



Hong Kong Sanatorium & Hospital

Prevention and Contingency Measures

For

SARS Infection

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I. 統籌及協調

1. 由醫務主任 / 護士長擔任指揮工作
2. 成立中央協調委員會，成員包括負責感染控制護士及有關部門主任
3. 負責與下列外間機構聯絡，搜集最新資訊：
衛生署、醫院管理局、媒體
4. 將每天情況報告院長及管理委員會
5. 預留一間病室（六張病床），作為“曾接觸懷疑 SARS 病人”之病人入住
6. 監察員工染病及病假記錄
7. 指派“對媒體發言人”
8. 評估每天“保護衣物”需求及存貨，確保供充足
9. 確保資訊能流通醫院各層面
10. 留意員工有否精神壓力和工作過勞情況

II. 感染控制護理工作

1. 加強全院感染控制工作
2. 加強溝通、聯繫、監察和評估
3. 小心觀察住院病人，體溫測試及呼吸系統
4. 加強評估門診病人，留意病歷及測試體溫等；
嚴謹實施分流計劃
5. 跟進化驗測試結果
6. 提供訊息及資料給病人及家屬
7. 將懷疑個案轉入隔離病室或轉送醫院管理局醫院
8. 與工程人員聯繫確保空調及抽風系統運作順暢
9. 增加清潔和消毒病室和儀器次數
10. 經常舉行職員培訓
11. 留意員工安全（包括病房以外之部門）
12. 確保“保護衣物”用後有適當處理
13. 與醫生保持緊密聯絡

養和醫院 入院部

預防 SARS 在本院爆發 入院病人處理程序

1. 每位病人入院前填寫 SARS 調查問卷
2. 如發現病人有 SARS 病徵、或曾接觸已被證實或懷疑為 SARS 患者，將作以下處理：
 - 提供外科口罩給病人戴上，及安排病人往人流較少的地方等候
 - 聯絡主診醫生，詢問主診醫生有關病人的病情及發熱的原因。如主診醫生確認病人是因為其他病情而引致的發熱，入院部職員將轉達有關病因給病房護士，並安排病人上病房
 - 若主診醫生不能確認發熱的原因，則需向主診醫生解釋病人需要往門診部作進一步檢查，包括肺部 X 光檢查及血液檢查。確定病情前，病人需要留在門診等候結果
 - 若未能聯絡主診醫生（超過十分鐘者），病人將安排送往門診由駐院醫生作檢查，包括肺部 X 光檢查及血液檢查，確定病情前，病人需要留在門診等候結果
 - 若病人入住為單人房間則可以安排在單人房等候確定診斷

養和醫院
門診部

預防 SARS 在本院爆發
求診者之處理程序

- 一) 登記掛號
掛號員及當值護士於掛號時，需查詢求診者有否上呼吸道不適（如咳嗽、喉痛等）或發熱徵狀；如有此等症狀，則需提示求診者戴上外科口罩

- 二) 分流
每位求診者均需於見醫生前填寫 SARS 調查問卷 附頁 5
如有下列症狀會被安排於獨立房間候診：
 求診者曾與患有 SARS 病人有緊密接觸；
 體溫於到診時 $>38^{\circ}\text{C}$ ；
 到診時沒有發熱，但於求診前體溫 $>38^{\circ}\text{C}$ ，並同時有上呼吸道不適（如咳嗽、呼吸困難等）；

- 三) 檢驗
醫護人員及工作人員替此類求診者施行政程序時需穿上適當保護衣物
入院前 a. 如有發熱徵狀，需施行全血檢查 CBP
 b. 如有上呼吸道感染，需施行 X-Ray Chest
經醫生審核後才決定需否先入住隔離病室觀察

- 四) 轉院
程序與其他懷疑個案轉院手續相同

養和醫院
懷疑 SARS 個案處理程序

一) 病人處理

1. 懷疑受感染病人
 - a. 門診病人
留在門診八號診症室等候
 - b. 住院病人
普通病室及雙人房需遷往特設隔離病室
私家病室留在原來病室等候
 - c. 已入住隔離病室
留在原來病室等候
2. 其他同房病人
解釋有關懷疑個案
遷往醫院預留病室

二) 主診醫生

1. 安排轉院
轉往醫院管理局指定接收 SARS 病人醫院
註：程序請依照醫院管理局指引“SARS Contingency Planning”
26/11/2003 附頁 7
2. 填報 Quarantine and Prevention of Disease Ordinance Form 2 附頁 1
注意：請有關部門影印填報表存入病人檔案
如有需要主任請協助醫生安排轉院

三) 呈報衛生處

先致電衛生處與當值醫生聯絡及跟進
電話：2961-8729（辦公時間）
7116-3300 a/c 9179（非辦公時間）
傳真 Quarantine and Prevention of Disease Ordinance Form 2 往衛生處
傳真號碼：2572-7582(HK Regional Office, Department of Health)
郵寄 Quarantine and Prevention of Disease ordinance Form 2 往衛生處

四) 通知救護車

知會救護車人員需要轉院病人為懷疑 SARS 個案
電話：2733-3355

五) 病人預備

穿著：保護衣
Surgical Mask / N95 口罩
帽
手套

六) 預備轉院

用車床 / 車椅

員工穿著： N95 口罩及面罩

帽

保護衣

手套

送病人往救護車

陪同前往之家人穿著全套保護衣物

帶備主診醫生信

七) 個案跟進

1. 懷疑個案

病人未離開前需要取得病人及家人資料以便每天跟進：附頁 2
門診部用附頁 3

2. 其他病人 (曾與懷疑個案同一病室之病人)

