

**For discussion
15 December 2003**

**LegCo Panel on Health Services
Subcommittee to Monitor the Implementation
of the Recommendations of the SARS Expert Committee and
the Hospital Authority Review Panel on the SARS Outbreak**

Engaging the Community in Times of Outbreak

This paper reports on the work of the Government and Hospital Authority (HA) in engaging the community to prepare for the resurgence of SARS, with specific reference to the recommendations of the Report of the SARS Expert Committee. It also describes the progress of the Team Clean initiatives.

(a) Utilizing the skills of nurses and other healthcare professionals in caring for the needs of vulnerable groups and in sentinel surveillance

2. The Department of Health (DH) has strengthened its support to the residential care homes for the elderly (RCHEs) through providing continual skills-training and professional advice to staff of RCHEs to enhance their capacity in the prevention of infectious disease outbreaks. Briefing sessions and training workshops have been provided by healthcare professionals of DH to the newly designated infection control officers (ICOs) in each RCHE. Altogether, 4 briefing sessions and 15 one-day training workshops were conducted between September and November 2003. About 1,300 ICOs and other staff of RCHEs attended such training. Starting from mid-December, special on-site training will also be provided by DH nurses to ICOs of RCHEs as intensive support.

3. To monitor the trend of common infectious diseases in the elderly homes so as to identify outbreaks in a timely manner, DH is planning to extend its sentinel surveillance system on selected infectious diseases to elderly homes. A protocol for sentinel surveillance on common infectious diseases has been designed and consultation with Social Welfare Department (SWD) is underway with a view to implementing the pilot programme in December 2003. On disease prevention, DH nurses have completed comprehensive on-site assessment between August and October 2003 on the infection control measures in all elderly homes to identify possible areas that require improvement and facilitate the planning of necessary training.

4. Using the train-the-trainer approach, DH will organize briefing sessions on preparedness against SARS in the community with the Hong Kong Council of Social Service (HKCSS), targeting at representatives from voluntary agencies providing welfare services for children, young people, elderly people, disabled persons, chronically ill persons and new arrivals, etc. During the briefing sessions, they will be updated with information on SARS and the three-level response system, and health messages on the general preventive measures on SARS will be disseminated. The use of personal protective equipment for infection control will also be discussed.

5. Targeting at the young people, nursing staff of DH have been promoting health education on SARS for student and parents attending the Student Health Centres. The multi-disciplinary teams of the Adolescent Health Programme have also been conducting health education on SARS for teachers and students in schools.

6. DH will mobilize nursing and other health care professional staff from different services to support various activities of the department to fight against SARS, such as case investigation, contact tracing, isolation and health surveillance, health education and health promotion.

(b) Involving private practitioners in providing services

7. Both DH and HA have continued to work with the private healthcare sector for better collaboration during times of outbreaks. The HA and DH have designated officers as contact persons for liaising with the private sector during possible SARS outbreak. Guidelines for the referral/transfer of SARS patients between private and public institutions have also been developed and promulgated in November 2003. Private hospital representatives were invited to observe the SARS drill exercise in November 2003, and to participate in the review meeting.

8. To better utilize the assistance offered by the private hospitals and practitioners, information of their services will be made available to patients visiting HA hospitals, allowing them a wider range of choices. A Public-Private Interface Webpage has been developed by HA to further facilitate communication with the private sector. DH will also disseminate information on SARS to all registered medical practitioners, Chinese medicine practitioners and other health professionals through mail, facsimile or e-mail. This is to keep the practitioners updated on information on the outbreak situation and make necessary preparation to manage their patients.

(c) Involving the voluntary sector, organizations such as Auxiliary Medical Services (AMS) and Civil Aid Service (CAS) and Non-Governmental Organisations (NGOs) in providing care.

9. A meeting between representatives of DH, CAS and AMS to discuss the contributions and roles of CAS and AMS in different operations in fighting against SARS was held in October 2003. It was agreed that CAS will provide support in conducting isolation and evacuation operation as well as border control measures, while AMS will provide assistance in different health activities such as health talks, medical surveillance, distributing health education materials as well as providing transport and escort for home confinees.

10. As many NGOs are providing integrated care to frail elders in the community, it is particularly important to familiarize these carers with skills on proper infection control, especially when delivering close personal and nursing care. In this connection, DH is working closely with HKCSS and other NGOs to develop a specific training programme on infection control for carers providing community support services. Discussion is also continuing among DH, HA, SWD, and the NGOs on how to improve the information flow among the parties concerned at times of outbreaks.

11. Visiting Medical Officers (VMOs) supervised by Community Geriatric Assessment Teams (CGATs) of HA will assist in medical surveillance of old age homes. An efficient communication mechanism has been established between CGATs, DH, SWD and old age homes to expedite alert on possible clustering of cases with respiratory symptoms.

