

## *Checklist of Measures to Combat SARS*

### *Preamble*

The battle against SARS is not yet over in Hong Kong and elsewhere in the world. At the 54<sup>th</sup> annual conference of the World Health Organisation's regional committee for the Western Pacific region held in September 2003 in Manila, Dr Lee Jong-wook, Director-General of the World Health Organisation (WHO), said, "We have to prepare on the assumption that this (SARS) will come back." We will only win the battle if the Government and all sectors of the community take part in the fight. The HKSAR Government has already put in place a comprehensive strategy to guard against SARS. Various sectors and trades have also implemented preventive measures and are on full alert. We will remain vigilant and oversee the community's collective effort to ensure that a high level of preparedness is maintained on all fronts. Within the Government, the Health, Welfare and Food Bureau will ensure readiness of all Government departments and the Hospital Authority by conducting checks and keeping track of the progress in the implementation of necessary measures.

The Government is committed to safeguarding the health of the community by–

- ❖ Preventing a resurgence of the disease and strengthening our preparedness;
- ❖ Maintaining close and effective surveillance for the disease; and
- ❖ Combating it swiftly and rigorously, if it should come back.

The following chapters outline the work of the Government on each front. The list of measures will be fine-tuned as we gain more knowledge and experience on the disease and on infection and outbreak control.

## CHAPTER ONE

### PREVENTING RESURGENCE OF SARS AND STRENGTHENING OUR PREPAREDNESS

#### *Forestalling import and export of cases*

- to continue to strictly enforce public control measures including temperature screening and health declaration on passengers arriving or leaving Hong Kong at the airport, seaports and land border control points. Passengers found to have fever or reporting sick will be further assessed and those suspected to have SARS will be referred to hospital for further management. (*Department of Health, Auxiliary Medical Service, Immigration Department, Airport Authority*)

#### *Prevention in the Community*

##### *The Public Health Sector*

- to continue with the policy of controlling hospital visits to reduce the spread of SARS. (*Hospital Authority*)
- to encourage health care workers to receive influenza vaccination in order to maintain a healthy workforce and avoid confusion arising from flu symptoms similar to those of SARS. (*Department of Health*)
- to put in place field epidemiology training programmes with other health authorities with a view to substantially enhancing the Department of Health's capacity in disease surveillance, investigation and control. (*Department of Health*)

- to set up an infectious disease control training centre to identify and develop suitable training programmes on infection control and infectious disease for Hospital Authority staff across all disciplines. Training on infection control and infectious diseases will be documented and audited. (*Hospital Authority*)
- to maintain contact with overseas health authorities with a view to securing backup epidemiological support when necessary. (*Department of Health*)
- to enhance manpower capacity for infection control and epidemiological studies. (*Department of Health*)
- to maintain a state of heightened preparedness, including (a) an adequate stock of Personal Protective Equipment; and (b) infection control measures, which will be further upgraded if any sign of a single case of SARS emerges. (*Hospital Authority*)
- to review and improve where necessary arrangements for imposing–
  - travel restrictions on outgoing travellers suspected/confirmed to have contracted SARS, and their household contacts;
  - home isolation of household contacts of SARS patients; and
  - temporary accommodation for health care workers who have come in close contact with SARS patients. These measures have proved to be effective means of SARS outbreak control. (*Department of Health, Hospital Authority*)

- to review and improve where necessary arrangements for evacuation and isolation in case such measures are necessary to combat an outbreak in a particular location. (*Health, Welfare and Food Bureau, various Government Departments concerned*)
- data collection for SARS outbreak investigation has been standardised. The Department of Health is now developing the information exchange schema, which will be ready by end of September 2003. (*Department of Health*)
- to carry out improvement works at nine major acute public hospitals to provide for some 1 290 additional isolation beds. (*Hospital Authority*)
- to carry out improvement works in another five public hospitals to provide for some 150 additional isolation beds. (*Hospital Authority*)
- to facilitate the evaluation of different treatment modalities by experts so as to ensure that treatment options are clinically effective and safe. A number of therapeutic regimes, including Chinese medicine, are being vetted vigorously, applying an evidence-based approach and ethically sound principles. (*Hospital Authority*)
- to implement risk-based management of patients in public hospitals so that suspected patients will be segregated and isolated in Accident and Emergency Departments and isolation wards of hospitals to avoid cross infections. (*Hospital Authority*)

- action is in hand to set up a Centre for Disease Control (CDC)-like organisation to strengthen the longer-term prevention and control of infectious diseases. Capabilities in various areas will be enhanced–

#### *Surveillance*

- new IT infrastructure to expand the surveillance network and generate early warning signals;
- public health laboratories to conduct more tests in a shorter time;
- specific programmes/divisions for the surveillance and control of target diseases;
- more information for the public about infectious diseases, e.g. through the setting up of a resource centre; and
- collaboration with universities on projects.

