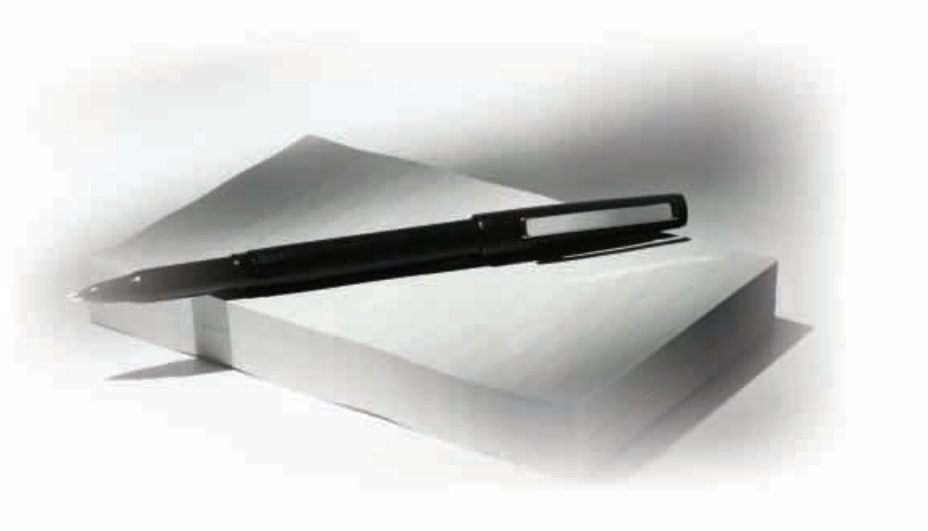


7 Appendix



Appendix A: Statutory notifiable communicable diseases

- Acute poliomyelitis
- Amoebic dysentery
- Bacillary dysentery
- Chickenpox
- Cholera
- Community-associated MRSA infection
- Dengue fever
- Diphtheria
- Food poisoning
- Influenza A(H5),
Influenza A(H7) or
Influenza A(H9)
- Japanese Encephalitis
- Legionnaires' disease
- Leprosy
- Malaria
- Measles
- Meningococcal infections
- Mumps
- Paratyphoid fever
- Plague
- Rabies
- Relapsing fever
- Rubella
- Scarlet fever
- Severe Acute Respiratory Syndrome
- *Streptococcus suis* Infection
- Tetanus
- Tuberculosis
- Typhus
- Typhoid fever
- Viral hepatitis
- Whooping cough
- Yellow fever

Footnote: Please refer to CENO on-line website <http://www.chp.gov.hk/ceno> for the update list of statutory notifiable diseases.

Appendix B: Duties of infection control officers (ICOs) in RCHEs*

All RCHEs should appoint either a nurse or a health worker (for a self-care hostel, the home manager) as an Infection Control Officer who is the key person responsible for dealing with the following matters:

- (a) Coordinate and oversee all matters related to infection control and the prevention of infectious diseases in the residential care home;
- (b) Disseminate updated information and guidelines on infection control to all staff and residents in the residential care home and to orientate new staff to these updated information;
- (c) Assist the home manager in arranging training on infection control for staff;
- (d) Assist the home manager in overseeing that the infection control guidelines are being observed and implemented properly, including the observation of personal, environmental and food hygiene;
- (e) Oversee that all medical equipment and other instruments are properly disinfected after use, and soiled linens and wastes are properly handled and disposed of;
- (f) Assist the home manager in arranging the provision of the necessary personal protective equipment (PPE) and advise and supervise staff on the proper application and disposal of PPE;
- (g) Observe for signs and symptoms of infectious diseases (such as unusual clustering of fever, upper respiratory tract symptoms and unusual clustering of gastrointestinal symptoms) in residents and staff; assist the home manager to report cases or suspected cases of infectious diseases to the Licensing Office and the Centre for Health Protection (CHP) of the Department of Health as appropriate; if the home is covered by CGAT (Community Geriatric Assessment Team), CGAT should also be informed; provide information as necessary to CHP to facilitate their investigation; and collaborate with CHP to contain the spread of the infectious disease; and
- (h) Assist the home manager in assessing the risk of infectious disease outbreak in the residential care home; regularly review and devise strategies to prevent infectious disease outbreaks through consultation with the home manager, medical staff (CGAT or VMO) and the Department of Health.

