

# Appendix



## Appendix A

### Checklist on signs and symptoms of communicable diseases

| <b>A. General signs and symptoms</b>   |                          |
|--|--------------------------|
| Fever or body temperature 1°C or more above baseline                                   | <input type="checkbox"/> |
| Malaise  | <input type="checkbox"/> |
| Headache   | <input type="checkbox"/> |
| Loss of appetite and/or unexplained weight loss  | <input type="checkbox"/> |
| Confusion, drowsiness, feeling irritable and restless                                  | <input type="checkbox"/> |
| Sudden change in body functioning, e.g. increased fragility or fall for unknown reason | <input type="checkbox"/> |
| Red eye  | <input type="checkbox"/> |
| <b>B. Cardiorespiratory signs and symptoms</b>   |                          |
| Runny nose, sneezing   | <input type="checkbox"/> |
| Sore throat  | <input type="checkbox"/> |
| Cough  | <input type="checkbox"/> |
| Increased sputum production  | <input type="checkbox"/> |
| Blood stained sputum   | <input type="checkbox"/> |
| Shortness of breath  | <input type="checkbox"/> |
| Chest pain on breathing  | <input type="checkbox"/> |
| Lowered blood pressure, i.e. systolic pressure below 90mmHg                            | <input type="checkbox"/> |
| Increased heart rate   | <input type="checkbox"/> |

| <b>C. Abdominal signs and symptoms</b>                                |                          |
|---|--------------------------|
| Abdominal pain  | <input type="checkbox"/> |
| Vomiting  | <input type="checkbox"/> |
| Diarrhoea   | <input type="checkbox"/> |
| <b>D. Urinary signs and symptoms</b>                                  |                          |
| Urination: difficult, painful, frequent, sudden onset of incontinence | <input type="checkbox"/> |
| Urine: cloudy urine, blood in urine                                   | <input type="checkbox"/> |
| <b>E. Skin signs and symptoms</b>                                     |                          |
| Sudden onset of skin itchiness  | <input type="checkbox"/> |
| Rash  | <input type="checkbox"/> |
| Local symptoms of skin reddening, swelling, hotness or pain           | <input type="checkbox"/> |
| Wound with pus draining or bad smell                                  | <input type="checkbox"/> |



# Appendix C

## Characteristics of recommended disinfectants

| Name   | Concentration   | Usage   | Properties  |
|--|---|---|---|
| <b>Sodium Hypochlorite</b><br>e.g. household bleach containing 5.25% sodium hypochlorite | <ul style="list-style-type: none"> <li>• 1% (10,000 ppm)<br/>Dilution ratio 1 in 4</li> <li>• 0.1% (1,000 ppm)<br/>Dilution ratio 1 in 49</li> <li>• 0.05% (500 ppm)<br/>Dilution ratio 1 in 99</li> </ul> <p>Please refer to <b>Appendix D</b> for preparation and use of bleach</p> | Environmental or equipment disinfection       | <ul style="list-style-type: none"> <li>• Mix with water</li> <li>• Corrosive to metals</li> <li>• Avoid contact with skin or mucous membrane</li> <li>• Liberate toxic gas when contact with acids or expose to sunlight</li> <li>• Diluted solution decomposes rapidly and its effectiveness will decrease</li> <li>• Diluted bleach should be used within 24 hours</li> </ul> |
| <b>Alcohols</b><br>e.g. ethyl alcohol, isopropyl alcohol                                 | <ul style="list-style-type: none"> <li>• 70%</li> </ul>   | Skin, metal surface or equipment disinfection | <ul style="list-style-type: none"> <li>• Inflammable liquid must be stored away from high temperatures or flames</li> <li>• Rapid action but volatile</li> <li>• Poor penetration into organic matter</li> </ul>  |

# Appendix D

## Preparation and use of bleach

### Preparation

1. Ensure and be aware of good ventilation when diluting or using bleach.
2. Put on appropriate PPE 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. For accurate measurement of the amount of bleach added, measuring cup should be used.
5. Household bleach containing 5.25% sodium hypochlorite should be diluted as follows:



