

Guidelines on the Prevention of the Spreading of Avian Influenza in Social Welfare Service Units

"These guidelines apply to all kinds of residential services, i.e. residential care services for the elderly, residential services for the disabled and ex-mentally ill persons (including day cum residential services), residential child care service, drug dependents treatment centres, boys' and girls' homes / schools for social development, hostels for ex-offenders, refuge centres for women, residential service for unmarried mothers, family crisis support centre and urban hostels for single persons."

All service units should stay alert, be aware of the latest guidelines given by Social Welfare Department, Department of Health and other relevant departments, and draw up their own contingency measures pertinent to their setting.

Social Welfare Department

April 2005

(Updated in December 2011 as regards relevant websites, enquiry numbers and service hours)

1. Civic Education – Prevention of the Spreading of Avian Influenza Starts with the Residential Institutions

- 1.1 Explain to all staff and service users of residential institutions the importance of personal and environmental hygiene in preventing infectious diseases, in particular the infection of avian influenza. State the serious consequences of the spreading of avian influenza in Hong Kong. Emphasize the fact that preventing its spread is the social responsibility of everyone in the community, and encourage the staff and service users to consult their doctors promptly and notify the institutions concerned and Department of Health (DH) in case of any suspected infection of avian influenza.
- 1.2 Include relevant topics on the prevention of infectious disease / avian influenza in activities. Adopt diverse activity modes to enhance awareness and concern among staff and service users. They should be reminded to put their knowledge into practice and to heed personal and environmental hygiene in order to avoid infection, and furthermore, convey the message to relatives and friends.
- 1.3 Disseminate the message to staff, service users and their family members through seminars or newsletters, and distribute to them leaflets or relevant materials published by DH, the Social Welfare Department (SWD) or other organisations concerned. They should be provided with such information as the hotline numbers and websites of DH and SWD, etc.

2. Precautionary Measures

- 2.1 Residential institutions should draw up precautionary and contingency measures on the basis of the latest guideline issued by SWD on the prevention of the spreading of avian influenza as well as the health advice issued by DH (such information can be downloaded from the homepage of SWD and DH: www.swd.gov.hk and www.chp.gov.hk). All staff and service users should be informed of these measures and in particular be advised of the symptoms of avian influenza. It should be highlighted that, if service users feel unwell, especially when they develop fever and / or respiratory symptoms such as coughing, sneezing, they should wear a mask, be sent to an isolated room for rest and avoid participating in indoor or outdoor group activities; and carers for these service users should also wear a mask. These service users should also be sent to consult their doctors or the Accident and Emergency Department of a nearby hospital (if seriously ill). For staff, they should be sent home and consult their doctors.

- 2.2 Residential institutions should always remind their staff and service users to be aware of the physical condition of their own as well as other users'. If they are unwell, they should inform the supervisors of the institutions immediately. Staff and service users should also be reminded not to share tableware, food and drinks with others to avoid infection.
- 2.3 Maintain good cleanliness and ventilation in all parts of the residential institutions, including the activity rooms. Windows should be kept open. Air filters should be cleaned frequently for air-conditioned environment. Objects and equipment such as furniture and rehabilitation equipment which are frequently touched by staff and service users should be wiped with 1 part of household bleach solution diluted in 99 part water regularly. Metal objects should be disinfected with 70% alcohol. If a vehicle is used to carry service users, good cleanliness and sanitation of the vehicle compartment should be ensured as well.
- 2.4 Liquid soap should be provided in the toilets. Public towels should not be used. Notices should be posted inside the toilets requiring staff and service users to use liquid soap for hand washing to avoid infection.
- 2.5 In organising group activities, good ventilation of the venue should be taken into account. Crowdedness should be avoided. Staff and service users who are unwell with respiratory symptoms should be advised to avoid participating in the activities. Clean all equipments and game sets thoroughly before putting away or used by other groups.
- 2.6 Keep an up-to-date visitors' record, sick leave record of staff and medical record of service users and obtain the prior consent of staff, service users and their family members for the release of personal data, such as names and telephone numbers to DH for investigation and follow-up action as and when necessary.
- 2.7 The body temperature of service users who have difficulties in expressing themselves should be measured regularly. In case of an unusual increase in the number of staff / service users having respiratory tract infection symptoms, the Centre for Health Protection (CHP) of DH and the relevant Service Branches / Licensing Office of SWD should be notified immediately (see Paragraph 5.2).

