



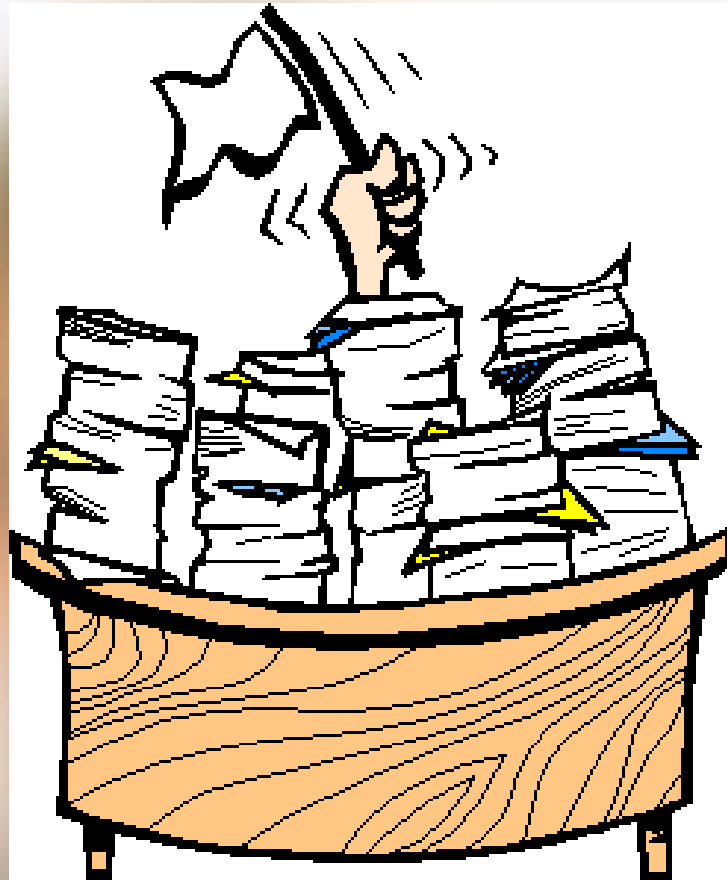
# Preparing for infection control in hospital accreditation

*Dr Kristine Luk*

*Infection Control Officer, CMC & YCH*



# Nightmare of Hospital Accreditation





# 10 STEPS





# 1. Review the Guide Book

Criterion	LA Awareness	SA Implementation LA plus the following
<b>Criterion 1.5.2</b> <i>The infection control system supports safe practice and ensures a safe environment for consumers / patients and healthcare workers.</i> <b>This is a mandatory criterion</b>	<ul style="list-style-type: none"> <li>a) Policy / guidelines addressing infection control are consistent with relevant legislation, standards, guidelines and/or codes of practice, and are readily available to staff.</li> <li>b) The infection control plan includes:               <ul style="list-style-type: none"> <li>(i) hand hygiene and aseptic technique</li> <li>(ii) antimicrobial stewardship and appropriate use of antibiotics</li> <li>(iii) notifiable diseases</li> <li>(iv) outbreak management</li> <li>(v) transmission precautions and occupational exposure prevention and management</li> <li>(vi) sterilisation and reprocessing of instruments and devices.</li> </ul> </li> <li>c) The infection control plan addresses environmental factors, including:               <ul style="list-style-type: none"> <li>(i) cleaning services</li> <li>(ii) food safety and kitchen cleaning</li> <li>(iii) linen handling and laundry services</li> <li>(iv) relevant equipment and plant.</li> </ul> </li> <li>d) The infection control plan is approved, supported and properly resourced by the governing body and/or its delegated authority.</li> <li>e) There is an effective surveillance system to monitor and report healthcare-associated infections.</li> <li>f) Health professionals are supplied with equipment and an environment that enables them to comply with the infection control policy / guidelines.</li> <li>g) Health professionals and other staff are provided with orientation and ongoing education about infection risks and their responsibilities in preventing infection.</li> <li>h) External service providers, students and visitors are advised of the organisation's infection safety requirements.</li> </ul>	<ul style="list-style-type: none"> <li>a) The infection control system, including the infection control plan, is managed and monitored by a multidisciplinary infection control committee and/or team.</li> <li>b) Infection prevention strategies are integrated into all stages of healthcare planning, including health facility planning, construction and refurbishment.</li> <li>c) There is a planned and documented schedule of regular maintenance and/or monitoring of the environmental factors associated with infection control.</li> <li>d) There are documented risk reduction and containment measures for identified infections.</li> <li>e) Health professionals and other staff are trained in infection prevention and control strategies relevant to their role and responsibilities.</li> <li>f) Infection risks, control strategies and safety requirements are communicated to consumers / patients and carers.</li> </ul>



The ACHS EQulP6 GUIDE

➤ BOOK 1

Accreditation, Standards and Guidelines  
Clinical Function





# 1. Review the Guide Book

<b>MA</b> <b>Evaluation</b> SA plus the following	<b>EA</b> <b>Distinction</b> MA plus the following	<b>OA</b> <b>Leadership</b> EA plus the following
<ul style="list-style-type: none"> <li>a) Compliance with the infection control policy / guidelines is monitored and evaluated, and improvements are made as required.</li> <li>b) The infection control system, including all aspects of the infection control plan, is evaluated, and improvements are made as required.</li> <li>c) Maintenance and monitoring of environmental factors relevant to infection control are evaluated, and improvements are made as required.</li> <li>d) The organisation collects a suite of infection control indicators and evaluates the results, and improvements are made as required.</li> <li>e) Education and training in infection prevention and control are evaluated in consultation with relevant staff, and improvements are made as required.</li> <li>f) The effectiveness of communication of infection risks, control strategies and safety requirements to consumers / patients, carers, visitors, students and external service providers is evaluated, and improvements are made as required.</li> <li>g) Outcomes of the evaluation of the organisation's infection control system are reported to the governing body.</li> </ul>	<ul style="list-style-type: none"> <li>a) The organisation shows distinction in its management of infection prevention and control.</li> </ul>	<ul style="list-style-type: none"> <li>a) The organisation demonstrates it is a leader in infection prevention and control systems.</li> </ul>



