Infection Control

Terminology of Committees

HA SARS 23/03

Terminology of Committees in the SARS incident

Name and Membership of the Committee	Set up Date	Major Roles and Tasks	
Central Committee on Infection Control (CCIC) Membership as per Annex 1	Dec 1994	 a) To develop and promulgate broad policy on issues relating to infection control throughout HA institutions b) To provide expert advice and support to the HA on matters relating to infection control issues, including liaison with other concerned agencies c) To provide a forum for exchange of views, expertise and information for hospital-based experts in IC, includes providing the infrastructure for: Surveillance Policy on occupational health where infection is of concern Reporting & co-ordinating both internal and external responses to significant outbreaks of infection d) To support the continuing development and review of IC practice in HA institutions e) To advise on allocation of resources in support of effective IC practice 	
Hospital Infection Control Teams	A standing team in each hospital	To ensure with all resources possible that an infection control system is in place in the hospital so as to minimize the risk of infection to patients, staff and visitors, including regular surveillance on selected infectious diseases, round-the-clock IC advice/ consultation, IC training and education programs.	

Membership of Infection Control Teams in hospitals:

Infection Control Officer (ICO) designated by the Hospital Chief Executive Infection Control Nurses

A microbiologist if the ICO is from another specialty

Central Task Force on	28 April	a) To oversee the setting up of standards and formulating
Infection Control	2003	of guidelines on infection control on SARS for implementation
		b) To review and set standard for hospital audit
		c) To improve communication and address the concerns
		from staff by setting up the 24 hours SARS enquiry
		hotline
•		d) To study SARS outbreak and review the cause of staff
		infection
		e) To provide regular update on infection control to the
		Board

The Central Task Force on Infection Control has co-opted 2 groups to facilitate its works:

(!) The Expert group with membership from the CCIC, and
(2) Independent audit/inspection group consist of volunteers from doctors and nurses

Members of Central Task Force on Infection Control



T.C. (1. C. (. 1.		->	To enhance communication between HAHO and the
Infection Control	6 - 11	a)	
Enforcement Network	April 2003		network of IC coordinators in hospitals/clusters through
•	(various		briefings on policy and guidelines, and collecting the
Membership as per	network set	İ	feedback from frontline staff.
Annex 2	up in each	b)	· · · · · · · · · · · · · · · · · · ·
	hospital)		workplace to assure good practice and liaise with
	, ,	•	department/ hospital management on IC issues.
,		c)	To conduct IC training to all hospital staff through the
•		•	network in hospitals and distribute the promotion
			materials such posters, videos and newsletters

Members of Central Committee on Infection Control

SEM(PS)1, HAHO SNO, Dept of Microbiology, QMH Bacteriologist, KWH SMO, Dept of Pathology, UCH Consultant, Dept of Medicine, PMH SNO, TMH SNO, Dept of Microbiology, QEH Consultant Microbiologist, PWH Nurse Specialist, ICT, PMH Consultant Microbiologist, PMH Senior Bacteriologist, QMH HCE, CMC Consultant Microbiologist, QEH Consultant (Clin Path), PYNEH Consultant, Dept of Clinical Pathology, TMH SMO, Dept of Microbiology, YCH SMO, Dept of Pathology, TKOH Dept of Microbiology, PWH Dept of Microbiology, QMH Dept of Paediatric, QMH

Consultant CM i/c DPCD, DH

Infection Control Enforcement Network

HO Infection Control Enforcement Team

CON(CE)	
ĆPH, RN(PSÝ) NSD	
HOPS&HR, Lecturer(N)	
HOPS&MD AM(CE)	

CLUSTER	HOSPITAL	NAME/TITLE
HKEC:	PYNEH	HKECCPA CSC / PYNCPA COS
	RHTSK	COS(Surg)
		HKEC Cluster Quality & Risk Manager
	TWEH	TWEH SNO(CND)
	•	TWEH ICN(CND)
	TWH	TWH ICN (CND)
	CCH	Project Officer, GOPD(HKEC)
	SJH	Project Officer, GOPD(HKEC)
h.,	WCH	Project Officer, GOPD(HKEC)
HKWC:	амн/түн	QMH ICN SNO(QRI)
	GH	GH NO
	DKCH	DKH NO(N)
	FYKH	FYKH RN
.	MMRC	MMRC RN
	NLH	NLH WM(CD)
KCC:	QEH	KCC CCOS(ANAE) / QEH DHCE(PS) &
		COS(ANAE)
****	BH	BH SMO(Med)
	BTS	BTS Scientific Officer
	1	BTS DOM(BCS)
	HKE	HKE SMO(Oph)
	KH	KH COS(Rehab)
	RC 1	RC M(Team 3)
KEC:	UCH	UCHP SMO(Path)
		UCHN DOM(CSSD&IC)
, ,	TKOH	TKOH ICN(PATH)
4,004,000		TKOH COS(Path)
	HHH	HHH ICN
KWC:	РМН	PMH SMO(Surg)
	KWH	KWH SMO(Surgery)
-	1	KWH MO(ICO)
	CMC	CMC SMO(Surg)
		CMC COS(Surg)
	YCH	SMO(Surg)
	KCH	KCH CMT1 SMO

	OLMH	OLMH COS(Surg)
	WTSH	OLMH COS(Surg)
NTEC:	PWH	NTEC MO(0&G)
		PWH Cons(Microbiology)
		SD(QA &RM)/CC(Pharm)/PWH (CS)/PWHMED
	,	Cons(Med)
	AHNH	AHNH COS (Anae, ICU & OT)
	NDH/FH	NDH/FH HCE
(a) /**	BBH	BBH NO(IPU)
	-	BBH MO(Palliative Care)
	SH	SHM&G Cons(M&G)
	SCH	NTEC(CS &Rehab)/SCH HCE
·-·-	TPH	TPHM&EC Deputy COS(M&EC)
		TPH GM(N)
NTWC:	TMH	TMH SMO(0&T)
•		TMH Cons(Microbiology)
	СРН	CPH SNO
	POH	POH ICN
	SLH	NTWC CC(MHI)/SLH CC/TMH MHU

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