

LegCo Panel on Health Services

Review of the handling of the outbreak of respiratory illness in DDU of CMC and conclusions reached

Purpose

This paper informs members of the conclusions of the Administration's review of the handling of the outbreak of respiratory illness at the Developmental Disability Unit (DDU) of Caritas Medical Centre (CMC) and the improvement / follow-up actions that are being / will be undertaken.

Background

2. The Administration has reviewed the handling of the outbreak of respiratory illness at the DDU of CMC. There were inadequacies that call for improvement as well as prompter and appropriate responses. A summary of the conclusions of our review and the improvement / follow-up actions needed are set out in the Annex.

Facilities in CMC for care of severely mentally handicapped children

3. Wai Yee Block of CMC was constructed in 1964, originally as an infectious disease block and later converted as a residential home for severely mentally handicapped children aged 16 and under, with linked access to special education services in Lok Yan School (176 places). The building was renovated in 1993 and is in good condition structurally. The desirable residential capacity is 168 children on four floors, with four dormitories and two isolation rooms on each floor. There are 200 children admitted at present. The children are medically fragile, and a small number of fever cases (3-7 per week per floor) is often encountered. Less than 50 children have active family contact and 54 children are wards of the Social Welfare Department. The overcrowding condition is undesirable.

4. To address the overcrowding problem the Hospital Authority (HA) is planning to improve the spacing within the existing residential capacity. Three additional isolation rooms will be provided on each floor in this block, making a total of five isolation rooms on each floor. Ventilation will also be improved by installing new air-conditioners and exhaust systems. Short term alternative accommodation will be identified to care for the convalescent group (38) until their infectivity is over.

5. It should be noted that Wai Yee Block has all along been intended to be a residential home for severely mentally handicapped children providing long stay residential care with linked schooling, not a clinical environment for treatment of any disease / illness from which they may suffer, although traditionally this block has been part of CMC. The setting of Wai Yee Block is meant to be homelike so that the children can enjoy the comfort and care a home provides. When a child suffers from minor illness which does not normally require hospitalisation, the nursing staff will let him/her stay in the block for treatment and recovery. If any child suffers from any illness that normally requires hospitalisation, he / she should be transferred to the appropriate paediatric ward of the hospital for treatment. As such, we do not believe the setting and design of Wai Yee Block need major change.

6. It is noted that the international trend in caring for these children is for them to be cared for in the community or in small group homes. In this connection, as a medium to long-term measure, CMC will seek to explore the possibility of discharging children to small group homes or other long stay care facilities. In the longer term, HA will liaise with NGOs, the Social Welfare Department and Paediatric groups to seek to provide community, social and psychological support for those families willing to care for their children at home. HA will also enhance perinatal / post brain-insult counselling to better prepare and support parents to take long-term care of these children at home.

Health, Welfare and Food Bureau
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Conclusions reached	Improvement that will be effected / Follow-up action required
<p>Between 7 – 8 Nov, 4 fever cases on 2 floors were detected and the sick children were isolated in accordance with protocol. The Infection Control Team of CMC was notified and the Team gave advice appropriately.</p>	<ul style="list-style-type: none"> • Not Applicable
<p>As the no. of fever cases increased, the situation was not communicated to the senior management of CMC sufficiently promptly. Consequentially there was a delay in reporting to the Cluster Infection Control Officer (CICO), HA's Central Committee on Infectious Disease (CCID) and the Centre of Health Protection (CHP) and in viral / bacteriological investigations. Judgement in the timing of implementation of the agreed protocol for reporting (more than 3 fever cases which fulfilled the case definition to the HCE and consequently CCID/CHP/CCE) was flawed.</p>	<ul style="list-style-type: none"> • Strict adherence to reporting the occurrence of more than 3 fever cases concurrently to hospital senior management who will then alert the CICO and CHP immediately. • CICO and CHP representatives will be involved in the hospital's outbreak control efforts as soon as they are alerted, and decide on whether alert should be raised and professional support or supervision should be strengthened. The CHP should co-ordinate all resources required to control the outbreak, and should only withdraw after the outbreak is over. • CMC to submit weekly reports of the occurrence of infectious disease in the DDU to the CHP.
<p>Children from different floors attended the same class at the Lok Yan School. Schooling was suspended for the children on two floors on 11 Nov and then for the rest on 12 Nov. School classes might have provided an opportunity for cross-infection to occur.</p>	<ul style="list-style-type: none"> • Enhance infection control training for school staff. • Stop mixing of children from different floors in the same class when outbreak occurs.

<p>There were lapses in infection control.</p>	<ul style="list-style-type: none"> • Improve infection control training and sharpen the staff's awareness of good infection control principles and practice. • Introduce patrols during outbreaks and regular audits of infection control measures. • Increase the number of Infection Control Link Nurse. • Improve hand-washing facilities and ventilation.
<p>There was discussion about the activation of the Green Alert but the Alert was not activated until 15 Nov.</p>	<ul style="list-style-type: none"> • HA to issue clear guidelines for activation of alerts.

Other General Recommendations

1. HA needs to heighten the sensitivity of infectious diseases in hospital managers and clinical managers.
2. Hospital management needs to pay particular attention to infection control measures, particularly in proper use of personal protective equipments such as gloves and in hand-washing practices.
3. Hospital and ward management should ensure visitors also comply with infection control measures and practices to minimize cross-infection.