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# 1. Review the Guide Book

Know the requirements

Identify the gaps

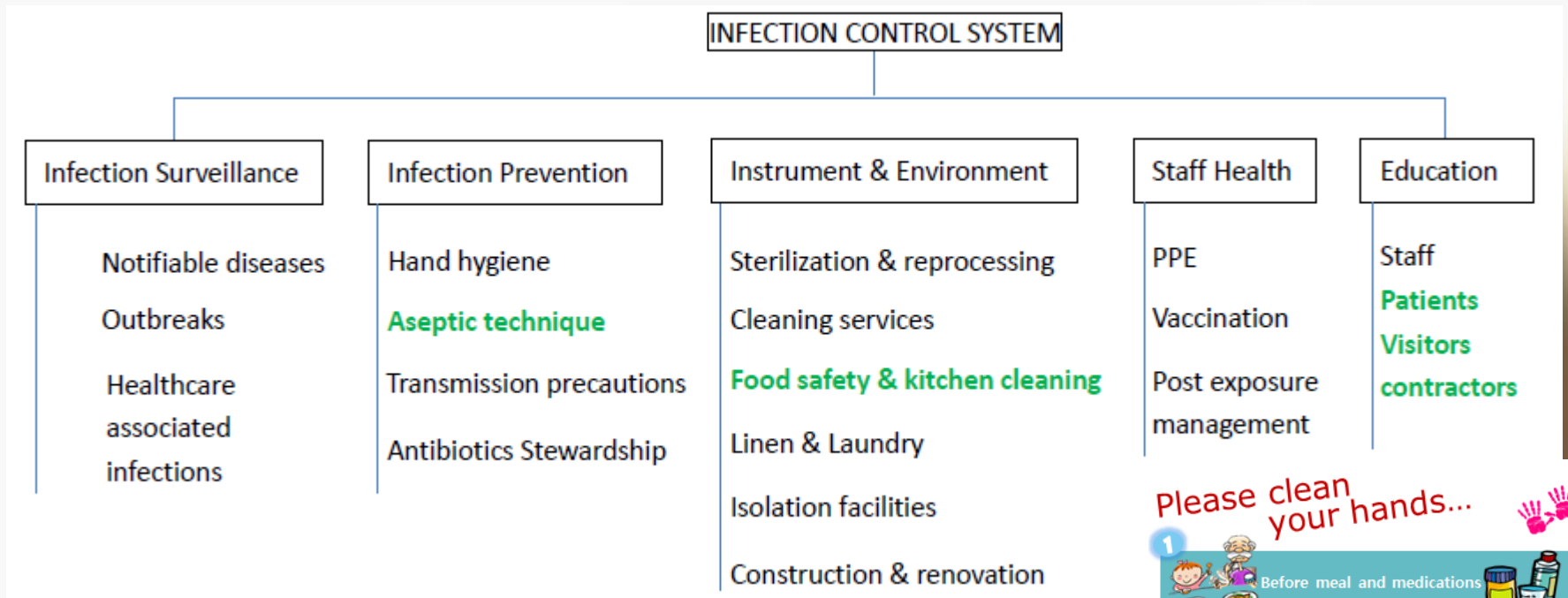
Set your targets

Plan the actions





# Requirements - elements





# Requirements - tools

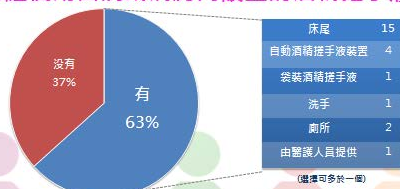
醫護病人齊潔手  
訪客家人也幫手  
人人做到惡菌走

Clean your hands to fight antibiotic resistance!



明愛醫院 感染控制組 2017年7月  
CMC July 2017

2. 你曾經使用醫院或病房內設置的酒精搓手液嗎？

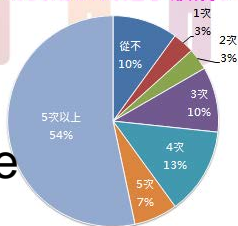


床尾	15
自動酒精搓手液裝置	4
袋裝酒精搓手液	1
洗手	1
廁所	2
由醫護人員提供	1

(選擇可多於一個)

3. 住院期間，你平均每天洗手或使用酒精搓手液幾次

Patient Survey  
On Hand Hygiene



- Governance structure – multidisciplinary
- Legislation standards & Guidelines
- Evaluation of effectiveness of education (including patients, visitors and contractors)
- Clinical Audits to monitor compliance
- Drills for emergency preparedness
- Annual Infection Control Plan
- Continuous quality improvement
- Research



## 2. Learn from others

### Selected recommendations

Key recommendations	2010	2012	2013	2014	2015	Total
Housekeeping mops	2	2	1	3	1	9
High level disinfection items e.g. Cidex open sys	3			2	3	8
Instrument tracking system	4	1		2	1	8
Endoscope reprocessing practice	1	1	2	2	2	8
Use of SUDs & re-use materials	2	1		3		6
Separation of clean and dirty areas/items	3	1	1			5
Multi-dosing	2	1	1	1		5
Hand hygiene program				3	2	5
Use of disinfectants for patient's items	3	1				4
Lint free disposable draps			1	3		4
Replacing high strength alcohol		1	1		1	3
Hand rub positioning and dispensing				3		3
Use of cotton wool	1		1			2
Antibiotic use	1				1	2
Freezer alarm	1		1			2
Employee vaccination			1	1		2



## 2. Learn from others



<http://qsdportal.corp.ha.org.hk/qs/Website/Hospital%20Standards/Hospital%20Accreditation/Hosp%20Accred%20main.htm>



Hospital Accreditation Update  
July 2017

**Temporary Suspension of  
Accreditation Activities  
until 30 June 2018**

**Click Here  
For More Information**

Notice

### What's New

- [Updates on Hospital Accreditation](#)
- [Report on Evaluation Study of Hospital Accreditation](#)
- [EQuIP6 Standards](#)
- [Updates on Common Recommendation](#)
- [Fact Sheets to Surveyors](#)
- [ACHS Indicator Report 2008-2015](#)

HAHQ Clinical Manuals /

### REPORT ON HOSPITAL ACCREDITATION IN HOSPITAL AUTHORITY 2015-2017

#### 1.5.2 Infection control system

- Discontinue the use of Cidex/Cidex OPA in open system
- Implement laundering of mop heads
- Implement antimicrobial stewardship program
- Ensure the use of high strength alcohol is ceased
- Improve hand hygiene compliance
- Strengthen the Infection Control Plan
- Phase out all linen drapes
- Phase out all re-use of Single Use Devices
- Implement a competency-assessed training program for new Central Sterile Supply Department (CSSD) staff and regular audit for compliance
- Review the pest control in the kitchen and laundry
- Ensure that audit on environmental cleaning is conducted



# 3. Organize the website

YCH.Home > YCH Infection Control Team 感染控制組

 YCH Infection Control Team 感染控制組

This Site: YCH Infection Contr

Home Blog

## What's New

Coming Talk / Activity

## About us

Infection Control Committee

Disinfection & Sterilization Subcommittee (DSSc)

Hospital Single-use Medical Devices Workgroup

Contingency Plan for Influenza Pandemic & Infectious Disease Outbreaks

Guidelines

Video, Poster & Forms

Infection Control Training, Education & Statistic

Staff Health

Antibiotics Information

Useful Links

Restricted to YCH Staff

Infection Control Link Nurse / Officer / Doctor Minutes / Meeting

Audit and Surveillance Report

Air sampling Report

Infection Control Training Statistic

CQI Project

Photo Gallery

## Infection Control Guideline

[HA Guideline \[Link\]](#)

[KWC Guideline \[Link\]](#)

