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Infection Control Measures taken by the Hospital Authority In the Management and Prevention of the SARS Incident

Background

- Several press reports on outbreak of atypical pneumonia in Guangdong Province
- A Working Group on Severe Community
 Acquired Pneumonia (CAP) set up on 11 Feb
 03 comprising experts from clinical
 microbiology, internal medicine, intensive
 care, respiratory medicine, and executives
- Central Task Force on Infection Control (after 27 April 2003)
- Evolution of HA infection control measures reflected in the series of FAQs and guidelines which are frequently updated

Background

- HA Central Infection Control Committee
 - standing mechanism for infection control in public hospital system

Appendix 1

Flow chart for Infectious Disease of Public Concern

Report from Hospital/ Duty Microbiologists/ News Section

Subject Officer/Secretary of TFIC

Report to:

CE/Senior Executive

- For incident notification
- For progress reporting

Legal Section

For incident notification

Set up

- Cross-department/ working group to coordinate operational logistics [in liaison with concerned parties, e.g. COC, Nursing, AH, Pharmacy Section, etc]
- Hotline for enquiry and/or reporting [in liaison with hospital management]
- Press Conference (if necessary) [in liaison with PA]
- Development of chinical staff & supporting staff (in case of contingency)

Liaise with

- Clinical Dept/Consultants
- for clinical details of cases
- for subsequent management/ outcome
- 2. Duty Microbiologists
- for monitoring infectious disease notifications received from individual HA institution
- for organising immediate professional responses on ad-hoc issues
- · for alerting HODO on infectious diseases of public interest.
- for advising the HAHO in coordinating control efforts and supports from HA institutions
- 3. <u>DH</u>
- · for coordinating territory-wide action
- for joint press release (if applicable)
- for interdepartmental meeting/working group
- 4. Subject Officers for Reference Guidelines
- for updating fact sheet/treatment protocol/guidelines for healthcare profession
- establishing action plan within HA
- for reviewing notification criteria and procedures within HA & outside
- for expert advice on Frequently Asked Questions (FAQs)
- 5. Hospital ICT
- for infection control measures (if indicated)
- 6. News Section
- for (joint) press release/ other media activities
- Statistics Section & IT Division
- for compiling data and trend analysis

Alert concerned parties

- Duty microbiologists
- HODO
- Duty Officer (News)
- HA Hospitals (CCEs/HCEs/ Hospitals ICTs)
- DH Duty Officer (pager 7116 300 call 9178)

- 1. Providing a Safe Environment
- 2. Enforcing Infection Control Measures
- 3. Communicating Messages Effectively
- 4. Controlling Outbreaks and Investigating Breakthrough Infections
- Heightening Vigilance to Potential Patients and Staff's Own Health
- 6. Protecting Staff with Appropriate Personal Protective Equipment (PPE)

Strategies in Infection Control on SARS

- Providing a Safe Environment
 - Confirmed or suspected cases cohorted in designated units with barrier nursing and sufficient physical spaces provided
 - Clinical areas stratified into different risk zones
 - Precautionary measures implemented
 - Environment and equipment were frequently disinfected
 - Ventilation system of ward assessed to improve the air exchange and air quality

- Enforcing Infection Control Measures
 - An Infection Control Enforcement Network at policy level and at work level (the system of wardens)
 - Identify and segregate SARS patients to prevent spread of disease in hospitals
 - Mandatory training on infection control for frontline staff
 - Monitor and audit structured inspection on compliance

Strategies in Infection Control on SARS

- Communicating Messages Effectively
 - Guidelines promulgated through the email and intranet technology
 - A daily newsletter "Battling SARS Update"
 - A 24-hour SARS Hotline
 - Regular hospital forums

- Controlling Outbreaks and Investigating Breakthrough Infections
 - No visiting policy 3/4/2003
 - Early identification of index patients so as to initiate actions for contact tracing and cohorting of contacts
 - Studies and reviews co-ordinated on staff infections

Strategies in Infection Control on SARS

- Heightening Vigilance to Potential Patients and Staff's Own Health
 - Hospitals alerted to "cryptic cases"
 - Periodic extra day-offs, work shift rescheduled to reduce staff fatigue and augment attention span
 - Daily log of staff's own body temperature as part of surveillance

- Protecting Staff with Appropriate Personal Protective Equipment (PPE)
 - Standard provisions of PPE defined
 - Training on the appropriate use of PPE

Evolution of HA wide infection control measures (1)

- Preparatory phase (11 February 9 March)
- FAQ 21 February 2003 (28 Feb 2003, 7 March 2003)
- Case definition for surveillance of severe community acquired pneumonia (SCAP)
- Reporting mechanism
- Laboratory test arrangement
 Infection control measures for droplet spread

Evolution of HA wide infection control measures (2)

Leading to:

- Identification of a cohort of H5N1
- Initiatives in diagnostic approach (open lung biopsy) leading to simultaneous identification of corona virus
- Early delineation of linkage of clustered cases

Evolution of HA wide infection control measures (3)

- Early phase (10 March 23 March)
- Strengthening of hospital infection control measures basing on pre-existing infrastructure
- Guidelines on management of SARS 19 March 2003 (24 March 2003, 27 March 2003)
 - aerosol generating procedures
 - updated case definition
 - updated reporting mechanism
 - seminars

Evolution of HA wide infection control measures (4)

Peak phase (24 March – 6 April)

- More focus on hospital environment control
- Restriction of visiting
- Infection control enforcement network
 - sharing and strengthening implementation
- SARS guidelines updated
 - risk stratified use of PPE
 - post-discharge care
 - arrangement for post-mortum exam
 - laboratory safety

Evolution of HA wide infection control measures (5)

- Plateau phase (7 April 20 April)
- Sharing of Guangdong experience
- Hierarchy of hospital infection control warden
- Reinforcement of infection control training

Evolution of HA wide infection control measures (6)

- Resolution phase (21 April –
- More scientific data on effectiveness of PPE
- Staff infection review/journals
 Central Task Force on Infection Control
- Further strengthening of the infection control activities by Head Office inspection
- Strengthening of hospital outbreak management
- Auditing/inspection of infection control practices
- Improvement in communication

Organization of Central Task Force on Infection Control on SARS Expert group on infection control Formulation on alretegy and stamounck: Setting direction in hospitals Independent professional audit Hospital Infection group (volunteers from frontline Control Team doctors and nurses) Second oradice quidefines an hospica Department/Unit Infection Control Coordinator at unit level Implementation training Ward / Department

The Way Ahead

- 23 June 2003, HK off WHO list of affected areas
- WHO repeated caution on possibility of reoccurrence
- Need for continued vigilance versus need to return to normal (New Normal) activities
- Planning work on hospital facilities and training need for infection control
- Need for continued initiative in research