

## Appendix 1

### Statutory notifiable communicable diseases

Acute poliomyelitis	Influenza A (H2), Influenza A (H5), Influenza A (H7), Influenza A (H9)	Rubella and congenital rubella syndrome
Amoebic dysentery	Japanese encephalitis	Scarlet fever
Anthrax	Legionnaires' disease	Severe acute respiratory syndrome
Bacillary dysentery	Leprosy	Shiga toxin-producing <i>Escherichia coli</i> infection
Botulism	Leptospirosis	Smallpox
Chickenpox	Listeriosis	<i>Streptococcus suis</i> infection
Chikungunya fever	Malaria	Tetanus
Cholera	Measles	Tuberculosis
Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection	Meningococcal infection (invasive)	Typhoid fever
Creutzfeldt-Jakob disease	Mumps	Typhus and other rickettsial diseases
Dengue fever	Paratyphoid fever	Viral haemorrhagic fever
Diphtheria	Plague	Viral hepatitis
Enterovirus 71 infection	Psittacosis	West Nile virus infection
Food poisoning	Q fever	Whooping cough
<i>Haemophilus influenzae</i> type b infection (invasive)	Rabies	Yellow fever
Hantavirus infection	Relapsing fever	

Please refer to the following link for the most updated list of statutory notifiable diseases: <http://www.chp.gov.hk/ceno>

## Appendix 2

### Suspected Infectious Disease Outbreak in School / Kindergarten /KG-cum CCC /Child Care Centre NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

**NOTE:** To enable prompt investigation and control of outbreak, please call CENO by phone (2477 2772) before sending fax notification.

Type of organization: (Please tick one)	<input type="checkbox"/> School*	<input type="checkbox"/> Kindergarten*
	<input type="checkbox"/> Kindergarten-cum-child care centre <sup>†</sup>	<input type="checkbox"/> Child care centre <sup>‡</sup>
Name of organization	(Code o.: _____)	
Address:	_____	
	_____	
Contact person:	_____ (Post: _____)	Fax: _____
Tel (office hours):	_____	Tel (outside office hours): _____
Total no. of students/children:	_____	Total no. of staff: _____
No. of sick students/children:	_____	(No. admitted into hospital : _____)
No. of sick staff:	_____	(No. admitted into hospital : _____)
Common symptoms: (May tick multiple)	<input type="checkbox"/> Fever	<input type="checkbox"/> Sore throat
	<input type="checkbox"/> Cough	<input type="checkbox"/> Runny nose
	<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Vomiting
	<input type="checkbox"/> Skin rash	<input type="checkbox"/> Blisters on hand/foot
	<input type="checkbox"/> Others (Please specify: _____)	<input type="checkbox"/> Oral ulcers
Suspected disease:	_____	
Reported by:	_____	Contact tel.: _____
Signature:	_____	Date of fax: _____ (dd/mm/yyyy)