3. Alert Measures – Staff / Service Users Display No Symptom But Identified to be Collaterals / Close Contacts* (as defined by CHP / DH) of Avian Influenza Patients Outside the Residential Institutions

- 3.1 All Collaterals / Close Contacts of avian influenza patients will be put under confinement^δ for up to 7 days since last exposure to the same source of infection as the case / last contact with the avian influenza case respectively.
- 3.2 The residential institutions should post a notice at prominent locations to remind their staff and service users to inform the institutions immediately if they, even when they display no symptom, have been identified to be Collaterals / Close Contacts of avian influenza patients outside the institutions.
- 3.2.1 If the affected person is a staff member, the institution should facilitate the staff in staying away from work during the confinement period. Such absence can be recorded as sick leave by the institution and, if necessary, sick leave certificate can be obtained from DH through the staff concerned. The institution should then notify the respective Service Branches / Licensing Office of SWD.
- 3.2.2 If the affected person is a service user, DH will discuss with the institution the appropriate place for confinement. A service user may be confined at the residential institution, or in an isolation camp. If DH considers it appropriate to confine the service user at the residential institution, the institution should remind the service user's family members / carers that visiting to the residential institution is strongly discouraged. The institution should provide other means such as telephone to allow family members to contact the confined service user. If such visits are deemed necessary, DH should be informed and possible risks should be explained to the family members and precautionary measures such as the use of appropriate PPE and washing hands before and right after the visit should be taken. The

* **Collaterals** are people who are at risk of exposing to the same source as the probable / confirmed human case. They may include travel collaterals or co-workers in poultry farm / market / retail outlet. The period of at risk of exposing to the source will be decided on a case-by-case basis.

A Contact is defined as a person who had been in contact with the probable / confirmed human case during the infectious period i.e. from 1 day before onset of symptoms to 7 days after onset of symptoms if the case is an adult or to 21 days if the case is child ≤ 12 years of age.

Close Contacts of the probable / confirmed human case are defined as a Contact who had risky exposures including having cared for, lived with or had direct contact with the respiratory secretions, body fluids and / or excretions of the case, or had face-to-face (within 1 metre) contact of the case. Close Contacts include care workers who had taken care of the case without appropriate personal protective equipment (PPE).

^δ Confinement applies to people who have been exposed to an illness. For avian influenza control, Collaterals / Close Contacts are put under confinement during the surveillance period.

institution should keep a list of the names and daytime contact telephone numbers of these visitors.

3.2.3 DH will advise if other service users who are not in isolation can attend activities and return home for holidays as usual and whether the institution should restrict visiting by family members / carers.

3.3 If a residential institution has learned from other channel that its staff or service user had been identified to be Collaterals / Close Contacts, the institution should confirm the information with the staff / service user concerned. The institution may also approach DH for confirmation with written consent from the staff for DH to release the relevant information to the institution. The institution should then take action in accordance with Paragraph 3.2.

3.4 Inform all staff, service users, their family members / carers of the situation. By doing so, their anxieties may be relieved. The institution should issue two letters:

Letter	Target	Content	Remarks
1.	Family members / Carers of the service user who is put under confinement	(1) Inform them of the reason for confinement. (2) If the service user is to be confined at the institution, advise them not to visit the institution during the confinement period. Provide a mean whereby they can contact the service user.	Sample letters are provided by SWD (Annexes 1 and 2). Adjustments can be made according to the actual situation at the discretion of the residential institutions.
2.	Family members / Carers of other service users	(1) Inform them of the situation. (2) Inform them that some activities may have to have restricted, subject to the assessment of DH. (3) Remind them to keep watch of the health condition of the service users if allowed home. Advise them to consult the doctors immediately and inform the residential institution and DH if any symptom of the illness is observed.	