### *Recommended use of sodium hypochlorite*

| Dilution ratio | Concentration    | Dilution method  | Usage   |
|----------------|------------------|--|---|
| 1 in 4         | 10,000 ppm (1%)  | 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water  | For surfaces or articles contaminated with blood                          |
| 1 in 49        | 1,000 ppm (0.1%) | 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water | For surfaces or articles contaminated with vomitus, excreta or secretions |
| 1 in 99        | 500 ppm (0.05%)  | 1 part of household bleach containing 5.25% sodium hypochlorite with 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. It can result in accidents and injuries as a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. Use detergents first and rinse thoroughly with water before using bleach for disinfection if necessary.
- As undiluted bleach liberates a toxic gas when exposed to sunlight, it should be stored in place that is cool, shaded and 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.

**慎用漂白水 安全又衛生**

衛生防護中心  
Centre for Health Protection

5.25% 漂白水  
Bleach

作一般環境清潔  
1份家用漂白水  
加入99份清水 9900 毫升清水

消毒被嘔吐物、排泄物或分泌物污染的表面或物件  
1份家用漂白水  
加入49份清水 4900 毫升清水

消毒被血液污染的表面或物件  
1份家用漂白水  
加入4份清水 400 毫升清水

請用量杯  
準確地量度所需  
漂白水的份量

100 毫升家用漂白水  
(5.25%次氯酸鈉)

**調校稀釋漂白水小貼士**

- 確保空氣流通
- 佩戴適當個人防護裝備，例如：口罩、膠手套、膠圍裙和護眼鏡
- 稀釋時要用冷水，熱水會令成份分解並失去效能
- 切勿與其他化學劑、清潔劑混合，免生意外及降低殺菌效能
- 稀釋後，應在24小時內使用，並儲存在陰涼處
- 若不慎被漂白水灑入眼睛，必須立即用水沖洗最少15分鐘，並盡早求醫

衛生署  
Department of Health

# Appendix E

## Five keys to food safety

### 1. Choose: Choose safe raw materials

- Choose fresh and wholesome food
- Do not buy damaged, swollen or rusty cans
- Do not use food after its expiry date
- Use safe water to prepare food
- Choose foods processed for safety, such as pasteurised milk

### 2. Clean: Keep hands and utensils clean

- Maintain good hand hygiene by washing hands with soap for 20 seconds before handling and preparing food
- Wash utensils and worktops with hot water and detergent
- Keep the kitchen clean
- Protect kitchen areas and food from insects, pests and animals

### 3. Separate: Separate raw and cooked food

- Use separate utensils to handle raw and cooked food
- Prevent raw food and their juices from contaminating cooked food
- Store food in containers and put raw food below cooked food

### 4. Cook: Cook thoroughly

- Cook food thoroughly, especially meat, poultry, eggs and seafood
- Bring soup and stew to boiling and continue boiling for at least one minute
- Ensure that the core temperature of food should reach at least 75°C
- Ensure that meat and poultry are fully cooked with the juices turned clear, not red
- Reheat cooked food thoroughly

## 5. Safe temperature: Keep food at safe temperature

- Do not leave cooked food at room temperature for more than two hours
- Refrigerate promptly the leftover and perishable food at or below 4°C
- Keep cooked food piping hot above 60°C prior to serving
- Do not store food too long even in the refrigerator
- Do not thaw frozen food at room temperature



### References:

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's 'Five keys to safer food'

[http://www.who.int/foodsafety/publications/consumer/flyer\\_keys\\_eng.pdf](http://www.who.int/foodsafety/publications/consumer/flyer_keys_eng.pdf)