#### *Emergency response*

- organisation of structured training programme on field epidemiology;
- strengthened manpower in contact tracing and epidemiological investigations, in terms of number and mix of expertise;
- overseas expertise in staff training; and
- designated public health units to liaise specially with hospitals.

*(Health, Welfare and Food Bureau, Department of Health)*

#### *Private practitioners*

- to maintain close liaison with private practitioners and to remind them, from time to time–
  - to take appropriate infection control measures in their clinics;
  - to assess the requirement for Personal Protective Equipment and to maintain adequate stock;

- to educate patients about SARS and its prevention;
- to refer promptly patients suspected of having SARS to hospital for further investigation and management; and
- to notify the Department of Health of suspected SARS patients.

*(Department of Health)*

*Private hospitals*

- to maintain close liaison with private hospitals and to remind them, from time to time–
  - to maintain a high degree of alertness when acting as the initial point of receiving patients whose illness may be eventually diagnosed with SARS;
  - to assist in the surveillance of SARS by actively monitoring respiratory illness among hospital staff;
  - to assess the requirement for Personal Protective Equipment and to maintain adequate stock;
  - to audit infection control measures from time to time;
  - to report patients suspected of having SARS to the Department of Health on a daily basis; and
  - to have in place an effective and healthy workforce through implementing adequate infection control measures and providing training and Personal Protective Equipment to staff.

*(Department of Health)*

- to share with private hospitals guidelines on infection control and information on infectious diseases.

*(Hospital Authority)*

### *Schools*

- to require parents to take the temperature of their children daily before letting them go to school. (*Education and Manpower Bureau*)
  
- to require schools –
  - to clean and disinfect their premises and facilities daily;
  - to provide adequate facilities and cleaning materials for hand-washing; and
  - to maintain good indoor ventilation and wash the dust filters of air-conditioners frequently.(*Education and Manpower Bureau*)
  
- the Education and Manpower Bureau has issued a handbook on SARS prevention in schools which sets out clearly the respective roles and responsibilities of parents, students, staff and schools. An extract of the main measures are set out in Annex A. The full text of the handbook is available on the Education and Manpower Bureau homepage at [www.emb.gov.hk](http://www.emb.gov.hk). (*Education and Manpower Bureau*)

### *Residential care homes for the elderly and people with disabilities*

- to issue updated guidelines on infection control for residential care homes for the elderly and people with disabilities. (*Department of Health*)
  
- to implement an enhanced information exchange mechanism among relevant parties to enable early detection of infectious disease, timely notification and prompt action to combat any infectious disease outbreaks. (*Department of Health, Hospital Authority, Social Welfare Department*)

- to arrange influenza vaccination for all elderly/disabled residents in the institutions. (*Department of Health, Social Welfare Department*)
- to provide funds to make available suitable space in subvented homes for cohorting arrangements in the event of an outbreak of infectious disease. (*Social Welfare Department*)
- to designate an Infection Control Officer (ICO) in each residential care home for the elderly (RCHE) who would be responsible for dealing with infection control and prevention of communicable diseases in RCHEs. (*Department of Health, Hospital Authority, Social Welfare Department*)
- to visit all RCHEs by October 2003 to assess their capabilities in infection control, to provide on-the-spot coaching and to identify training needs. (*Department of Health, Social Welfare Department*)
- to arrange briefings and on-going training for ICOs and other RCHE staff on infection control. (*Department of Health, Hospital Authority, Social Welfare Department*)
- to institute sentinel surveillance system in RCHEs on common infectious diseases to monitor the trend of these diseases and to identify outbreaks in a timely fashion. (*Department of Health*)
- to improve surveillance in elderly homes through greater support by the Community Geriatric Assessment Teams (CGATs) for Visiting Medical Officers (VMOs) who will assist in monitoring medical surveillance for infectious diseases in RCHEs. The VMOs will provide regular on-site visits to RCHEs and manage episodic illness and subacute problems in the elderly residents. They will also attend to discharged patients



with stable chronic illnesses referred to them by the assessment teams. (*Hospital Authority, Social Welfare Department*)

#### *Elders in the community*

- to enhance the information exchange system for infectious diseases among parties involved in community care services. (*Department of Health, Hospital Authority, Social Welfare Department, Hong Kong Council of Social Services*)
- to continue to prepare hygiene kits, conduct public health education and provide emotional support through home visits as well as phone contacts by elderly service units. (*Social Welfare Department, Non-governmental Organizations*)
- to continue public health education among elders living alone and other vulnerable groups and assist them to improve their home living environment. Over 100 000 elders and vulnerable families have been outreached through Operation CARE and some 2 000 participants of the Youth Ambassadors Programme will promote greater hygiene awareness amongst the target groups. (*Social Welfare Department, Non-governmental Organizations*)
- to deal with hard-core cases involving public health hazards through intensive efforts. (*Social Welfare Department*)