3.5 As a precautionary measure, while the Collaterals / Close Contacts are being under confinement, the institution may cleanse and disinfect the institution premise and commonly used equipment using 1 part of household bleach solution diluted in 49 part water for the first time (Metal objects should be disinfected with 70% alcohol) and thereafter 1 part of household bleach solution diluted in 99 part water daily. All staff and service users should also

be reminded to follow precautionary measures under paragraph 2.

- 3.6 The institution should keep a close watch on the health condition of other staff / service users. If any staff or service users develop symptoms of avian influenza, such as fever or respiratory symptoms, they should wear a mask, avoid group activities and close contact with other service users, inform the institution and seek medical help promptly. Affected service users should be cared for by designated staff.
- 3.7 The institution should provide counselling to staff and service users if they bear mental or psychological stress.

4. Contingency Measures – Staff / Service Users Become Probable or Confirmed Avian Influenza Cases

4.1 If the last day of stay of the avian influenza patient at the residential institution is less than 7 days, DH will put the institution under surveillance for up to 7 days since the avian influenza patient last stayed at the institution. During this period, staff may need to be mobilised for tightened infection control. All other activities such as outside training / work and home leave for service users should be stopped as far as possible.

4.1.1 The institution should facilitate DH in contact tracing by providing a list of staff, service users and visitors. DH will conduct an assessment to define if they are Collaterals / Close Contacts / Social Contacts[#]. The institution should advise the family members / carers of all other service users to inform the institution if they had visited the institution during the time the symptomatic avian influenza patient was staying at the institution.

4.1.1.1 In residential institution setting, staff members who are identified to be Collaterals / Close Contacts will be put under confinement. The institution should facilitate them in staying away from work during the confinement period.

4.1.1.2 A service user who has been a Collateral / Close Contact may be confined at the residential institution, or in an isolation camp. If DH considers it appropriate to confine a service user at the residential institution, the institution should remind the service user's family members / carers that

[#] **Social Contacts** are Contacts but do not fit the definition of Close Contacts. In residential institution setting, Social Contacts include visitors to the institution after symptom onset of the avian influenza patient.

visiting to the residential institution is strongly discouraged. The institution should provide other means such as telephone to allow family members / carers to contact the confined service user. If such visits are deemed necessary, DH should be informed and possible risks should be explained to the family members and precautionary measures such as wearing appropriate PPE and washing hands before and right after the visit should be taken. The institution should keep a list of the names and daytime contact telephone numbers of these visitors.

4.1.1.3 During the surveillance period, the institution should arrange for all staff and service users to put on masks. The institution should not arrange outside training / work or let service users return home for holidays. Visiting by volunteers or family members / carers should be strongly discouraged. If individual non-close contact service user has to go out and subject to the approval of DH, staff should remind the service user to take precautionary measures including putting on a mask.

4.1.2 Inform the family members / carers of all service users of the situation. By doing so, their anxieties may be relieved. The institution should issue two letters:

Letter	Target	Content	Remarks
1.	Family members / Carers of the service user who is put under confinement	(1) Inform them of the reason for confinement. (2) If the service user is to be confined at the institution, advise them not to visit the institution during the period when the institution is put under surveillance. Provide a mean whereby they can contact the service user.	Sample letters are provided by SWD (Annexes 1 and 3). Adjustments can be made according to the actual situation at the discretion of the residential institutions.
2.	Family members of other service users	(1) Inform them of the situation. (2) Advise them not to visit the institution during the period when the institution is put under surveillance. (3) Request them to report to the residential institution if they had been to the institution during the at-risk period ^θ .	

^θ **At-risk period** is defined as the period when the case patient may pose a risk of spreading the infection to his / her contacts in a specific setting.

