



新界西·醫院聯網
New Territories West Cluster



聯網辦事處 Cluster Office

屯門醫院 Tuen Mun Hospital

Tsing Chung Koon Road, Tuen Mun, New Territories, Hong Kong. Tel: (852) 2468 5111 Fax: (852) 2456 1911
新界中門黃松觀路 電話 : (852)2468 5111 傳真 : (852)2456 1911

Our ref.: () in

30 January 2004

Miss Flora TAI
Clerk to Select Committee
Legislative Council
Legislative Council Building
8 Jackson Road
Central
Hong Kong

Dear Miss TAI,

**Select Committee to inquire into the handling of
the Severe Acute Respiratory Syndrome outbreak by
the Government and the Hospital Authority**

I refer to our letter ref CB2/SC2 dated 2 January 2004 enclosing a set of questionnaire on the above subject.

Please see attached our reply to the questionnaire as requested.

Please feel free to contact me at 2468 5113 if you have any queries.

Thank you.

Yours sincerely,

(Dr. Cheung Wai Lun)

Cluster Chief Executive, New Territories West Cluster,
/ Hospital Chief Executive, Tuen Mun Hospital,
Hospital Authority

WLC/NL

Select Committee – Questionnaire dated 2 Jan 2004

Q.2.1

- The average number of headcount of TMH during that period was 4030.

Q.2.2

- There were 14 employees of TMH infected with SARS, including 2 Medical Officers, 1 Nursing Officer, 7 Registered Nurse (of which 1 was on 2 weeks of leave before onset of symptom and our investigation showed that she had never encountered the index patients), 1 Health Care Assistant, and 3 General Care Assistant.

Q.2.3

- During the period, 246 contractors' employees worked in TMH.

Q.2.4

- No.

Q3.1

(a)

- Every hospital, ward, and departments have different physical settings and operation models. HA guidelines were to provide the principles, the standards, as well as the overall framework, within which individual clusters / hospitals were to develop their adaptations that were suitable to their own environment.

(b)

- An index of the guidelines issued by NTWC is attached at **App. 1.**

Q3.2

- Guidelines and instructions were disseminated to staff through emails, hard copies to working units, and posted on to the designated SARS webpage under NTWC intranet website. Selected information would also be briefed in various forums, discussion sessions and training sessions.

Q.4.1

- There was an audit exercise carried out by a Cojoint Team of the Infection Control Audit Team of TMH & Workplace Inspection Team of HAHO. The report was attached at **App. 2.**

Q5.1

(a)

- NTWC follows the HAHO guidelines.
- In NTWC, full PPE were required for staff to enter high risk areas. High risk areas' definition evolved from "SARS areas" to "all acute wards". Individual staff was also required to put on additional PPE as required according to care and procedures to patients.

(b)

- The high risk areas' definition described above evolved as follows in different stages:
 - Designated wards from 26 Mar 03;
 - All medical wards on 7 Apr 03;
 - All acute wards on 24 Apr 03.

Q.6.1

- Yes, they were goggles; disposable gowns, water repellent; face shields; N95 small masks; and surgical masks.

Q.6.2,

(a)

- Less than seven days of supply of PPE does not necessarily mean "shortage". However, after the commencement of central procurement, the daily stock position as well as some forecasted demand and additional requirement of PPE items were reflected to HAHO during the SARS period.

(b)

- HAHO made arrangement with suppliers for urgent delivery to us.

(c)

- NTWC had procured PPE before the commencement of the central procurement by HAHO. After the central procurement, such practice had been maintained at the initial stage with the knowledge of HAHO. The model / list of suppliers procured by NTWC was however different from those of HAHO during the initial stage.

Q.6.3

- We have no record of this.

Q.6.4

- Yes

(a)

- We had received 1 anonymous complaint on PPE.

(b)

- The complainant had mentioned that he/she knew that some of the colleagues were procuring N95 mask and protective eye wear.

(c)

- There was no evidence to support the allegation on unavailability.