## Appendix F

### Cleaning and disinfection of articles commonly used in RCHEs

| Articles                                       | Recommended method of cleaning and disinfection   |
|--|---|
| <b>Suction bottle</b>                          | <ul style="list-style-type: none"> <li>• Disposable suction bottle is preferred</li> <li>• For reusable suction bottle:               <ul style="list-style-type: none"> <li>– Empty the bottle at least daily</li> <li>– Brush to clean with detergent and water every day</li> <li>– Immerse in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes</li> <li>– Rinse and store dry</li> </ul> </li> </ul>   |
| <b>Connection tubing and Y-shape connector</b> | <ul style="list-style-type: none"> <li>• Disposable tubing and connector are preferred</li> <li>• For reusable tubing and connector, clean and disinfect separately for each resident after every use:               <ul style="list-style-type: none"> <li>– Rinse thoroughly by suctioning with full power of the suction machine</li> <li>– Immerse in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes</li> <li>– Rinse and store dry</li> </ul> </li> </ul>             |
| <b>Suction tubing</b>                          | <ul style="list-style-type: none"> <li>• Dispose of after use</li> </ul>  |
| <b>Tracheostomy tube</b>                       | <ul style="list-style-type: none"> <li>• Inner tubes should be cleaned and disinfected separately for each resident</li> <li>• Follow manufacturer's instruction</li> <li>• Alternative method:               <ul style="list-style-type: none"> <li>– After cleaning, disinfect by immersing in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 3 minutes or 3% hydrogen peroxide for 30 minutes</li> <li>– Rinse with sterile water<sup>†</sup> and store dry</li> </ul> </li> </ul> |
| <b>Nebuliser bottle</b>                        | <ul style="list-style-type: none"> <li>• Clean with detergent and water every day</li> <li>• Immerse in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes</li> <li>• Rinse with sterile water<sup>†</sup></li> </ul>  |

<sup>†</sup> If sterile water is not available, boiled water (after cooling down) can be used as an alternative.

| Articles  | Recommended method of cleaning and disinfection  |
|---|--|
| <b>Humidifier<br/>bottle of oxygen<br/>concentrator</b>   | <ul style="list-style-type: none"> <li>• Daily cleaning with detergent and water; then rinse with sterile water<sup>†</sup></li> <li>• Weekly disinfection by immersing in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes; then rinse with sterile water<sup>†</sup></li> </ul>   |
| <b>Nebuliser mask<br/>Nebuliser tubing<br/>Oxygen cannula<br/>Oxygen tubing<br/>Oxygen mask</b> | <ul style="list-style-type: none"> <li>• Disposable</li> <li>• Follow manufacturer’s instruction</li> </ul>  |
| <b>Tongue<br/>depressor</b>   | <ul style="list-style-type: none"> <li>• Disposable wooden tongue depressor is preferred</li> <li>• For stainless steel tongue depressor:               <ul style="list-style-type: none"> <li>– Wash with detergent and water until clean</li> <li>– Then, immerse in 70% alcohol for not less than 10 minutes</li> <li>– Store in a clean covered container after drying</li> </ul> </li> </ul>  |
| <b>Thermometer</b>  | <ul style="list-style-type: none"> <li>• Cover thermometers with plastic shields when in use</li> <li>• Use separate thermometers for residents with infection</li> <li>• For electronic thermometer:               <ul style="list-style-type: none"> <li>– Follow manufacturer’s instruction for disinfection</li> <li>– Must NOT disinfect with high heat as it will damage the electronic components and affect normal functioning</li> </ul> </li> <li>• For mercury thermometer:               <ul style="list-style-type: none"> <li>– Wash with detergent and cold water</li> <li>– Immerse in 70% alcohol for not less than 10 minutes</li> <li>– Dry and store in a clean covered container</li> </ul> </li> </ul> |
| <b>Dressing trolley<br/>(stainless steel)</b>   | <ul style="list-style-type: none"> <li>• Clean with detergent and water</li> <li>• Disinfect by wiping with 70% alcohol</li> </ul>   |
| <b>Feeding set<br/>(feeding bag,<br/>feeding funnel<br/>and connecting<br/>tube)</b>            | <ul style="list-style-type: none"> <li>• After each feed, the feeding set should be flushed with water and air dried separately for each resident, before putting into a clean covered container for the next use</li> <li>• The feeding funnel should be disinfected daily by boiling for 10 minutes</li> <li>• The feeding bag and connecting tube should be disposed daily</li> <li>• Alternative method: follow manufacturer’s instruction</li> </ul>  |

<sup>†</sup> If sterile water is not available, boiled water (after cooling down) can be used as an alternative.