已轉往醫院預留病室

病人資料需送衛生處跟進

每天跟進病人情況直至衛生處接手

或

每天跟進病人情況直至懷疑個案有確定資料：附頁 2

a. 証實沒有感染，不需要繼續觀察

b. 証實感染，繼續觀察 (由懷疑個案轉院日開始→
10 天)

3. 主診醫生

每天跟進直至懷疑個案有確定資料：附頁 2

a. 証實沒有感染，不需要繼續觀察

c. 証實感染，繼續觀察 (由懷疑個案轉院日開始→
10 天)

八) 跟進曾接觸懷疑個案之醫護人員處理

1. 上班時用 N95 口罩

2. 早晚測試體溫及觀察其他症狀

3. 每天向主任填報：附頁 4

直至懷疑個案有確定資料：

a. 証實沒有感染

停止 1-3

b. 証實感染

繼續 1-3 (由懷疑個案轉院日開始→20 天)

九) 病室處理

所有病人離開後消毒病室：

1. 用 600ppm Presept 消毒所有物品
(不銹鋼儀器用 70% Alcohol)
更換圍簾
2. 負責清潔員工穿著適當保護衣物，包括：
N95 口罩、帽、隔離衣、護目鏡、手套
所有保護衣物及用後抹布全部棄置於醫療廢物膠袋
3. 通知修理部清洗隔塵網及空氣調節
4. 該病室暫停接收病人 24 小時

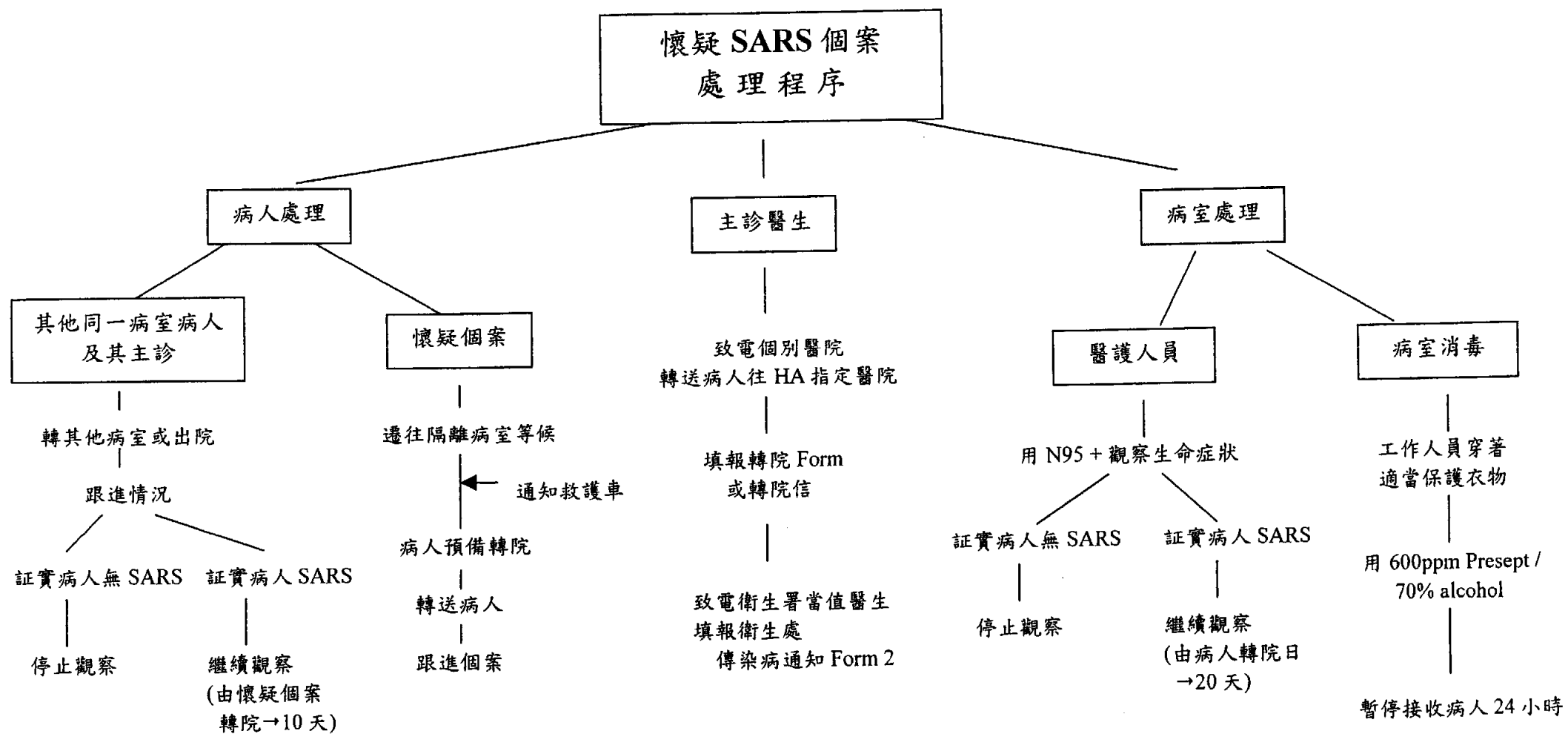
十) 其他

1. 本院 SARS 調查問卷附頁 5 請保留於病人檔案內
2. 指導家人及工作人員應遵守的感染控制措施附頁 6
3. 本院屬於東區聯網醫院即 HKE Contact Person Dr. Loretta Chan
如為辦公時間以外或不能接觸到 Dr. Chan
請致電 PYNEH 急症部 2595-6092 當值醫生

十一) 送標本往衛生處指引 (參考附頁 8)

1. 填寫病人資料表格
2. 向化驗部取化驗表格(DH1293) 由主診醫生填寫
3. 收集標本：
 - a. 大便及 NPA 標本抽取後用平常使用之標本瓶盛載
 - b. Throat swab 及 Nasal swab 則需先往化驗部取特別之標本瓶盛載
4. 將標本及填妥表格交化驗部處理