### *Welfare service units*

- to continue to issue updated guidelines/reminders on measures to prevent the spread of infectious diseases to welfare service units (e.g. childcare centres, children and youth centres) and have these posted on the Social Welfare Department homepage for public access. (*Department of Health, Social Welfare Department*)

### *Public Housing*

- to continue intensified cleansing of public housing estates. “Operation Tai Ping Tei (太平地)” will be held four times a year, starting in September 2003. (*Housing Department*)
- to step up cleansing and disinfection of lift cars, especially the control panels, to no less than three times a day, from September 2003 onwards. (*Housing Department*)
- to commence Phase Two of the Drainage Ambassador Scheme in September 2003, under which a team of 100 Estate Drainage Ambassadors will carry out door-to-door inspection of drains and pipes in domestic flats and minor repairs promptly. (*Housing Department*)
- to step up enforcement action against misdeeds, such as littering and spitting, that may be conducive to the spread of infectious diseases. The Marking Scheme for Tenancy Enforcement commenced in August 2003 will be sustained. (*Housing Department*)

### *Private Property Management*

- to advise and remind all property management companies from time to time to step up cleansing and other SARS preventive measures. (*Home Affairs Department*)
- to issue guidelines on inspection and disinfection of common parts of buildings to property management companies, owners' corporations (OCs) and mutual aid committees (MACs) in September 2003. (*Home Affairs Department*)
- where there is no OC or MAC, to give advice on proper cleansing and maintenance of buildings to the owners and property management company if there is one. (*Home Affairs Department*)
- to continue cleaning old tenement buildings that have no OCs or MACs and are in an unsatisfactory hygienic condition. The cleansing operation will last through the coming winter season until mid 2004. (*Food and Environmental Hygiene Department*)
- inspection of the external drainage pipes of over 11 000 private residential buildings without OCs or MACs has been completed. (*Buildings Department*)
- OCs, MACs and management companies of some 18 000 private buildings have been advised to inspect their buildings. Amongst these, some 11 100 have reported that inspection has been completed. The Buildings Department has helped inspect another 3 860 buildings and will closely monitor inspection of the rest. (*Buildings Department*)

- to track the progress of the repair works required of buildings issued with statutory orders and advisory letters as a result of the inspections conducted. Some 1 320 statutory orders and 990 advisory letters have been issued in respect of drainage defects and environmental nuisance identified during the inspections. (*Buildings Department*)
- a guideline for the inspection and maintenance of internal drainage pipes and sanitary fittings in residential buildings has been prepared and distributed to 1.2 million households in private buildings and 580 000 public housing estate households. The guideline is available on the Buildings Department's homepage at [www.info.gov.hk/bd](http://www.info.gov.hk/bd). (*Buildings Department, Food and Environmental Hygiene Department, Housing Department*)
- to hold a series of road shows and seminars to promote building inspection and maintenance in all 18 districts from November 2003 to February 2004. (*Buildings Department*)

#### *Workplace*

- to continue to disseminate health information useful for the prevention of SARS to employers and employees, especially the message that people with fever should not go to work, and that employers should not require any employee who has a fever to work. A summary of the main messages is at Annex B. (*Labour Department*)
- to remind employers of the importance of taking measures to prevent the resurgence of SARS during workplace inspection visits and outreach occupational health talks. (*Labour Department*)

- to appeal to employers' associations, trade unions, industry-based committees and human resources managers' clubs to seek their assistance in reminding employers and employees of the need to exercise continued vigilance. (*Labour Department*)

#### *Public Transport*

- to issue health advice to the public transport sector. (*Transport Department, Department of Health*)
- to step up publicity efforts by organising health talks for operational staff of minor transport operators and cleansing campaigns for taxis, public light buses, coaches and nanny vans. (*Transport Department*)
- to monitor preventive measures taken by transport operators through weekly returns and experience sharing sessions. The detailed preventive measures contained in the guidelines issued to transport operators are available on the Transport Department's homepage at [www.info.gov.hk/td/](http://www.info.gov.hk/td/). (*Transport Department*)

#### *Aviation sector*

- to continue to require all airport staff entering the restricted area of the Hong Kong International Airport to undergo temperature checking, in addition to checking all passengers, including arriving, departing and transit passengers. (*Airport Authority*)
- to continue the Operation SkyFit launched in May 2003. Under this campaign, all airport workers are asked to take their body temperature before reporting for duty. Staff who have a higher-than-normal temperature should not report for duty and should seek medical treatment instead. All staff are encouraged to wear "Temperature OK" stickers to reassure passengers with whom they come into contact. (*Airport Authority*)

