

# Measures to prevent and prepare for resurgence of SARS

## Enhancing infection control in hospitals



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- **Enhancing surveillance and preventing outbreaks**
- **Enforcing infection control measures**
- **Augmenting isolation facilities**
- **Strengthening expertise in clinical management and outbreak management**
- **Ensuring supplies**
- **Formulating plans for distributing patients**
- **Enhancing management capabilities**

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## **Enhancing surveillance and outbreak prevention**

- **Visiting Medical Officer Scheme for old age homes**
- **Extending influenza vaccination programme**
- **Surveillance of infectious diseases in patients and staff**
- **Monitoring trends of infectious diseases**
- **Collaborating with DH on surveillance at border control points and monitoring tourists with fever**
- **Enhancing collaboration with DH**

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## **Enforcing infection control measures**

- **Reduce overcrowding**
- **Revised infection control guidelines**
- **Enhance support by infection control teams**
- **Audits on compliance**

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# Revised infection control guidelines

HA Intranet - ha.home - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://ha.home/visitor/

ha home Search Go! Fri, August 15, 2003

Functional View

Set as Homepage

Seek Out

- Activities and Events
- Circulars / Memo
- Contract MO &
- Residents Column
- Health Education
- Intranet Resource Centre
- Manuals / Guidelines
- Working Papers
- Messages / Speeches
- Press Release
- Procurement
- Professional
- Resources/Partners
- Publications
- Telephone Directory
- Intranet Directory
- Content Management Protocol
- Feedback

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Local intranet

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# Revised infection control guidelines

- Maintaining vigilance
- Sustainable, risk stratified infection control practices



## Visiting

- No visiting to high risk wards (Fever triage wards, SARS screening wards)
- Other acute and convalescent wards:  $\leq 3$  hours per day
- Infirmary:  $\leq 6$  hours per day
- 2 per patient per day
- Keeping registers for visitors
- Health advice and infection control precautions

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## PPE

- Categorisation according to risk stratified patient areas
- Procedure
- Exposure to contaminated items, secretions, excreta

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## Strengthening expertise in clinical management

- Surveillance
- Triage
- Case identification
- Alerting
- Isolation
- Clinical management of patients
- Each clinical specialty to establish a plan on enhanced preparedness and contingency response in the event of an outbreak

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## Specialty based preparedness

### Examples: Triage at A&E

#### Triage Checklist for Febrile patients

- Fever documented at triage station, or a history of documented fever in the past 48 hours; and
- No other obvious cause of fever e.g. Cellulites, cholangitis

#### 1. Presence of any of the following symptoms in the past 2 days

History of chills in the past 2 days

Cough (new or increased cough) or breathing difficulty

General malaise or myalgia

#### 2. Have you have any unprotected contact with (suspected) SARS patient in the past 10 days?

#### 3. Have you been a patient or visitor in a hospital or long-term care facility with known SARS patients in the past 10 days?

#### 4. Recent (10 days) travel history outside HK (                    )

#### 5. Any association or contact with :

- a cluster of persons with fever of recent onset, or
- a known cluster with high attack rate (during time with outbreak)

If patient has fever as above, together with (1) and any one out of (2) – (5), allocate the patient to SARS screening area.

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## **Strengthening expertise in outbreak management**

**Enhance training on and support to outbreak management.**

- **Hospital outbreak control team**
- **Central outbreak control team**
  - ❖ **Identification of source of infection**
  - ❖ **Control of infection**
  - ❖ **Identification and implementation of measures to prevent recurrence**
  - ❖ **Sharing of lessons**

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## **Augmenting isolation facilities**

- **1280 isolation beds by November 2003 (+530)**
- **Continuous efforts on other minor works to support infection control**
- **Portable HEPA filters to other areas where permanent structures cannot be installed**
- **Contingency plan for further increase in isolation capacity**

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## Ensuring supplies of drugs consumables and equipment

- 3 month supplies of PPE and other essential consumables / equipment
- Source additional supplier
- Enhance training on proper use

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## Mobilisation of patients

- Staged mobilisation plan

1 <sup>st</sup>	50	PMH
Next	200	6 hospitals
Next	200	6 hospitals
Next	175	5 hospitals
>	625	Each hospital to increase intake up to 100
- HA Head Office to coordinate

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## **Strengthening human resources capabilities**

**Designated funds from the Government to enhance training:**

- **Set up Training Centre for Infectious Disease Control**
- **In house induction training for all staff**
- **Annual updates for staff with patient contacts**
- **Train 10,000 HCW each year in 5 years**
- **Develop a pool of expertise to partner with infection control teams**
- **In-depth training to selected health professionals on infectious disease and outbreak management**

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## **Communication**

**Internal and external communication network**

- **Dissemination of information**
- **Collection of feedbacks**

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## **Contingency plan for another epidemic**

- **Surveillance and notification**
- **Collection of epidemiological information**
- **Outbreak investigation and control**
- **Infection control**
- **Decanting and mobilisation of patients**
- **Human resources**
- **Supplies and facilities**
- **Clinical management**
- **Communications**

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End

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