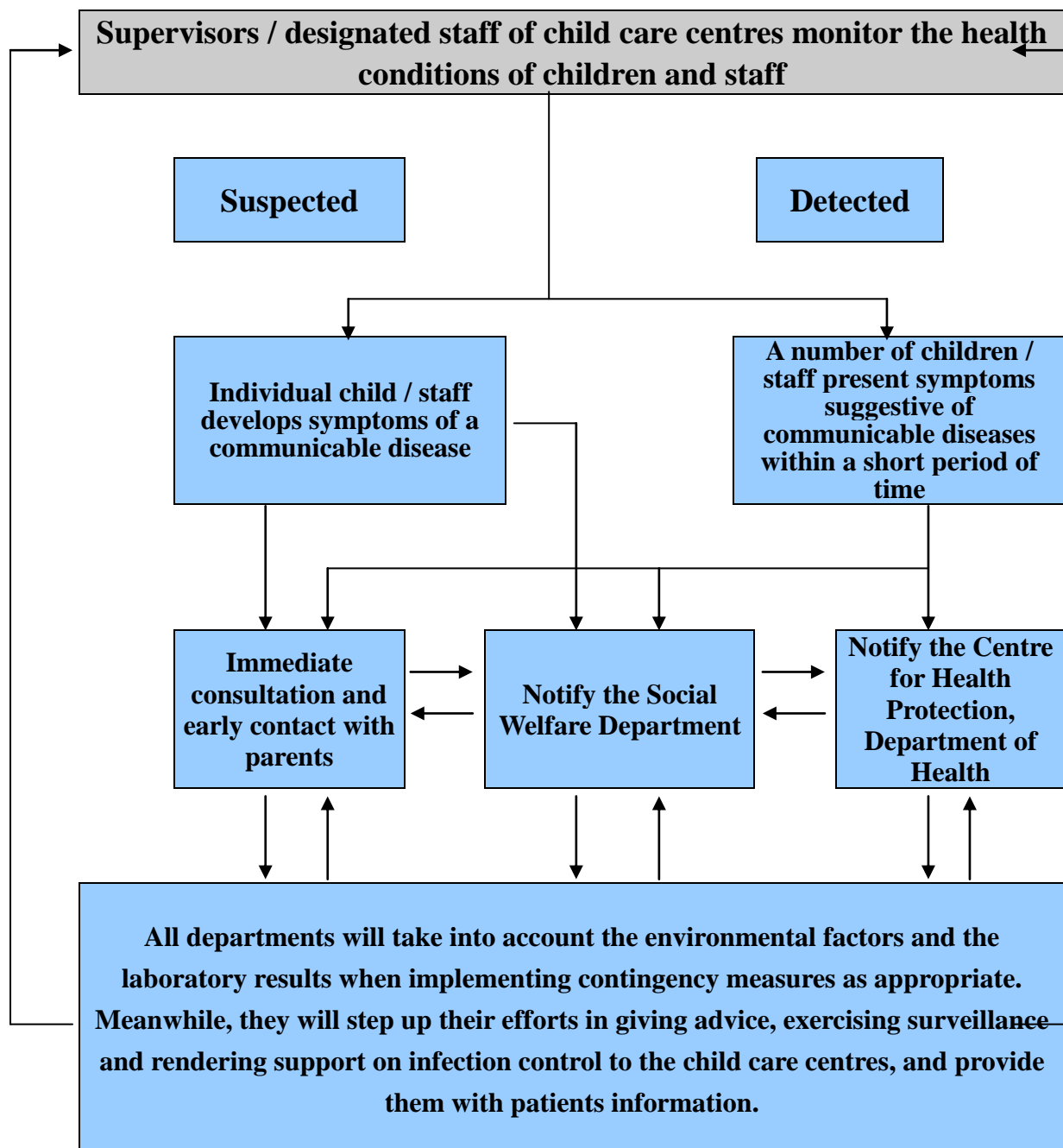
\* School / KG – fax copy to School Development Section of Education Bureau in their respective districts (Fax: \_\_\_\_\_)

† KG-cum-CCC – fax copy to Joint Office for Pre-primary Services of Education Bureau (Fax: 3107 2180)

‡ CCC – fax copy to Child Care Centres Advisory Inspectorate of Social Welfare Department (Fax: 2591 9113)

