

HOSPITAL AUTHORITY 群策群力爲病人,優質暨遊滿杏林

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Quality Patient-Centred Care Through Teamwork

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Mr Law Chi Kwong Chairman Select Committee on SARS Legislative Council Hong Kong

Dear Hon. Mr Law,

Re: The role of scavenging system in infection control in SARS ICU

I am writing in the capacity of the service manager for the Coordinating Committee (COC) in Intensive Care of Hospital Authority. I have been asked by Dr Wing-Wa Yan, ICU Consultant of Princess Margaret Hospital, to provide details of the COC in Intensive Care deliberation on whether scavenging system for the ventilated SARS patient is considered an essential element of infection control in the ICU setting.

I would like to report to you and other honourable members of the Select Committee that soon after the 2003 SARS outbreak, the COC in Intensive Care conducted a survey of infection control practices in all the ICUs in Hong Kong public hospitals. We reviewed all aspects of infection control measures and their relevance to staff infection rate. A table summarizing our findings on the use of scavenging system is attached in this communication for your kind reference. I would like to highlight some important findings relevant to the issue of scavenging.

1. The Servo scavenging system, which is usually used in ICUs for the rare purpose of scavenging potentially toxic gas(es), was not available in most ICUs in Hong Kong before the SARS outbreak.

.../2 Scavenging of...

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2. Scavenging of expired air of ventilated SARS patients was conducted either by the Servo Evac system or by homemade assembly. The Servo system did not demonstrate any superiority in infection control over homemade versions. There was also no demonstrable difference in staff infection rate between those ICUs which did not install scavenging system and those with some form of scavenging system in place.

The COC in Intensive Care concluded that scavenging system in any form has not been proven to be an essential feature of infection control in ventilated SARS patients.

If I can be of further assistance on this issue, please do not hesitate to seek me out.

Yours sincerely,

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Jane Chan

Encl.

Hospital	Pre-SARS availability of scavenging system for expired air		Type of scavenging system	Date of implementing scavenging system during SARS outbreak	Total no. of SARS patients under ICU care	Peak no. of concurrent SARS patients under ICU care	Total no. of infected staff
AHNH	No	Yes	Half Servo, half homemade	7.4.03	11	5	1
СМС	No	Yes	All homemade	Not stated	6	4	0
PWH	Yes	Yes	Servo	11.3,03	66	24	5
KWH	No	Yes	All homemade	24.4.03	19	9	0
NDH	No	No	NA	NA	1	1	0
РМН	Yes	Yes		By phase Mid 3.03 – mid 4.03	168	43	25
PYNEH D5	No	No	NA	NA	25	6	0
PYNEH D10	Yes	Yes	Servo	Mid 4.03	5	5	0
QEH	Yes ,	Yes		By phase Mid 3.03 – mid 5.03	47	22	3
QMB	Yes	Yes	Homemade and Servo	4.4.03	19	11	0
RH	No	Yes	Servo	25.3.03	2	1	0
ткон	No	No	NA	NA	23	8	<u>l</u>
ТМН	No	Yes	Servo	1.6.03	16	11	1
UCH	No	Yes	9 out of 20 beds with Servo	Mid 5.03	42	26	0