Q.6.5

(a)

- A memo was issued on 23 May 03 to all NTWC staff by CCE concerning the inappropriate wearing of PPE while not carrying out at risk duties outside patient care areas. With effect on that date, all forms of caps, disposable gown and linen gown, shoe cover, glove, eye goggle or face shield were not allowed to be worn in communal area with exception of carrying out duties with infection risk that may include patient escort, cleansing duties, transfer of contaminated material or other high infection risk duties.

(b)

- Because it was impossible to differentiate contaminated PPE from non-contaminated PPE and inappropriate wearing of these items in communal areas without infection risk will post difficulties for the hospital to enforce infection control measures to safeguard our colleagues and patients.

(c)

- No.

(d)

- N/A

Q.6.6

- No

Q.6.7

- Yes

Q.6.8

- We have no record of this.

Q.6.9

- Yes, N95 masks from QMH and QEH.

Q.6.10

- Yes, surgical masks to KWC, HKW and UCH; goggles to QEH and QMH; and disposable gowns, water repellent, to UCH.

Q7.1

- The contractors would provide all necessary Occupational Safety & Health training under the contracts signed between hospital and contractors. Performance and adherence of OSH standards were monitored in routine performance inspection.

Q7.2

- We have no record of this.

Q7.3

- It was the responsibility of the contractors to equip their employees with PPE. Hospital staff were to ensure that contractors' employees had complied with the infection control requirements at the work site. Otherwise, the hospital would provide appropriate PPE at the work site.

Q7.4

- As explained above, the contractors would provide all necessary Occupational Safety & Health training. However, the hospital had specially arranged training sessions to contractors' employees. VCD on precautionary measures produced by HAHO were also dispatched to the works-related agents. All new staff were assigned to attend the training at that time. Some contractors such as caterer also issued extra precaution notice to their staff.

Q7.5.

- Infection control seminars were given to contractors' employees on 28/3/03, 7/4/03, 8/4/03, 2/5/03, 5/5/03, 14/5/03 and 22/5/03.

Q7.6

- The hospital provided PPE to the contractors' employees during the outbreak.

Q7.7

- We have no record of this.

30 January 2004

Index of Guidelines Issued by NTWC

Proper Use of Personal Protective Equipment - Dress Code in Communal Area
Enforcement of Infection Control Practice / Enforcement of Infection Control Practice(Chinese Version)
Enforcement of Infection Control Practice / Enforcement of Infection Control Practice
Guidelines on Disinfection of Bedpan and Urinal / 中文
Regular Standard of PPE in Cohorted Areas and ICU-- as at 30 April 2003
進行 SARS 手術人員 穿著及除下 保護衣物之步驟
Guidelines for Cleansing Staff
Precautions for Using Toilets
Infection Control in Hospital Canteen Area
Use of Beta-2 Agonists Metered Dose Inhaler in Treatment of Acute Asthma / COAD
Regular Standard of PPE in Cohorted Areas and ICU-- as at 11 April 2003
Personal Protective Equipment for Aerosol / Splash Generating Procedure / Personal Protective Equipment for Aerosol / Splash Generating Procedure
Protocol for referral on discharge for Non SARS patient / Patient with close contact of SARS patient
Guidelines on Infection Control Procedures for Wards Designated for Severe Respiratory Syndrome Patients
Special Arrangement of Visit to Acute Wards Under No Visiting Policy
給市民: 預防嚴重呼吸系統綜合症的健康指引 /
To Public :Health Tips on Prevention of 'Severe Respiratory Syndrome'
嚴重呼吸系統綜合症(Severe Respiratory Syndrome)手部清潔之要點
嚴重呼吸系統綜合症(Severe Respiratory Syndrome)清潔及消毒程序指引
NTWC Circular (A) No. 2/2003 Amendment to Operational Guidelines for Implementation of New Visiting Policy
NTWC Circular (A) No. 1/2003 Operational Guidelines for Implementation of New Visiting Policy

Appendix 2

Tuen Mun Hospital --Infection Control Audit

Date of audit: May 2003

Audit /Inspection type: Audit (HO inspection checklist incorporated)

The audit was carried out by a conjoint team of Infection Control Audit Team of TMH and Workplace Inspection Team of HAHO. 29 units were audited in May 2003.