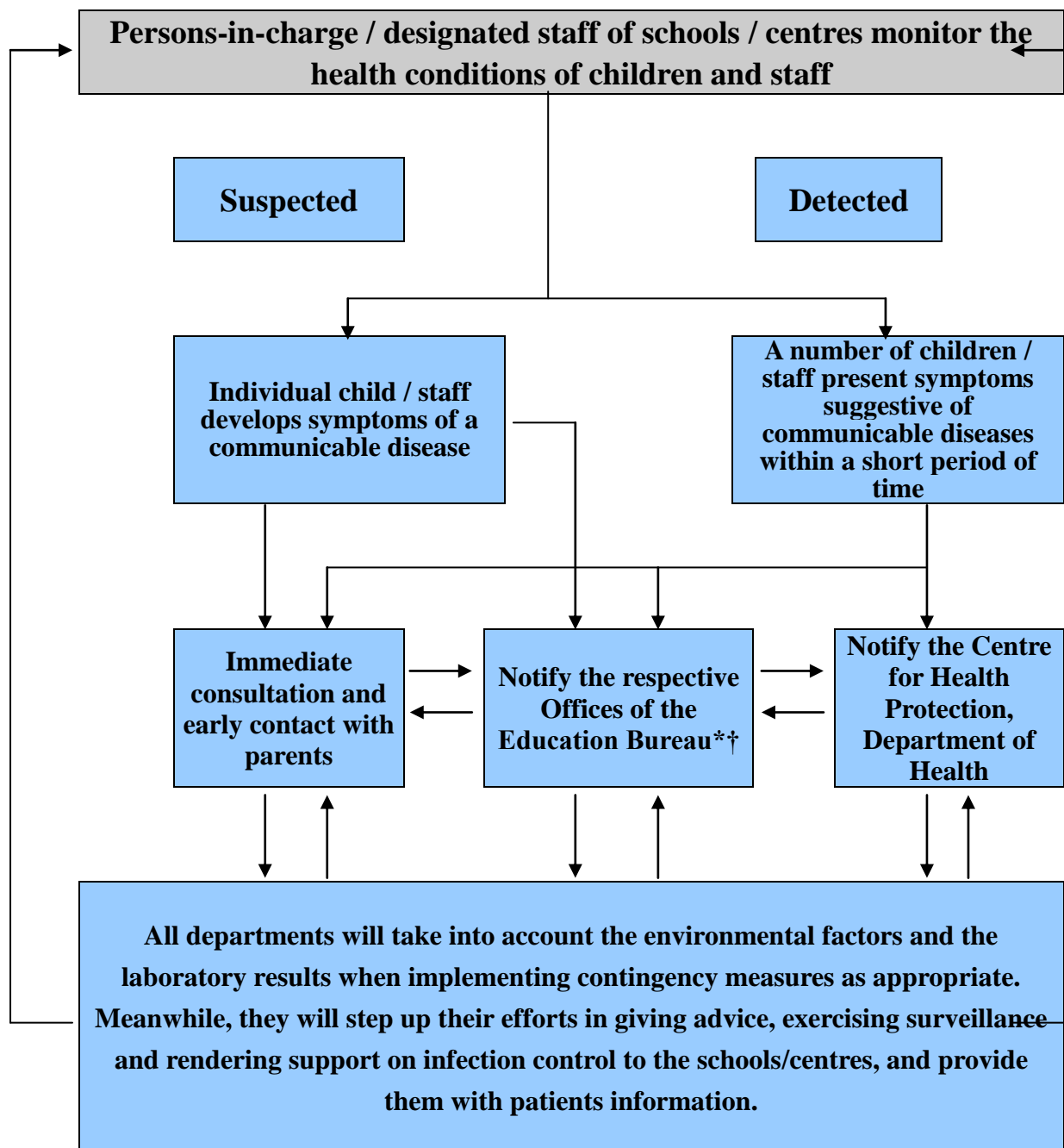
### Appendix 3

#### Flow chart of notification mechanism for communicable diseases in child care centres



## Appendix 4

### Flow chart of notification mechanism for communicable diseases in \*schools / \*kindergartens / †KG-cum-CCC



\* Kindergarten/Primary and Secondary Schools – fax copy to School Development Section of Education Bureau in their respective districts

† KG-cum-CCC – fax copy to Joint Office for Pre-primary Services of Education Bureau (Fax: 3107 2180)

## Appendix 5

### List of signs and symptoms of some communicable diseases

Diseases	Signs/symptoms
Acute conjunctivitis	Redness of eyes, itching eyes, excessive tears, abnormal secretion
Avian influenza	Similar symptoms as influenza viruses but more likely to result in high fever, pneumonia, respiratory failure, multi-organ failure and eventual death
Chickenpox	Fever, fatigue, vesicles on head and body
Dengue fever	Fever, headache, muscle pain, impaired mental state
Gastroenteritis	Abdominal pain, vomiting, diarrhoea, poor appetite, fatigue, fever
Hand, foot and mouth disease	Fever, poor appetite, malaise, sore throat, painful sores in the mouth, rash (red spots) on palms of the hands and soles of the feet
Hepatitis B	Fever, jaundice, fatigue, poor appetite
Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS)	Weight loss, fever, profuse night sweating, swollen lymph nodes, pink to purplish blotches on or under the skin, inside the mouth, nose, or eyelids. Patients with HIV infection can be without symptoms for years
Influenza	Fever, cough, sneeze, runny nose, sore throat, muscle ache, fatigue
Pneumonia	Fever, fatigue, cough, thick sputum, sputum with blood, shortness of breath
Severe Acute Respiratory Syndrome (SARS)	Fever, fatigue, headache, chills, cough, shortness of breath, difficulty in breathing, diarrhoea
Scabies	Itchiness, localised rash, desquamation, swelling, scales, etc.
Tuberculosis	Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweating

## Appendix 6

### Guidelines for hand hygiene

Many infectious diseases can be transmitted through direct contact. If hands are contaminated with pathogens, especially when they are soiled with respiratory discharge or faecal matters, diseases include dysentery, cholera, hepatitis, influenza, and hand, foot and mouth disease can spread easily. Observance of hand hygiene is the prerequisite of the prevention of the spread of communicable diseases. There are two ways to achieve hand hygiene including good handwashing and proper use of alcohol-based handrub.

#### When do we perform hand hygiene?

1. Before touching the eyes, nose and mouth
2. Before eating or handling food
3. After using the toilet
4. When hands are contaminated by respiratory secretions, e.g. after coughing or sneezing
5. After touching public installations or equipment, such as escalator handrail, elevator control panels or door knobs
6. After changing diapers or handling soiled articles when looking after young children or the sick
7. Before and after visiting hospitals or residential care homes.
8. After making contact with animals or poultry

As a matter of good practice, all are reminded to clean their hands frequently. In general, we should wash hands with soap and water when hands are visibly soiled or likely contaminated with body fluid, for example, after using the toilet or changing the diapers, after coughing or sneezing. When hands are not visibly soiled, 70-80% alcohol-based handrub is also effective for disinfection.

#### Steps for hand hygiene

##### a) Handwashing with soap and water:

1. Wet hands under running water.
2. Apply liquid soap and rub hands together to make a soapy lather.
3. Away from the running water, rub the palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists. Do this for at least 20 seconds.
4. Rinse hands thoroughly under running water.
5. Dry hands thoroughly with a clean cotton towel, a paper towel, or a hand dryer.
6. Cleaned hands should not touch the water tap directly again. The tap may be turned off:
  - by using the towel wrapping the faucet; or
  - after splashing water to clean the faucet.

##### Please note:

- Towels should never be shared.
- Used paper towel should be properly disposed of.
- Personal towels must be stored properly and washed at least once daily. It is even better to have more than one towel for frequent replacement.

##### b) Use of alcohol-based handrub

Apply a palmful of alcohol-based handrub and cover all surfaces of the hands. Rub the palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists for at least 20 seconds until the hands are dry.

The picture below demonstrates the 7 steps for hand hygiene technique.



## Appendix 7

### Use mask properly

Wearing a mask is a way to prevent the spread of respiratory tract infections. People with respiratory infection symptoms, caregivers of patients with respiratory infection symptoms and visitors to clinics or hospitals should wear a mask to lower the chance of spreading the illness. Surgical masks, if properly worn, are effective in preventing the spread of droplet infections.



#### Points to note about wearing a surgical mask :

Wash hands before putting on a mask, and before and after taking one off.

- The mask should fit snugly over the face:
  - The coloured side of the mask faces outwards, with the metallic strip uppermost.
  - The strings or elastic bands are positioned properly to keep the mask firmly in place.
  - The mask should fully cover the nose, mouth and chin.
  - The metallic strip moulds to the bridge of the nose and the mask should fit snugly over the face.
- Try not to touch the mask once it is secured on your face as frequent handling may reduce its protection. If you must do so, wash your hands before and after touching the mask.
- When taking off the mask, avoid touching the outside of the mask as this part may be covered with germs.
- After taking off the mask, put the mask into a plastic or paper bag before putting it into a rubbish bin with a lid.
- A surgical mask should be changed at least daily. Replace the mask immediately if it is damaged or soiled.