* The above appendix is provided by the Social Welfare Department and has been incorporated in the Code of Practice for Residential Care Homes (Elderly Persons) (October 2005 Revised Edition). Readers should check if the content has been further revised by the Social Welfare Department.

Appendix C: Checklist of signs and symptoms of communicable diseases

The followings are some common signs and symptoms of infection in the elders:

1. Fever or body temperature 1°C or more above baseline..... ()
2. Lowered blood pressure, i.e. systolic pressure below 90mmHg..... ()
3. Malaise..... ()
4. Loss of appetite and/or unexplained weight loss ()
5. Confusion, drowsiness, feeling irritable and restless..... ()
6. Sudden change in body functioning, e.g. increased fragility or falling over for unknown reason..... ()
7. Running nose, sneezing..... ()
8. Headache..... ()
9. Sore throat..... ()
10. Cough..... ()
11. Increased sputum production..... ()
12. Blood stained sputum..... ()
13. Chest pain on breathing..... ()
14. Shortness of breath..... ()
15. Red eye..... ()
16. Abdominal pain..... ()
17. Vomiting..... ()
18. Diarrhoea..... ()
19. Sudden onset of or increased incontinence..... ()
20. Difficult urination..... ()
21. Painful urination..... ()
22. Frequent urination..... ()
23. Cloudy urine..... ()
24. Blood in urine..... ()
25. Sudden onset of pruritis..... ()
26. Rash..... ()
27. Local symptoms of skin reddening, swelling or pain..... ()
28. Pressure sore with pus draining or offensive odour..... ()
29. Increased heart rate..... ()

Elders with higher risk of infection

1. Bedridden elders ()
2. Elders of older age (over 75) ()
3. Diabetic elders ()
4. Elders with poor body immunity
e.g. elders with renal failure or cancer ()
5. Elders with cognitive impairment and low self-care ability ()

Invasive medical devices and procedures

1. Urethral catheter ()
2. Intermittent self-catheterization ()
3. Tracheostomy tube ()
4. Nasogastric catheter (Ryle's tube) ()
5. Percutaneous gastric tube feeding (gastrostomy tube) ()
6. Continuous Ambulatory Peritoneal Dialysis ()

Appendix E: Guidelines for Good Handwashing

Handwashing, when done correctly, is an important personal hygiene practice to prevent contracting and spreading communicable diseases.



When should we wash our hands?

- Before touching the eyes, nose and mouth
- Before eating or handling food
- After using the toilet
- When hands are contaminated by respiratory secretions, e.g. after coughing or sneezing
- After touching public installations or equipment, such as escalator handrails, elevator control panels or door knobs
- After changing diapers or handling soiled articles when looking after young children or the sick

Steps for good handwashing

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, backs of hands, between fingers, backs 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 either a clean cotton towel, a paper towel, or a hand dryer.
6. The 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; or
 - by another person.

Please note :

- Towels should never be shared.
- Used paper towel should be properly disposed of.
- Personal towels to be reused must be stored properly and washed at least once daily. It is even better to have more than one towel for frequent replacement.
- When hands are not visibly soiled, application of 70-80% alcohol-based handrub is equally effective for disinfection.

Hand Hygiene Technique :

1.



Palm to palm

2.



Right palm over left dorsum with interlaced finger & vice versa

3.



Palm to palm with fingers interlaced

4.



Backs of fingers to opposing palm with fingers interlocked

5.



Rotational rubbing of right thumb clasped over left palm & vice versa

6.



Rotational rubbing backwards and forwards with clasped fingers of right hand in left palm & vice versa

7.