| Articles                          | Recommended method of cleaning and disinfection   |
|-----------------------------------|---|
| <b>Urine collecting container</b> | <ul style="list-style-type: none"> <li>• Rinse with water first then clean with detergent and water</li> <li>• Disinfect with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water)</li> <li>• Rinse afterwards and store dry</li> </ul>   |
| <b>Bedpan</b>                     | <ul style="list-style-type: none"> <li>• Clean with detergent and water with a brush</li> <li>• Disinfect with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water)</li> <li>• Rinse afterwards and store dry</li> </ul>  |
| <b>Commode</b>                    | <ul style="list-style-type: none"> <li>• Wash with detergent and water after each use, then keep dry</li> <li>• If any contamination is noted: <ul style="list-style-type: none"> <li>– Wash with detergent and water before cleaning with a brush</li> <li>– Wipe with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water)</li> <li>– Rinse afterwards and store dry</li> </ul> </li> </ul> |
| <b>Gown and cap</b>               | <ul style="list-style-type: none"> <li>• Disposable gown and cap are preferred</li> <li>• For contaminated or soiled reusable textile items, soak in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes before general handling</li> </ul>   |
| <b>Face shield or goggles</b>     | <ul style="list-style-type: none"> <li>• Disposable face shield or goggles are preferred</li> <li>• For reusable face shield or goggles: <ul style="list-style-type: none"> <li>– Clean with detergent and water first</li> <li>– Immerse in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 10 minutes</li> <li>– Rinse and store dry</li> </ul> </li> </ul>                        |

| Articles   | Recommended method of cleaning and disinfection   |
|--|---|
| <p><b>Gloves</b></p> <p><b>Note:</b><br/><b>Wearing gloves cannot replace hand hygiene</b></p> | <ul style="list-style-type: none"> <li>• Disposable sterile gloves should be used for aseptic procedures, when hands are likely to come into contact with sterile areas or when performing invasive procedures (e.g. inserting urinary catheter)</li> <li>• Disposable latex gloves should be used for procedures involving contact with blood and body fluids</li> <li>• For general environmental cleaning, reusable household latex gloves can be used: <ul style="list-style-type: none"> <li>– To minimise the risk of cross-transmission, different gloves should be used for different areas such as kitchen, toilets, general areas, isolation room or cohort areas</li> <li>– Clean with detergent and water first</li> <li>– Disinfect by immersing in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 10 minutes</li> <li>– Air dry before reuse</li> </ul> </li> </ul> |
| <p><b>Sphygmomanometer cuff</b></p>  | <ul style="list-style-type: none"> <li>• Wash with detergent and water regularly. Hot water cycle machine wash is preferred</li> <li>• If contaminated with body fluid, <ul style="list-style-type: none"> <li>– Clean with detergent and water first</li> <li>– Disinfect by immersing in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes</li> <li>– Rinse and dry</li> </ul> </li> </ul>  |
| <p><b>Stethoscope</b></p>  | <ul style="list-style-type: none"> <li>• Wipe with 70% alcohol regularly, before and after use</li> </ul>   |

# Appendix G

## Multi-drug resistant organisms (MDROs)

Antimicrobial resistance describes the ability of microorganisms to resist the action of antibiotics and make the infections more difficult to treat. MDROs refer to bacteria that cannot be treated by several classes of commonly used antibiotics. Although there are some alternative antibiotics available for treatment, they may be less effective, or cause more side effects.

### Types of MDROs

1. Vancomycin-resistant *Enterococcus* (VRE)<sup>#</sup>
2. Carbapenem-resistant *Enterobacteriaceae* (CRE)<sup>#</sup>
3. Carbapenem-resistant *Acinetobacter* (CRA) / Multi-drug resistant *Acinetobacter* (MDRA)
4. Multi-drug resistant *Pseudomonas aeruginosa* (MRPA)<sup>#</sup>
5. Methicillin-resistant *Staphylococcus aureus* (MRSA) / Vancomycin-intermediate / resistant *Staphylococcus aureus* (VISA/VRSA)<sup>#</sup>
6. Extended-spectrum beta-lactamase (ESBL) producing organisms

<sup>#</sup> VRE, CRE, MRPA and VISA/VRSA are emerging MDROs which require special attention for enhanced infection control practice and monitoring.