[CHP Guideline \[Link\]](#)

## YCH Infection Control Document

Topic	Document Name	Source	Document Type	Approval Date	Related Forms & Information
<b>A</b>					
<a href="#">AER Rinse-water Culture</a>	Microbiological Surveillance Culture for Final Rinse Water of Automatic Endoscopic Reprocessor (AER)		<a href="#">Guideline</a>	20 Jul 2016	
<b>B</b>					
<a href="#">Blood and Body Fluid</a>	A&E Clinical Guideline No. 6 Management of Needlestick Injury or Mucosal Contact with Blood or Body Fluid		<a href="#">Guideline</a>	Mar 2016	
	Management of Sharps Injury and Mucosal Exposure to Blood and Body Fluid in Health Care Workers		<a href="#">Guideline</a>	12 Jul 2017	<a href="#">HA Reporting BBF Exposure</a>
<a href="#">Blood Culture</a>	Protocol of Blood Culture Collection (with Chinese Version) 細菌培養的血液採集程序		<a href="#">Protocol</a>	12 Jul 2017	
<b>C</b>					
<a href="#">CPE</a>	Infection Control Guideline on Carbapenemase-Producing Enterobacteriaceae (CPE)		<a href="#">Guideline</a>	2 Nov 2016	<a href="#">Flowchart for CRE Screening (2012)</a> <a href="#">Information sheet and discharge</a>



# Link to Catering Department

## Catering Department 膳食部

[ASD Home](#) [G&CAU](#) [HESD](#) [MRSD](#) [DCSS](#) [Supplies](#) [LER](#) [Catering](#) [Library](#) [eFiling](#)

[Administrative Services Division](#) > [Catering Department 膳食部](#) > [Policies and Guidelines](#)

### Policies and Guidelines

#### OUR TEAM

- [About Us](#)
- [Scope of Services](#)
- [Mission and Vision Statement](#)
- [Organization Structure](#)
- [One Page Summary](#)

#### ACHS

- [Gap Analysis Report \(Catering P.43\)](#)
- [OWS Report \(Catering P.42 and P.94\)](#)
- [Presentation PPT](#)

#### ISO22000:2005

- [Food Safety Policy](#)





#### POLICIES AND GUIDELINES

#### CONTINGENCY PLAN



#### AUDIT / INSPECTION REPORT

- [HA GIA on Quality and Safety of Food](#)
- [ICN Visit](#)



### Guidelines

-  [e-DMS](#)
-  [Food Safety Alert Notification](#)
-  [ISO 22000:2005](#)
-  [Hygienic and Safe Food Handling Procedures at Ward](#)

### Reference from HAO

-  [HAHO Food Safety Manual](#)
-  [HAHO MHO Safety Manual on Catering Services](#)

### Reference from Food and Environmental Hygiene Department

-  [Food Hygiene Code \(English Version\) / \(中文版本\)](#)
-  [Hazard Analysis Critical Control Point \(HACCP\) System \(English Version\) / \(中文版本\)](#)



# Link to electronic Document Management System (eDMS)

- ✓ Staff can easily access IC guidelines via many channels
- ✓ Evidence of effectiveness of communication

Name of Document	Target Reader: All unit i/c + ward	
Guidelines for Caring of 1 Immunocompromised Patients	117/275	42.55%
Infection Control Guideline for 2 Rehabilitation and Infirmiry Wards	116/275	42.18%
Infection Control Guideline in OT and Guidelines on Emergency Intubation Outside Operating Theatre by 3 Anaesthetists	115/273	42.12%



## Useful Links

- [HA Links](#)
- [KWC Recognized Infection Control e-learning course](#)
- [CMC.HOME](#)
- [KWC Infection Control](#)
- [e-Learning Centre](#)
- [DMS](#)
- [CHP](#)



# 4. Write up ~3-4 Quality Improvement Programs

Project Title: Infection Control Enhancement Cubicle in Medical Department

Status: In-progress

Interim review / evaluation:

Start Date: 2012-09-03

Completion Date:

Scope of Application: Specialty-based

Cluster(s): KWC

Hospital(s): Yan Chai Hospital

Department: AH - Infection Control Team

Specialty: Infection Control Team

Source: The majority of MRSA cases were collected from the medical department; the hospital infection control team initiated an enhancement program on MRSA reduction in collaboration with Medical Department since November 2012.

Objective: To reduce MRSA prevalence in bacteremia

Goal/KPI:

How to achieve this outcome: Patients who have history of hospital admission or live in old age home residence admitted medical patients in particular, MRSA history of old age home residence (P< .0001, AOR, 4.464; AOR, 3.393; CI95 2.84-4.04) other risk factors in the having the above risk factors admitted medical patients

Measure of success: There was a drastic decrease in MRSA prevalence (69.3%, P=0.03) and MRSA prevalence in clinical specimens (21.5%, P=0.08). There was no single MRSA bacteremia case for 5 months (November 2012 to March 2013). There are planning to screen all old age home residents upon admission and to increase the MRSA cohort facilities

## CIICO's Biweekly Update

Volume 3, Number 17 (Published on Week 48, 29<sup>th</sup> November 2013)

### Methicillin Resistant *Staphylococcus aureus* (MRSA) Reduction Program in Medical Department of Yan Chai Hospital (YCH)

#### Background:

MRSA bacteremia rate is one of the infection control Key Performance Indicator (KPI) in Hospital Authority. The surveillance result demonstrated that hospital-associated MRSA bacteremia has risen.

As most MRSA bacteremia cases were collected from the Medical department; the hospital infection control team initiated an enhancement program on MRSA reduction in collaboration with Medical Department since November 2012.

#### MRSA reduction Program

- According to one previous study, 55% of MRSA patients in YCH came from Residential Care Home for the Elderly (RCHE). Moreover, these patients require more dependent care and it poses higher risk for the transmission of MRSA in hospital. Therefore, "Infection Control Enhancement Cubicle" (ICEC) (photo 3) has been established in each Medical ward to contain / cohort of RCHE

patients since November 2012.

- All patients come from RCHE are admitted to the ICEC. If they can't be admitted to ICEC when all ICECs are fully occupied, they will be screened for MRSA. If they are tested positive for MRSA, they will be isolated in room according to our local policy.
- In ICEC, enhanced infection control measures include the implementation of strict hand hygiene (HH), appropriate use of personal protective equipment (PPE), designated equipment (photo 3). Chlorhexidine gluconate (CHG) bath cloths are used for patients (photo 4).

#### Conclusion:

Together with other MRSA control measures, YCH has enjoyed zero MRSA bacteremia rate for 5 consecutive months since November of 2012.