The tool used was a checklist designed by TMH taking reference to the HAHO inspection checklist.

Deviations were identified and actions were taken to remedial the problems. A second round of audit was carried out for those having low scores at the first round and improvement were seen.

The Audit Team has concluded that the exercise has helped gathering valuable information for providing insight, effective for ensuring infection control and heightening of alertness of staff.

A report of the audit was furnished by the Infection Control Audit Team of the Hospital.

**Report on
Infection Control Audit on SARS
Precautions
in Tuen Mun Hospital**

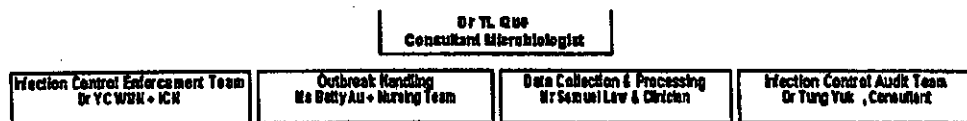
**Prepared by
Infection Control Audit Team
Tuen Mun Hospital
June 2003**



Background

Concerning the Outbreak of Severe Acute Respiratory Syndrome (SARS) in Hong Kong and infections among Health Care Workers , New Territories West Cluster had strengthened the organization of the Infection Control Team as a contingency measure .

ORGANIZATION OF INFECTION CONTROL TEAM FOR SARS IN TUEN MUN HOSPITAL



- | | | | |
|-------------------------------------|----------------------------|-----------------------------|--------------------------------|
| •Formulate
Standard | •Outbreak
Investigation | •Update Clinical
Data | •Checking
Compliance |
| •Enforce Practices | •Contact Tracing | •Compile SARS
Statistics | •Filing Alert to
Workplaces |
| •Advices on PPE/
Daily operation | | | |
| •Resources
Evaluation | | | |
| •Staff
Communication | | | |

Infection Control Guidelines become well consolidated afterwards. Upgrading process to Isolation Ward Standard was also completed in all acute wards in mid-April. As the hardware for SARS Infection Control was readily available, audit exercise aimed at effective implementation and strict compliance of Infection Control Measures in all workplaces were emphasized .

The Infection Control Audit Team TMH was headed by Consultant Dr Tung Yuk . As another team from HAHO Infection Control Task Force also planned to do similar audit on Infection Control in Tuen Mun Hospital , the two teams were collaborated to improve efficiency and reduce interference to the workplaces.

Infection Control Audit Team TMH :

Conjoint Team : *Infection Control Audit Team TMH & Workplace Inspection Team HAHO*

Team Head : Dr Tung Yuk (Consultant)

Team Members :

Loo Ka Tai	Clinical Pathology	Consultant
Man Chi Wai	Surgery	Consultant
Chan Wing Chung	Diagnostic Radiology	Department Manager
Y C Wun	O&T	Senior Medical Officer
Lai Yuet Yee	Physiotherapy	Physiotherapist I
Wo Chun Kuen	Surgery	Registered Nurse
Esther Siu	O&G	Nurse Specialist
Ng Suk Hing	Diagnostic Radiology	Registered Nurse
Wong Wai To	Clinical Pathology	Medical Technologist
Daisy Yeung	Clinical Pathology	Medical Technologist
Tsang Mo Fan	O&T	Registered Nurse
Ng Wai Po	ICN	Registered Nurse
Chow Man Sing	ICN	Registered Nurse
So Shui Mei	ICN	Registered Nurse

Methodology :

Basically, the audit format was based upon the HAHO Inspection Team Audit Checklist with some refinements. The Audit checklist is attached for reference

It consists of 2 parts:

- (a) On knowledge & awareness, IC organization , environment & PPE ,minor staff and visiting policy, staff of 3 different ranks (WM/NO; RN/EN; Ward Clerk/HCA/minor staff) were interviewed.
- (b) Observation on actual IC practices inside the ward.