- 4.1.3 The institution should cleanse and disinfect the premises and commonly used equipment according to paragraph 3.5
 - 4.1.4 The institution should monitor the health condition of other staff and service users. Remind all staff and service users that during the surveillance period, they should inform the supervisor of the institution which should in turn inform DH without delay if there are any symptoms of the illness. When DH considers it appropriate to end the surveillance period, service users who are sick, especially those with symptoms such as fever and cough, etc., should still be discouraged from leaving the institution.
 - 4.1.5 The institution should provide counselling to staff members and service users if they bear mental or psychological stress.
 - 4.1.6 If DH considers it necessary to extend the surveillance period, the institution should inform the concerned Service Branch / Licensing Office of SWD as well as service users and their family members / carers as appropriate.
- 4.2 If the infected staff member last stayed at the institution more than 7 days ago, or if the service user has left for hospital for more than 7 days, and no other person displays symptoms of the disease, activities of the institution may be conducted as usual.
- 4.2.1 All activities (including day training, outside work and returning home for holidays) of institution may be conducted as usual but the health condition of all staff and service users should be closely monitored. If the situation changes, DH and the relevant Service Branches / Licensing Office of SWD should be notified immediately.
 - 4.2.2 The institution should cleanse and disinfect the institution premises and commonly used equipment as instructed by CHP. All staff and service users should be reminded to take precautionary measures.
 - 4.2.3 Inform all service users and their family members / carers of the situation so that their anxieties may be relieved. Family members should also be reminded to be alert of the physical condition of the service users.
 - 4.2.4 In the event of special circumstances, the institution should notify DH and the relevant Service Branches / Licensing Office of SWD.

5. Support / Enquiries

5.1 Department of Health

The Centre for Health Protection (CHP)	: 2477 2772
Website of CHP	: www.chp.gov.hk
Central Health Education Unit (24-hour pre-recorded health education hotline of DH)	: 2833 0111
Website of DH	: www.dh.gov.hk

5.2 Social Welfare Department

SWD 24-hour hotline	: 2343 2255
Enquiry telephone number of Child Care Centres Advisory Inspectorate	: 2835 2016
Enquiry telephone number of Licensing Office of Residential Care Homes for the Elderly	: 2961 7211
Enquiry telephone number of Licensing Office of Drug Dependents Treatment Centres	: 2116 3592
Enquiry telephone number of the Family and Child Welfare Branch	: 2892 5177
Enquiry telephone number of the Youth and Corrections Branch	: 2892 5130
Enquiry telephone number of Licensing Office of Residential Care Homes for Persons with Disabilities	: 2891 6379

(Service hours of enquiry telephone services of the Service Branches /
Licensing Offices:

Monday to Friday: 8:45 am - 1:00 pm
2:00 pm - 6:00 pm)

Website of SWD	: www.swd.gov.hk
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**(Sample Letter from Residential Institution to
Family Members / Carers of the Service User
Who is Put Under Confinement)**

<Date>

Dear Sir / Madam,

Any person who is identified to be a Collateral / Close Contact* of a human case of avian influenza is required by the Department of Health to be put under confinement. Your <Relationship between the service user and the recipient of this letter> has been identified as a Collateral / Close Contact and is now required by the Department of Health to be confined at <our institution / in an isolation camp> with immediate effect till <Date>. At the same time, we have thoroughly cleansed and disinfected the institution in accordance with the instructions by the Department of Health.

<If the service user is to be confined at the institution> To minimize the chance of cross-infection, you are urged not to pay visits to the institution and you may contact your <Relationship between the service user and the recipient of this letter> through <provide an alternative>.

In case of enquiry, please contact us at <telephone number of the residential institution>.

Yours sincerely,

<Signature of Responsible Person>

Supervisor, <Name of Residential Institution>

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A Contact is defined as a person who had been in contact with the probable / confirmed human case during the infectious period i.e. from 1 day before onset of symptoms to 7 days after onset of symptoms if the case is an adult or to 21 days if the case is child ≤ 12 years of age.