Photo 3: ICEC and designated equipment



Photo 4: Warmer for CHG Bath Cloth



# QUALITY IMPROVEMENT PROGRAM TO REDUCE HOSPITAL-ACQUIRED AND HOSPITAL-ASSOCIATED *CLOSTRIDIUM DIFFICILE* INFECTION

Luk S <sup>(1)(2)</sup>, Ng TK <sup>(1)(2)</sup>, Chan HY <sup>(3)</sup>, Tsang IHL <sup>(3)</sup>, Yu KCH <sup>(3)</sup>, Lam SS <sup>(2)</sup>, Ng MSP <sup>(2)</sup>, Lam BHS <sup>(1)(2)</sup>, Wong TY <sup>(3)</sup>

(1) Microbiology, Department of Pathology, Princess Margaret Hospital, (2) Infection Control Team, Princess Margaret Hospital

(3) Infectious Disease Control Training Centre, Hospital Authority

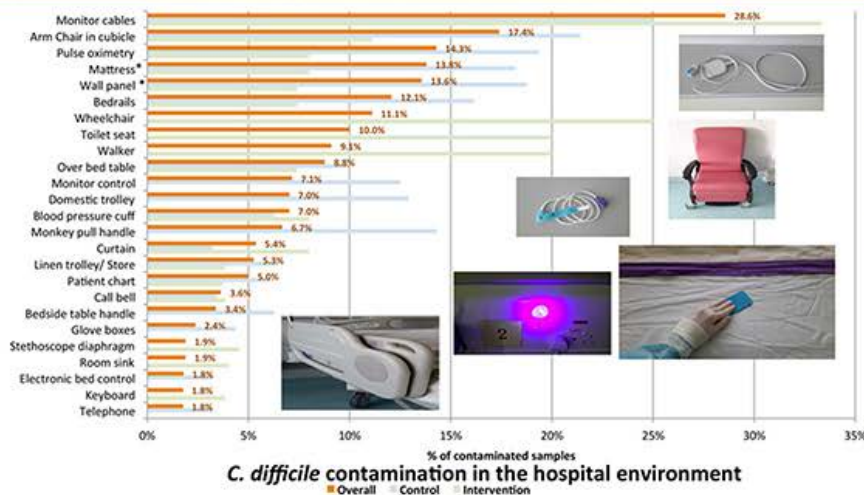
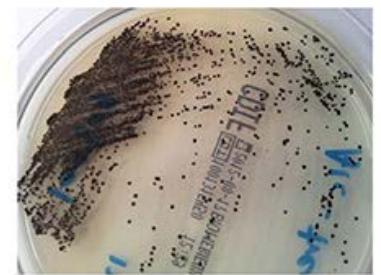


Figure 3. *C. difficile* contamination in the hospital environment by items and intervention period

\*Presence of *C. difficile* contamination after terminal cleaning

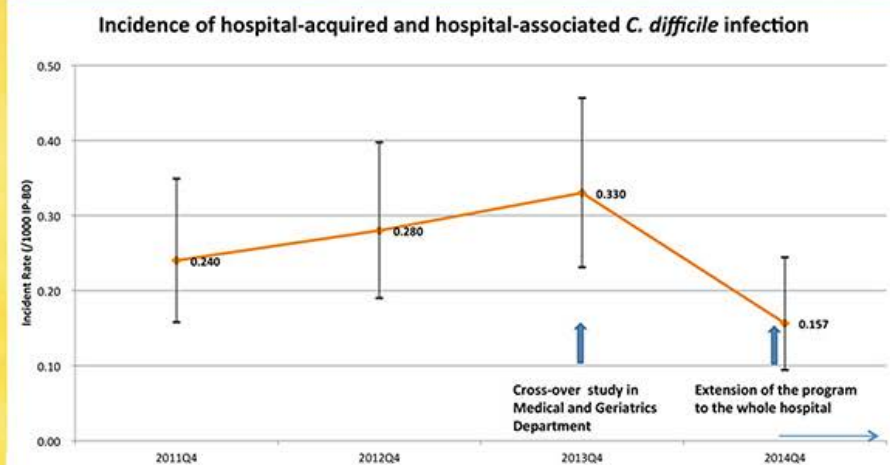
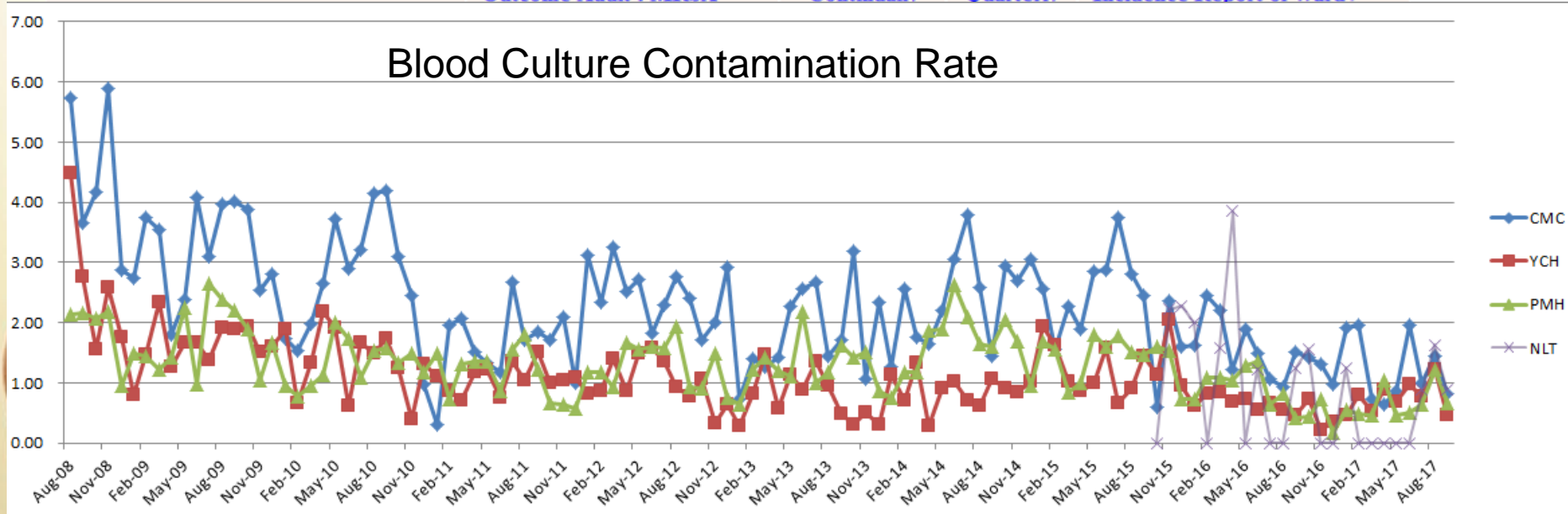


Figure 4. Effect of enhanced environmental cleaning on the incidence of hospital-acquired and hospital-associated *C. difficile* infection in Princess Margaret Hospital