Majority of the survey were designed and conducted through series of Closed Questions (Yes or No). The percentage of "YES" return would indicate positive response, which reflect favorable infection control practices.

Some Open Questions were also included in the checklist for staff knowledge evaluation and staff opinion evaluation.

Audit Result:

29 Different workplaces were inspected during the exercise in May 03 by the audit team.

The data collected were summarized in the 2 tables attached.

Those workplaces could basically categorized into 5 groups:

- (a) SARS Wards & Intensive Care Unit
- (b) Medical Non-SARS Wards
- (c) Other Acute Wards
- (d) Mental Health Units & Psychiatric Ward
- (e) A&E Department & X-Ray Department

General Remarks:

In general, all workplaces had developed their Infection Control Enforcement Team with designated Co-ordinators in every shift duty. Nearly all staff received some form of Infection Control Training for SARS precautions. Awareness and Knowledge on infection control among staff were good.

Concerning the quantity & quality of the PPE supply, 93.1% of the staff in the 29 workplaces were satisfied with the current situations. Intolerance after prolong use of PPE was a common concern in different workplaces.

Inadequate Hand Washing after patient contact was a common deviation.

Improper use of PPE outside Isolation Area was also noted occasionally.

(a) SARS Wards & Intensive Care Unit

- All SARS Wards and ICU scored well in the audit. Staff in those workplaces were practicing Hot/Warm/Cold zone concept. High degree of awareness and alertness was noted. Supervision of infection control precautions was strict and effective.
- Staff working in the hot zone were using double glove practices. But the principle of frequent changing gloves and hand washing was observed. Alcoholic Disinfection were used when handwashing facilities not readily available.
- PPE supply was satisfactory.
- The deficiencies observed were mainly related to the constraint of space. The Gown-up and de-gown area were suboptimal in term of the space available for proper application and safe removal of PPE. The situation was worse in ICU .
- There were also shortage of spaces for proper disinfection of reusable PPE.
- Team spirit was high while concern about being infected whilst at work existed.

(c) Medical Non-SARS Wards

- Isolation Ward Standard was confirmed and principles were followed.
- All Medical Wards were up to standard (Scored > 80 in term of "Yes Return" in the Checklist) particularly for Infection Control Knowledge & Infection Control Organization
- 4 out of the 8 Medical non- SARS wards were found to have area of deficiencies for improvement and reinforcement in IC practices
- Observed deviations from Infection Control Practices:

Inadequate hand washing
Not changing gloves between patients, esp. with clinicians
Absence of soap/disinfectant for washing basin inside sluice room
Absence of alcohol/hexol spray in degowning area inside fever cohort area
Plastic curtain still hanging in fever cohort area with staff observed touching the curtain
Plastic curtain still hanging in cubicles (against the ventilation principles)
Improper use of PPE for some staff (part. Contractor Staff)
E-trolley not properly equipped
Patient clustering in a cubicle
Bedpan round in practice
Urinal with urine inside hanging on a trolley inside sluice room with danger of splashing

- Feedback gathered in the Workplaces

Some doctors still do not remove gloves after patient contact,
IC safety controller , most are nurse, found difficulty to enforce patrol on doctors
Frequent changing in guidelines make the staff difficult to follow
More training with actual role play, e.g. role play on handling of excreta needed
More Face-to-face and on-site education & Training were expected
Too frequent changing of central pool and contracted team staff making training difficult
Further enhancement of central training to those central pool and contract team are needed
Some of the Central pool minor staff failed to comply despite sufficient training & remind

- In summary , the following 6 areas was found to be suboptimal :
 - (1) Inadequate Hand Washing and Improper Use of gloves
 - (2) Lack of knowledge concerning safe practice of handling patient's excreta
 - (3) Insufficient compliance of Isolation Ward Workflow is expected
 - (4) Environmental Factors(Overcrowded Ward,Using curtain reduce Exhaust Fan efficiency)
 - (5) Suboptimal Infection Control Practice in Clinicians
 - (6) Quality of minor staff were highly variable which make training and supervision difficult