養和醫院



11/2003

懷疑 SARS 個案處理程序

Hong Kong Sanatorium & Hospital

Department of Diagnostic Radiology

SARS Prevention Guidelines

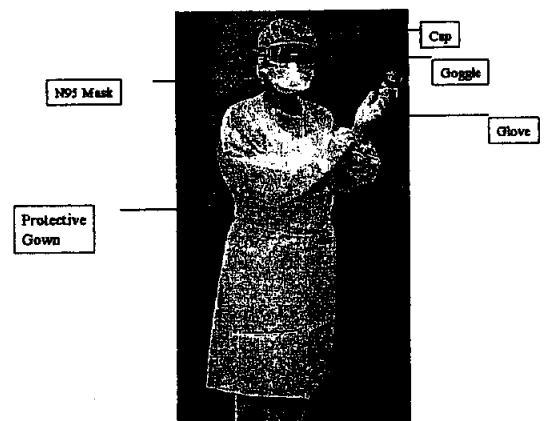
Patient Referred from Out-Patient Department, Isolated Ward and Private Clinician

- Our department must be informed about those suspected SARS cases before sending patients.
- Upon receiving the request form of "suspected SARS case", our receptionist will inform the radiographer for his/her alert.
- Suspected patients should wear a surgical mask or N95 mask (highly suspected).
- The relevant exam room will be well-prepared specially for the case (e.g. 9/F CT Scan).
- Patient Screening Form (SARS Check List) must be filled in detail before transferring, body temperature must be checked.
- Out-patients referred by private clinician should be screened as the SARS Check List on arrival for their examination.
- Allocate appointments in the sequence of low to high risk, stress the importance keeping to out-patient appointment times.

Personal Protective Equipment (PPE) for Radiographer

Mask:

- Wearing a clean surgical mask before approaching patient.
- The N95 may be worn in high-risk area, like the suspected SARS isolation wards and for high-risk



procedures for suspected patient.

- All masks must be worn appropriately covering the nose and mouth.
- A worn mask must be assumed contaminated and must be thrown away after treating a SARS-suspected patient or after a high-risk procedure. It should not be kept in a paper bag or other retainer for future use.
- If the mask is touched in a patient care area, hand washing is advisable.

Gowns

Gowns should be worn in high-risk areas like the suspected SARS isolation wards and for high-risk procedure and in contact with patient.

Gloves

- Gloves should be worn when touching blood, body fluids, secretions, non-intact skin and during high-risk procedures.
- It must however be de-glove after procedure, followed by a thorough hand wash. Gloving must never be a substitute for hand washing.

Eye Shield

- The eye shield will be fully available for all staff so that everyone can use it for protection, but it will not be mandatory.
- If eye shield is used, as for all protective devices, it must be assumed that it will be contaminated with use and therefore this item must be ensured being cleaned appropriately before leaving the patient-care area.
- It must be cleaned thoroughly with mild detergent, rinsed thoroughly with water after each use in a procedure.
- It should be worn properly over the eyes but not over or under the hairline.
- Do not wear the eye shield into the canteen.

Goggles

- This is worn when there is anticipated risk of heavy splashing on the eyes, where the eye shield may not be sufficient.
- It must be cleaned thoroughly with mild detergent, rinsed thoroughly with water after each use in a procedure.
- Do not wear it in the canteen.

Face Shield

- These are worn if there is danger of splashing the face.
- They are disposable and must be thrown away after use.
- Do not wear a face shield to the canteen.

Disposable Caps

- These are used only in the suspected SARS area or when splashing on the head is anticipated.
- The cap must cover completely the hair, ears and forehead.

Hand Washing and Personal Protective Equipment

This is critical and any PPE's is no substitute for hand washing after each patient contact.

Sequence for putting on PPE:

1. Proper hand-washing (>15s)
2. Put on a mask
3. Put on a cap
4. Put on eye-shield/goggle/face-shield (optional)
5. Put on a gown
6. Proper hand-washing (>15s)
7. Put on gloves

Sequence for Removing PPE:

1. Remove gloves
2. Proper hand-washing (>15s)
3. Remove eye-shield/goggle/face-shield if worn
4. Remove cap

5. Remove gown
6. Proper hand-washing (>15s)
7. Remove mask
8. Proper hand-washing (>15s)

Precaution Measures against Suspected SARS Cases at the General Radiography Rooms

- All protective devices will be available at these locations for use by staff working on suspected cases.
- Staff should always stay vigilant and remember to wear masks, avoid direct contact or close conversation with the patient.
- All patients should be provided with surgical masks when procedures are being performed on them.
- After performing the radiological examination for the suspected SARS cases, chest bucky, X-ray table top, film cassettes and the floor should be cleaned by 2500 ppm Presept before treating the next patient.
- Disposable bed sheets, masks, caps, gloves and gown exposed to suspected SARS patients should be discarded in the clinical waste bin.
- For non-disposable items, they should be labeled and properly packaged in a water-soluble bag.
- Before and after patient contact, and after removing gloves, the radiographer should wash their hands properly with Hydrex.

Precaution Measures for Portable Radiography

1. Radiographer should put on PPE before assess to suspected SARS patient.
2. Portable X-ray machine should be cleaned with 2500 ppm Presept before and after visiting the ward with suspected SARS patient.
3. The X-ray cassettes have to be wrapped by a disposable plastic bag for the positioning of the suspected SARS patient.
4. All exposed cassettes after portable X-ray should be cleaned before processing.
5. Staff should ensure the mask is fitting well without air leak or exposure at the covered areas. After the portable radiography, follow the sequence for removing PPE, the radiographer should wash their hands properly with Hydrex before leaving.

