

Wednesday, 8 January 2020

Public Hospitals Further Enhance Surveillance and Infection Control Measures

The Hospital Authority (HA) convened the Central Command Committee meeting today (8 Jan) and decided to further enhance the surveillance and infection control measures in public hospitals, amid exploring the feasibility of deferring some non-emergency services so as to centralise resources and manpower to cope with the suspected cases related to the viral pneumonia with unknown cause in Wuhan, and try to allay the pressure of frontline healthcare workers as far as possible.

The following enhanced measures have been implemented with immediate effect:

- Enhance the HA laboratory service. The rapid test result can be available as early as before 24 hours so as to confirm whether the patients are infected with infectious diseases and to discharge patients without isolation need to other wards for further treatment;
- Adjust ventilation system to increase fresh air exchange in public hospitals and clinics so as to enhance air flow and to reduce the risk of spreading virus;
- Transfer stable patient to rehabilitation or convalescence wards, and in accordance to the agreement with two private hospitals to transfer out patients for continuous treatment in order to vacate acute beds to meet emergency need;
- Depending on the situation, HA will explore the feasibility to defer the elective surgeries and non-emergency services.

“Since the activation of Serious Response Level last Saturday, a series of response measures have been implemented in public hospitals. During winter surge, number of patients requiring public hospital services keeps increasing, amid from handling the suspected cases related to the viral pneumonia with unknown cause in Wuhan, leading to increasing workload of healthcare workers in public hospitals. We will monitor the situation and implement every feasible measure to alleviate the workload of frontline healthcare workers and to avoid any hospital emergency service being affected,” spokesperson for HA said.

The current stockpile of personal protection equipment in public hospitals exceeds 90-days consumption and public hospitals have a total of about 1400

negative pressure isolation beds. Public hospitals will allocate the patients without isolation need flexibly to facilitate patients who require isolation to admit to those beds accordingly. HA will closely monitor the usage of isolation beds and the stockpile of personal protection equipment, and will allocate flexibly through central coordination mechanism so as to encounter emergency situation.

HA will maintain close contact with the Centre for Health Protection to monitor the latest development and to timely inform the public and healthcare workers the latest information.

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