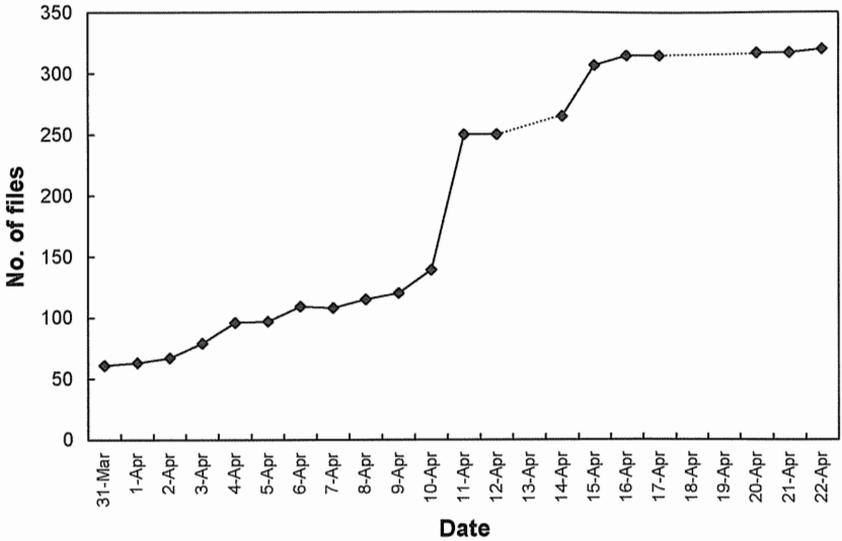


Figure 3 The Growth of the SARS Website

However, these examinations were unique because we had to consider disinfection and protection measures. Are these measures that we will need to have always in place? Has SARS changed the nature of mass events on campus permanently?

By the end of this amazing month, a new slogan was around—“living with SARS”. The tension which needs to be negotiated here is between safety and doing the things that make life meaningful. A simple example arose around group activities in the Colleges. Events such as taking group photos to commemorate a year together with fellow students are highly valued, but these events had now become a health risk, and a photo of a mass of masks is not very useful! In this case, working across the medical/community boundary enabled us to make sensible recommendations to students. The same principle of balancing risks and living meaningfully guide our recommendations about such things as other hostel and college activities, exchange programmes, overseas summer activities, and the use of sports facilities such as the gymnasium and the swimming pool.

I feel that the establishment and steering of the SARS Task Force has

been a time when I have considered and learnt so many things. The management of a crisis as serious as SARS can lead to growth, and the organization can be stronger for the experience. The Chinese University of Hong Kong has come through this crisis with a heightened sense of community and processes of coordination that will remain long after the masks have been discarded.