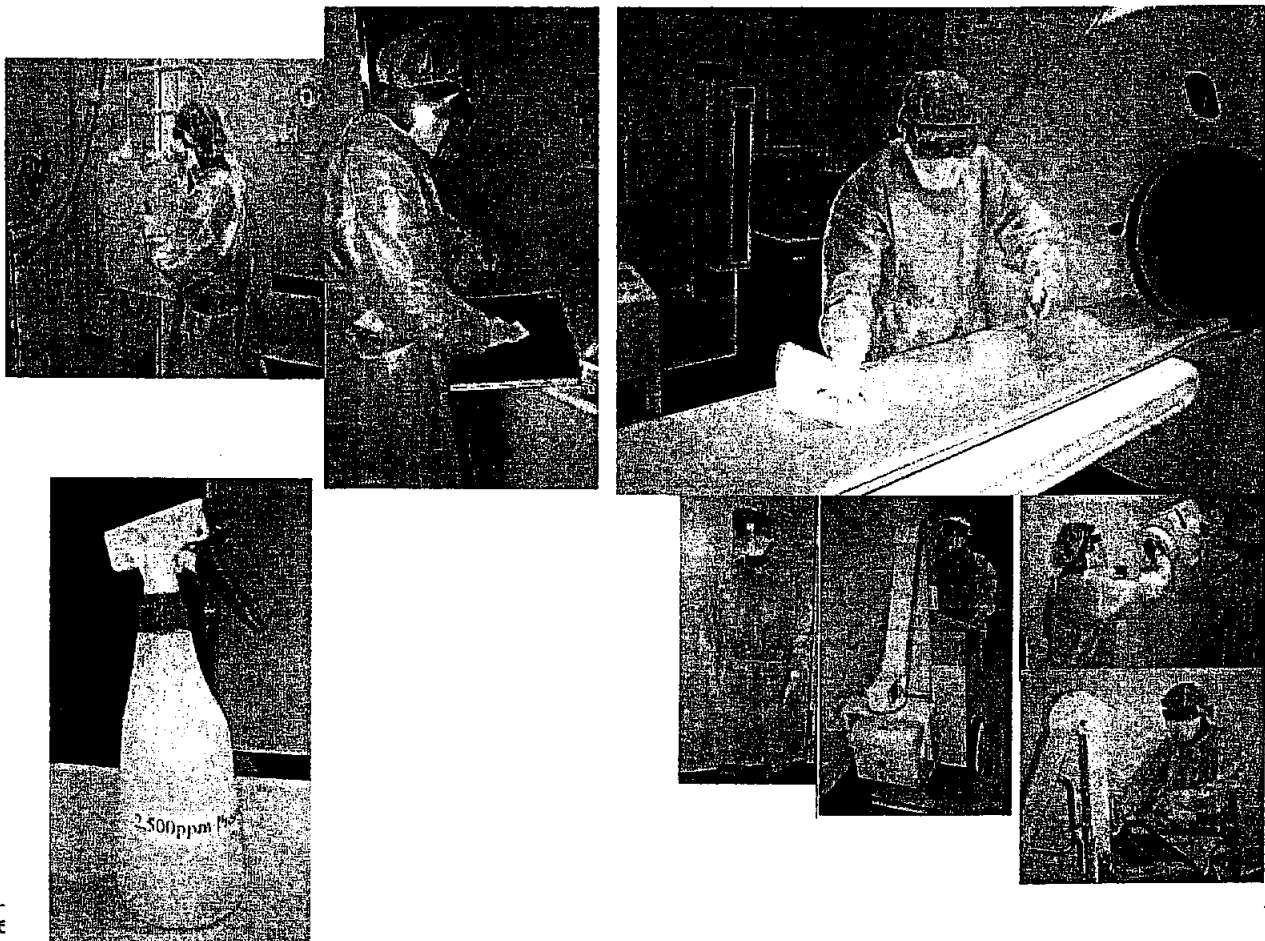
Precaution Measures at the CT Unit

- All staff, patient and relatives must wear mask inside the Department.
- All staff must wash their hands in between each examination.
- In dealing with suspected SARS patients at the Department, the radiographer should put on protective device following the guideline issued by the hospital.
- After performing the CT examination for the suspected SARS cases, CT gantry, CT scanning table, examination accessories and the floor should be cleaned by 2500 ppm Presept before treating the next patient.
- CT scanning table, gantry and the worktops including the floor at the scan room should be cleaned daily using 2500 ppm Presept
- The floor, worktops including the keyboard of the computer and image workstations in the control room should be cleaned daily using disinfectant cleaner.
- Disposable bed sheets, masks, caps, gloves and gown exposed to suspected SARS patients should be discarded in the clinical waste bin.
- For non-disposable items, they should be labeled and properly packaged in a water-soluble bag.
- All suspected cases requiring CT scan, would be performed at 9/F, which is designated for suspected SARS patient and can be idle for 2 hours after disinfection.
- For patient transport to CT Scan room, special arrangement can be made in a well co-ordinated way.

Precaution Measures at Ultrasound Unit

- All staff, patient and relatives must wear mask inside the Department.
- All staff must wash their hands in between each examination.
- The curtains the ultrasound rooms should be regularly changed for cleansing.
- The floor, worktops should be cleaned daily using disinfectant cleaner and 2500 ppm Presept.
- Disposable bed sheets, masks, caps, gloves and gown exposed to suspected SARS patients should be discarded in the clinical waste bin.

