

SARS Expert Committee
Request for Submissions from Hospital Authority (HA)

The SARS Expert Committee has requested for information on Hospital Outbreak Control Plan (Paragraph 3(a) in Annex to letter of 21 July 2003 from Secretary, SARS Expert Committee):

"Please clarify whether there was hospital outbreak control plan before the SARS epidemic which specifically deals with control of infectious disease outbreaks in hospital. If affirmative, please provide a copy of the plan and an account of the drills that had been launched in the past year."

The HA hereby submits the following response:

Each HA hospital formulates policy and procedures on hospital outbreak which is updated and endorsed by the respective Hospital Infection Control Committee. A copy of this plan from one hospital is attached for the SARS Expert Committee's reference **Appendix 1**. Drill on the plan is generally not conducted but as required by the Hospital annual plan Section 3 Quality standards, each hospital should constitute an Infection Control Team with terms of reference on review and evaluation of outbreak management programs, organization relevant training and recommendations to appropriate departments related to infection control.

In situations where an outbreak is of public concern and would have territory wide implication, a system is in place so that all parties concerned are mobilized for formulating the necessary action. A copy of flow chart of HA's response before the SARS epidemic, endorsed by HA Medical Service Development Committee in 2002, is attached for your reference **Appendix 2**.

Hospital Authority
30 July 2003



PAMELA YOUDE NETHERSOLE EASTERN HOSPITAL
Infection Control Unit

Appendix 1

010002

Contingency Plan for Outbreak of Infection in PYNEH

EVIDENCE OF HOSPITAL INFECTION OUTBREAK

An outbreak is an increase in occurrence of infection above the background rate. Outbreak of infection should be considered when there is a sudden increase of:

1. Similar infections occur on one ward/department or among similar patients e.g. conjunctivitis in neonates.
2. Infections associated with invasive devices e.g. Shunt infection.
3. Health care workers and patients develop the same type of infection e.g. Food Poisoning, Scabies.
4. Infections with organisms typically associated with hospital-acquired infections e.g. MRSA.

MANAGEMENT PROCEDURE

A) NOTIFICATION

1. When medical or nursing staff on a ward/AED/Staff Clinic notice an increased incidence of a specific infection, they should report immediately to one of the following:
 - a. Infection Control Officer: Dr. W. H. Yung, Raymond
Ext. 5156 / 5157
Pager: 7225 1057
 - b. Infection Control Nurse: Ms. K. S. Yip, Ida / Ms. S. Y. Wong
Ext. 5044 / 5049
Pager: 859

B) INVESTIGATION OF SUSPECTED OUTBREAK

Suspected outbreak will be investigated by Infection Control Unit in collaboration with involved ward/department. This will include contact tracing, case finding and laboratory searching.

C INSTITUTION OF OUTBREAK PLAN

1. The responsibility for declaring an outbreak and instituting the plan rests with the Infection Control Officer following discussion with physician in charge and the Infection Control Nurse.
2. Small scale outbreaks are normally handled by Infection Control Unit in liaison with physician in charge of affected patients.
3. Major outbreaks (involving one or more than one ward) once declared will necessitate the convening of Emergency Outbreak Control Team. Team members include:
 - Hospital Chief Executive/Clinical Coordinator (Chairman)
 - Infection Control Officer
 - General Manager (Nursing)
 - General Manager (Administrative Service)
 - Physician in charge of cases
 - Physician in charge of Staff Clinic
 - DOM or WM of affected wards
 - Infection Control Nurse

Others who may be invited include:

 - DM (Clinical Pathology)
 - DM (Pharmacy)
 - Food Services Manager (Catering Department)
 - Others as specified by Chairman

D) RESPONSIBILITY OF VARIOUS PARTIES IN MANAGEMENT OF OUTBREAK

1. HCE/Clinical Coordinator/GM (AS)
 - a. Deal with press.
 - b. Ensure that adequate isolation facilities are available and that staff are seconded to those facilities as necessary.
 - c. Ensure adequate manpower, supplies and waste disposal facilities are available to cope with the outbreak.
 - d. Ensure that those involved in catering take action to remedy if a food source is involved.
2. Infection Control Officer (ICO)
 - a. Notify Department of Health and HAHO.
 - b. Advise the medical staff on appropriate investigation and treatment of patients and staff.
 - c. Organize the laboratory facilities necessary for the investigation of the outbreak. Request assistance from other sources e.g. Public Health Service laboratories if needed.