- local airlines, Cathay Pacific Airways and Dragonair, to continue to remain vigilant and take appropriate necessary preventive measures. (*Cathay Pacific Airways, Dragonair*)

*The tourism industry, travel trade and hotels*

- to work closely with the trade (including the Travel Industry Council of Hong Kong (TIC), Hong Kong Hotels Association, Federation of Hong Kong Hotel Owners, and Hong Kong Association of Registered Tour Coordinators) to remind all businesses in this field to diligently implement all preventive measures at all times. The following efforts will continue–
  - TIC has reminded its members to follow Department of Health’s SARS prevention guidelines for inbound visitors and tour guides;
  - TIC has asked (i) tour guides to distribute the health declaration forms and advise visitors to complete the forms before arrival in Hong Kong and to remind visitors to observe good personal and environmental hygiene; and (ii) coach drivers to ensure cleanliness of coaches; and
  - the Hong Kong Hotels Association has drawn up recommendations on best practices relating to health, safety and hygiene in hotels for its members and has reminded members to implement these best practices at all times.

*(Tourism Commission, Department of Health)*

*Food premises and public markets*

- to remind operators of food premises, market stalls and cooked food centres to follow the guidelines on –
  - keeping the premises and equipment clean; and
  - hygienic practices in food handling.

*(Food and Environmental Hygiene Department)*

- to put in place a loan scheme to assist restaurants, food factories, siu mei and lo mei shops and factory canteens to improve their food rooms, toilets and equipment so as to raise the overall hygiene standard. *(Food and Environmental Hygiene Department)*
- to rigorously enforce hygiene and food safety requirements such as those relating to proper protection of ready-to-eat food against contamination, pest and vermin infestation in food premises and dirty toilets. Enforcement will be carried out through regular inspections and blitz operations. Appropriate sanction, including improved demerit point and warning systems that may lead to suspension and cancellation of licences, will be put in place to provide sufficient deterrent effect. *(Food and Environmental Hygiene Department)*
- to encourage restaurants to provide serving chopsticks and spoons. *(Food and Environmental Hygiene Department)*
- to require market stall tenants to raise their standard of cleanliness through the enforcement of relevant laws and tenancy conditions and the implementation of monthly market cleaning days. Appropriate sanction, including a demerit points system and an improved warning system that may lead to termination of tenancy

agreements, will be put in place to provide sufficient deterrent. (*Food and Environmental Hygiene Department*)

#### *Overall environmental hygiene*

- to take rigorous enforcement action against violations of public cleanliness legislation such as littering and spitting. (*Food and Environmental Hygiene Department*)
- to encourage all cleansing staff of both the Government and its contractors to wear face masks to protect their health. (*Food and Environmental Hygiene Department*)
- to maintain all public toilets in a clean, well-ventilated and hygienic condition. (*Food and Environmental Hygiene Department*)
- to intensify street washing services in blackspots. (*Food and Environmental Hygiene Department*)

#### *Control of wild animals*

- to monitor and examine closely the scientific findings of any health risk posed by live wild animal and game meat. (*Health, Welfare and Food Bureau, Agriculture, Fisheries and Conservation Department*)
- to continue the suspension of the importation of game meat derived from civet cats. (*Food and Environmental Hygiene Department*)



*Public education*

- to continue the public education programme on SARS and its prevention (through TV and radio Announcement of Public Interests (APIs), booklets, posters etc.) and refine public education materials in the light of developments in scientific research. A new TV API will be launched by the end of September 2003. (*Health, Welfare and Food Bureau, Department of Health, Hospital Authority, Information Services Department, Home Affairs Department*)
  
- to mobilize various sectors of the community, including District Councils, District Clean Hong Kong Committees, District Hygiene Squads, Area Committees, non-government organisations and residents' organisations, to participate in cleaning, environmental improvement and anti-SARS initiatives. (*Health, Welfare and Food Bureau, Department of Health, Home Affairs Department*)

## **CHAPTER TWO**

### **MAINTAINING CLOSE SURVEILLANCE**

*Surveillance of the local scene – SARS has been a statutorily notifiable disease since March 2003. All medical practitioners are required to report patients diagnosed with SARS and suspected case. Other initiatives are-*

- to regularly review, update and disseminate the case definition of SARS to facilitate timely and rapid reporting of SARS by health care workers, laboratories and relevant service providers. *(Department of Health)*
- to introduce a sentinel surveillance system in addition to continuing surveillance using established channels including general outpatient clinics, general practitioners, schools, childcare centres, and elderly homes. *(Department of Health)*
- to monitor respiratory illnesses among hospital staff, taking reference from WHO guidelines for alerting to clustering of respiratory illness and for upgrading of infection control measures as appropriate. *(Hospital Authority)*
- to enhance surveillance of clustering of influenza-like illness and pneumonia amongst health care workers in hospitals and residents of institutions. For elderly homes, the surveillance capability will be strengthened through enhanced support by the Community Geriatric Assessment Teams to Visiting Medical Officers of the homes. *(Hospital Authority, Department of Health, Social Welfare Department)*

