SC2 Paper No.: H14

## Pre-Severe Community Acquired Pre-Severe Community Acquired Pneumonia/Severe Community Acquired Pneumonia Organisation Pneumonia origanisation: additional measures to capture. HA Directorate's Meeting Severe Community Acquired Working Group on Severe Community Chairman: CE Pneumonia cases as from Acquired Pneumonia (formed on 11 Members: CCEs and Directors February 2003. February 2003): Convenor: Dr S H Liu Members: Hospital Consultants Task Force on Infection Control and Secretariat ("TFIC") Microbiologists. Convenor: Dr S H Liu Consultants (Medicine). Members: Consultant (Intensive Care Unit). All Cluster Infection Control Officers. DH representative (from 19 Some Hospital Infection Control Officers. DH February 2003 onwards). Some Hospital Infection Control Nurses. liaison Subject officers (responsible for the scientific aspects such as analysis etc on a specific subject). with Monthly duty microbiologist (responsible for routine monitoring of infectious disease and ad hoc issues). Adult and paediatric infectious disease physicians. DH representatives. (Name of "TFIC" changed to Central Committee on Infection Control from 4 March 2003). DH Report on Severe promulgation of FAQs & guidelines reedback Community Acquired Pneumonia **Cluster Infection Control Committee** (Chaired by CCE or his/her representative and representatives of Hospital Infection Control Teams) Hospital Infection Control Team Hospital Infection Control Team Hospital Infection Control Team (1) Implementation and enforcement of infection control measures in hospitals through the building of an Report to DH on infection control culture through: notifiable infectious (a) advice: (b) feedback; (c) identification of needs for education and training; disease (d) follow up on notification of infectious disease; liaison (Copy to TFIC) (e) survey; (f) campaign; (g) ward round. with (2) Dissemination of HAHO and local policy and guidelines through: (a) emails to departmental heads and all staff; (b) forum and briefing sessions (targeted or general); (c) publication and newsletter: (d) local website; provision of an Infection Control Manual at each frontline unit; promotional materials like posters, video and pamphlets; (g) regular infection control committee meetings with participation of clinical departments. feedback promulgation of FAOs & guidelines Link Nurse/Person to be to act as the local resource and liaison person on infection control matters. He/she will: (a) act as the communication point with the Hospital Infection Control Team and provide on site advice and training on infection control issues;

(b) provide infection control feedback to the Hospital Infection Control Team;

(c) assist infection control surveillance at ward/department level.

## Organisation for SARS