- d. Inform HCE about the newest situation.

010004

3. Infection Control Nurse (ICN)

- a. Review medical records of affected patient, interview affected staff and report all suspected cases to Infection Control Officer.
- b. Institute control measures e.g. isolation nursing, chemoprophylaxis, immunoprophylaxis and environmental cleansing.
- c. Arrange microbiological screening of patients/staff/environment and suspected source/vehicles. Collect food samples and screen food handler in case of foodborne outbreak.
- d. Advise ward to increase supplies needed e.g. drugs, disinfectants, linens or CSSD items etc.
- e. Liaise with Infection Control Officer and GM (N) about the progress.

4. Physician in charge

- a. Order appropriate investigation and treatment immediately.
- b. Seek cooperation with own and other units to minimize new admission.
- c. Ensure that medical colleagues are available to provide medical care of the affected patients.

5. GM (N)/DOM/WM

- a. Check staffing level and request additional manpower.
- b. Make sure adequate supply of necessity items.

6. Ward Nurses

- a. Implement appropriate isolation precautions immediately.
- b. The affected/exposed patients should be cohort nursed and separate from new admissions.
- c. Collect specimens from affected patients and staff.
- d. Restrict visitor access and advise of risk.

7. Physician in charge of Staff Clinic

- a. Assist in determining extent of sickness in staff.
- b. Report suspected cases to Infection Control Unit.

8. Department Manager, Clinical Pathology

- a. Be prepared to coordinate specimen collection out of working hours.

- b. Check staff level and request additional manpower.
 - c. Ensure adequate supply of specimen pots and media.
9. **Food Services Manager, Catering Department (in case of food poisoning outbreak)**
- a. Initiate "Food Poisoning Contingency Plan".
 - b. Assist ICN/Health Inspector of DH in investigation of the source of food, production, storage and situations in which cross-contamination might have occurred.
 - c. Save suspected food for examination.
10. **Department Manager, Pharmacy**
- a. Ensure adequate supply of drugs. Request assistance from other sources if needed.

E) ENQUIRIES AND MEDIA HANDLING

Since a major outbreak is likely to attract media attention, all press enquiries should be referred to HCE or Patient Relations Officer. Media would be strictly prevented from entering the ward and photo taking.

F) AT THE END OF OUTBREAK

After the outbreak has been controlled, Infection Control Unit will write a report of investigations and report to Infection Control Committee.

Reference:

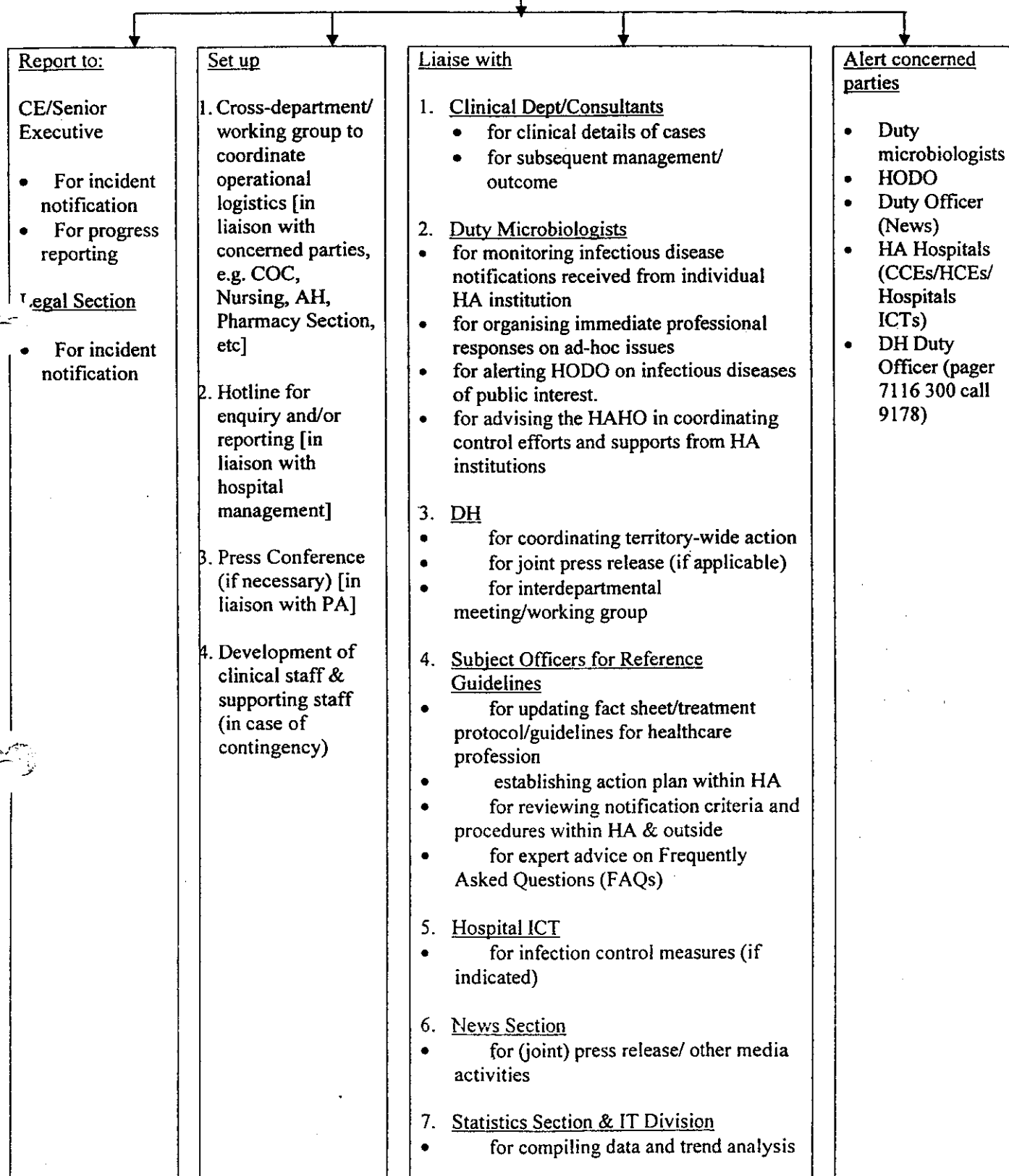
1. Stephanie Zaza and William R. Jarvis, Investigation of Outbreaks, in Hospital Epidemiology and Infection Control, ed. C. Glen Mayhall, Philadelphia: Williams & Wilkins, 1996: 105-113.
2. Constanze Wendt and Loreen A. Herwaldt, Epidemics: Identification and Management, in Prevention and Control of Nosocomial Infections (3rd edition), ed. Richard P. Wenzel, Baltimore: Williams & Wilkins, 1997: p.175-196.

Infection Control Unit
Pamela Youde Nethersole Eastern Hospital
July 1998

Flow chart for Infectious Disease of Public Concern**010006**

Report from Hospital/ Duty Microbiologists/ News Section

Subject Officer/Secretary of TFIC



010007

Ref : HA 752/10/38 XVII

8 Oct 2001

Hospital Authority Head Office
Operations Circular No. 13/01

Reporting of Notifiable Diseases

(This circular should be circulated and
read by all medical and nursing staff)

This Circular supersedes Hospital Authority Head Office Operations Circular No. 4/01. The only differences between the previous Operations Circular No. 4/01 and this circular are that some amendments have been made on the 6th and the 9th paragraph below. Following the change of infection control subject officer in HAHO, the names of HAHO contact persons for infection control matters and their contact tel/fax numbers have also been updated.