## **Appendix 8**

### **Five Keys to Food Safety**

1. Choose
  - Buy food from hygienic and reliable shops
2. Clean
  - Wash hands and utensils properly before and during food preparation
3. Separate
  - Use separate knives and cutting boards to handle raw and cooked food
4. Cook
  - Cook or reheat food until it is steaming hot throughout
5. Temperature
  - Put leftovers promptly in the refrigerator at or below 4°C

#### **Reference:**

##### **Centre for Food Safety, Food and Environmental Hygiene Department**

[http://www.cfs.gov.hk/english/multimedia/multimedia\\_pub/files/5keys\\_pos-Overall.pdf](http://www.cfs.gov.hk/english/multimedia/multimedia_pub/files/5keys_pos-Overall.pdf)

##### **World Health Organization**

[http://www.who.int/entity/foodsafety/publications/consumer/en/5keys\\_en.pdf](http://www.who.int/entity/foodsafety/publications/consumer/en/5keys_en.pdf)

# 食物安全

## 5 Keys to Food Safety

### 五 要點



遵從五大要點  
確保食物安全  
Follow five keys  
to ensure food safety

#### 1 精明選擇 Choose



向衛生和可靠的店鋪選購食物  
Buy food from hygienic  
and reliable shops

#### 2 保持清潔 Clean



處理食物前及過程中，  
要正確清洗雙手及用具  
Wash hands and utensils properly  
before and during food preparation

#### 3 生熟分開 Separate



用不同的刀及砧板分開處理生熟食物  
Use separate knives and cutting boards to  
handle raw and cooked food

#### 4 煮熟食物 Cook



將食物徹底煮熟或  
翻熱至滾熱  
Cook or reheat food until it is  
steaming hot throughout

#### 5 安全溫度 Safe temperature



盡快把吃剩的食物放入  
攝氏四度或以下的雪櫃  
Put leftovers promptly in the  
refrigerator at or below 4°C



食物環境衞生署  
Food and Environmental  
Hygiene Department

食物安全中心  
Centre for Food Safety  
www.cfs.gov.hk

## Appendix 9

### Procedures of preparing/using diluted bleach

1. Keep windows open when diluting or using bleach to ensure good ventilation.
2. Use protective gear (e.g. gloves and goggles) when diluting or using bleach as it irritates mucous membranes, skin or airway.
3. Use cold water for dilution as hot water decomposes the active ingredient of bleach and renders it ineffective.
4. Use measuring jug to measure proper volume of bleach for dilution.
5. After cleansing, soak cleaning tools in diluted bleach for 30 minutes and then rinse them thoroughly before reuse.

#### **Precaution:**

- Avoid using bleach on metals, wool, nylon, silk, dyed fabric and painted surfaces.
- Avoid bleach from getting into the eyes. If bleach splashes into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.
- Bleach must not be used together or mixed with other household detergents as this reduces its effectiveness in disinfection and causes chemical reaction.
- As undiluted bleach liberates a toxic gas when exposed to sunlight, it should be stored in a cool and shaded place out of reach of children.
- Sodium hypochlorite decomposes with time. To ensure its effectiveness, it is advisable to purchase recently produced bleach and avoid over-stocking.
- For effective disinfection, diluted bleach should be used within 24 hours after preparation as decomposition increase with time if left unused.

#### **Recommended Use of Household Bleach (5.25% hypochlorite solution)**

<b>Dilution ratio</b>	<b>Concentration</b>	<b>Preparation</b>	<b>Usage</b>
1 in 4	10,000 ppm (1%)	One part of household bleach (5.25% hypochlorite solution) in 4 parts of water	For facilities contaminated with blood spillage
1 in 49	1,000 ppm (0.1%)	One part of household bleach (5.25% hypochlorite solution) in 49 parts of water	For surfaces or articles contaminated with vomitus, excreta or secretions
1 in 99	500 ppm (0.05%)	One part of household bleach (5.25% hypochlorite solution) in 99 parts of water	For general environmental cleaning

## Appendix 10

### Health advice on using drinking fountains

#### 1. Precautions for Users:

- Children using the fountain should not come in direct contact with the orifice guard.
- Young children are discouraged from drinking directly from the drinking fountain. Individual drinking cups should be used.
- When individual disposable cups are supplied by schools, there shall be a suitable container for the unused cups and also a receptacle with cover for disposing of the used cups.
- Expectorating upon the drinking fountain is prohibited.

