We report, to our knowledge, the first case of KFSD with leukonychia partialis and suggest that leukonychia may be seen in KFSD.

Keywords: Keratosis follicularis spinulosa decalvans, KFSD, leukonychia, nail biopsy, skin biopsy

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Safety Audit for Internal Emergencies and Theatre Disasters (SAFE-T): From Barbados

The Editor,

Sir,

On September 9, 2009, fire swept through a hospital on the Caribbean island of St Lucia, killing three patients (1). A definite plan to deal with major emergencies is an important element of any health institution. To our knowledge, there is scarcity of published data regarding the knowledge and preparedness of staff from the Caribbean region. The main objective of this study was to assess the level of awareness of staff working in the operating room (OR) and recovery room (RR), and to determine the level of preparedness with regard to operating theatre disasters and internal emergencies (fire, flooding, building collapse).

The Internal Research Committee of the Queen Elizabeth Hospital (QEH), Barbados, gave approval for the questionnaire. A questionnaire survey with 24 questions was formulated by a team of anaesthetists and surgeons and was administered personally to all OR and RR staff over a one-month period. The 120 questionnaires administered were

individually coded and completed anonymously. Queen Elizabeth Hospital is a 700-bed tertiary care hospital. Data were analysed using SPSS v 17 analytical software.

Of the 83 completed questionnaires (Table), 60.2% respondents have been employed at QEH for more than five

Table: Summary of the staff's response for nine (out of 24) questions, represented in percentages

Question	Response
What best describes your current job	Anaesthetist 13.3%, surgeon 14.5%, registered nurse 34.9%
Do you know what to do in the event of an IE	Knew exactly 13.3% Had no idea 15.7%
How prepared do you feel for an IE	Very well prepared 9.6% Much unprepared 9.6%
Have you ever taken part in an IE drill	Yes 22.9% (71.1% did not know when the last internal drill was held)
Have you ever noticed emergency exit signs in OR, RR and Floor	Yes 71% No 22%
Do you know how to access emergency exit	Do not know 43.4%
Are there any fire extinguishers in OR/RR/Floor	Yes we knew OR: 66.2%, RR: 31.3%, Floor: 31.3%
Is there any automatic lighting provided in the event of power failure in OR/RR/Floor	Yes 22.9%, No 20.5%, Do not know 55.6%
If a patient is under anaesthesia and a disaster occurs, what do you do	Stay in the OR with patient 2.4% Rescue the patient from danger, cover or close the surgical site immediately and raise the alarm 74.7%

IE – internal emergency, OR – operating room, RR – recovery room

years, and 44.6% have been working in OR for more than five years. The majority of staff members (95.2%) thought that they had a role to play in patient care in the event of an internal emergency; 60.2% of respondents were able to correctly match the alert code colours to their meanings and 34.9% of respondents knew the location of the staff collection point in the event of an emergency. The majority of respondents (67.5%) thought that the nursing sister in charge was responsible for taking care of the patient during an emergency. Most (71.1%) thought that the operating theatre manager was responsible for the head count during an emergency. More than 90% thought that more needs to be done to ensure that all staff members are educated and said that they would participate in yearly emergency drills.

Internal emergencies like operating room fire, flooding, building collapse and failure of electrical supply can happen at any time. The incidence of OR fires is difficult to determine, due in part to the lack of a mandatory national reporting system for OR fires (2). Case reports indicate that

lack of education can result in severe injury and death from uncontrolled OR fires (3). Also, OR fire drills and simulation training can result in improved staff response to a fire (4). A telephone survey by Stuart and colleagues revealed that more than half of the safety awareness programmes surveyed did not involve all OR staff (5). In our questionnaire, we found only 22.9% of staff has ever participated in an internal fire drill and only 13.3% of staff knew exactly what to do in the event of an internal emergency. Regarding the emergency exit, 71% were aware but unfortunately, of them, 43.4% stated that they did not know how to access it. Only 9.6% of staff felt well prepared to manage an internal emergency. To conclude, we believe that safety questionnaire will reveal the facts about our preparedness for internal emergencies; the results of which can guide us for better planning.

Keywords: Emergencies, fire safety, operating room

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Fatal End-stage Renal Failure Aggravated by Recurrent Uterine Fibroids

The Editor,

Sir,

The patient was a 51-year old lady para²⁺⁰ who had a long history of diabetes and hypertension from 1993 at age 33 years. She underwent myomectomy for menorrhagia in 2000. By 2010, the fibroids had regrown to 18 weeks size. She, however, now had chronic renal failure and anaemia. She became very ill with a community acquired pneumonia and congestive cardiac failure. Blood tests done showed

negative human immunodeficiency virus (HIV) and Venereal Disease Research Laboratory (VDRL) test, troponin 7.7 ng/mL (normal < 1.0 ng/mL), creatine phosphokinase (CPK) 1920 U/L (normal 20–170 U/L), lactate dehydrogenase (LDH) 506 U/L (normal 105–200 U/L) and aspartate aminotransferase (AST) 106 U/L (normal 7–32 U/L).

Abdomino-pelvic ultrasound showed hyperechoic kidneys and both ultrasound and multi-detector row computed tomography (CT) urogram (Figs. 1a, 1b) showed left

Fig. 1a: Coronal non-contrast multiple detector computed tomography image demonstrating large calculus in the left renal pelvis and uterine fibroids.

Fig. 1b: Coronal non-contrast multiple detector computed tomography image demonstrating large uterine fibroids filling the bony pelvis.