# 5. Audit Plan for guidelines

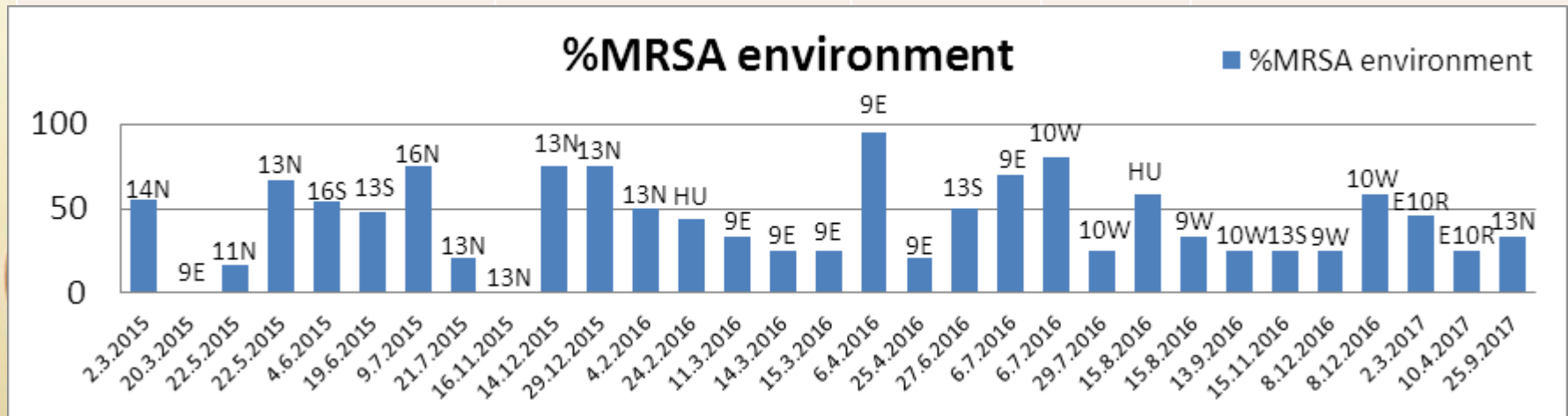
Infection Control Guideline	Audit	Frequency		Audit Result
		Audit	Report	
Guideline on Control of Vancomycin Resistant Enterococcus (VRE)	Outcome Audit: number of VRE infection & colonization	Continually	Weekly / Monthly	VRE Statistic (English Version / 中文版本)
Carbapenemase-Producing Enterobacteriaceae (CPE)	Compliance Audit : CPE Screening	Quarterly	Quarterly	CPE Screening
Protocol of Blood Culture (English / 中文)	Outcome Audit : Blood Culture contamination rate	Monthly	Monthly	Blood Culture Contamination Rate
Guideline on the Control of Methicillin-Resistant Staphylococcus Aureus (MRSA)	Compliance Audit : Isolation	Continually	Half yearly	MRSA Cases Infection Control Audit
	Outcome Audit : MRSA	Continually	Quarterly	Incidence Report of Ward /





# 5. Audit Plan for guidelines

Infection Control Guideline	Audit	Frequency		Audit Result
		Audit	Report	
Management of Sharps Injury and Mucosal Exposure to Blood and Body Fluid in Health Care Workers	Outcome Audit : Needle Stick / BBF	Continually	Yearly	Blood and Body Fluid Exposure
Guideline for Hand Hygiene in Health Care Setting	Compliance Audit : Hand Hygiene compliance rate	Quarterly	Quarterly	Hand Hygiene Audit
Guideline on Environmental Decontamination in Clinical Areas	Outcome Audit : Environmental Culture / post cleansing audit	Biweekly	Biweekly	Environmental Sampling Result
		--	--	DCSS
Implementation of Clinical Waste Management Plan	Compliance Audit : Clinical Waste Management Plan	Yearly	Yearly	Clinical Waste Audit & Drill





# 6. Work with your frontlines

- Ward rounds
  - High risk areas – Operation Theatre & Theatre  
Sterile Supply Unit
  - Central Sterile Supply Department
  - Endoscopy units
  - Laundry
  - Kitchen
  - Isolation wards
  - ICU/Hematology
  - Oncology/O&G/Pediatrics ward
  - Laboratory





## 6. Work with frontlines

- Stock take reprocessing practices  
Immersion of instruments in disinfectants  
(Hypo6, Alcohol), sent out to Central  
Sterile Supply Department
- Stock take disinfection practices of mop  
heads & cleansing wipes

各同事請依照顏色分類法，使用適當的清潔用具於不同地方作清潔。





## 6. Work with frontlines

- Staff immunization status of high risk areas
- Documentation of types of protection and reasons of unknown status

HBV	VZV	MMR
Baseline HBsAg positive	Past history	past history
Baseline anti-HBs positive	baseline VZV antibody positive	vaccinated
anti-HBs positive after vaccination	vaccinated	refuse vaccination
non-responder of vaccination	refuse blood taking or vaccination	pending follow up by staff clinic
refuse blood taking or vaccination	pending follow up by staff clinic	N/A and not involved in clinical duty
pending follow up by staff clinic	N/A and not involved in clinical duty	
N/A and not involved in clinical duty		



# 6. Work with frontlines

- Shared infection surveillance data

Dialyzed patients

Ventilator associated Pneumonia in ICU

Procedure 0=T/C ext. Cuff exteriorization 1=Insert T/C, DLC, perm or Create AVF/G 2=Removal T/C, DLC, perm or AVF/G 3=Reposition T/C, DLC or perm. 4=Others:specify 6=Revision of perm, AVF/G or (true revision of T/C) 7=Angioplasty of AVF/G 8=Declothing/thrombectomy of AVF/G	Other procedure Notes	Procedure Date	For removals of T/C, DLC, perm. Cath or AVF/AVG, what's the original insertion/creation date?	If it's removal of T/C, DLC, perm. Cath or AVF/G, what's the reason? (free text)
2	Removal of old T/C prev	4/10/08	18/6/05	MSSA EST
1	Reinsertion of another ne	4/10/08		
2	Removal of old T/c prev	11/10/08	27/3/03	MSSA EST
1	Reinsertion of another ne	11/10/08		
1		13/10/08		
2		20/10/08	13/10/08	
3	Lap repositioning of old	21/10/08		
4	Haemoperitoneum requir	21/10/08		
1		25/10/08		
1		28/10/08		
1		31/10/08		
1		31/10/08		
2		31/10/08	31/10/08	
2	Removal of old T/C prev	1/11/08	22/11/03	MSSA perit





# 6. Work with frontlines

Checklist for preparation (e.g. Endoscopy Unit)

## Infection Control Guidelines & Structure

## Training & Record

- IC training
- N95 respirator
- AER microbiological testing
- Tracking of endoscopes, AER & storage cabinet



## IC practice

- Transmission precautions
- Visitors/patients education
- Hand hygiene
- Waste & linen management
- Ventilation

## Reporting to ICT

- Notifiable diseases (NDORS)
- Staff sickness (SESAS)
- Clustering of infections
- Renovation & construction

## Environment & housekeeping

- Clean & Dirty areas
- Colour coding
- Mop heads/cleansing equipment
- Sharps box
- Wooden furniture