Background

2. The Quarantine and Prevention of Disease Ordinance requires medical staff to report diseases of public health importance. Under CAP.141, Section 8 "Prevention of the spread of infectious diseases regulations", the following are relevant :

- (a) Where any medical practitioner or medical officer has reason to suspect the existence of a case of an infectious disease or, in the case of death, that an infectious disease existed, he shall forthwith notify the Director of Health.
- (b) A notification
 - (i) In case of tuberculosis, shall be in accordance with Form 1 (Annex I) in the schedule, and
 - (ii) In the case of any other infectious diseases, shall be in accordance with Form 2 (Annex II) in the schedule; and shall be signed by the medical practitioner.

3. Reporting of notifiable diseases under the above mentioned ordinance is a statutory duty and it is an offence if the medical practitioner, or any person acting under his direction, neglects without reasonable excuse to so report with the least practicable delay.

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Notifiable Diseases

4. Diseases (27 of them) included in the "Quarantine and Prevention of Disease Ordinance" include the following :

i.	Acute Poliomyelitis	xi.	Malaria	xx.	Scarlet Fever
ii.	Amoebic Dysentery	xii.	Measles	xxi.	Tetanus
iii.	Bacillary Dysentery	xiii.	Meningococcal Infections	xxii.	Tuberculosis
iv.	Chickenpox	xiv.	Mumps	xxiii.	Typhoid Fever
v.	Cholera	xv.	Paratyphoid Fever	xxiv.	Typhus
vi.	Dengue Fever	xvi.	Plague	xxv.	Viral Hepatitis
vii.	Diphtheria	xvii.	Rabies	xxvi.	Whooping Cough
viii.	Food Poisoning	xviii.	Relapsing Fever	xxvii.	Yellow Fever
ix.	Legionnaires' Disease	xix.	Rubella		
x.	Leprosy				

Notification and reporting

5. Respective regional office, or the TB & Chest Service in the case of Tuberculosis, of the Department of Health should be notified by completing Form 1 or 2 as appropriate. Their fax numbers are :

<u>Department of Health</u>	<u>Fax No.</u>	<u>Tel No.</u>
HK Regional Office	2572 7582	2961 8791
KLN Regional Office	2375 8451	2199 9100
NTE Regional Office	2603 0523	2684 5142
NTW Regional Office	2439 9622	2615 8571
TB & Chest Service	2834 6627	2572 3487

6. A copy each of the notification form should be sent to the hospital infection control team, and HAHO (Attn: SEM(PS)1 at fax no: 2881 5848) for information. When notifying the hospital infection control team, please ensure that the location of the patient (ie ward/bed no.), the admission status (ie whether or not discharged) and his/her medical condition (ie critical/serious/stable/satisfactory) are indicated in the said form for their necessary action.

010009

7. For suspected food poisoning cases, in addition to the notification to the Department of Health, AED colleagues should also notify the Food and Environmental Hygiene Department during after office hours or during weekends and public holidays. The following fax numbers should be used :

Food and Environmental Hygiene Department

<u>Duty Room</u>	<u>Fax No.</u>	<u>Tel No.</u>
HK	2806 1445	2571 7270
KLN	2391 7749	2394 6957
NTE & NTW	2487 7614	2424 0853

8. Notification of food poisoning should be made promptly on clinical diagnosis and should not await the results of laboratory investigation.

9. If you have any queries on this circular, please contact the undersigned at 2300 6456 or Ms Flora YEUNG, AM(PS)3 at 2300 6871.