### Clinical features

MDROs can cause a wide range of healthcare-associated infections such as pneumonia, urinary tract infection, wound infection and bacteraemia. Although MDROs can normally be carried in asymptomatic people for months or even years, immunocompromised or critically-ill patients are more prone to be colonised and result in infection. The infections in susceptible patients are often severe, life threatening, and often with limited treatment options.

### Mode of transmission

MDRO is transmitted by contact with contaminated equipment, inanimate surfaces and hands. Poor personal and environmental hygiene may lead to cross transmission and facilitate their spread both in hospitals and the community. Risk factors including the presence of non-intact skin with cuts or abrasions; or crowded conditions, also facilitate the transmission of these organisms.

## General measures to prevent and control the transmission of MDROs

|  |   |
|--|---|
| <b>1. Maintain good personal hygiene</b> | <ul style="list-style-type: none"> <li>• Keep hands clean by washing thoroughly and frequently with liquid soap and water or rubbing with alcohol-based handrub.</li> <li>• Avoid sharing personal items such as towels, toothbrushes and razors.</li> <li>• Avoid direct contact with wounds, stomas, drainages, or anything contaminated by body secretions, with bare hands.</li> <li>• Clean any skin lesions, such as abrasions or cuts immediately and cover properly with dressings. Wash hands after touching wounds.</li> <li>• Avoid visiting public bathrooms, massage parlours and spas when an open wound is present.</li> </ul> |
| <b>2. Maintain environmental hygiene</b> | <ul style="list-style-type: none"> <li>• Regularly disinfect furniture and facilities by using 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water).</li> <li>• Use 70% alcohol to disinfect metal surfaces.</li> <li>• Disinfect reusable equipment.</li> </ul>  |
| <b>3. Proper use of antibiotics</b>      | <ul style="list-style-type: none"> <li>• Consult a doctor promptly if symptoms of infection develop.</li> <li>• Do not take antibiotics indiscriminately. Antibiotics should be prescribed by registered medical practitioners.</li> </ul>  |
| <b>4. Standard precautions</b>           | <ul style="list-style-type: none"> <li>• It is a basic level of infection control precautions that should be implemented in the care of all patients.</li> <li>• Wear appropriate personal protective equipment (PPE), e.g. wearing gloves and gown when handling blood, body fluids, secretions, or excretions. If splashes and spills of blood or other body fluids during procedures are anticipated, gloves, surgical masks, goggles and gown should be worn. Wash hands thoroughly afterwards.</li> </ul>  |

Please inform the manager of the institution or Community Care Service Units (CCS) upon admission / or application of service if a resident is known to be carrier of CRE, VRE, VISA/VRSA, and MRPA so as to facilitate institution/CCS to implement appropriate infection control measures and to provide adequate care support.

## Additional infection control measures for MDRO carriers living in institutions

Risk factors of MDRO infection and transmission include:

1. Personal factors, e.g. cognitive impairment, poor self-care, immunocompromised, etc.
2. With indwelling catheters in-situ, e.g. nasogastric tube, urinary catheter, peritoneal dialysis catheter (Tenckhoff catheter), etc.
3. Wound or non-intact skin, e.g. chronic ulcer, pressure sore, tracheostomy sites, stoma, etc.

Risk assessments should be performed when deciding whether isolation precautions should be implemented to MDRO carriers, especially for those with CRE, VRE, VISA/VRSA, and MRPA.