## Disinfection & Medication

- Equipment & endoscopes
- New disinfectants
- Multi-dose medications  
(Lignocaine, disposable nozzle, non-touch technique)

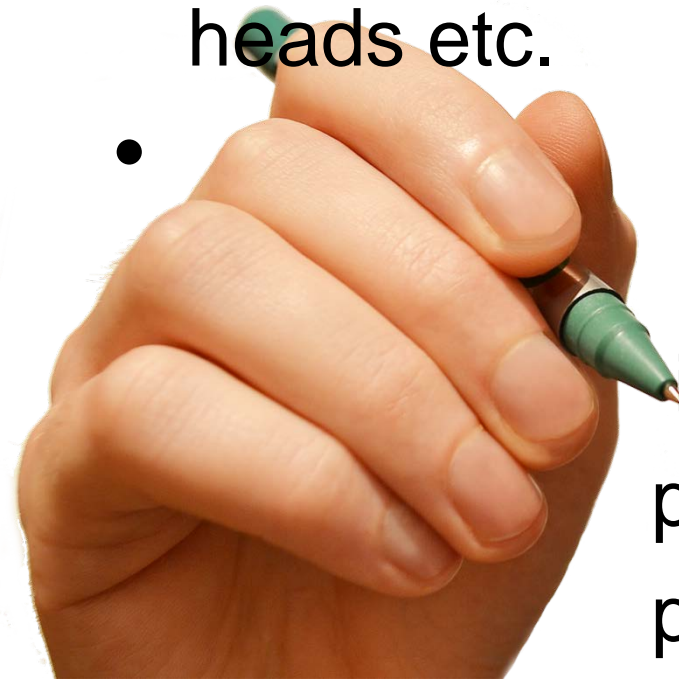




# 7. Talk to your boss



- Gaps identified that have resources implication
- Linen drapes, Single Use Device, Multi-dosing of medications, laundering of mop heads etc.
- Need to show evidence that the issues were discussed in formal platform and planning to improve was in place





# 8. Identify your uniqueness

WHO Hand Hygiene Audit

World Health Organization

Patient Safety  
A World Alliance for Safer Health Care

SAVE LIVES  
Clean Your Hands

**Observation Form**

Short description of items & General Recommendations

Date/Start Time: 2015-05-20 14:30:52

Observer: Parklan POON, KWCIT P(SD)

Please fill the following information:

Department: IDC Ward: S12

Ad-hoc: ☐

Start Audit

KOWLOON WEST CLUSTER  
九龍西醫院聯網

Back Timer: 01:07

Department: M&G Ward: C3 Total opportunity(s): 6

Nurse: 3 Supporting: 2 Medical: 1 Allied Health: 0

Ranking	Activity	Status
#1 Ranking:APN	1.bef-pat 2.aft-b.f.	HR
#1 Ranking:Cleansing	1.bef-asept.	HR
#1 Ranking:AC	1.bef-pat 2.bef-asept.	HR
#2 Ranking:APN	1.bef-pat 2.aft-pat.	HR
#2 Ranking:Cleansing	1.bef-pat 2.bef-asept.	Missed
#3 Ranking:STN	1.aft-b.f. 2.bef-asept.	HR

Nursing Supporting Medical Allied Health

AC Anaesthetist CON

Ranking AC

bef-pat.  
bef-asept.  
aft-b.f.  
aft-pat.  
aft.p.surr.

Missed  
Gloves  
Yes No N/A

Remarks  
Test

SAVE

Clear

QUALITY TIMES • Issue 25 • November 2016 The Hospital Authority Periodic Publication on Quality Improvement for Healthcare Professionals

**Mobile Infection Control Audit (mICA) – Real time data at your fingertips**

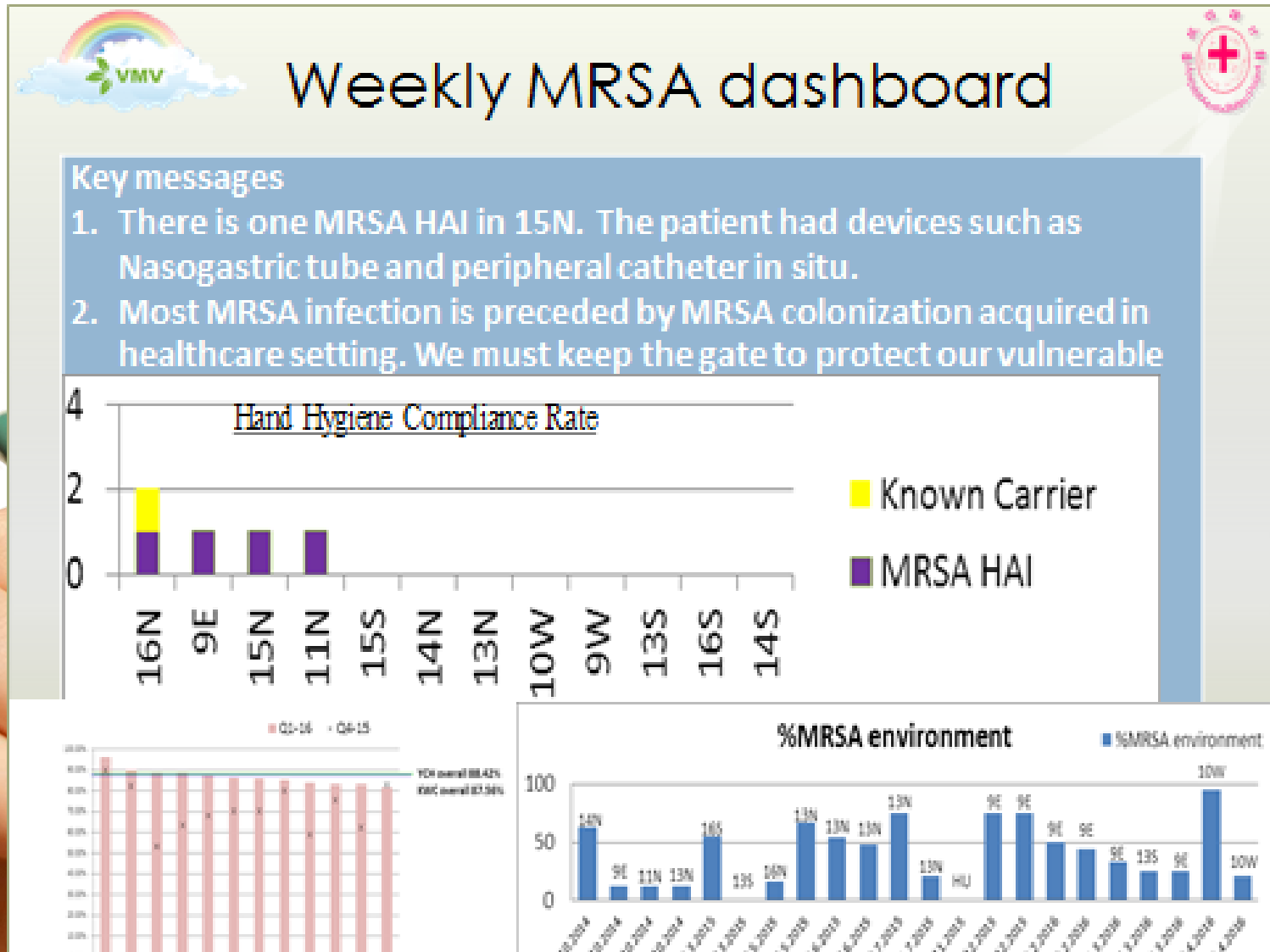
Kowloon West Cluster

By Dr Kristine LUK, Hospital Coordinator (Q&S), PMH, and Ms Queenie LAM, System Manager (IT), PMH