- For non-disposable items, they should be labeled and properly packaged in a water-soluble bag.
- After each examination, the used transducers should be cleaned with antiseptics recommended by the manufacturer.
- The control panels of the ultrasound machines should be cleaned daily using isopropyl alcohol, as recommended by the equipment manufactures.
- The portable ultrasound machine should be cleaned each time when it is moved to the wards for emergency investigations. Starting from the wheels of the machine, the equipment would be cleaned by 2500 ppm Presept. The entire ultrasound machine including the system cabinet and transducer with cables would then be cleaned using isopropyl alcohol. For the control panel, it should be protected by transparent plastic drape.
- After examination, all used transparent plastic drape and transducer cover should be disposed in a clinical waste bin.



Date

養和醫院

預防 SARS 在本院爆發, ICU 處理懷疑個案之程序

A. ICU 所採取之處理程序一切以醫院懷疑 SARS 個案處理程序為本, 另作下列之安排 :

1. 通知主診, 盡快安排遷往 3FC 隔離病房並有 Cardiac monitor 及 Ventilator 裝置之房間, 或
2. 盡快安排轉院

B. 嚴格執行感染控制措施, 包括:

1. 盡量減少使用 Nebulizer 及 Bipap Ventilator
2. 當進行氣管導管插入程序時,
 - 病人應在完全放鬆情況下進行, 例如: 可給予肌肉鬆弛劑 (muscle relaxants)
 - 盡量減少工作人員之接觸, 負責之工作人員必須穿著上全套個人防護裝備(PPE)
 - 嚴格執行穿上及除去 PPE 之程序
 - 所有 Ventilator 於接駁病者時必須加上:
 - a. Close suction system
 - b. Barrier bac
 - c. 吸痰之 argyl tube 應盡量接駁於 Close suction system 中, 減少細菌或病毒散播之機會

P. S: Suspected SARS criteria (WHO definition)

- Fever($\geq 38^{\circ}\text{C}$)
- One of more symptoms (cough, difficulty in breathing, shortness of breath) and
- Radiographic evidence of lung infiltrates consistent with pneumonia and
- No alternative diagnosis can fully explain the illness

Hong Kong Sanatorium & Hospital

Infection Control Precautions for SARS in Renal Dialysis Centre

I. Introduction

This paper provides recommendations for the infection control in renal dialysis center in post SARS outbreak. It also provides suggestions on surveillance and actions for renal patient with fever and the minimum standard of PPE post SARS and during SARS outbreak.

Diagnosis criteria of SARS include the following:

1. Fever ($\geq 38^{\circ}\text{C}$) **and**
2. One of more symptoms (cough, difficulty in breathing, shortness of breath) **and**
3. Radiographic evidence of lung infiltrates consistent with pneumonia **and**
4. No alternative diagnosis can fully explain the illness

II. Special precautionary measures when there is no SARS outbreak

Even though there is no SARS outbreak, all staff working in Renal Centre should still maintain universal precautions and tight infection control according to the Recommendations in "The Guidelines on Infection Control and Surveillance in Renal Unit" prepared by the Working Group on Quality Assurance in Renal Services of the HA Central Renal Committee. The practice of most of the precautions should still apply except that the PPE can be scaled down during the care of non-feverish patient.

A. Staff Issue

1. All staff in the renal unit should take body temperature if they do not feel well.
2. Staff should attend staff clinic if there is fever and be off from work.

B. Personal Protective Equipment

1. All doctors, nurses and other health care workers can wear the uniform as provide by the hospitals.
2. All personnel working in the HD center should wear surgical mask at all time.
3. However, PPE is required for haemodialysis-related or other high-risk procedures.

C. Renal ward setting

1. Hand washing facilities, PPE and alcoholic hand gel should be made available.
2. All equipment, hospital beds and dialysis chair should be cleaned with 140ppm chlorine after each HD session. Cleaning and disinfections of HD machines should be done according to unit guideline.

D. PPE for Haemodialysis-related procedure

1. Surgical mask
2. Water repellent disposable gown or plastic apron on top of the uniform.
3. Latex gloves
4. Protective eyewear (goggles or face-shield) during needling and termination of dialysis.

E. Screening of Renal Patients

All patients should take body temperature before haemodialysis and make sure temperature below 38°C

F. Haemodialysis Patient with Fever

1. Ask for any contact with SARS or feverish patient/relatives.
2. Inform patients nephrologist
3. If fever $\geq 38^{\circ}\text{C}$, arrange patient to OPD
4. Check CXR and CBC to rule out SARS if there is no other obvious cause of fever.
5. If suspected or confirmed with SARS arrange patient transfer to HA hospital.
6. Dialyse patient in a single room or cubicle area.

III . Special precautionary measures when there is a SARS outbreak.

A. Staff Issue

1. All staff in the renal unit should take body temperature if they do not feel well.
2. Staff should attend staff clinic if there is fever and be off from work.

B. All staff should wear Standard PPE:

1. Disposable cap
 2. N95 respirator
 3. Goggles
 4. Latex gloves
 5. Working clothes
 6. Disposable water repellent or disposable apron
- Plus additional PPE according to risk

C. Renal ward setting

1. Hand washing facilities, PPE and alcoholic hand gel should be made available.
2. All equipment, hospital beds and dialysis chair should be cleaned with 600ppm chlorine after each HD session. Cleaning and disinfections of HD machines should be done according to unit guideline.

D. Handling of Renal Patients

1. All patients should wear surgical masks before entering the renal unit.
2. They should be asked if there are symptoms or any contact with SARS or feverish person in each attendance.
3. All patients should take body temperature
4. If there is suspected case, Nephrologist should be informed immediately, to expedite subsequent actions
5. Cohort patient with fever ($T \geq 38^{\circ}\text{C}$), preferably in single room/cubicle area.