(Dr S H LIU)
for Chief Executive
Hospital Authority

010010

FORM 1
QUARANTINE AND PREVENTION OF DISEASE ORDINANCE
(Cap. 141)

TUBERCULOSIS NOTIFICATION
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:
Site of TB	Sputum		Disposal		Hospital/Clinic sent to (if any): Hospital No.:
Resp. System <input type="checkbox"/>	Smear Culture		<input type="checkbox"/>		
Meninges <input type="checkbox"/>	Positive <input type="checkbox"/>	<input type="checkbox"/>	On Treatment <input type="checkbox"/>	<input type="checkbox"/>	
Bone & Joint <input type="checkbox"/>	Negative <input type="checkbox"/>	<input type="checkbox"/>	On Observation <input type="checkbox"/>	<input type="checkbox"/>	
Other(s) <input type="checkbox"/>	Unknown <input type="checkbox"/>	<input type="checkbox"/>	Referred <input type="checkbox"/>	<input type="checkbox"/>	
Died <input type="checkbox"/>					
Duration of stay in Hong Kong: _____ Years					
Does patient have a history of past treatment for tuberculosis: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please state the YEAR in which he first received treatment: _____					

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

Dr. _____ on _____ / _____ / _____
 (Full Name in BLOCK Letters) (Date)

Telephone Number: _____

 (Signature)

(Please DELETE whichever is not applicable)
 "I will arrange for examination of contacts myself."
 "Please arrange for examination of contacts to be done by the Government Chest Service".

Further Remarks:

DH 1A(1) (Rev. 99)

Footnote : (a) admitted* / discharged*

(b) Patient's ward / bed no. _____

(c) Medical Condition : (critical*/serious*/stable*/satisfactory*)

*please circle

010011

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"/> Amoebic Dysentery <input type="checkbox"/> Bacillary Dysentery <input type="checkbox"/> Chickenpox <input type="checkbox"/> Cholera <input type="checkbox"/> Dengue Fever <input type="checkbox"/> Diphtheria <input type="checkbox"/> Food Poisoning <input type="checkbox"/> Legionnaires' Disease	<input type="checkbox"/> Leprosy <input type="checkbox"/> Malaria <input type="checkbox"/> Measles <input type="checkbox"/> Meningococcal Infections <input type="checkbox"/> Mumps <input type="checkbox"/> Paratyphoid Fever <input type="checkbox"/> Plague <input type="checkbox"/> Rabies <input type="checkbox"/> Relapsing Fever	<input type="checkbox"/> Rubella <input type="checkbox"/> Scarlet Fever <input type="checkbox"/> Tetanus <input type="checkbox"/> Typhoid Fever <input type="checkbox"/> Typhus <input type="checkbox"/> Viral Hepatitis <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Yellow Fever
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Notified under the Prevention of the Spread of Infectious Diseases Regulations by

Dr. _____ on _____ / _____ / _____
 (Full Name in BLOCK Letters) (Date)

Telephone Number: _____

 (Signature)

Remarks:

DH 1(c)(Rev. 98)

Footnote : (a) admitted* / discharged*
 (b) Patient's ward / bed no. _____
 (c) Medical Condition : (critical*/serious*/stable*/satisfactory*)

*please circle

用途聲明

收集資料的目的

1. 醫生向衛生署所提供的個人資料，會由衛生署作以下用途：

(a) 監察流行病；

(b) 就結核病或其他因公共衛生而須呈報 / 通知的疾病發出通知。

根據《檢疫及防疫條例》，個人資料的提供是強制的。

接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上第1段所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料（私隱）條例》所允許的情況下，才向有關方面披露。

查閱個人資料

3. 根據《個人資料（私隱）條例》第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1段所述的情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正資料）的查詢，應送交高級統計師，衛生署統計組。香港灣仔皇后大道東213號，胡忠大廈21樓71室。電話：2961 8585。

Purpose of Collection

1. The personal data provided by doctors to the Department of Health (DH) will be used for the following purposes :-

- (a) Epidemiological surveillance;
- (b) For notification of tuberculosis or other diseases reportable/notifiable for public health purposes.

The provision of personal data is obligatory under the Quarantine and Prevention of Disease Ordinance.

Classes of Transferees

2. The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties for the purposes mentioned in para. 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to the Senior Statistician, Statistics Unit, Department of Health, Room 71, 21/F Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. Tel: 2961 8565.