Wrists are rubbed

Appendix F: Respiratory hygiene/cough etiquette

The following measures are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover nose and mouth when coughing or sneezing.
- Use tissue paper to contain respiratory secretions and dispose them in the nearest non-touch garbage bin with lid or flush them away in the toilet.
- Put on a surgical mask for those with signs and symptoms of respiratory infection.
- Perform hand hygiene immediately (e.g. hand-washing with soap and water, or alcohol-based handrub) after contacting respiratory secretions or touching objects contaminated with respiratory secretions.

Institutions should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for residents and visitors.

- Provide tissue paper and non-touch garbage bin with lid for disposal of used tissue.
- Ensure that supplies for hand washing (i.e. liquid soap, paper towels) are consistently available near sinks and provide conveniently located dispensers of alcohol-based handrub.
- Put up signage and remind residents and visitors not to spit on floor.

Appendix G: World Health Organization's ten principles for safe food preparation

1. Ensure proper food hygiene. Take extra care when selecting processed food.
2. Cook food thoroughly.
3. Eat cooked foods immediately.
4. Store cooked foods carefully.
5. Reheat cooked foods thoroughly.
6. Avoid contact between raw foods and cooked foods.
7. Wash hands frequently.
8. Keep all kitchen surfaces meticulously clean.
9. Protect foods from insects, rodents and other animals.
10. Use safe water.

Appendix H1: Commonly used disinfectants

Name	Concentration	Usage	Properties
Sodium Hypochlorites e.g. household bleach containing 5.25% sodium hypochlorites	-1% (10,000 ppm) Dilution ratio 1 in 4* -0.1% (1,000 ppm) Dilution ratio 1 in 49* -0.05% (500 ppm) Dilution ratio 1 in 99* * Please refer to Appendix H2 for "Preparation of Bleach"	Environmental or equipment disinfection	<ul style="list-style-type: none"> Mix with water Corrosive to metals Avoid contact with skin or mucous membrane Contact with acids liberate toxic gas Diluted solution decomposes rapidly and its effectiveness will decrease Freshly prepared diluted bleach should be used within 24 hours
Alcohols: e.g. - Ethyl Alcohol - Isopropyl Alcohol	70%	Skin, metal surface or equipment disinfection	<ul style="list-style-type: none"> Inflammable liquid Rapid action but volatile Poor penetration into organic matter
Diguanides: e.g. Chlorhexidine: Hibitane e.g. Chlorhexidine + cetavlon : Savlon	aqueous 1:1000 aqueous 1:100	Skin and mucous membrane disinfection and wound dressing	<ul style="list-style-type: none"> Low toxicity Low toxicity Detergent properties
Aldehydes e.g. Glutaraldehyde: Cidex	2%	Equipment disinfection	<ul style="list-style-type: none"> Alkaline solution Irritate eyes, skin and respiratory mucosa Need activation and has a limited effective period (14-28 days)

Appendix H2: Preparation of bleach

Procedures of preparing diluted bleach

1. Ensure and be aware of good ventilation when diluting or using bleach.
2. Put on protective gear when diluting or using bleach as it irritates mucous membranes, the skin and the airway.
3. Cold water should be used for dilution as hot water decomposes the active ingredient of bleach and renders it ineffective.
4. Bleach containing 5.25% sodium hypochlorite should be diluted as follows:
 - 1 in 99 diluted household bleach
(mixing 1ml of bleach with 99ml of water)
 - 1 in 49 diluted household bleach
(mixing 1ml of bleach with 49ml of water)
 - 1 in 4 diluted household bleach
(mixing 1ml of bleach with 4ml of water)
5. For accurate measurement of the amount of bleach added, a tablespoon or measuring cup can be used.

Recommended Use of Sodium Hypochlorites

Dilution ratio	Concentration	Dilution	Usage
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

Precautions

- Avoid using bleach on metals, wool, nylon, silk, dyed fabric and painted surfaces.
- Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.
- Bleach should not be used together or mixed with other household detergents as this reduces its effectiveness in disinfection and causes chemical reactions. For instance, a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. This could result in accidents and injuries. If necessary, use detergents first and rinse thoroughly with water before using bleach for disinfection.
- 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 residents.
- Sodium hypochlorite decomposes with time. To ensure its effectiveness, it is advised to purchase recently produced bleach and avoid over-stocking.
- For effective disinfection, diluted bleach should be used within 24 hours after preparation as decomposition increases with time if left unused.