(c) Other Acute Wards & Mental Health Unit

- All the Surgical , Orthopaedic , O& G and Paediatric Wards were operating as Isolation Ward Standard
- As the patient load was reduced during the SARS outbreak, staff were more readily to comply with the Infection Control Measures.
- No problem of Overcrowding noted. Cohort cases were managed in small cubicles with adequate spacing with SARS precautions.
- Some confusion about excreta handling did exist.
- Inadequate Hand Washing was noted occasionally.
- Some E-trolley was not equipped with PPE
- Concern about frequent update or change in the Infection Control Guidelines was raised

(d) Mental Health Unit & Psychiatric Ward

- MHU & Psychiatric Wards were considered to be moderate risk area. The infection Control principles for Fever Cases Cohorting was satisfactory. Isolation policy was effective.
- It was well understood that patients in MHU or Psychiatric Wards seldom able to tolerate wearing mask.

(e) A&E Department & X-Ray Department

- The AED & X-ray Department scored low in the Audit Round
- The nature of services of AED & X-ray Department were known to be very different from other Clinical Departments. The Isolation Principles operating in those Clinical Department were not expected to be fully implemented in both AED & X-ray Department.
- Concerning the Infection Control Education, Staff in AED preferred more face-to-face training and direct communication.
- Inadequate Hand Washing and improper use of gloves was noted in both AED & X-ray department.
- The Clean and Dirty Zone demarcation were not well defined in both Departments.
- Designated waiting zone for high-risk case was implemented in X-ray department.
- Heavy patient and material traffic in both departments imposed difficulty in infection control implementation

Discussion

(a) SARS Wards & Intensive Care Unit

Staff working in those workplaces satisfied with the supply of high level PPE . Zoning concept was well observed and utilized to limit unnecessary traffic within the workplace.

There is no easy solution to the problem of inadequate space for further improvement of the Gowning, Degowning and PPE disinfection. Limiting number of staff in the treatment room for decontamination was crucial in the present setting. Staff appeared readily to comply and quite considerate to other colleagues.

Team spirit was high and mutual support among staff were appreciable.

(b) Medical Non-SARS Wards

The Medical Non-SARS Wards were considered to be high-risk area. A number of hidden cases of SARS carrier might appear in General Medical Ward and impose risk of catastrophic cross infection. Although most Medical Wards did not score badly, Further enhancing the compliance to the Infection Control Measures in Medical Wards was definitely expected.

With reference to the audit observation, we witnessed some delay in replacing the old work culture to the Anti-SARS Infection Control Awareness & Alertness.

Further enforcement exercise would become necessary to correct those deviations in Infection Control Practices. A second round of Audit Exercise was performed on 19.05.2003. Details of the follow-up action will be discussed in the next session.

(c) Other Acute Wards

Deviation of Infection Control Practices mainly related to inadequate hand washing and improper use of gloves. Performance of minor staff , eg contracted GCA , GSA , was quite variable and close supervision was needed.

Dress code for escorting patient to and from Operating Room had to be clarified to ensure proper use of PPE.

(d) Mental Health Unit & Psychiatric Ward

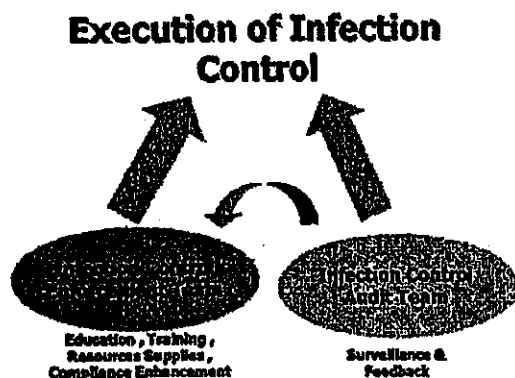
Those workplaces were not feasible for isolation practices .The existing cohort area and policy is satisfactory and adequate for the ongoing operation of the unit.