養和醫院

產科部

懷疑非典型肺炎(Suspected SARS)孕婦/產婦處理程序

I. 新收入院

1. 問卷調查，懷疑孕婦/產婦感染非典型肺炎的處理如下：(問卷調查見本院個案處理程序附頁 5)
2. 請孕婦留於收症室，收症室即時作為隔離診症室，先給予孕婦戴上口罩
 - a. 醫護人員穿上全套個人防護裝備(外科口罩/N95、保護帽、眼罩/面罩、手套及保護衣)。
 - b. 評估作產情況。
 - 如急產則取急產包於收症室接生
 - 嬰兒安放在溫箱
 - c. 通知醫生。
 - d. 施行篩選檢查
 - 全血檢查(CBP)：包括血色素、白血球、白血球分類、血小板
 - X-光肺片(Chest X-Ray)，需要時施行高解像度的電腦胸廓掃描(High resolution C.T.Scan of thorax)
 - e. 安排救護車轉往醫管局醫院
 - 孕婦在收症室內穿上全套個人防護裝備(外科口罩/N95、保護帽、手套及保護衣)等候轉院
 - 轉院程序請依病室懷疑非典型肺炎個案轉院程序處理

II. 現住普通病室的孕婦/產婦

1. 懷疑受感染孕婦/產婦需遷往單人房間，施行飛沫及接觸性隔離護理。該嬰兒需遷往新生嬰兒隔離室。
2. 謝絕探訪者。需要時，則必須登記探訪者的資料(姓名及聯絡電話)，以確保日後可以跟進。
3. 監察病患者的情況及篩選後的檢驗結果。
4. 如有懷疑，即安排由救護車轉往醫管局醫院治理(嬰兒一同轉院)
轉院程序請依病室的轉院程序處理

III. 其他同室孕婦/產婦

安排一同遷往一空置病室或出院。

IV. 其他處理程序與病室處理相同。

養和醫院手術室日間手術中心

病人懷疑感染嚴重急性呼吸系統綜合症〔SARS〕

之個案處理指引

為預防及控制嚴重急性呼吸系統綜合症〔SARS〕之病原於社區傳播，病人於抵達日間手術中心完成登記程序及確認身份後，必須填報一份「嚴重急性呼吸系統綜合症調查問卷」，若與問卷上第一至四項其中所列之項目相符，病人需接受以下之預防感染措施及安排檢查程序：

1. 懷疑感染嚴重急性呼吸系統綜合症之病人需立即戴上 N95 或外科手術用口罩以防止感染擴散
2. 與病人有直接接觸之工作人員亦需立即戴上 N95 或外科手術用口罩及評估不同風險程度穿上個人防護裝備以作戒備
3. 由本部職員負責通知其主診醫生有關病人徵狀，如獲得主診醫生對該徵狀有合理解釋或證明為其他情況，病人可繼續所預定之手術或檢查程序
4. 若手術室主管未能接納主診醫生對該徵狀之解釋，本部職員需負責報告感染控制組，並在取得主診及病人同意下，轉介病人往本院門診部由主診或駐院醫生診治
5. 病人離開本部之後，曾經接待病人之地區需立即以 600ppm Presept 溶液清潔，衣物用品需作感染個案處理

轉介病人由本院門診部駐院醫生診治之程序：

1. 知會門診部主管有關個案，將懷疑受感染之病人安排到門診部八號診症室，等候由主診或門診部駐院醫生診治

門診部駐院醫生收費如下：

08:01-24:00 \$160.00

00:01-08:00 \$200.00

2. 有需要時將安排病人接受肺部 X-光檢查及抽取血液樣本測試
檢查項目收費如下：

肺部 X-光檢查 \$200.00

抽取血液樣本測試〔CBP〕 \$110.00

3. 若進一步証實病人為感染嚴重急性呼吸系統綜合症，本院將按衛生署指引呈報有關個案及安排轉往個別醫院繼續跟進

FORM 2
QUARANTINE AND PREVENTION OF DISEASE ORDINANCE
(Cap. 141)

Notification of Infectious Diseases other than Tuberculosis
Particulars of Infected Person

Name in English:	Name in Chinese:	Age/Sex:	I.D. Card/Passport No.:
Address:			Telephone Number:
Place of Work/ School Attended:			Telephone Number:
Hospital(s) attended:			Hospital/A&E Number:

Disease ["✓"] below Suspected/Confirmed on ____ / ____ / ____.

- | | | |
|--|---|--|
| <input type="checkbox"/> Acute Poliomyelitis | <input type="checkbox"/> Leprosy | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Amoebic Dysentery | <input type="checkbox"/> Malaria | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Bacillary Dysentery | <input type="checkbox"/> Measles | <input type="checkbox"/> Severe Acute Respiratory Syndrome |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Meningococcal Infections | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Cholera | <input type="checkbox"/> Mumps | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Dengue Fever | <input type="checkbox"/> Paratyphoid Fever | <input type="checkbox"/> Typhus |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Plague | <input type="checkbox"/> Viral Hepatitis |
| <input type="checkbox"/> Food Poisoning | <input type="checkbox"/> Rabies | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Legionnaires' Disease | <input type="checkbox"/> Relapsing Fever | <input type="checkbox"/> Yellow Fever |

Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. _____ on
 (Full Name in BLOCK Letters)

_____/_____/_____
 (Date)

Telephone Number: _____

 (Signature)

Remarks:

病人資料

地 址：_____

電 話：_____

跟進曾與懷疑 SARS 患者接觸之人士記錄

已通知情況 聯絡人姓名 _____ 電話 _____ 關係 _____

I. 感染控制指引

已解釋

已給予適當資料 * 傳真：Fax No. _____

寄出：地址 _____

II. 同意 / 不同意 每日跟進聯絡人：姓名 _____ 電話 _____

日期	病人/家人 發病記錄	負責 護士姓名	備 註	日期	病人/家人 發病記錄	負責 護士姓名	備 註
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		