Appendix I: Cleansing and disinfection of articles commonly used in RCHes

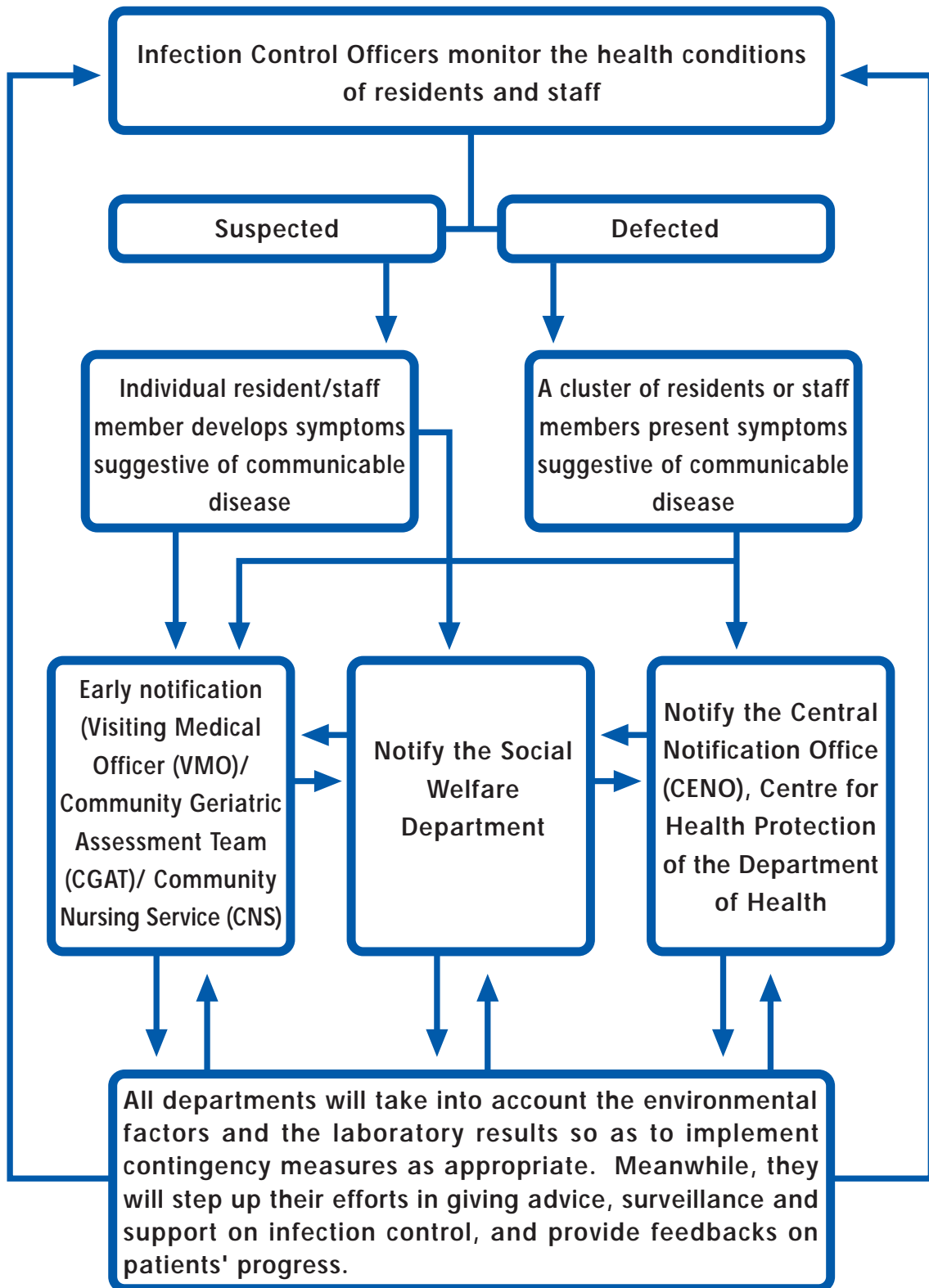
Articles	Recommended method	Alternative method*
Bottle, suction	Clean with detergent and water everyday. Immerse in 1 in 49 diluted household bleach (5.25%) for 10 minutes. Rinse and store dry.	
Connection tubing and Y-shape connector	Disposable	Every time after suction of sputum, rinse it thoroughly by making full use of the suctioning power of the machine. Immerse in 1 in 49 diluted household bleach (5.25%) for at least 10 minutes. Rinse and store dry.
Suction tubing	Disposable	
Tracheostomy connection tubing	Inner and outer tubes should be cleaned separately. Clean it with cotton buds under water tap and then immerse in 1 in 49 diluted household bleach (5.25%) for at least 10 minutes. Rinse and store dry.	Follow manufacturer's instruction.
Mouth gag	Clean with detergent and water. Immerse in 1 in 49 diluted household bleach (5.25%) for 10 minutes. Rinse and store dry.	
Nebulizer	Clean with detergent and water everyday. Immerse in 1 in 49 diluted household bleach (5.25%) for 10 minutes. Rinse and store dry.	Follow manufacturer's instruction.
Nebulizer mask	Disposable	
Nebulizer tubings		
Oxygen cannula		

