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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 16 April 2007**

Poison control

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on poison control.

Background

2. In view of the rising trend of mortality due to poisoning and having regard to the fact that many poisoning cases are preventable, the Chief Executive announced in his 2005-2006 Policy Address the adoption of a proactive approach in poison prevention and control. To take the initiative forward, the Working Group on Toxicology Service Development, convened under the Department of Health (DH), was set up in 2005 to coordinate the implementation of activities to strengthen the prevention and control of poisoning and to advise on the development of permanent infrastructure and services for this purpose.

Past discussions

3. The Administration briefed the Panel on 20 March 2006 on the following measures to strengthen the prevention and control of poisoning -

- (a) the Hong Kong Poison Information Centre (HKPIC) was jointly established by the Hospital Authority (HA) and the Chinese University of Hong Kong in July 2005 to provide health care professions in the public and private sectors an information service on poison. The Centre comprised two teams, one at the United Christian Hospital and the other at the Prince of Wales Hospital. Operating seven days a week, urgent consultations would be answered by duty medical staff. HKPIC also collected poisoning data from patients seeking medical assistance at the Accident and Emergency Departments (AEDs) of six public hospitals. The objective was to keep track of novel

poisonous substances and study the epidemiology of new forms of poison, thereby facilitating better risk assessment and design of appropriate measures for minimising incidences of poisoning in Hong Kong;

- (b) to enhance analytical toxicology service, HA would strengthen the manpower of its Toxicology Reference Laboratory (TRL), which provides centralised support for more difficult and rare toxicology needs, and its network with the Cluster Toxicology Laboratory. As simplicity and timeliness in reporting was pivotal for an efficient and effective surveillance system, TRL was reviewing the current mechanism at public hospitals for reporting major poisoning cases to the relevant authorities. In this connection, HA was planning to set up a notification and alert system on major poisoning incidents with DH covering cases reported from AEDs, hospital laboratories and other clinical departments;
- (c) to enhance toxicovigilance, a Surveillance Unit was set up under DH to capture an overall picture of toxic risks in Hong Kong through information gathered from the enhanced Poison Information Service and the Analytical Toxicology Service mentioned in (a) and (b) above. As public health education was an essential part of toxicovigilance, publications such as pamphlets or fact sheets and websites on "poisoning" would be prepared for the public; and
- (d) training sessions on the clinical and public health aspects of poisoning were being planned for all health care professionals in Hong Kong to raise their awareness on poisoning, improve their knowledge in clinical toxicology and enhance their capacity in tackling major toxicological incidents.

4. Members were supportive of the new policy initiative. Members' concerns and the Administration's responses are set out in the ensuing paragraphs.

5. Noting that some \$20 million had been earmarked in the 2005-2006 budget for HA to run HKPIC and other related works and services, Hon LI Fung-ying asked the Administration whether it would continue to provide funding to HA to maintain its poison prevention and control measures in future.

6. The Administration advised that it would continue to bid for funds for HA to carry out its poison prevention work if such work had proven to be worthy of support.

7. In response to Dr Hon Joseph LEE's enquiry on whether any performance indicators had been formulated to evaluate the effectiveness of the enhanced measures, the Administration advised that this had not been done for the time being. As many poisoning cases were caused by accidental poisoning which was preventable, focus was presently focused on reducing the causes of unintentional poisoning, such as accidental ingestion of detergents by children at home or inhalation of toxic gases at work, and looking at ways to prevent such incidents from occurring. To better enable the public to take appropriate

personal preventive actions against being poisoned, poison information would be disseminated from time to time through publications and websites on "poisoning".

8. Dr Hon Joseph LEE and Hon LI Kwok-ying considered that merely disseminating poisoning information to the public to enhance their awareness about common toxic agents was too passive. They requested the Administration to consider utilising the information service operated by HKPIC to answer questions from the public.

9. Dr Hon YEUNG Sum enquired about the enforcement work carried out by the Administration on the labelling of environmental chemicals and Chinese medicines to prevent unintentional poisoning cases.

10. The Administration explained that poisoning cases involving Chinese medicines were generally caused by inappropriate use of the medicines, rather than improper labelling and overdose. Although the number of poisoning cases involving Chinese medicines was far below that involving western medicine, it was hoped that the number of poisoning cases involving Chinese medicines would drop after the completion of the registration of Chinese proprietary medicines. On the enforcement of labelling of environmental chemicals, the Administration provided the following information on 3 July 2006 -

- (a) as revealed by the statistics collated by HA in the latter half of 2005, poisoning by household products constitutes a majority of environmental chemical related poisoning cases. Household products, in this context, are mainly household cleaners and pesticides, both of which are subject to labelling requirements under the Consumer Goods Safety Ordinance (Cap. 456) (CGSO) and the Pesticides Ordinance (Cap. 133) (PO); and
- (b) CGSO and PO are enforced by the Customs and Excise Department and the Agriculture, Fisheries and Conservation Departments respectively. Both Departments undertake regular inspections to ensure compliance of the Ordinances, including the labelling requirements. They also conduct investigations upon receipt of complaints.

Relevant papers

11 Members are invited to access the Legislative Council's website (<http://www.legco.gov.hk>) for details of the papers and minutes of the meeting.