已通知醫生情況 主診醫生姓名 _____ 電話 _____

I. 感染控制指引

已解釋

已給予適當資料 * 傳真：Fax No. _____

寄出：地址 _____

II. 同意 / 不同意 每日跟進聯絡人：姓名 _____ 電話 _____

日期	醫 生 發病記錄	負責 護士姓名	備 註	日期	醫 生 發病記錄	負責 護士姓名	備 註
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		
	<input type="checkbox"/> 無 <input type="checkbox"/> 有				<input type="checkbox"/> 無 <input type="checkbox"/> 有		

* 請用附頁 6

Hong Kong Sanatorium & Hospital Suspected SARS Out Patient Case Follow up Record

Case No. : _____

Name : _____ OPD No. : _____ Date : _____

Referral Hospital : _____ Leaving time : _____

Patient condition : T _____ °C SOB SpO2 _____ %

CBC WBC _____ / Lymphocyte _____

CXR reported date : _____

CT SCAN THORAX reported date : _____

Close contact with SRAS patients _____

Contact phone No. : 1. _____ 2. _____

1st Call up : Date : _____ Time : _____ Call by : _____
(The day after transfer)

Remarks : do not suffer from SARS

admitted for further investigation

confirmed SARS

others _____

2nd Call up : Date : _____ Time : _____ Call by : _____
(The 4th day after transfer)

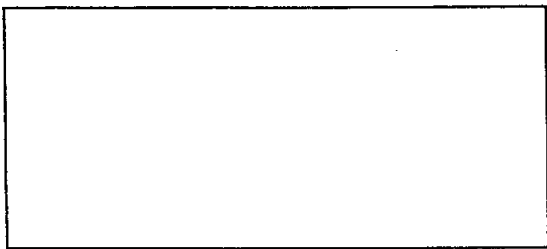
Remarks : do not suffer from SARS

admitted for further investigation

confirmed SARS

others _____

REMARKS : _____



HONG KONG SANATORIUM & HOSPITAL

**Severe Acute Respiratory Syndrome (SARS) Checklist
嚴重急性呼吸系統綜合症調查問卷**

- | | YES 是 | NO 否 |
|---|--------------------------|--------------------------|
| 1. Close Contact with SARS or suspected SARS person
曾接觸已被證實或懷疑為 SARS 患者
Relationship 與患者關係 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fever more than 38°C 現時體溫高于 38°C | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Reported Fever > 38°C / 100.4°F x _____ days
體溫 _____ 日高于 38°C / 100.4°F | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cough / Shortness of breath 出現以下症狀：咳嗽 / 氣速 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Diarrhoea 腹瀉 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Living in the same building with known SARS case
居於疫廈 | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Been to high risk areas within 10days of onset of symptoms
e.g. Taiwan, Beijing, Canada
最近十日內曾往 SARS 疫區，例如：台灣、北京、加拿大等地
及開始有相關之症狀出現 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Oxygen Saturation 血氧含量 _____ % | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Patient under quarantine for SARS
本人現正處於 SARS 隔離期間 | <input type="checkbox"/> | <input type="checkbox"/> |

Patient / Relative Signature 病人 / 家屬簽名： _____

Nurse / Staff Signature 護士 / 職員簽名： _____ Date 日期： _____

☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺

Remarks : X-Ray Chest 肺部 X 光檢查 taken not taken
CBC 血液常規檢查 taken not taken

曾接觸 SARS 病人十日內應遵守的感染控制措施

- > 每天早晚量度體溫如體溫為 38° C (100.5° F) 或以上或有呼吸困難徵狀，須立即求診，作進一步檢查
- > 要養成良好個人衛生習慣：
 - 勤洗手，用肥皂液較用肥皂為佳，尤其是在抹鼻涕後，或用手摸過鼻，或接觸過分泌物後都必須洗手
 - 避免用手摸口、鼻、眼
- > 需戴上外科口罩
- > 避免與家人共用食物及食具
- > 避免與家人親密接觸，例如接吻
- > 減少不必要的社交活動
- > 至少每日一次，用家用的漂白水（一份漂白水加九十九份水稀釋），清潔及消毒傢俱，浴室及洗手間；用清水過後，再用乾布抹
- > 假如傢俱被嘔吐物沾污，須立即用家用的漂白水消毒（稀釋方法如上）

注意：漂白水（Sodium Hypochloride 6%）是有刺激性的化學品，避免沾及眼睛及皮膚，切勿胡亂混合兩種不同洗劑，不同成份可能會產生強烈的化學反應，引致意外



醫院管理局
Hospital Authority

Our Ref. : HA 820/171

26 November 2003

Dr Susan Chan
Honorary Secretary
Hong Kong Private Hospitals Association

(Fax : 2194 6874) – (total 3 pages)

Dear Dr Chan,

SARS Contingency Planning

As a further measure to enhance liaison between public and private hospitals, we have formulated the following guidelines for the referrals of SARS/suspected SARS patients from private hospitals, which we hope will be a useful reference for your members :

- (a) for laboratory-confirmed SARS cases : to be transferred directly to Princess Margaret Hospital (“PMH”), following notification of PMH Hospitals Chief Executive (“HCE”)/ Kowloon West (“KW”) Cluster Chief Executive (“CCE”), or designated KW cluster clinical coordinator (save that in the event of a large outbreak filling up PMH, then separate arrangements will be announced) ;
- (b) for patients in private hospitals which are not laboratory-confirmed SARS cases, but which have some symptoms and signs suggestive of SARS : the private hospital can consider liaising with the CCE, or designated cluster clinical coordinator, where the private hospital is situated. Should the decision be taken to transfer the patient to the HA hospital, it will be to the cluster hospital designated by the CCE, or designate ; and
- (c) for referral of patients for hospitalisation, private practitioners are free to liaise/decide on admission to either private or public hospitals. For referral of patients to public hospitals, the current practice will be referral to the public hospital's Accident & Emergency Department, other than laboratory-confirmed SARS cases, who should be directly admitted to PMH.