- to provide public health laboratory consultation service for private hospitals and SARS testing to facilitate early detection. (*Department of Health*)
- to release timely and accurate information on matters relating to SARS (e.g. alerts and cases in other countries/areas, development in the understanding of the disease) to the local community to keep up a high degree of alertness. (*Department of Health*)

#### *Liaison with the Mainland*

- to keep in close contact with the Ministry of Health and the Guangdong and Macao health authorities on the latest situation on SARS –
  - maintaining the frequency of reporting SARS cases on a weekly basis with the Guangdong health authority. The frequency of reporting other infectious diseases is once a month;
  - on the 15th of each month, the Guangdong health authority will transmit its infectious disease information to Hong Kong via the Hong Kong Economic and Trade Office in Guangdong;
  - upon receiving the infectious disease information, the Department of Health will conduct preliminary analysis of the information for sharing with its Guangdong counterpart; and
  - for special public health incidents, the frequency of reporting can be adjusted upon agreement by the two sides.

*(Health, Welfare and Food Bureau, Department of Health)*

#### *International exchange*

- to continue to maintain close communication and share data with the WHO and health authorities in other countries. (*Department of Health*)

- to continue to maintain close communication with consular corps to obtain first-hand information about developments overseas and to explain Hong Kong's situation to foreign countries. (*Health, Welfare and Food Bureau, Department of Health*)

## **CHAPTER THREE**

### **COMBATING THE DISEASE**

#### *Contingency planning*

- Contingency plans to deal with possible resurgence of SARS have been prepared at all levels.

#### *Overall Government response*

- The Health, Welfare and Food Bureau has prepared an overall Government emergency response mechanism that provides a clear command structure for making strategic decisions, distinct roles and responsibilities for different parties, the line of command to launch various types of operations, and the response times where appropriate. The plan will be fine-tuned according to local and overseas experience and increased knowledge about the disease.
- The Health, Welfare and Food Bureau will ensure readiness by regular checking of the preparations made for putting the contingency plan into use.
- The parties involved in this plan will have in place their own contingency plans. The components of these contingency plans will be documented, verified and tested.

- To ensure an efficient and responsive internal management system, a three-level response system is planned–
  - **Alert Level** – activated when there is (a) laboratory-confirmed SARS cases outside Hong Kong; or (b) a SARS Alert<sup>1</sup> in Hong Kong.
  - **Level 1** – activated when there is one or more laboratory-confirmed SARS cases in Hong Kong occurring in a sporadic manner<sup>2</sup>. The activation should be completed within 12 hours of the laboratory confirmation;
  - **Level 2** – activated when there are signs of local transmission of the disease.

(The Hospital Authority has an internal alert system for early detection and response to infectious disease outbreaks not confined to SARS. Situations amounting to **Alert Level (a)** corresponds to Yellow Response in the hospital setting. **Alert Level (b)**, **Level 1** and **Level 2** in this plan are all Red Response conditions in the hospital setting.)

- At the **Alert Level**, a simplified emergency response command structure will be put in place. The Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority are the main parties assessing the nature and level of risks, taking appropriate actions in anticipation of problems and monitoring developments.

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<sup>1</sup> The SARS Alert is an operational definition introduced by the WHO to ensure that appropriate infection control and public health measures are implemented until SARS has been ruled out as a cause of the atypical pneumonia or respiratory distress syndrome. Definition of a SARS Alert is –

- two or more health care workers in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period; or
- hospital acquired illness in three or more persons (health care workers and/or other hospital staff and/or patients and/or visitors) in the same ward/unit fulfilling the clinical case definition of SARS and with onset of illness in the same 10-day period.

<sup>2</sup> In cases where there is one or more patients suspected to have contracted SARS in private hospitals, the Government has in place an isolation policy whereby the patient(s) concerned will be isolated. The Department of Health will provide rapid diagnostic laboratory support to promptly confirm or exclude the presence of SARS virus in clinical specimens collected from the patient(s).