Articles	Recommended method	Alternative method*
Oxygen tubings	Disposable	Follow manufacturer's instruction.
Oxygen mask		
Tongue depressor (wooden)	Disposable	
Thermometer (mercury)	Wash with detergent and cold water and then immerse in 70% alcohol for not less than 10 minutes. Store dry.	
Dressing trolley	Clean with detergent and water. Wipe dry. Wipe the trolley surface with 70% alcohol.	
Feeding set (feeding funnel and tubings)	After each feed, the feeding set should be flushed with water and air dried before putting into box for the next use. The feeding funnel should be disinfected daily by boiling for 10 minutes. The feeding tubings should be disposed daily.	Follow manufacturer's instruction.
Bowl, plastic	Clean with detergent and water. Store dry.	
Urine measuring jar	Rinse with water first then clean with detergent. Disinfect with disinfectant e.g. 1 in 49 diluted household bleach (5.25%), rinse and store dry.	
Bedpan	Drain away and clean with detergent and water. Then cleanse with a brush and disinfect with 1 in 49 diluted household bleach (5.25%). Rinse and store dry.	

Articles	Recommended method	Alternative method*
Commode	Wash with detergent and water after each use and regularly. If any contamination noted, wash with detergent and water before cleansed with a brush and disinfect with 1 in 49 diluted household bleach (5.25%). Rinse and store dry.	
Gown and Cap	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. Immerse in 1 in 49 diluted household bleach (5.25%) for 10 minutes. Rinse and store dry.	
Gloves (disposable latex gloves or household gloves) Note: Wearing gloves cannot replace hand hygiene.	Using disposable latex gloves is most desirable.	For reusable household gloves: disinfect by immersing in 1 in 49 diluted household bleach (5.25%) for at least 10 minutes first. Clean with detergent and water. 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). If there is no hole, air dried before reuse. Please note that finishing the above procedure does not guarantee that these reused gloves can safely protect the users.
Sphygmomanometer cuff	Regular cleansing. If contaminated with body fluid, soak in 1 in 49 diluted household bleach (5.25%) for 30 minutes before general handling.	
Stethoscope	Wipe with 70% alcohol regularly.	

* If the recommended methods are not feasible in RCHes, adopt the alternative methods instead.