|  | MDRO carriers without risk factors   | MDRO carriers with risk factors   |
|--|--|---|
| <b>Infection control precautions</b>                     | <ul style="list-style-type: none"> <li>• Standard precautions</li> </ul>   | <ul style="list-style-type: none"> <li>• Standard precautions AND modified contact precautions:<br/>Gown and gloves should be worn before entering the room if the staff will have direct contact with the resident or contaminated objects.</li> </ul> |
| <b>Enhanced environmental cleansing and disinfection</b> | <ul style="list-style-type: none"> <li>• Increase the frequency of environmental cleansing and disinfection by 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water) to at least three times per day especially for frequently touched areas such as door knobs, bedside tables or bedside rails.</li> </ul>  |   |
| <b>Placement</b>   | <ul style="list-style-type: none"> <li>• MDRO carriers should preferably be placed in single rooms.</li> <li>• Otherwise, residents with the same MDRO type should be cohorted in a room or physically separated by partitioned barriers.</li> <li>• All vulnerable non-MDRO residents such as those with indwelling catheters, skin lesions, pre-existing wounds or currently on antibiotic treatment, should not be assigned to live with the confirmed MDRO carriers in the same room.</li> </ul> |   |

|                             |   |
|-----------------------------|---|
| <b>Dedicated equipment</b>  | <ul style="list-style-type: none"> <li>• Dedicate the specific use of non-critical items (such as wheelchairs, sphygmomanometer cuffs) and cleansing tools.</li> <li>• Otherwise, they should be cleaned and disinfected thoroughly after use.</li> </ul>   |
| <b>Dedicated facilities</b> | <ul style="list-style-type: none"> <li>• Dedicated toilet and bath facilities are preferred.</li> <li>• Otherwise, assign MDRO carriers as the last one in the nursing care rounds (such as diaper or bath rounds) if possible. Clean and disinfect the facilities thoroughly after use.</li> </ul> |

Residents who are activities-of-daily-living independent and have no symptoms of infection can participate in social activities with their non-MDRO counterparts (except those vulnerable residents as aforementioned).

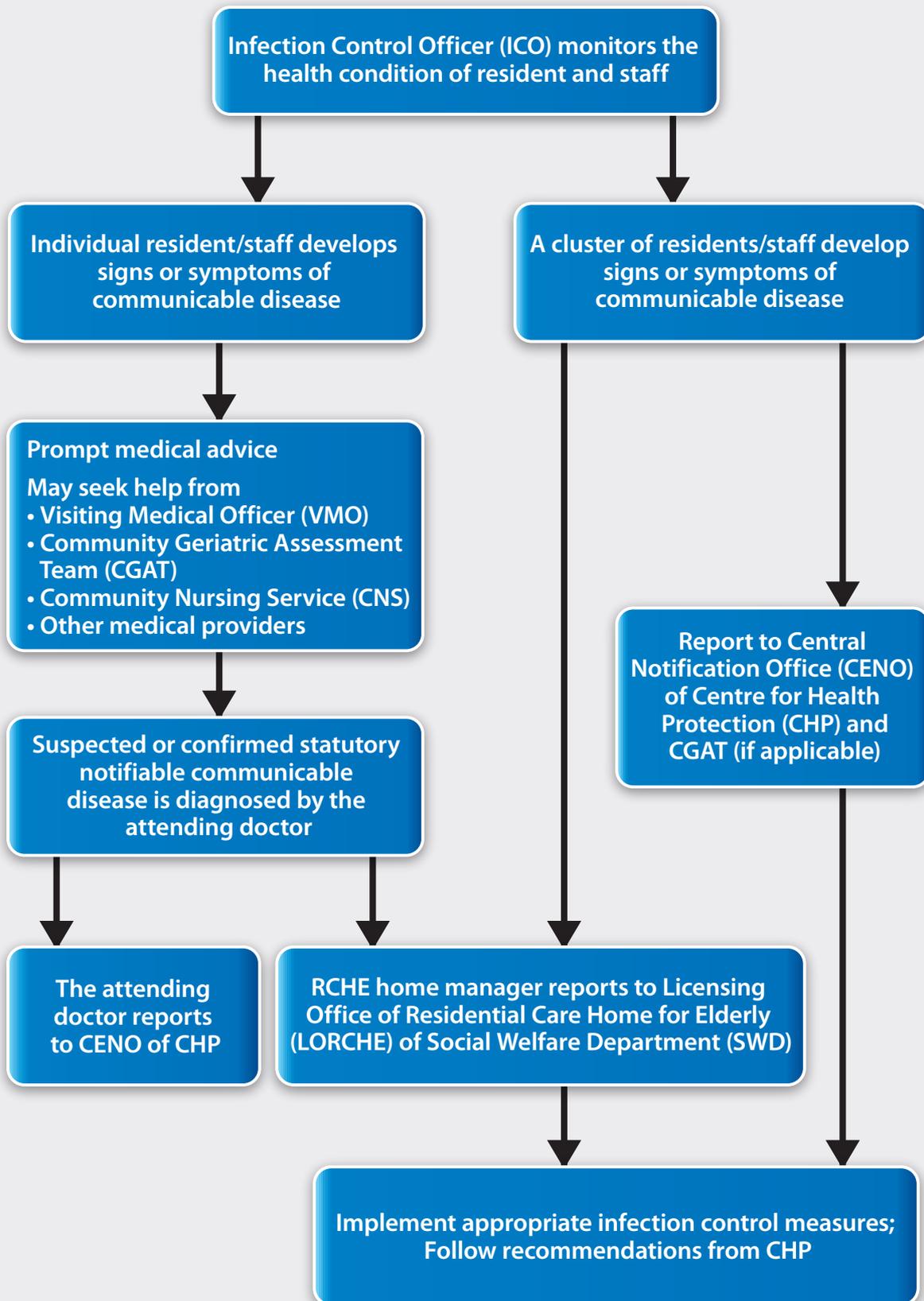
For further information on MDROs, please visit the following websites:

Centre for Health Protection (<http://www.chp.gov.hk>) or

Hong Kong Training Portal on Infection Control and Infectious Disease (<http://icidportal.ha.org.hk/sites/en/default.aspx>).

# Appendix H

## Notification mechanism for communicable diseases in RCHEs



# Appendix I

## Statutory notifiable communicable diseases

As of January 2015, there are 49 statutory notifiable communicable diseases:

- Acute poliomyelitis
- Amoebic dysentery
- Anthrax
- Bacillary dysentery
- Botulism
- Chickenpox
- Chikungunya fever
- Cholera
- Community-associated methicillin-resistant *Staphylococcus aureus* infection
- Creutzfeldt-Jakob disease
- Dengue fever
- Diphtheria
- Enterovirus 71 infection
- Food poisoning
- *Haemophilus influenzae* type b infection (invasive)
- Hantavirus infection
- Invasive pneumococcal disease
- Japanese encephalitis
- Legionnaires' disease
- Leprosy
- Leptospirosis
- Listeriosis
- Malaria
- Measles
- Meningococcal infection (invasive)
- Middle East Respiratory Syndrome
- Mumps

- Novel influenza A infection
- Paratyphoid fever
- Plague
- Psittacosis
- Q fever
- Rabies
- Relapsing fever
- Rubella and congenital rubella syndrome
- Scarlet fever
- Severe Acute Respiratory Syndrome
- Shiga toxin-producing *Escherichia coli* infection
- Smallpox
- *Streptococcus suis* infection
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus and other rickettsial diseases
- Viral haemorrhagic fever
- Viral hepatitis
- West Nile virus infection
- Whooping cough
- Yellow fever

*Footnote:*

Please refer to CENO On-line website at <https://ceno.chp.gov.hk/disease.jsp#stat> for the update list of statutory notifiable diseases and at <https://ceno.chp.gov.hk/casedef/casedef.pdf> for the case definitions.

# Appendix J

## 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**)

c.c. 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:                    | _____  | (LORCHE No.: _____)                  |
| Address of institution:                 | _____<br>_____   |                                      |
| 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:<br>(May tick multiple) | <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat<br><input type="checkbox"/> Cough <input type="checkbox"/> Runny nose<br><input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting<br><input type="checkbox"/> Skin rash <input type="checkbox"/> Blisters on hand/foot <input type="checkbox"/> Oral ulcers<br><input type="checkbox"/> Others (Please specify: _____) |                                      |
| Suspected disease:                      | _____  |                                      |
| Reported by:                            | _____  | Contact tel.: _____                  |
| Signature:                              | _____  | Fax on: _____                        |

F-RCHE-2014e

# Appendix K

## Information required for outbreak investigation

### Preliminary information

- (1) Name and LORCHE number 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
- (6) Total number of residents in the RCHE
- (7) Total number of staff 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

# Appendix L

## Scabies

Scabies is an infectious skin disease caused by a barely visible mite the *Sarcoptes scabiei*. It is a parasite that burrows into, resides and reproduces in human skin and 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.