Accompanying the above guidelines, a list of the cluster coordinators is attached herewith, for your notification to your members. We look forward to the building up of a close liaison between the cluster hospital(s) and the private hospital(s) in the relevant cluster.

Please do not hesitate to contact me if I can assist further.

Yours sincerely,



(Dr K M CHOY)
Convenor
Hospital Authority Central Working
Group for Public-Private Interface

c.c. w/o attachment

Hong Kong Medical Association
(Attn : Ms N.Y. Leung
Executive Officer (Public Relations & Publications))
(Fax : 2865 0943) – *(total 2 pages)*

Dr Yeung Chiu-fat
President
Hong Kong Doctor's Union
(Fax : 2385 5275) – *(total 2 pages)*

Dr Li Sum-wo
Chairman
The Association of Licentiates of Medical Council of Hong Kong
(Fax : 2327 2248) – *(total 2 pages)*

Referrals of SARS / Suspected SARS Patients from Private Hospitals

Cluster Coordinator(s)

<u>Cluster</u>	<u>Contact Person</u>	<u>Contact Details</u>	
HKE	Dr Loretta Yam	Tel Fax Mobile	2595 6395 2515 3182 9109 0077
HKW	Duty SMO of A&E / QMH	Tel Fax	2855 3007 2818 9096
KC	Dr C T Hung Dr Johnny Chan	Tel Fax Mobile Tel Fax Pager	2958 6024 2782 4725 9660 2575 2958 6047 2384 4698 2958 8888 call 027
KE	Dr Wai Man Lai	Tel Fax Mobile	2379 4337 2772 0917 9042 8187
KW	Dr C B Chow	Tel Fax Mobile	2990 3102 2990 3483 9128 5472
NTE	Ms Deborah Ho ICN / PWH	Tel Fax Pager	2632 2316 2645 1256 7117 8778 call 1596
NTW	Dr W L Cheung Dr C Y Lo	Tel Fax Mobile Tel Fax Mobile	2468 5468 2460 9521 9193 1656 2468 5932 2454 5721 9190 8221

1. Contact information

Consultant Medical Microbiologist	2319 8252
Senior Medical and Health Officer	2319 8254
Medical and Health Officer	2319 8253
Culture and Serology Laboratory	2319 8237/9
Facsimile	2319 5989
Address	Government Virus Unit 9/F Public Health Laboratory Centre 382 Nam Cheong Street Shek Kip Mei, Kowloon

2. Specimen collection

1. Direct detection by RT-PCR (reverse transcriptase-polymerase chain reaction) :
 - Nasopharyngeal aspirate (NPA) (or throat & nasal swab in a single container if NPA is not obtainable)
 - StoolPlace specimens in viral transport medium (provided by the laboratory on request).
2. Paired antibody titre :
 - Acute clotted blood/serum, as soon as possible after onset of illness
 - Convalescent clotted blood/serum, at least 2 weeks after onset of illnessPlace specimens in plain bottle without anticoagulants.

3. Laboratory request form

1. A laboratory request form, DH1293, obtainable from the Government Virus Unit, must be completed in duplicate and accompany each specimen.
2. The following information must be legible to ensure expedient specimen processing :
 - Patient particulars (name, sex, date of birth/age, HKID no., hospital, ward, bed)
 - Symptoms/provisional diagnosis
 - Date of specimen taking
 - Nature of specimen
 - Test requested
 - Signature and name of requesting doctor
 - Address and/or fax number to which report is to be directed
3. The specimen container must be labeled with at least 2 patient identifiers matching those on the request form. Incompletely labeled specimens will be rejected.

4. Transport of specimen

1. Ensure container is properly capped without leakage.
2. Place the specimen container in a plastic bag with the request form outside the bag.
3. For transport, place specimens in a rigid container at 4°C, and keep specimens upright to minimize the possibility of spillage.
4. Specimens should arrive at the Government Virus Unit within 24 hours of collection.

Request for SARS Coronavirus Testing

(Please complete this form to accompany the laboratory request from DH1293)

Test requested by : Dr. _____

Contact information of doctor (telephone/mobile/pager number) : _____

Patient's name : _____

Patient's Hong Kong identity card number : _____

Clinical features (please circle and complete as appropriate) :

Date of onset of illness _____

Fever No / Yes - Temperature : _____ °C

Cough No / Yes

Dyspnoea No / Yes

Response to antibiotic treatment No / Yes

(Please specify antibiotics used) _____

Investigation findings (please circle and complete as appropriate) :

Chest x-ray abnormal No / Yes - Please specify changes : _____

Haematology : White cell count _____ x 10⁶ / ml

Lymphocyte count _____ x 10⁶ / ml

Platelet count _____ x 10⁶ / ml

Rapid test for influenza A virus Negative / Positive

Other relevant information :

- The End -

DEPARTMENT OF HEALTH
VIRUS UNIT
衛生署病毒科

A 173866

FORM MUST BE COMPLETED IN DUPLICATE

Specimen _____ (1st/2nd)

Date of Specimen taken _____

Examination required _____

Clinical Finding/Diagnosis _____

Name _____		
Address _____		
HKID No. _____	Sex _____	Age _____
Hosp/OPD No. _____	Hong Kong Sanatorium & Hospital Clinical Laboratory Unit	
Hosp/Clinic _____	_____	

Report to _____

Medical Officer { Signature _____
Name in Block Letters _____

FOR LABORATORY USE ONLY

Date Received _____

Exam. Fee \$ _____
D / N No. _____

Lab. No. _____

Result of Examination: _____

SAMPLE

Date of Report _____

Consultant Medical Microbiologist