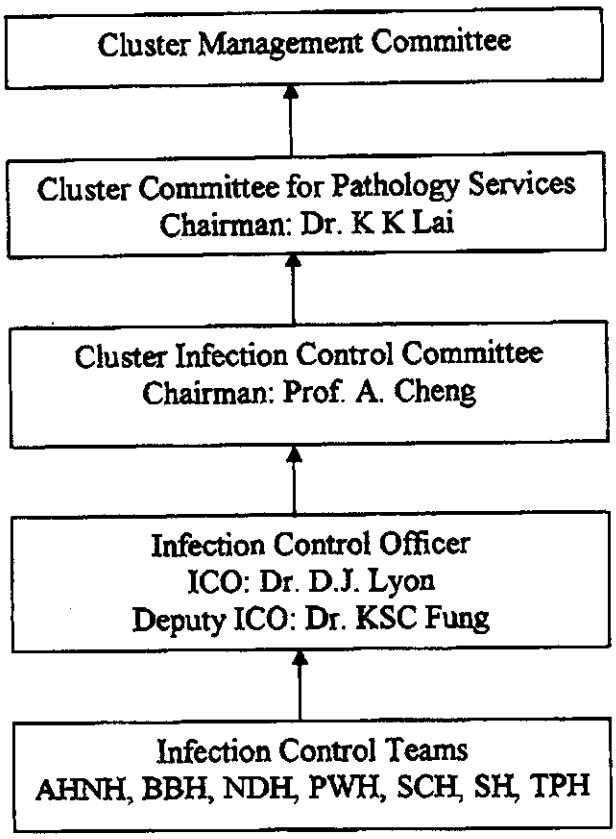
CONFIDENTIAL

Performance and Accountability of the Cluster Infection Control Committee / Infection Control Team of PWH

1. Infection control structure of infection control committee NTEC & PWH

The Infection Control Committee of NTEC was formed on 28th May, 2002 in response to the development of New Territories East Cluster. The committee is chaired by of Prof. Augustine Cheng, the Hon. Chief of Service of the Department of Microbiology in PWH. The committee replaced the PWH Infection Control Committee, and those of other cluster hospitals. The organizational chart of the committee was endorsed as follows:



2. Performance and accountability of the Cluster Infection Control Committee, NTEC

The committee met once at the start of the PWH outbreak, on Friday 14th March, 2003, to agree on infection control guidelines for the cluster. These were promulgated to HCEs and infection control teams of cluster hospitals on the evening of 14th March by the Chairman of the Infection Control Committee. Subsequently, decisions on matters of infection control policy were made at the PWH/Cluster Meeting on Atypical Pneumonia, which was attended by the Chairman, Infection Control Committee, Chairman of the

Cluster Committee for Pathology Services, and the Cluster Infection Control Officer. I can thus make few comments about the performance and accountability of the Infection Control Committee. With regard to the PWH/Cluster Meeting on Atypical Pneumonia, I believe that the Meeting fulfilled its responsibilities with dedication, and made reasonable assessments of the evolving situation, given the information available at the time.

3. Performance and accountability of Infection Control Team, PWH

The infection control team at PWH consists of the cluster ICO, deputy cluster ICO (both Microbiologists), who undertake part time duties in infection control, and 2 full time infection control nurses (ICNs). The Chairman of the Cluster Infection Control Committee (Chief of Service in Microbiology) is also involved in policy and management issues. The infection control nurse staffing level is below the international standard (US, UK & Singapore) of 1 FTE per 250 beds. An audit conducted by the HA in 2001 showed that PWH had 1 ICN per 679 beds, which was lower than the HA average of 1 ICN per 535 beds.

I believe, that despite the manpower constraints as documented above, the PWH infection control team responded to the 8A outbreak with dedication, diligence and competence. All members of the team worked very long hours without complaint, despite the disruption to their family lives necessitated by their exposure to SARS patients. Difficulties faced by the team included:

- The size and complexity of the outbreak
- The lack of knowledge of the characteristics of this new infection
- The enormous demand for advice on infection control issues such as risk stratification and PPE from staff
- The enormous demand for training in infection control, particularly from staff working in unfamiliar areas
- The difficulties in interfacing with staff who were themselves overwhelmed with clinical work
- The significant time demand in responding to the need for clear, consistent written guidelines

Despite these challenges, the IC Team achieved much in a short period of time including:

- IC training – 7,000 attendees at infection control briefing sessions
- Regular advisory visits to monitor compliance and advise on infection control measures
- Epidemiological studies, including breakthrough staff infections
- Participation in cluster outbreak meetings
- Liaison with HAHO & DH & overseas agencies
- Production of a set of written guidelines, regularly updated, early in the outbreak
- Production of a Chinese translation of all NTEC guidelines
- Experience sharing with other hospitals, clusters and the wider medical community

- Co-operative working relationship with other groups involved in the infection control response e.g. risk management team

I believe these measures made a significant contribution to the rapid control of the SARS outbreak at PWH.