(e) A&E Department & X-Ray Department

The design of the checklist may not be applicable to specific type of workplaces. The isolation setting and infection control practices in A&E & X-ray departments are very different from clinical ward setting. The low score attained by both departments might be accountable. But the crucial basic principles of infection control measures like handwashing, proper triage and isolation of at risk cases still have to be stressed.

Follow-up Action and Infection Control Measure Implementation

The Infection Control Team worked closely with the Hospital Administration and Infection Control Enforcement Team Tuen Mun Hospital. Follow-up action was planned and executed, as the observations from the audit result were available and analyzed.



Phase 1:

Identification of Deviations Common in most Workplaces and Implement Improvement

The 4 common deviations those required improvement of high priority were as follows:

- (1) Inadequate Hand Washing and Improper Use of gloves
- (2) Safe practice of handling patient's excreta remained unclear
- (3) Strict Compliance of Isolation Ward Workflow is expected
- (4) Environmental Factors(Overcrowded Ward, Using curtain reduce Exhaust Fan efficiency)

Exercise of "Enforcement of Infection Control Practice --- 4 Emphases " was launched and announced openly in CCE forum about the expectation of full implementation. Details were put on the Intranet web for reference.

Hand Washing

Adequate Hand Washing and proper use of gloves was further stressed by CCE in the "Special Message" in the NTWC SARS Web page.

Continuous surveillance of the practice of Hand Disinfection in different workplaces was conducted by Infection Control Enforcement Team and Workplace Safety Controllers.

Proper Handling of Patients' Excreta

Guidelines for the proper handling of excreta was further simplified to an easily comprehensible pattern for all staff by ICN. In addition, instruction with step-by-step illustrations was also prepared, distributed and launched in the intranet WebPages.

Focus training designed particularly for minor staff was conducted by ICN. 3 intensive training courses on excreta handling were held on 19, 22 & 23 May 03. Over 300 staff attended the courses.

Frequent patrolling and on-site guidance with drilling by ICN and Infection Control Enforcement Team were executed after formal training provided.

Review the performance of the existing bedpan-washing facilities was done. The hospital administration was advised to install more bedpan washers and renew the old ones.

Standardization of Isolation Ward Setting

To ensure effective operation of isolation policy in all acute ward, the standard of setting workflow was further consolidated. The standard isolation ward design was announced in CCE forum, launched in the SARS Intranet web site with photographs illustration and E-mail to all DOM and Ward Manager.

One Medical ward was chosen to be prepared as "Model Sample" for reference to other ward for improvement of the existing isolation design.

On site advice for the set up was also provided to individual workplace by ICN and Infection Control Enforcement Team.

Environmental Factors

CCE endorsed the policy of limiting the bed stat to no more than 34 patients per ward. In addition, spacing out patients within the ward was strongly recommended.

Recruitment of the Ward B7 & T8, utilization of their single/double room facilities, as high infectious risk medical ward was completed in early June to alleviate the overcrowding condition in the fever cohort in general medical ward.

The ventilation and airflow within the workplaces was further explained to ward managers and the infection control safety controller. The adverse effect of the curtains to overall air exchange was explained and accepted. Unnecessary curtains were subsequently removed.

All wards were also requested to reserve and explored showering facilities for staff to achieve quick decontamination when necessary.

Phase 2

Follow-up action to Individual Department

Medical Non SARS Ward

The audit result was feedback to the workplaces and the relevant department. Recommendation for improvement and implementation were provided by the Infection Control Core Team and Infection Control Enforcement Team.

To ensure improvement of the infection control practices, second audit round was conducted in the 4 medical wards those had scored low in the first audit round. Definitive improvement was seen. Recommendations raised after the first audit round were well implemented. To further improve communication, the Infection Control Audit Team also interviewed the ward managers of the 4 medical wards with CGM(Nursing) and the ICN team on 30th May 03 probing into their difficulties and problems.