- A Steering Committee is set up to steer Government response to Level 1 and Level 2 outbreaks.
  - At *Level 1*, the Steering Committee –
    - will be chaired by the Secretary for Health, Welfare and Food;
    - will have as its core members the Director of Health, Chief Executive of the Hospital Authority, Director of Food and Environmental Hygiene, Director of Social Welfare, Director of Home Affairs, Director of Information Services and Permanent Secretary for Education and Manpower; and
    - will co-opt other senior officials and non-Government experts as circumstances warrant.
  - At *Level 2*, the Steering Committee –
    - will be chaired by the Chief Executive;
    - will have the Chief Secretary for Administration, the Financial Secretary, the Secretary for Justice, the Secretary for Health, Welfare and Food, the Secretary for Housing, Planning and Lands, the Secretary for Home Affairs, the Secretary for Education and Manpower, the Secretary for the Environment, Transport and Works, the Secretary for Security, the Director of Health, the Director of Information Services and the Director of the Chief Executive’s Office as its members; and
    - will co-opt other senior officials and non-Government experts as circumstances warrant.
- At *Level 1*, the Steering Committee will –
  - formulate overall disease control strategy and make decisions on the measures to prevent spread of the disease;
  - monitor closely developments of the situation and evaluate the effectiveness of the measures taken;

- co-ordinate the work of major players, e.g. the Department of Health, the Hospital Authority, universities, in combating the disease;
  - evaluate the preparedness of the Government to cope with possible deterioration of the situation and direct measures to be taken to augment any inadequacy;
  - consider whether urgent legislation is required should there be a more serious outbreak;
  - give directions on the overall communication strategy to ensure transparency and that the media and the community are kept informed of the situation and of the Government's outbreak control efforts, and to mobilise public support and cooperation in combating the disease.
- At *Level 2*, the Steering Committee will -
- formulate an overall disease control strategy and decide on measures to be taken, including decisions that have a wider impact on the community;
  - monitor closely developments of the situation and evaluate the effectiveness of the measures taken;
  - direct the mobilisation of resources and urgent legislative amendments where necessary;
  - assess the socio-economic impact of the crisis on Hong Kong and make decisions on the measures to minimise the impact;
  - evaluate the preparedness of the Government to cope with possible deterioration of the situation and direct measures to be taken to augment any inadequacy; and
  - direct the overall communications strategy to ensure transparency and that the media and the community are kept informed of the situation and of the Government's outbreak control efforts, and to mobilise public support and cooperation in combating the disease.



- The roles of the Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority in the emergency response mechanism are –

#### ***Health, Welfare and Food Bureau***

- to co-ordinate –
  - the public health sector response actions; and
  - other inter-departmental response actionsas directed by the Steering Committee and to monitor implementation of the actions. Task Groups will be set up for this purpose where necessary;
- to assess and secure the necessary resources and to oversee the adequacy of infrastructural support;
- to re-assess the preparedness of Government Departments in coping with the situation at different stages and to take necessary actions to augment any inadequacy as directed by the Steering Committee;
- to be responsible for urgent legislative amendments;
- to co-ordinate logistical support for the Departments involved in response actions;
- to co-ordinate internal and external communication, including keeping the community informed of developments and providing clear guidance on whether there is a need to step up preventive measures.

#### ***Department of Health***

- to liaise with affected foreign countries/areas and collect early intelligence on SARS cases outside Hong Kong;
- to implement public health measures to control the spread of disease in the community;
- to maintain an efficient surveillance system;

- to conduct prompt contact tracing as well as medical surveillance and confinement of close contacts;
- to identify and eliminate sources of infection, where possible;
- to communicate with and disseminate the latest information to hospitals and medical professionals in the private sector and government departments;
- to review and enhance port health measures, where necessary; and
- to ensure rapid and accurate diagnostic laboratory support.

***Hospital Authority***

- to maintain efficient surveillance to detect SARS in the public hospital system;
  - to diagnose provide appropriate medical care and isolate SARS cases;
  - to report promptly SARS cases and provide information to the Department of Health to enable timely implementation of public health measures;
  - to co-ordinate hospital infection control measures;
  - to investigate and manage outbreaks in public hospitals; and
  - to communicate closely with private sector medical professionals on clinical management and the provision of medical services.
- The actions to be taken by the Health, Welfare and Food Bureau, the Department of Health, the Hospital Authority and other sectors at the three levels are outlined in Annexes C, D and E.
  - Other features of the plan are at Annex F.

- The Health, Welfare and Food Bureau, the Department of Health and the Hospital Authority will conduct regular briefings and drills to facilitate thorough understanding of the emergency response plans, to familiarise the various parties with the work procedures and to identify any room for improvement in the plans.
- The Government also encourages different sectors to prepare their own contingency plans and to conduct regular drills to ensure that all parties concerned are familiar with the plans.