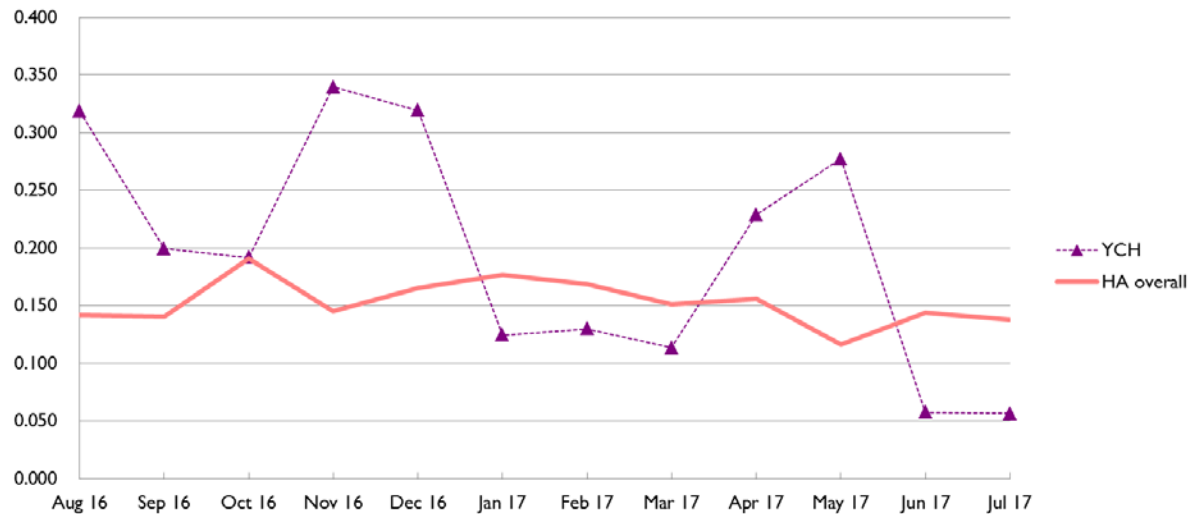
# 8. Identify your uniqueness





# 8. Identify your uniqueness

MRSA Bacteremia in Acute Beds/1000 Acute Patient Days



## HAI MRSA bacteremia RCA

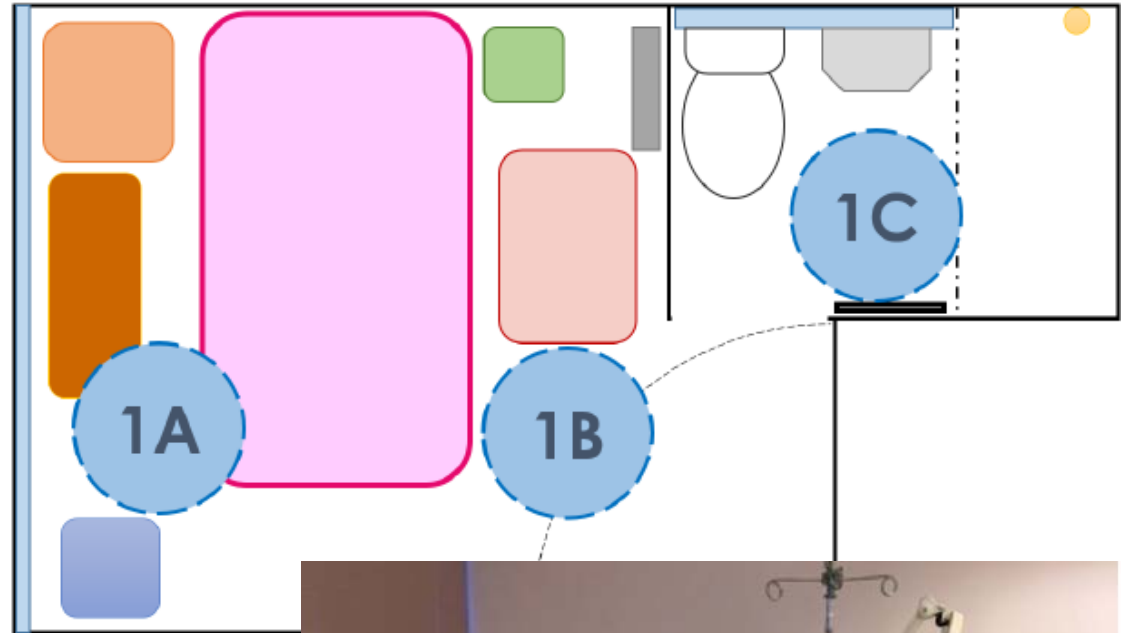
Patient	Acquired ward	Source	Actions for discussion
M/48	HU	HD catheter	
M/86	10W	Lung abscess	
F/77	9W	pneumonia	MRSA admission screening
F/91	13N*	Sore/pneumonia	
M/89	13S	Sore/pneumonia	
M/77	ICU, 10S	Drip site	Expedited central line insertion
F/84	9S	Infected haematoma, #hip	Counted as 2 episodes Management of complicated case without Sx problem by designated team
F/80	12S	IJV drip site (CVP)	Reinforce central line insertion bundle; MO to access central line shift
M/43	13S*	HD catheter	Promptly ask for HD nursing support
M/42	HU	HD catheter	Re-acquired MRSA (HBV case)?
F/90	9N, 12S*	IJV central line (TPN)	Pilot central line assessment form in surgical department

\*known carrier



# 8. Identify your uniqueness

- For culture, only 2 sites were positive (chair & mattress) before, which become negative after UVC (without manual cleaning).