### Mode of transmission

Scabies usually spreads through direct skin contact with the infested people. Their clothing and bedding may also carry the mites/eggs and transmit the disease. Transmission within household and institutional setting is common.

### The scabies mite

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

- The main symptom is intensive itchiness in the affected areas, which is more severe at night and after hot bath.
- The common affected areas are the finger webs and the skin folds of wrists, elbows, armpits, nipples, lower abdomen and external genitalia. The face and scalp of elderly are usually spared.
- 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.
- If the infected person is allergic to the mite or its excreta, he or she may develop blisters.

### Norwegian or crusted scabies

- It is a rare but severe form of scabies which is highly contagious because an infested person may harbour thousands of mites.
- Infected persons may have marked scales and crusts, particularly on the palms and soles. The nails may thicken with debris in the nail bed.
- Face and scalp can also be affected.
- It occurs more frequently among people with weakened immunity, physical debilitation, sensory impairment or mental retardation.
- It has enhanced potential for transmission.

## Management of scabies

### 1. Management of residents and staff in elderly home

- Staff should closely monitor the conditions of themselves and the residents. Immediate medical advice should be sought when scabies infestation was suspected. If there are several residents and staff diagnosed to have scabies, staff should report to the CHP and SWD.
- During a scabies outbreak, people who are in close contact with the patient, e.g. residents in the same room and staff, should apply the anti-scabies medication to prevent the spread of the disease.
- Staff should wear gloves and apron when performing cleaning work or taking care of the infested resident. After direct care, care-givers should change their working clothes and wash their hands thoroughly.

### 2. Management of the clothing and bed-linen

- Patient's clothing, towels, bed-linen, pillowcase, etc., should be washed separately from those of their family members or other elderly home residents.
- Patient's clothing, bed-linen, pillowcase, etc., must be washed in hot water (60°C or above, for not less than 10 minutes) to get rid of the mite and their eggs.
- 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 cleaned and used as usual.

### 3. Medical treatment

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

#### ***How to apply Benzyl Benzoate Emulsion***

- 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.
- On the next morning, repeat the application without taking a bath. Then put back the same clothes.
- On the next evening, take a hot bath and clean the whole body with soap and put on clean clothes afterwards.
- In between the two applications of the emulsion, there is no need to change the clothing or bed-linen.
- Only 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.

- 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.
- 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 reassessment.

# Appendix M

## Norovirus infection

### Causative agent

This infection is caused by a group of viruses known as noroviruses, which is previously known as 'Norwalk-like viruses'. 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.

### Mode 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 surgical mask while disposing of or handling vomitus and faeces, and wash hands thoroughly afterwards.
- Clean and disinfect soiled linen, clothes and surfaces promptly and thoroughly with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water). Wash hands thoroughly afterwards.
- No vaccine is available for norovirus infection.

## Disinfection of environment after vomiting or faecal spillage from patients with norovirus infection

- Keep residents away from the contaminated area during the cleaning process.
- Wear gloves and a surgical mask throughout the disinfection procedure.
- Discard all food if vomiting and diarrhoea occurs in an area where open food is displayed.
- Remove the bulky waste cautiously from all soiled linens and clothing before washing. Then, soak them in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes and then wash thoroughly. If immediate washing cannot be arranged, place the soiled linen and clothing inside sealed bags and wash them as soon as possible.
- Use disposable towels to wipe away all the vomitus or faecal spillage from outside inward. Then apply 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) to the contaminated surface and the adjacent areas liberally (as a rough guide, preferably disinfect areas within 2 metres from the edge of the vomitus or faecal spillage), especially the frequently touched surfaces, e.g. door knobs and hand rail.
- Never use floor mops for cleaning up the vomitus.
- Soak all cleaning tools in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes and then rinse thoroughly before reuse.
- Wash hands thoroughly afterwards.