## *Conclusion*

We will keep the preventive, surveillance and contingency measures outlined in this document under constant review and improve them in the light of increased knowledge and experience on the disease, its mode of transmission and infection control. The Severe Acute Respiratory Syndrome Expert Committee will publish its report in early October 2003. We will study the recommendations made by the Committee and incorporate them where appropriate. We also welcome comments and suggestions from the community. Any comment or suggestion on the measures outlined in this document can be sent by e-mail to [enquiry@hwfb.gov.hk](mailto:enquiry@hwfb.gov.hk) or in writing to :

Health, Welfare and Food Bureau  
19 – 20/F, Murray Building,  
Garden Road,  
Central, Hong Kong

**Health, Welfare and Food Bureau**  
**September 2003**

**Main Measures for Keeping School Premises Hygienic and Healthy to Prevent SARS**

<b>Parents/Students/Staff members</b>	<b>Schools</b>
<ul style="list-style-type: none"> <li>• Parents should take the temperature of their children daily, record the temperature on a record sheet and sign on the record sheet before letting them go to school;</li> <li>• If a student or staff member has a fever or is not feeling well, he/she should seek medical advice and stay at home;.</li> <li>• School staff and students should wear face masks when they have mild respiratory tract infection symptoms;</li> <li>• Students should wash hands before meals and after sneezing, coughing or cleaning the nose. They should also avoid sharing towels or utensils at meal times;</li> <li>• School bus/nanny van drivers and the assistants should not drive/get on the bus/nanny van if they have a fever; and</li> <li>• Staff members/students who have close contact with confirmed/suspected cases of SARS should stay away from school for home confinement for 10 days.</li> </ul>	<p>Schools should –</p> <ul style="list-style-type: none"> <li>• clean and disinfect premises and facilities daily with diluted household bleach. Disinfectant mats can be placed at the entrance of school premises;</li> <li>• provide adequate facilities and cleaning material for hand-washing;</li> <li>• maintain good indoor ventilation and wash dust filters of air-conditioners frequently;</li> <li>• notify the Regional Offices of the Department of Health and the Education and Manpower Bureau if unusual symptoms of infection are noticed or a large number of students are on sick leave; and</li> <li>• suspend classes for 10 days if a staff member/student is confirmed/suspected to have contracted SARS and should clean and disinfect the school premises according to the instructions of the Department of Health.</li> </ul>

**Main Messages of the Health Information Disseminated to Employers and Employees**

<b>Keeping a clean and hygienic work environment</b>	<b>Enhancing employees' personal hygiene</b>	<b>Employers should</b>
<ul style="list-style-type: none"> <li>• maintain good ventilation, e.g. well-maintained air-conditioning system;</li> <li>• disinfect commonly-used equipment when necessary;</li> <li>• keep carpets, doors and windows clean;</li> <li>• ensure toilet facilities are clean, hygienic and properly maintained;</li> <li>• provide liquid soap, disposable towels or a hand-dryer in toilets.</li> </ul>	<ul style="list-style-type: none"> <li>• wash hands before touching the eyes, mouth or nose;</li> <li>• do not share towels or eating utensils;</li> <li>• increase body immunity by eating a balanced diet, taking regular exercise, getting adequate rest and refraining from smoking;</li> <li>• wear a mask if suffering from respiratory tract infection;</li> <li>• consult a doctor promptly in case of fever and/or cough; and</li> </ul>	<ul style="list-style-type: none"> <li>• ensure the workplace is kept clean and hygienic;</li> <li>• provide adequate and proper face masks, gloves and other personal protective equipment when necessary. Ensure workers are using such personal protective equipment properly when required;</li> <li>• communicate relevant health advice and guidelines to employees;</li> <li>• remind staff of the importance of good personal hygiene;</li> <li>• advise employees to consult a doctor in case of fever and/or cough; and</li> <li>• advise employees not to go to work if they have a fever.</li> </ul>

**Actions to be taken by the Health, Welfare and Food Bureau, Department of Health  
and the Hospital Authority  
at the *Alert Level***

***Health, Welfare and Food Bureau***

- to closely monitor the situation overseas and in Hong Kong;
- to monitor implementation of response actions;
- to re-assess the Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy;
- to formulate communication plans to -
  - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
  - keep the community closely informed of developments.