(d) To engage the community in health promotion activities and health campaign

12. DH has been working closely with different government bureau/department as well as different sectors of the community to spread the messages on SARS prevention to the public. In addition to community health talks for the general public, DH has been disseminating health messages targeting at different sectors in the community through a wide range of measures, including announcements in the public interest (APIs) broadcast on television and radio, booklets on personal and environmental hygiene in different languages, VCD, and its official Internet Website. Guidelines targeting at tourists, students, new arrivals, domestic helpers etc. have been prepared in different media format.

13. Production of a quality API requires creative minds, good cross-discipline coordination and sufficient lead time. Rather than rolling out new

APIs in the aftermath of disease outbreaks, it would be desirable to adopt a proactive approach by building up a stock of APIs to preempt possible outbreaks. The gist and production schedule of these APIs should be commensurate with the anticipated health risks faced by the community at different times of the year.

14. The airtime allocated for an API will be suitably adjusted in line with the health authority's assessment of the risk of the relevant disease to the local population. Where there is no sign of a disease outbreak, the broadcast frequency should be pitched at a level necessary to maintain public awareness of the need to take precautionary measures to avoid infections both locally and overseas. Where a disease outbreak becomes a distinct possibility, broadcast of the APIs will be stepped up to heighten community alertness and to engage the general public in containing the disease spread.

15. Constant updating and refinement of the API contents will need to be made to ensure that they continue to be able to capture as much attention from the audience as possible.

16. With the approach of the higher-risk season for SARS, we have already taken the proactive approach as described above to produce a number of new TV/radio APIs to appeal to the public to stay vigilant and prepared for a possible SARS comeback. The contents of these APIs cover such themes as 'wearing masks', 'washing hands', 'cross-sectoral measures taken to prevent SARS', 'health tips for outbound travelers', etc.

17. HA, through its health promotion arm Health InfoWorld have been developing the following initiatives :

- (i) Hand Hygiene Campaign – the campaign has been launched in public hospitals to raise the awareness of health care workers and the patients on the importance of hand hygiene as a key element in infection control. The campaign will gradually roll out into the community and will last throughout 2004.
- (ii) Riding on the opportunity of the community supported Better Health for a Better Hong Kong campaign, HA will be working with various sectors of the community including the labour associations, women groups, elderly groups, to launch a territory-wide campaign on personal hygiene, especially hand hygiene, and common infection diseases.

- (iii) Hospital volunteers are being trained to become hand-hygiene ambassadors, while training on infection control for their protection have already started in September 2003.

18. A working group on SARS Education & Publicity was set up in November 2003 involving various Government Departments and HA. Members agreed to revise their guidelines on SARS prevention for respective sectors and upload the guidelines onto DH's SARS website.

(e) Community involvement initiative under Team Clean

District Hygiene Squads

19. To involve our community in upkeeping neighbourhood hygiene, the 18 District Offices under the Home Affairs Department (HAD) have formed district hygiene squads by recruiting volunteers from local groups, such as District Councils (DCs), district Clean Hong Kong committees, Area Committees, Owners' Corporations, Mutual Aid Committees and various NGOs. These hygiene squads are tasked to inspect the hygiene conditions of the districts, identify problematic sites for follow-up actions, monitor progress of remedial work, as well as help disseminate Team Clean messages. They are also invited to participate in various activities and projects, including the clearance of 175 blackspots drawn up in the 18 districts after detailed consultation at the district level. So far, about 160 district hygiene squads involving over 2,100 volunteers have been formed in the 18 districts. During August to November 2003, around 950 inspections were conducted and 1,400 referrals made to Government for follow-up action.

Month-End Cleansing

20. Since May 2003, all 18 districts conduct month-end cleansing exercises. At the district level, relevant Government departments (i.e. HAD, Food and Environmental Hygiene Department, Housing Department, Highways Department, Buildings Department, etc.), members of DCs and district hygiene squads conduct regular inspections before and after cleansing exercises. They take pictures of hygiene problems in their own districts and conduct random inspections to prevent a relapse of the problems. The District Offices also monitor the situation closely. Should there be any problems, these will be brought up for discussion at the District Management Committees.

Special Education Programmes

21. The Home Affairs Bureau and HAD, in partnership with NGOs,

have organized educational programmes on public hygiene for specific target groups, including new arrivals, domestic helpers, ethnic minority groups and students. These include distribution of hygiene guidelines and organizing programmes to promote good hygiene practices. During August to November 2003, over 85 talks/classes and 20 outreach projects were organized.

22. HAD issued in October 2003 Guidelines on Inspection and Disinfection of Common Parts of Buildings for distribution to property management companies. It has also sent guidelines on prevention of SARS to licensed hotels and guesthouses, clubs and bedspace apartments and reminded them to take appropriate precautionary measures.

23. At times of outbreak, the Health, Welfare and Food Bureau will continue to coordinate the work of DH, HA, SWD, other government departments and other relevant parties in discharging their duties under a population-based framework, paying special attention to the vulnerable groups.

24. Members are invited to note the progress reported in this paper.

**Health, Welfare and Food Bureau
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