

Contingency Plan for Managing Outbreaks of Infectious Diseases In Private Hospitals

Introduction

At present, there are 12 private hospitals registered with the Director of Health under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap.165).

In accordance to the Guide to Hospital Standards promulgated to private hospitals recommending standards to be adopted by the hospital management to provide quality care, it is recommended that policies and procedures on infection control be developed to minimize hospital infection and to ensure a safe environment for staff and patients. In fact, all private hospitals have set up an Infection Control Committee to monitor the situation of infection within the hospitals and to institute infection control measures when required. In addition, all private hospitals are required to furnish reports where required.

Management of patients with infectious disease in private hospitals

Doctors working in private hospitals, like any other medical practitioners, are required under the Quarantine and Prevention of Disease Ordinance, Cap.141 to notify the Director of Health of any infectious diseases as specified in the First Schedule of the Ordinance.

Depending upon the condition of patients and the decision of the attending medical practitioners in consultation with the patient, patients diagnosed with infectious diseases may be managed in the private hospitals or transferred to public hospitals for further management and isolation. Individual private hospitals also draw up their own policy in receiving and managing patients with infectious diseases. For instance, as early as February, a patient with atypical pneumonia who was admitted to Union Hospital on 17 February 2003, was transferred to Prince of Wales Hospital on 22 February. Another patient with atypical pneumonia who was admitted to St Paul's Hospital on 2 March 2003, was transferred to Queen Mary Hospital for further management. From the outset of the SARS outbreak in March 2003, all private hospitals had set out their policy on transferring all patients suspected to be suffering from SARS to public hospitals for further management.

Control of Outbreak of Infectious Diseases in Private Hospitals

Upon notification of outbreak of infectious diseases by a private hospital, the Regional Offices of the Department of Health (DH) would liaise with the infection control officer of that hospital to carry out investigation on the source of outbreak, to carry out active case finding and contact tracing. Advice would be given on control measures, such as chemoprophylaxis for contacts.

Control of Outbreak of SARS in Private Hospitals

Dissemination of Information and Surveillance

Since the occurrence of the SARS outbreak in March, guidelines and updates on SARS are regularly disseminated to the private hospitals. In addition, all private hospitals have been required to report patients and staff who are cases or suspected cases of Acute Respiratory Syndrome to the DH through the Daily Reply Slip so as to monitor the situation in the private hospitals.

The content of the letters and guidelines to all private hospitals is summarized as follows -

Date	Content of Letters to Private Hospitals
12 March 2003	Letters to all private hospitals advising them to adhere to infection control guidelines in view of fever and respiratory tract infection outbreak in PWH
14 March	Letters to all private hospitals requiring them to provide surveillance on pneumonia cases.
17 March	Issued WHO guidelines on Hospital Infection Control Guidance and Management of SARS
18 March	Letters to all private hospitals requiring them to report patients and staff with Acute Respiratory Syndrome (ARS) in Daily Reply Slip starting from 19 March.
20 March	Letters to all private hospitals on atypical pneumonia outbreak in Hong Kong with information extracted from HA on Guideline on the Management of SARS (e.g. cohorting patients, barrier nursing, etc)
24 March	Letters to all private hospitals with Guidelines on Infection Control Measures for Clinics/Healthcare Facilities
28 March	Letters to all private hospitals requiring them to provide surveillance data by completing a daily reply slip to DH on patients and health care workers sick with SARS.
7 May	Issue letters to all private hospitals reminded them to strictly adhere to stringent infection control measures and prompt notification

All private hospitals are required to furnish reports where required. In the recent outbreak of SARS in Hong Kong, the private hospitals have been required to report staff and patients with pneumonia starting from 15 March. When SARS was gazetted as notifiable disease in late March, all private hospitals were required to continue their surveillance over the disease so that the DH would be able to monitor the situation of SARS in private hospitals.

Management of Outbreaks of SARS

Upon notification of suspected or confirmed SARS cases in private hospitals, Regional Offices initiated investigation on the same day to identify the source of infection, to carry out active case finding and contact tracing. All home and social contacts were put under medical surveillance, either by the Regional Offices staff or followed up at the Designated Medical Centres. Home confinement measure was implemented for home contacts of cases confirmed after 11 April 2003. The hospital management was advised to step up infection control measures including thorough cleansing of wards. All staff were put under medical surveillance. In addition, advice on ward closure with suspension of patient admission, freezing of movement of staff between wards, follow up on discharged patients, restriction of visitors were given accordingly.

Contingency Plans on SARS

All private hospitals have developed their contingency plans on SARS to prepare for the resurgence of SARS in Hong Kong. The plans contain the following contents –

- (i) Different alert levels within the hospitals
- (ii) Protocol for managing fever cases, suspected cases and confirmed cases
- (iii) Organisation of response team and responsible officers
- (iv) Infection control measures
- (v) Surveillance and notification of cases
- (vi) Communication with staff, patients and visitors
- (vii) Staff Training
- (viii) Stock control of Personal Protective Equipment