Close Contacts of the probable / confirmed human case are defined as a Contact who had risky exposures including having cared for, lived with or had direct contact with the respiratory secretions, body fluids and / or excretions of the case, or had face-to-face (within 1 metre) contact of the case. Close Contacts include care workers who had taken care of the case without appropriate personal protective equipment (PPE).

(Sample Letter to Family Members / Carers of all other Service Users)

<Date>

Dear Family Members / Carers,

One of our <staff *members* / service users> is identified to be a Collateral / Close Contact*. To avoid the possible spread of the disease and to ensure the health and safety of others, <he / she> has been required by the Department of Health to be confined <at home / in our institution / in an isolation camp > till <Date>. At the same time, we have taken precautionary measures to strengthen the sanitary work in the institution in accordance with the advice of the Department of Health.

Meanwhile, our operation will continue but subject to approval by the Department of Health, activities including returning homes for holidays and visiting by family members may be restricted. In case of enquiry, please contact us at <telephone number of the residential institution>.

I would like to take this opportunity to remind all family members / carers again to take the following precautionary measures to prevent avian influenza infections:

- Avoid touching live birds or poultry or their droppings since they may carry the avian flu virus;
- Wash your hands thoroughly with liquid soap and water immediately if you have been in contact with live birds or poultry or their droppings;
- Cook poultry and eggs thoroughly before eating;
- Build up good body immunity by having a proper diet, regular exercise and adequate rest, reducing stress and avoiding smoking;
- Maintain good personal hygiene, and wash hands after sneezing, coughing or cleaning the nose;
- Maintain good ventilation;
- Avoid visiting crowded places with poor ventilation; where necessary, wear a mask during the visit;
- Consult a doctor and wear a mask promptly if you develop symptoms of respiratory infections, in particular fever.

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A Contact is defined as a person who had been in contact with the probable / confirmed human case during the infectious period i.e. from 1 day before onset of symptoms to 7 days after onset of symptoms if the case is an adult or to 21 days if the case is child ≤ 12 years of age.

Close Contacts of the probable / confirmed human case are defined as a Contact who had risky exposures including having cared for, lived with or had direct contact with the respiratory secretions, body fluids and / or excretions of the case, or had face-to-face (within 1 metre) contact of the case. Close Contacts include care workers who had taken care of the case without appropriate personal protective equipment (PPE).

In case you want to know more about avian influenza, please call 2833 0111 (Hotline of Department of Health) or 2343 2255 (Hotline of the Social Welfare Department).

Yours sincerely,

<*Signature of Supervisor*>

Supervisor, <*Name of Institution*>

(Sample Letter to Family Members / Carers of all other Service Users)

<Date>

Dear Family Members / Carers,

We were informed by the Department of Health on <Date> that one of our <staff members / service users> become <probable / confirmed> avian influenza case. <His / Her> last day of stay at our institution was on <Date>.

To avoid spread of the disease, the Department of Health arranges all service users to stay in the institution for observation with immediate effect till <Date> the earliest, given the seven-day incubation period of avian influenza. We will resume normal activities when the surveillance period is over. During this period, all staff and service users are required to put on masks and suspend activities such as outside training / work and returning home for holidays. To minimize the chance of cross-infection, you are urged not to pay visits to the institution and you may contact your family member in our institution through <provide an alternative>. At the same time, we have disinfected all areas in the premises according to the instruction of the Department of Health.

If you or your family members had been to our institution from <Date> to <Date>, please report to us (Telephone No. _____). If there are any symptoms of respiratory tract infections, please consult a doctor promptly and inform us and the Department of Health (Telephone No. _____ [to be provided by the responsible officer of CHP]) immediately.

We will, in collaboration with the Department of Health, continue to monitor closely the physical condition of our staff and service users. A talk will be held in our institution <Place> at <Time> on <Date>, to provide staff and / or service users with health guidance and a better understanding on the issue.

Yours sincerely,

<Signature of Supervisor >
Supervisor, <Name of Institution>