Written Submission on the Performance and Accountability of the ICC and ICT in UCH in the handling of SARS Outbreak

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I have been the Clinical Microbiologist (Senior Medical Officer) / Infection control Officer (ICO) of UCH since 1996. My routine duties include laboratory service development and management; infectious diseases clinical consultations and infection control services.

I have also been the leader of the Infection Control Team (ICT) and the chairman of the Infection Control Committee (ICC) since 1996. The ICT comprises of three full time Infection control nurses (ICNs) and is assisted by the Dept. Operation Manager (DOM) from CSSD (Central Sterile Supply Dept). The functions of the ICT are to provide education, training, surveillance of infections, monitor the compliance on infection control measures, develop and implement guidelines, outbreak investigations, communicate with HAHO, Dept of Health and frontline staff.

The members of the ICC include ICNs, clinicians from different departments, nursing representatives and administrators. The function of the ICC is to discuss, review and endorse the essential activities and policies proposed by the ICT. It also provides a good opportunity for communications. During the SARS epidemic its function was replaced by the Kowloon East Cluster (KEC) SARS Committee chaired by CCE.

A working group was organized by the Task Force of Infection Control of HAHO since Feb 03' to discuss the infection control measures for atypical pneumonia. FAQs were issued and ICO / ICNs were requested to monitor and report severe community acquired pneumonia cases. As knowledge on the SARS Coronavirus accumulated we modified the guidelines through regular meetings and discussions via email.

Guidelines and information on severe CAP and SARS were disseminated through multiple channels such as intranet e- mail, circulars, education talks, open forum, hospital based conferences, posters and VCDs. Education talks were conducted in Cantonese and there were Chinese version of the guidelines to facilitate understanding of frontline staff. UCH guidelines (Chinese version) based on HAHO guidelines were also developed for local implementation. Posters for proper usage of N95 respirators and sequence of gowning up and removal of Personal Protective Equipment (PPE) were issued as well.

A total of 148 education sessions on Atypical Pneumonia / SARS were launched since 14th March with over 6,000 attendances. Contents of the talk include virology, diagnosis, clinical features and management of SARS, infection control measures, proper usage of PPE, precautions for high risk procedures as well as work process re-design.

To enhance understanding and implementation of the infection control measures the following steps were also taken. Briefings were given by ward mangers / ward i/c / DOMs / DM of each workplace in each shift to discuss the precautions and update on SARS. Discussion / briefings were done during Departmental meetings. Ward inspection and On-site trainings were given by ICO and ICNs, results were conveyed to the staff concerned and through email to their supervisors for follow up. A survey on the knowledge of SARS and its precautions was done by distributing a questionnaire with answers evaluated and results conveyed to staff through Infection Control Enforcement Team. This enforcement team was established in response to the epidemic to assist in the communications, promulgation of guidelines / information and monitoring of compliances. Representatives were from all departments including clinicians, nurses and allied health staff. Training VCDs (HAHO) were also distributed to ward staff. In addition a PPE e-resource center was established with different types of PPE and their usage precautions illustrated on UCH Homepage for easy reference. Monitoring of the compliances of infection control measures were carried out by ICT with collaboration of Infection Control Enforcement Team, Central Nursing Division, UCH Doctors Association and Nursing Association.

Work Place Shift Wardens were also appointed to take care of all infection control matters at work place, such as PPE acquisition and distribution, stock management and maintenance. They also inspected and ensured good practices among staff and liaised with departmental and hospital ICO.

In total, 28 staff of UCH were infected. 14 staff were from ward 12A, 8 staff were from SARS wards, the other 6 were from AED (1), Radiology (1), SOPD (1) and other general wards (3). All were evaluated for the risk factors of being infected. Probable reasons for infections include contact with unsuspected SARS patients; performing high risk procedures, such as prolonged close patient contact e.g. feeding, bed bathing, diaper changing, taking nasopharyngeal aspirates etc; social contact with other infected staff when their symptoms were not obvious initially. Infection control experiences were shared among staff within and outside UCH.

Overall I consider the performance of our ICT and ICC in handling the SARS outbreak as reasonable based on the resources available and the gradual evolving knowledge of SARS and its clinical presentations.

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