Concerning the problem of inadequate hand washing among clinicians, the Infection Control Audit Team sent a reminder to the Chief of Service to reinforce all medical staff to follow the practice of removing all gloves and wash hands after every single patient contact.

Problem of variable quality and performance of minor staff was addressed and reflected to the administrative Department for subsequent action.

AED & X-ray Department

The Safety Controller of both Departments were interviewed and the problems identified in the audit round was reflected. The condition of high patient load and heavy traffic in those two departments was understood.

The Safety controller promised to put more emphasis on face-to-face training and on-site supervision to the staff. Stock of PPE was confirmed to be sufficient but better communication between the senior staff and the frontline staff was recommended.

The Safety Controller of X-ray department expressed the difficulties for full compliance of infection control measures in certain area. Direct communication and advice were provided by the Enforcement Team Co-ordinator to settle the existing difficulties and ensure implementation.

Guideline on " Proper use of PPE - - Dress Code in Communal Area" was issued by the Infection Control Enforcement Team to assist staff in performing escorting duty or Portable X-ray Examination.

Other Workplaces

The audit result was also feedback to other department and recommendations were provided by the Infection Control Enforcement Team if necessary.

Phase 3

Continuous Enhancement & Improvement Work

Establishment of "Coaching & Reviewing Team"

In order to reinforce infection control awareness and ensure practices are in line with the infection control guidelines, it was decided that a "Coaching & Reviewing Team" would be formed and would round all the wards from 5 June 2003 in Tuen Mun Hospital. The team aims at improving individual skills and operational effectiveness on infection control issues, with the following objectives:

1. Review and give feedback on operation and environmental layout on infection control issues
2. Upgrade individual skills in handling PPE and infection control issues
3. Reinforce positive attitude in the management of Infection Control

Wards were reviewed by the designated CRT members. Discussion were made and immediate feedback was given to the staff on inappropriate practice or non-compliance with prompt improvement expected.

Inspection of all the workplaces in Tuen Mun Hospital was completed in mid June. Round table discussion with the Infection Control Core Team and Enforcement Team was held afterwards. It was concluded that more frequent on-site coaching for infection control practice would be more effective and successful.

Strengthen the education and training to minor staff

As observed from the audit round and staff feedback, we are obliged to strengthen the training and support to minor staff for infection control.

Regular and continuous formal training for supporting staff was organized by designated staff from Nursing Service Department. In addition, more direct coaching was enforced by the ICN team.

More communication channels for supporting staff, specific open forum, was established to reflect their need to the Administration Department.

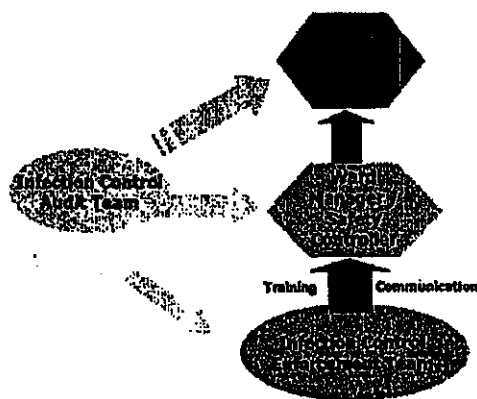
Further Improvement work

For continuous quality infection control practice, the following improvement work will be accomplished.

- Better design of SARS Ward
- Better availability of interim isolation facilities
- Enhance hand-washing facilities and Bedpan washer facilities
- Spacing out beds in ward
- Better utilization of ambulatory and community care model to reduce in-patient load

Conclusion:

The Infection Control Audit Exercise performed in workplaces in Tuen Mun Hospital gathered valuable observation and information to the hospital administration and the Infection Control Team. It provided the correct insight for enforcement of infection control against SARS in the Hospital.



The collaboration working partnership of the Audit team and the Enforcement team have been proved to be effective for ensuring infection control compliance and alertness among staff.