#### 2. Routine Maintenance:

- All drinking fountains shall be kept in sanitary condition. It should be cleaned regularly with detergent and water during normal cleaning procedure, especially the orifice guard and the pressing button.
- If visibly soiled, the fountain should be cleaned immediately with diluted bleach solution (1 to 99 household bleach solution), and rinsed with clean water afterwards. For metal surface, 70% alcohol is an alternative to diluted bleach solution.
- It is important to maintain the fountain in a functioning condition with an angle jet and a lip guard to ensure the water stream is in sufficient volume and height to be directed and projected so that users cannot contaminate it.
- Drinking fountain should be refrained from use if any leakage, backflow of water or blockage is present.
- School should ensure that the filter inside the drinking fountain should be changed according to the manufacturer's instruction.

## Appendix 11

### Childhood immunisation programme

The following table summarises the recommended childhood immunization schedule:

Age	Immunisation
Newborn	B.C.G. Vaccine
	Hepatitis B Vaccine – First Dose
1 month	Hepatitis B Vaccine – Second Dose
2 months	DTaP-IPV Vaccine – First Dose
	Pneumococcal Vaccine – First Dose
4 months	DTaP-IPV Vaccine – Second Dose
	Pneumococcal Vaccine – Second Dose
6 months	DTaP-IPV Vaccine – Third Dose
	Pneumococcal Vaccine – Third Dose
	Hepatitis B Vaccine - Third Dose
1 year	MMR Vaccine - First Dose
	Pneumococcal Vaccine – Booster Dose
1½ years	DTaP-IPV Vaccine – Booster Dose
Primary 1	MMR Vaccine - Second Dose
	DTaP-IPV Vaccine – Booster Dose
Primary 6	dTap-IPV Vaccine – Booster Dose

Remarks:

- DTaP-IPV Vaccine: Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus Vaccine
- dTap-IPV Vaccine: Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine
- MMR Vaccine: Measles, Mumps & Rubella Vaccine

Other vaccines not included in the above Programme are available in private clinics. These vaccines include influenza vaccine, chickenpox vaccine, *Haemophilus influenzae* b vaccine, meningococcal vaccine, hepatitis A vaccine, Japanese encephalitis vaccine and combined vaccines which contain a combination of various vaccine components. Parents should seek advice from doctors before getting their children immunised.

For more updated information on the childhood immunisation programme, please visit the Family Health Service website at [www.fhs.gov.hk](http://www.fhs.gov.hk) and the Centre for Health Protection website at [www.chp.gov.hk](http://www.chp.gov.hk).

## Appendix 12

### Cleansing and disinfection of articles commonly used in schools/centres

Cleansing and disinfection of articles commonly used		
Articles	Recommended method	Alternative method
Thermometer (mercury)	Wash with detergent and cold water. Then immerse in 70% alcohol for not less than 10 minutes. Store dry	Follow manufacturer's instruction
Protective gown	Using disposable equipment is most desirable	For contaminated/soiled reusable textile items, soak in 1 in 49 diluted household bleach (5.25%) for 30 minutes before general handling
Face-shield or Goggles	Clean with detergent and water first. Then immerse in 1 in 49 diluted household bleach (5.25%) for 10 minutes. Rinse and store dry	
Gloves (disposable latex gloves or household gloves) <i>Note: Wearing gloves cannot replace hand hygiene</i>	Using disposable latex gloves is most desirable	<p>For reusable household gloves:</p> <ol style="list-style-type: none"> <li>1. Clean with detergent and water</li> <li>2. Disinfect by immersing in 1 in 49 diluted household bleach (5.25%) for at least 10 minutes</li> <li>3. Rinse with water</li> <li>4. Check if there are any small holes (by filling with air first and immersing in water to see if there are any air bubbles leaking out)</li> <li>5. If there is no hole, air dry before reuse</li> <li>6. Recheck for holes before reuse</li> </ol> <p>Please note that finishing the above procedure does not guarantee that these reused gloves can safely protect the users</p>