11) Bedrail (Near Footend)



15) Bedrail (Head Side, Back)

12) Back of the entrance door



16) Bottom of Sofa Handrail





# 8. Identify your uniqueness

- Hand hygiene Campaign within M&G Department





# 8. Identify your uniqueness

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY JANUARY 2014, VOL. 35, NO. 1

ORIGINAL ARTICLE

## Prevalence, Prediction, and Clonality of Methicillin-Resistant *Staphylococcus aureus* Carriage at Admission to Medical Units in Hong Kong, China

Shik Luk, MBBS, MRCP, FRCPath, FHKCPath, FHKAM;<sup>1</sup> Alex Yat Man Ho, MMedSc;<sup>1</sup>  
Tak Keung Ng, MBBS, FRCPath, FHKCPath, FHKAM;<sup>1</sup>

Effectiveness of a chlorine dioxide-based coating on environmental contamination in long-term-care facilities



American Journal of Infection Control 43

Clinical features and molecular epidemiology of plasmid-mediated DHA-type AmpC  $\beta$ -lactamase-producing *Klebsiella pneumoniae* in culture isolates, Hong Kong

Shik Luk<sup>a,\*</sup>, Wing-kin Wong<sup>a</sup>, Alex Yat-man Ho<sup>a</sup>, Kelvin Chung-ho Yu<sup>b</sup>, Wing-kin To<sup>-</sup>, Tak-keung Ng<sup>a</sup>

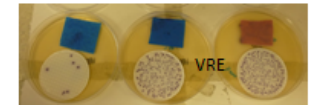
<sup>a</sup>Microbiology, Department of Pathology, Princess Margaret Hospital, Hong Kong

<sup>b</sup>Infectious Disease Control Training Centre, Hospital Authority, Hong Kong

Antimicrobial curtain multicenter field study  
An Update

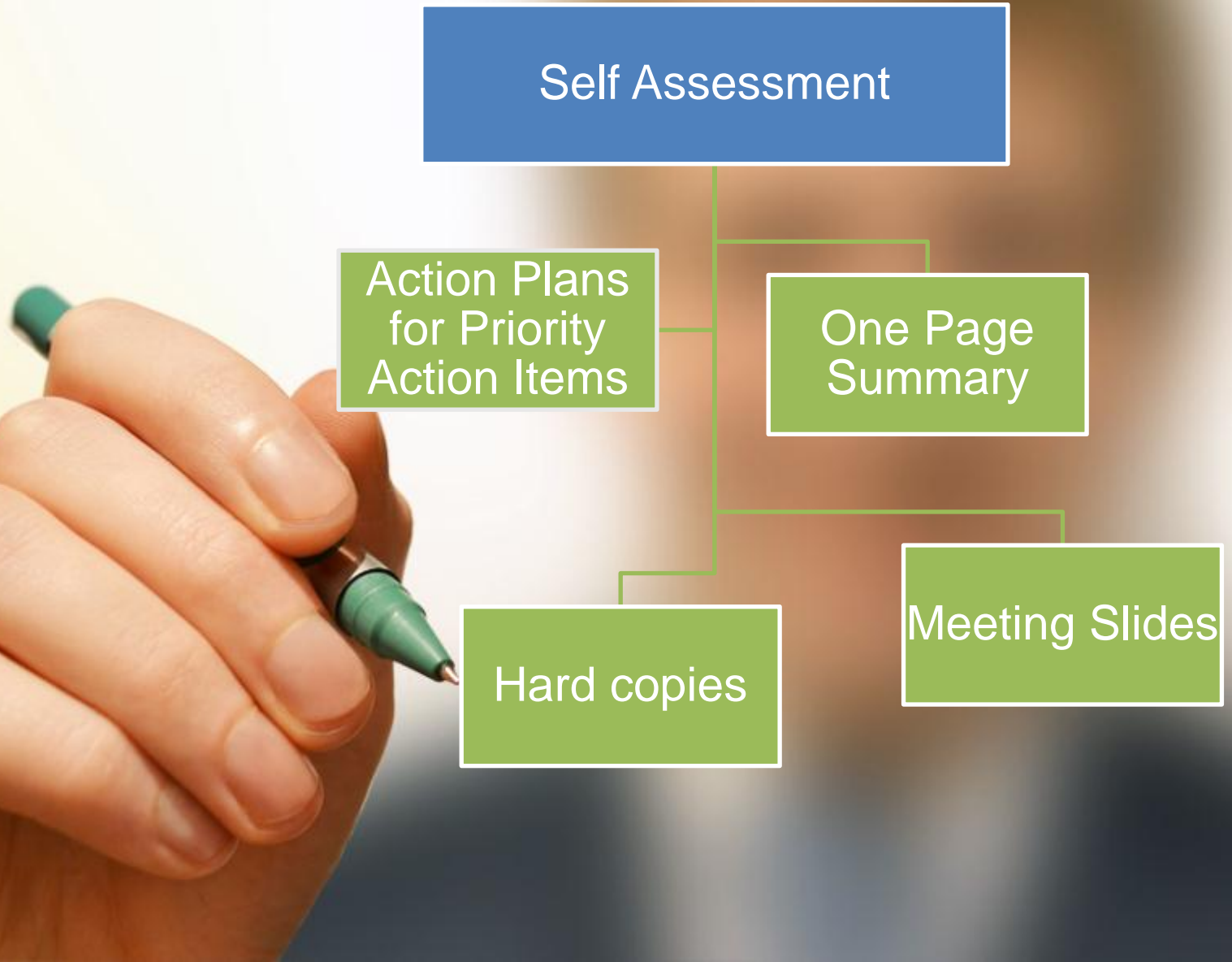


EcoMed® Ultra Built in Silver Hospital Disposable Curtains, China  
In-vitro antibacterial efficacy after 3 months





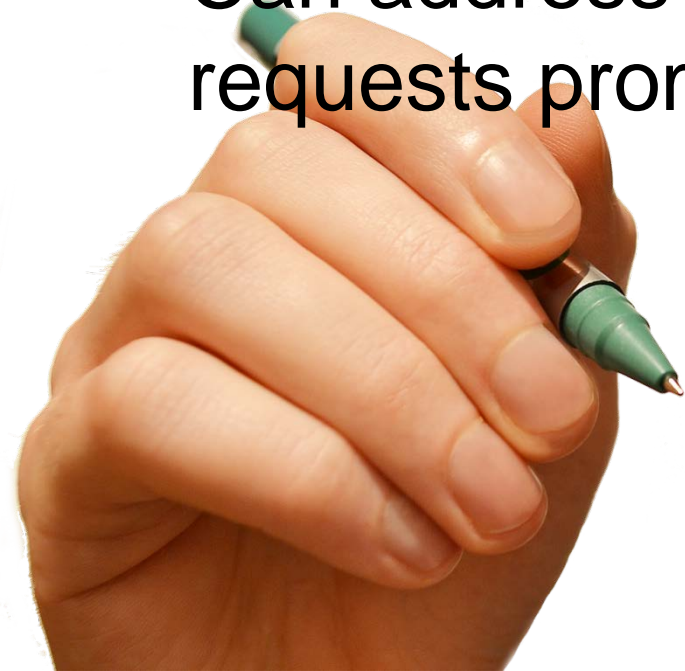
## 9. Prepare the documents





# 10. Nominate a reliable ambassador

- Familiar with the IC system and documents
- Having good relationship with frontlines
- Can address surveyor's enquires and requests promptly







The End.

Questions?