

**The Administration's Response to Members' Enquiries
Raised at the Meeting on 17 November 2003**

Contingency mechanism to deal with possible resurgence of SARS

(a) How would the Hospital Authority (HA) disseminate information to its frontline healthcare staff upon activation of its green, yellow and red alerts?

With activation of green, yellow and red alerts by HA the message will be sent to all Hospital Chief Executives and hospital infection control teams for dissemination to relevant departments. Notices and posters will also be put up by the hospitals and depending on the nature of the infectious diseases, staff forums and briefing sessions will be organized at hospital level. In addition, the information is also posted on the HA intranet for reference by all frontline staff.

Up-to-date information and important messages about outbreaks of infectious disease and measures for effective infection control are reinforced by the HASLINK Express which is a newsletter circulated to all staff members via email, in hard copies and through postings on notice boards in hospital compounds.

(b) What is the communications strategy to effectively keep doctors and other healthcare professionals in the private sector informed during the outbreak?

The Department of Health (DH), HA and the private sector (including private hospitals, the Private Hospitals Association, Hong Kong Medical Association, Hong Kong Doctors' Union and The Association of Licentiates of Medical Council of Hong Kong) have reached consensus in enhancing communications between public and private sectors before and during outbreaks, which include the following measures: -

- i. DH and HA to appoint designated contact officers to act as the focal liaison points with the private sector;
- ii. All private hospitals to provide contact details of focal persons. All private hospitals and doctors' associations will be contacted to establish their designated contact details (e.g. emails, addresses and fax numbers), and relevant outbreak information will also be actively sent through this network, in addition to being placed on the web;

- iii. All private hospitals to submit to DH contingency plans, which will be tested by drills.

A section of the official website of DH is dedicated to communication with the registered private hospitals and healthcare institutions. The HA will also designate a section in its website for Public-Private Interface. All relevant outbreak information and feedback will be placed in this section. The web address for this section will be publicized to all private hospitals and doctors' associations. Seminars on relevant subjects such as infection control have been and will be conducted on a need basis to provide information and advice.

Advice on infection control measures for clinics/healthcare facilities will also be issued to other medical or health related professions/agencies, including the supplementary medical professionals, chiropractors, nurses, pharmacists, Chinese medical professionals, allied health professionals, exempted clinics and nursing homes during the outbreak.

(c) What is the progress made in taking forward recommendation no. 16 of the SARS Expert Committee on surge capacity?

(a) Hospital: To prepare for the return of SARS, the HA has developed a staged mobilization plan for the admission of SARS patients. Under the plan, Princess Margaret Hospital (PMH), being the infectious disease center, will admit the first 50 SARS patients. In the event that the epidemic could not be contained at that stage, the 5 hospital clusters will each designate an acute hospital to receive 50 SARS patients in the second stage. In the third stage, all 14 acute hospitals will be involved to receive 50 patients each.

The conversion works are currently in progress in the 14 acute hospitals to provide around 1,400 isolation beds. As of 24 November 2003, works for a total of 835 isolation beds have been completed. The remaining beds will be completed in phases by early 2004. In addition, planning for the construction of three infectious disease blocks each providing around 100 isolation beds at PMH, Tuen Mun Hospital and Alice Ho Mui Ling Nethersole Hospital is underway. We will consult the Public Works Subcommittee on the two blocks at PMH and Tuen Mun Hospital in early 2004.

(b) Public health: DH is recruiting extra staff for prevention and control of infectious diseases of public health significance.

(c) *Supplies:* A 3-month contingency stock of protective gears is maintained by the HA to prevent supply shortage if there is a resurgence of SARS in the coming winter. For DH, an adequate stock of PPE for at least six months is kept for activities and operations initiated by the Department. In addition to identifying drug suppliers for rapid placement of orders and deliveries should situation warrant, DH has also agreed with the Government Logistics Department on the coordination of the supplies of drugs, vaccines and PPE for Government.

Manpower requirement for combatting SARS

(d) What are the justifications for the proposed creation of permanent posts at HA, such as the specialist doctors, to combat SARS and other infectious diseases?

There is a strong need to strengthen clinical expertise in the areas of intensive care and infectious disease management so as to better prepare the HA for any surge of infectious diseases (including SARS) as well as strengthen the manpower support for infection control and related clinical service during post-SARS period.

(e) Whether there would be any difficulty for recruiting eight to 10 specialists to combat SARS and other infectious diseases?

We do not anticipate recruitment difficulties for the 8-10 specialist doctors in intensive care and infectious disease management. The additional positions will be filled up by phases. It is expected that most of the positions will be appointed in the coming few months with the rest in 2004/2005.

(f) Whether consideration could be given to providing some form of remuneration for doctors, nurses and other healthcare professionals from the private sector who offer to help out at HA hospital during the outbreak; if so, the details concerned?

With the support of private medical practitioners, HA has launched a “Visiting Medical Officers” program by engaging private medical practitioners to provide medical coverage to Old Age Homes on a regular basis for the purposes of surveillance, monitoring and health education. The program was started in May this year and will continue to be implemented. The private practitioners concerned are paid according to HA’s pay scale and employment terms. Similarly, other health care professional recruited by HA to meet service demand would be remunerated according to HA’s prevailing terms. There are also health care

professionals who wished to provide volunteer service to specific areas of HA services during the last SARS outbreak and we will work with the private sector to coordinate such volunteer activities in public hospitals before such need arises.

(g) Whether consideration could be given to designating a body to engage the volunteer sector and non-governmental organisations in providing backup support during the outbreak; if so, the body concerned?