## Appendix 13

### Recommendation on sick leave duration for common childhood infections

Disease	Sick leave duration
Acute conjunctivitis	Until no abnormal secretion from the eyes
Bacillary dysentery *	Until diarrhoea ceases and at least 2 consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (1 <sup>st</sup> stool sample has to be collected 48 hours after the completion of the antibiotic course)
Chickenpox *	About one week or until all vesicles have dried up
Cholera *	Until non-infection is confirmed (test is to be done on three stool samples collected at least 1 day apart following 48 hours after the completion of the antibiotic course)
Diphtheria *	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24 hours after the completion of the antibiotic course)
Hand, foot and mouth disease	Until all vesicles dry up or as advised by the doctor. If enterovirus 71 is confirmed to be the pathogen, take 2 more weeks of sick leave after all vesicles have dried up
Hepatitis A *	Until at least 1 week from the appearance of jaundice or as advised by the doctor
Measles *	4 days after the day of appearance of rash
Mumps *	5 days after the day of appearance of gland swelling
Rubella *	7 days after the day of appearance of rash
Scarlet fever *	Until fever down and 24 hours after starting of appropriate antibiotic
Tuberculosis *	As advised by the doctor
Typhoid fever *	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (the first stool sample has to be collected 48 hours after the completion of the antibiotic course)
Viral gastroenteritis	Until 48 hours after the last episode of diarrhoea or vomiting
Whooping cough *	5 days from starting the antibiotic course or as advised by the doctor

#### Note

1. The recommendation made above is based on the general infection period only. Other factors, such as the clinical conditions of the sick child, have to be considered as well. The attending doctor should exercise his / her professional judgment when making the final decision on the length of sick leave.
2. Diseases marked with asterisk (\*) should be reported to the Centre for Health Protection as required by the law.

## **Appendix 14**

### **Duties of staff in schools/centres**

Persons-in-charge of schools/centres and/or the designated staff should take the responsibility of coordinating and monitoring the implementation of preventive and control measures for communicable diseases to:

- promulgate to staff the latest information and guidelines on prevention of communicable diseases and in reminding children and parents of such information and guidelines. Be responsible for assisting new recruits to become familiarised with control measures for communicable diseases.
- arrange infection control training for staff.
- implement and monitor measures as suggested in the guidelines for preventing communicable diseases in schools/centres. They include measures on personal, environmental and food hygiene.
- monitor the disinfection of items used and the proper disposal of contaminated clothing and other wastes.
- provide essential personal protective gear as well as in supervising and monitoring staff's proper use and disposal of such gear after use.
- watch for symptoms of communicable diseases among children and staff in the schools/centres. If an outbreak of communicable disease is suspected, assist the person-in-charge in reporting and providing information to DH's Centre for Health Protection, SWD's Child Care Centres Advisory Inspectorate, EDB's Joint Office for Pre-primary service and relevant School Development Sections under Regional Education Offices. Assist DH's investigation and take effective infection control measures to prevent the spread of such disease.
- evaluate the risk of communicable disease outbreak in schools/centres. Consult the person-in-charge, staff and the DH on a regular basis and develop preventive measures for communicable diseases so as to reduce the chance of spreading such diseases in schools/centres.

## Appendix 15

### Information to be furnished to the Centre for Health Protection, Department of Health

#### Preliminary information

- (1) Name of the child care centre / KG-cum- CCC / kindergarten / school
- (2) Address of the child care centre / KG-cum- CCC / kindergarten / school
- (3) Name, position and telephone number of the contact person
- (4) Number of sick children and number of children admitted to the hospital
- (5) Number of sick staff
- (6) Total number of children
- (7) Total number of staff

#### Further information in details (if necessary)

- (1) Detailed information of the sick
  - Name
  - Age
  - Sex
  - Birth certificate / ID number
  - Telephone number of parents/guardians
  - Class and floor to which the child belongs
  - Symptoms
  - Onset date
  - Medical consultation record
- (2) Children list
- (3) Staff list (stating the floor or area where staff work)
- (4) Children sick leave record
- (5) Staff sick leave record
- (6) Floor plan of the child care centre / KG-cum-CCC / kindergarten / school (stating floor and room number)
- (7) Timetable for the child care centre / KG-cum-CCC / kindergarten / school
- (8) Menu