Appendix J: Flow chart of the notification mechanism for communicable diseases in RCHes



Appendix K: Notification form for suspected infectious disease outbreak in RCHE

Suspected Infectious Disease Outbreak in RCHE NOTIFICATION FORM

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

cc : LORCHE (Fax : 2574 4176 or 3106 3058)

CGAT (if applicable) (Fax : _____)

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

Name of institution : _____ (Code no: _____)

Address of institution : _____

Contact person : _____ (Post: _____) Tel : _____

Total no. of residents : _____ Total no. of staff : _____ Fax : _____

No. of sick residents : _____ (No. admitted into hospital : _____)

No. of sick staff : _____ (No. admitted into hospital : _____)

Common symptoms : ;... Fever ;... Sore throat
(May tick multiple) ;... Cough ;... Runny nose
 ;... Diarrhoea ;... Vomiting
 ;... Skin rash ;... Blisters on hand/foot ;... Oral ulcers
 ;... Others (Please specify : _____)

Suspected disease : _____

Reported by : _____ Contact tel. : _____

Signature : _____ Date of fax : _____

Appendix L: Common information required by staff of CHP (Centre for Health Protection)

Preliminary information

- (1) Name of the RCHE
- (2) Address of the RCHE
- (3) Name, position and telephone number of the contact person
- (4) Number of sick residents and number of residents admitted to hospital
- (5) Number of sick staff members
- (6) Total number of residents in the RCHE
- (7) Total number of staff members in the RCHE

Further information in details (if necessary)

- (1) Detailed information of the sick
 - Name
 - Age
 - Sex
 - ID number
 - Room number and floor number
 - Symptoms
 - Date of onset of illness
 - Medical consultation record
- (2) Resident list
- (3) Staff list (stating the floor or area where the staff work)
- (4) Staff sick leave record
- (5) Influenza vaccination record for residents and staff
- (6) Floor plan of the RCHE (stating the room or bed number)
- (7) Timetable for residents' activities
- (8) Food menu

Remarks: Please refer to CENO on-line website www.chp.gov.hk/ceno for update list of statutory notifiable diseases.

Appendix M: Scabies

Scabies is an infectious skin disease caused by a barely visible mite. It affects people of all ages. Due to weakened immunity, elderly are more susceptible to scabies. Outbreaks of scabies have been reported in hospitals, hostels and elderly homes.

Route of infection

Scabies spreads through direct contact with an infected person. As mites and their eggs can be left on clothing and bed-linen, contact with clothing or bed-linen of the infected person can lead to infection.

The scabies mite

The mite is too small to be visible by naked eye. The female mite penetrates into the skin by its forelegs and mouth. It digs tunnels and lays down its eggs. The eggs hatch in 3 to 4 days. The mites mature in about 10 days, and then start to breed the next generation.

Symptoms of scabies

1. The main symptom is intensive itchiness in the infected areas, which is more severe at night and after hot bath.
2. The usual affected areas are the finger webs and the flexural areas of wrists, elbows, armpits, nipples, lower abdomen and external genitalia. The face and scalp of elderly are usually spared.
3. Rash develops at the point where the mite penetrates the skin. Thread like tunnel (usually less than 1 cm) can be seen as they dig tunnels under the skin.
4. If the infected person is allergic to the mite or its excreta, he or she may develop blisters.

Norwegian or Crusted Scabies

1. It is a rare form of scabies associated with thousands of mites harboring in the skin.
2. Individuals suffered from Norwegian scabies may have marked scales and crusts, particularly on the palms and soles.
3. Face and scalp can also be affected.
4. It occurs more frequently among people with weakened immunity, physical debilitation, sensory impairment or mental retardation.
5. It has enhanced potential for transmission.

Management of scabies

Management of residents and staff in elderly home

1. Staff should closely monitor the conditions of themselves and their residents. Immediate medical advice should be sought when a person have symptoms suggestive of scabies infection. If there are several residents and staff confirmed to have scabies, the staff should report to the Centre for Health Protection and Social Welfare Department.
2. During a scabies outbreak, people who are in close contact with the patient, e.g. roommates and staff, should apply the anti-scabies medication to prevent the spread of the disease.
3. Staff should wear gloves and apron when performing cleansing work or taking care of the infected patient. After direct care, care-givers should change their working clothes and wash their hands thoroughly.

