

## **Guidelines on the Prevention of the Spreading of Human Swine 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

June 2009

# **1. Civic Education – Prevention of the Spreading of Human Swine 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 human swine influenza. State the serious consequences of the spreading of human swine 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 human swine influenza.
- 1.2 Include relevant topics on the prevention of infectious disease / human swine 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 human swine 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](http://www.swd.gov.hk) and [www.chp.gov.hk](http://www.chp.gov.hk)). All staff and service users should be informed of these measures and in particular be advised of the symptoms of human swine influenza.
- 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. 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 a designated area or isolation room for rest and avoid participating in indoor or outdoor group activities; and carers for these service users should also wear a mask. (The designated area or isolation room should have good ventilation, proper disposal of personal and clinical waste as well as basic hand-washing facilities.) 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.

- 2.3 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).
- 2.4 Staff should use appropriate Personal Protective Equipments (PPE) (such as mask and gloves) at work according to the risk of the nursing procedure and the physical condition of the service users so as to safeguard themselves and others. Service units should stock up appropriate PPE.
- 2.5 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.
- 2.6 Liquid soap and drying facilities 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.
- 2.7 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.
- 2.8 Keep an up-to-date visitors' records, sick leave records of staff, medical

records of service users, activity records of service users, staff duty roster and floor plans of the residential institutions. 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.

### **3. If there is a case in the residential institution, who may be a service user, a staff member or a visitor**

3.1 To contain the spread of disease and protect public health, patients with human swine influenza require isolation and treatment in hospitals. If there is a case in the service unit, who may be a service user, a staff member or a visitor, the service unit should inform the respective Service Branches / Licensing Office of SWD.

3.2 If there is a case in the residential institution, who may be a service user, a staff member or a visitor, service unit should cooperate with the Centre for Health Protection (CHP) of Department of Health (DH) in case investigation and contact tracing.

3.2.1 providing details of service user, staff and visitors who have contact with the index patient, health records of service users, activity records, staff duty roster and their sick leave records, and floor plans of the residential institution;

3.2.2 arranging interviews with service users/staff;

3.2.3 facilitating CHP/DH visits to the residential institution and any other actions considered appropriate to help understand how the disease has been acquired, how far it has spread and what measures are needed to contain it.

3.3 To prevent the spread of disease, the Department of Health may require the contacts (close or social)\* to be put under medical surveillance as well as quarantine or antiviral chemoprophylaxis. Medical surveillance and quarantine usually last for 7 days from last known contact with the case, subject to latest scientific information. The close contacts should wear a mask during the medical surveillance period and ensure good personal and environmental hygiene.

#### ***\*Types of contact with human swine influenza patients***

##### *1. Close contact*

*A close contact is defined as a person who has cared for or lived with a case of human swine influenza, or has been in a setting where there was a high likelihood of contact with respiratory droplets and/or*

*body fluids of a case. Close contacts include care workers who had taken care of the case without appropriate personal protective equipment (PPE).*

## *2. Social contact*

*Social contact is any person who has come into contact with a case but not meeting the definition of close contact.*

- 3.4 If DH advises the service user to have quarantine inside the institution, the institution should remind the service user's family members / carers that visiting to the 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 institution should keep a list of the names and daytime contact telephone numbers of these visitors. 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.
- 3.5 The institution should cleanse and disinfect the institution premises 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 residential institutions should cooperate and comply with CHP/DH to surveillance of the health status of service users and staff, including check and record their body temperature twice a day. If they feel unwell or experience symptoms such as fever, respiratory symptoms or diarrhea, call the Department of Health hotline.
- 3.7 Subject to risk assessment conducted by the Department of Health, staff/service users may be advised to take antiviral chemoprophylaxis. The residential institution should monitor their compliance with antiviral chemoprophylaxis.
- 3.8 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 Close Contacts. If a residential institution has learned from other channel that its staff or service user had been identified to be 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.

3.9 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:

	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 means whereby they can contact the service user.	Sample letters are provided by SWD (Annexes 1 to 3). 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.	

3.10 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. 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. 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 human swine 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.

3.11 The institution should provide counselling to staff and service users if they bear mental or psychological stress.

#### **4. After the medical surveillance period**

- 4.1 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 When DH considers it appropriate to end the surveillance period, 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](http://www.chp.gov.hk)

Central Health Education Unit : 2833 0111  
(24-hour pre-recorded health education  
hotline of DH)

Website of DH : [www.dh.gov.hk](http://www.dh.gov.hk)

### 5.2 Social Welfare Department

SWD 24-hour hotline : 2343 2255

Enquiry telephone number of Child Care : 2835 2016  
Centres Advisory Inspectorate

Enquiry telephone number of Licensing : 2961 7211  
Office of Residential Care Homes for the  
Elderly

Enquiry telephone number of Licensing : 2116 3592  
Office of Drug Dependents Treatment Centres

Enquiry telephone number of the Family and : 2892 5177  
Child Welfare Branch

Enquiry telephone number of the Youth and : 2892 5130  
Corrections Branch

Enquiry telephone number of the : 2891 6379  
Rehabilitation and Medical Social Services  
Branch

(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](http://www.swd.gov.hk)

### 5.3 24-hour Human Swine Influenza Emotional Support Hotlines

(Commenced operation from 4 May 2009 initially for a period of 6 months)

Family Crisis Support Centre : 3162 8838  
Caritas – Hong Kong

CEASE Crisis Centre  
Tung Wah Group of Hospitals

: 2455 5859

**(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 Close / Social Contact\* of a human case of human swine influenza may be 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 Close / Social Contact and is now required by the Department of Health to be confined at <our institution / in an isolation camp> for medical surveillance as well as quarantine or antiviral chemoprophylaxis, 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>.

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\* **Types of contact with human swine influenza patients**

**1. Close contact**

A close contact is defined as a person who has cared for or lived with a case of human swine influenza, or has been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of a case. Close contacts include care workers who had taken care of the case without appropriate personal protective equipment (PPE).

**2. Social contact**

Social contact is any person who has come into contact with a case but not meeting the definition of close contact.

Yours sincerely,

*<Signature of Responsible Person>*

Supervisor, *<Name of Residential Institution>*

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

&lt;Date&gt;

Dear Family Members / Carers,

One of our <staff members / service users> is identified to be a Close / Social 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 > for medical surveillance as well as quarantine or antiviral chemoprophylaxis, 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 human swine influenza infections: human swine influenza infections:

- Keep hands clean and wash hands properly. Alcohol-based handrub is also effective when hands are not visibly soiled.
- Avoid touching mouth, nose or eyes.
- Wash hands with liquid soap promptly if they are dirtied by respiratory secretions, e.g. after sneezing or coughing.

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2. *Social contact*

*Social contact is any person who has come into contact with a case but not meeting the definition of close contact.*

- Cover nose and mouth when sneezing or coughing.
- Do not spit. Always wrap nasal and mouth discharges with tissue paper, and dispose of the tissue paper properly in a lidded rubbish bin.
- Wear a mask when respiratory symptoms or fever develop. See a doctor right away.
- Do not go to work or school if you develop influenza-like symptoms.

In case you want to know more about human swine 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>*