HA has established regular liaison with a range of professional non-governmental organizations and will seek to coordinate with these organizations for back-up support during possible future outbreaks. In view of the wide range of health care related professionals and their corresponding professional organizations, it may be necessary for HA to liaise directly with them on this important matter. Volunteers have been and will be engaged through the Auxiliary Medical Service and Civil Aid Service to provide backup support during an outbreak of SARS.

(h) What are the numbers and types of frontline healthcare personnel, including contractors' staff, proportionate to their respective total numbers who have received and are receiving basic and ongoing training in infection control?

As at Oct 03, around 65,000 attendances for formal basic infection control training has been recorded. If categorized by types, over **95%** of nurses, allied health professionals and supporting staff and around **80%** of doctors received formal basic infection control training in the last few months. However, this percentage may not reflect the full picture as during the initial stage of the last outbreak of SARS, there were many rounds of educational forums on infection control with hundreds of attendances organized at the cluster and hospital levels for which only the number of attendances were recorded. Moreover, infection control training has always been an integral part of doctor and nurse education. Besides formal training, frontline healthcare personnel are also exposed to various types of informal infection control training that include briefing, updates, and communication sessions on proper infection control practices. In addition, around 30,000 VCDs on basic infection control training have been distributed to this target group. E-learning courseware on infection control training is also available on the HA Intranet to facilitate learning at home and at the staff's own pace. In addition, contractors' staff are also covered by HA's training for infection control under the group of supporting staff.

With designated funding support from the Government, the HA's Infectious Disease Control Training Centre is working closely with cluster infection control

teams to provide basic as well as more in-depth infectious disease / infection control training for all ranks and grades of staff. It is anticipated that basic training, annual updates and refresher training would be provided to around 10,000 staff and more in-depth training to around 500 healthcare professionals across different disciplines per year.

For DH, please refer to the **Annex** attached.

(i) In relation to the some 400 contract staff employed to carry out the control measures at various control points, whether any structured training on infection have been or would be provided to them; if so, which body is responsible for providing such training. What are the duties of these contract staff and their working hours and how many of them are deployed at various control points?

Over 430 contract staff are being employed to carry out health screening measures on travelers at various border control points. Structured training on infection control, such as correct way of using PPE and proper disinfection procedures, has been provided by DH during the induction course for such health screening staff.

Duties of these contract staff include -

- (1) checking of Health Declaration Forms;
- (2) screening travellers' body temperature by using different temperature screening devices as appropriate;
- (3) giving health advice to travellers;
- (4) making referrals for symptomatic travellers;
- (5) compilation of statistical returns and operational reports; and
- (6) disinfection of equipment and medical posts.

In terms of working hours, they are required to work 48 hours per week on a roster basis, covering the full operating hours of different border control points.

Details on the deployment of contract staff to carry out health screening at various border control points are as follows -

Border Control Point	No. of contract staff
Lo Wu	39
Lok Ma Chau	92
Man Kam To	33
Sha Tau Kok	19

Hung Hom (through-train)	16
China Ferry Terminal	23
Macau Ferry Terminal	31
Airport	182
Total	435

(j) Whether HA could give a guarantee that it would only put those staff who have received training in infection control to cope with any outbreak, and the measures to ensure such?

In HA's Response Plan to Infectious Disease Outbreak, it has been stated clearly that 'All staff deployed must first receive training on infection control and orientation of relevance to the local setting before they are put to full duties.' In addition, guidelines on staff deployment have been issued to all cluster and hospital chief executives on 13.11.03 which reiterated the measures for ensuring organizational wide consistency in staff deployment in the event of the return of SARS. It is stated clearly in the guidelines that 'Included in those to be initially deployed would be staff trained in Infection Control and/or Intensive Care and currently working in areas such as Medicine and Anaesthesia'.

Furthermore, there is an undertaking for those successful nominees for sponsorship to attend intensive training on infectious disease / infection control sponsored by the Training Fund granted by the HKSAR Government that they would be prepared to support other hospitals within the cluster for possible future outbreaks, and in the unlikely event of a massive outbreak, to support other clusters as well.

(k) What is the rationale for scaling down or suspending those services/activities set out in para. 6 of the Administration's paper entitled "Manpower requirement for combating SARS" during the outbreak?

The rationale for scaling down or suspending selected services/activities referred to is to temporarily stop those which did not have immediate demand (e.g. the school dental service during the closure of schools), or to trim down the usual scopes of the programmes and place emphasis on SARS instead, thereby maximizing human resources for combating SARS.

(l) How would the DH and HA go about consulting their respective staff when refining the manpower plans to combat SARS?

In order to ensure that a prompt response can be made should there be an outbreak of SARS, the DH is developing a manpower deployment plan. The Department will brief the Departmental Consultative Committee upon completion of the plan.

DH will inform concerned staff, through service heads, their duties in the event of an outbreak of SARS and make arrangements for them to receive the necessary training for the effective performance of duties.

The HA has determined staff deployment plans using a dedicated working group comprising representatives for all categories of staff, staff unions and clinical expertise. Draft plans were subsequently discussed at various central forums such as Staff Consultative Meetings and then also a local/Cluster level with similar groups of staff.

Annex

***Frontline Healthcare Personnel in DH
Who Have Received Basic & Ongoing Training in Infection Control***

Types of healthcare grades	No. of staff trained	Total no. of staff
1. Medical & Health Officer Grade	360	415
2. Dental Officer Grade	222	222
3. Nursing & Midwifery Grades	1483	1483
4. Dental Surgery Assistant Grade	233	233
5. Dental Therapist Grade	316	316
6. Dental Hygienist Grade	12	12
7. Medical Laboratory Technician Grade	239	239
8. Scientific Officer/Research Officer Grade	13	13
9. Inoculator Grade	44	45