Management of the clothing and bed-linen

1. Patient's clothing, bed-linen, pillowcase, etc., should be washed separately from those of their family members or other elderly home residents.
2. Patient's clothing, bed-linen, pillowcase, etc., must be boiled in hot water (60°C or above, for not less than 10 minutes) to get rid of the mite and their eggs.
3. Place all non-washable personal items such as shoes, mattress, etc. in a plastic bag and seal them up for at least 14 days before they can be used as usual.

Medical treatment

1. Effective medical treatment for scabies include anti-scabies agents (e.g. Benzyl Benzoate Emulsion) and drugs to control itchiness.

How to apply Benzyl Benzoate Emulsion

1. In the evening after taking a bath, scrub and dry the body thoroughly. With the help of another person, use a brush to paint the emulsion from the neck downwards to cover the whole body (finger webs and toe webs should be included, but not the head). Then put back the same clothes.
2. On the next morning, repeat the application without taking a bath. Then put back the same clothes.
3. On the next evening, take a hot bath and clean the whole body with soap and put on clean clothes afterwards.
4. In between the two applications of the emulsion, there is no need to change the clothing or bed linen.

5. Please note that two applications of the emulsion suffice to kill the mite except in Norwegian scabies. Over treatment gives rise to irritation and causes contact dermatitis. Re-apply the emulsion to the hands after washing since the previous coating has been removed by water.
6. After treatment, the itching may persist for 1 to 2 weeks. If the itchiness lasts for more than 2 weeks or if there are other changes in the skin, consult your doctor again.
7. Aggressive treatment with multiple applications over the entire body at an interval of 2-7 days may be needed for Norwegian scabies. Please consult the doctor in-charge for instruction and re-evaluation.

Appendix N: Norovirus Infection

Causative agent

This infection is caused by a group of viruses known as noroviruses, also known as "Norwalk-like viruses" or small round structured viruses (SRSVs). These viruses are a common cause of sporadic cases of acute gastroenteritis as well as outbreaks of food poisoning and acute gastroenteritis, especially in elderly homes and schools. The disease affects people of all age groups and tends to be more common during winter.

Clinical features

The disease is usually self-limiting with symptoms of nausea, vomiting, diarrhoea, abdominal pain, low-grade fever and malaise. The symptoms usually last for 12 to 60 hours.

Modes of transmission

The infection can be transmitted via the following ways:

- by food or water contaminated with the virus;
- by contact with vomitus or faeces from infected persons;
- by contact with contaminated objects; or
- by aerosol spread with contaminated droplets of splashed vomitus.

Incubation period

The incubation period is usually 24 to 48 hours.

Management

Given adequate fluids to prevent dehydration and supportive treatment, the disease is usually self-limiting, lasting 1 to 3 days. Antibiotics are of no value in treatment.

Prevention

- Maintain high standards of personal, food and environmental hygiene.
- Wash hands before handling food and eating, and after going to toilet.
- All food, particularly shellfish, should be cooked thoroughly before consumption.
- Food handlers and caretakers developing vomiting or diarrhoea should refrain from work and seek medical advice.
- Wear gloves and a mask while disposing of or handling vomitus and faeces, and wash hands thoroughly afterwards.
- Clean and disinfect soiled linens, clothes and surfaces promptly and thoroughly with household bleach (5.25%) diluted in a ratio of 1 part of bleach in 49 parts of water. Wash hands thoroughly afterwards.
- No vaccine is available for norovirus infection.

Disinfection of environment after vomiting incidents

- Keep residents away from the area during the cleaning process.
- Wear gloves and a mask while removing the vomitus.
- Use disposable towels to wipe away all the vomitus from outside inward, before applying diluted bleach (1 in 49) to the surface and the neighbouring area (e.g. within 2 metres of the vomitus).
- Leave bleach on the soiled surface for 15-30 minutes to allow time for the bleach to inactivate viruses before rinsing the surface with water and mop dry.
- Floor mops should not be used for cleaning the vomitus.

Members of Editorial Board

Centre for Health Protection,

Department of Health

- Central Health Education Unit
- Infection Control Branch
- Surveillance and Epidemiology Branch

Elderly Health Service, Department of Health