*Department of Health*

<b>(a) SARS case outside HK</b>	<b>(b) SARS Alert in HK</b>
<ul style="list-style-type: none"> <li>• proactively contact the affected country/area for first-hand information. If the affected area is a close neighbour, the Department of Health may organise an expert team comprising representatives of the Department, the Health, Welfare and Food Bureau and the Hospital Authority to visit the affected area to collect more information;</li> <li>• disseminate the information obtained and provide clear guidance to the Hospital Authority, private hospitals, doctors in private practice, relevant institutions, tourist agencies etc.;</li> <li>• review and step up port health measures in relation to the affected country and pay special attention to incoming and outgoing passengers from the affected country/area; and</li> <li>• monitor statistics of passengers coming from the affected area.</li> </ul>	<ul style="list-style-type: none"> <li>• provide rapid and accurate diagnostic laboratory support to promptly confirm or exclude the presence of the SARS virus in clinical specimens;</li> <li>• conduct prompt and comprehensive contact tracing, even before laboratory results are available. Contacts of symptomatic staff/patients will be put under home confinement and medical surveillance;</li> <li>• station experienced staff at the affected facility for close communication and supervision regarding infection control, contact tracing, and outbreak monitoring;</li> <li>• provide accurate updates to private hospitals, doctors in private practice, schools and other relevant institutions, tourist agencies etc. on the most current situation and provide clear guidance on the extra preventive measures to be taken.</li> <li>• require private hospitals and elderly homes to enhance surveillance and reporting of SARS;</li> <li>• require private hospitals and residential care homes to re-assess their readiness to deal with any suspected SARS case, infection control measures, manpower</li> </ul>



<b>(a) SARS case outside HK</b>	<b>(b) SARS Alert in HK</b>
	provision and stock supply; <ul style="list-style-type: none"> <li>• notify Guangdong and Macao health authorities, relevant consulates, and liaise with other international health agencies; and</li> <li>• review and step up necessary border control measures for both incoming and outgoing passengers.</li> </ul>

*Hospital Authority*

<b>(a) SARS case outside HK</b>	<b>(b) SARS Alert in HK</b>
<ul style="list-style-type: none"><li>• the Hospital Authority’s Central Committee on Infectious Diseases will closely monitor the situation and maintain close contact with the Government for updated information;</li><li>• reinforce infection control measures amongst hospitals; and</li><li>• monitor newly-admitted patients with a recent history of travelling to the affected area/country.</li></ul>	<ul style="list-style-type: none"><li>• the Chief Executive of the Hospital Authority will activate the Hospital Authority Central Command Committee for SARS;</li><li>• eSARS Registry (to collect information on patients under observation, suspected and confirmed SARS patients) will be activated and opened to the Department of Health;</li><li>• progress and outcome of patients will be closely monitored;</li><li>• the relevant hospital’s infection control team, headed by the Cluster Chief Executive with a representative from the Department of Health as a member, will investigate the outbreak and report to the Hospital Authority Head Office;</li><li>• patient and inpatient contacts will be isolated in appropriate areas;</li></ul>

<b>(a) SARS case outside HK</b>	<b>(b) SARS Alert in HK</b>
	<ul style="list-style-type: none"> <li>• infection control measures in the affected hospital(s) will be upgraded to the level of ‘SARS’, including restriction on visiting and use of enhanced personal protective gear;</li> <li>• decision on stopping admissions to and/or discharges from the affected ward(s) will be made by the Cluster Chief Executive;</li> <li>• maintain close communication with the private sector and other care providers regarding personal precautionary measures, nature of the disease, treatment outcome and control of the outbreak; and</li> <li>• where appropriate, a dedicated communication group for the outbreak will be set up.</li> </ul>

**Actions to be taken by the Health, Welfare and Food Bureau,  
Department of Health, the Hospital Authority and other sectors  
at Level 1 – one or more local laborator-confirmed SARS cases**

***Health, Welfare and Food Bureau***

- to co-ordinate inter-departmental response actions decided upon by the Steering Committee and monitor implementation of these actions;
- to closely monitor the development of the case(s);
- to closely monitor the investigative work undertaken by the Multi-disciplinary Response Team;
- to re-assess Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy as directed by the Steering Committee; and
- to formulate communication plans according to the strategy set by the Steering Committee to -
  - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
  - keep the local and international community closely informed of developments.

***Department of Health***

In addition to measures taken at the Alert level, the Department of Health will –

- continue home confinement of family contacts of SARS cases;
- launch SARS building list on SARS website;
- lead the Multi-disciplinary Response Team to investigate and disinfect buildings inhabited by SARS cases within 24 hours;
- set up telephone hotlines manned by professional staff to address public enquiries;

- step up health advice in collaboration with the Information Services Department;
- step up inspection to elderly homes to ensure adequate infection control measures;
- remind private hospitals and private practitioners to notify the Department of Health promptly of any suspected SARS case and of the way to handle a suspected SARS case before the case is assessed by the Department of Health or the Hospital Authority; and
- require private hospitals to audit the hospital infection control measures.

### ***Hospital Authority***

The Hospital Authority Central Command Committee for SARS will have already been in operation. In addition to measures taken at the Alert level, the Hospital Authority will –

- upgrade infection control measure in all Hospital Authority to the level of ‘SARS’, including restriction on visiting and use of enhanced personal protective gear;
- mobilise hospitals in accordance with a staged response plan to admit confirmed and suspected patients. Details of the plan are at ***Appendix 1***;
- implement the service re-organisation plan to dovetail with the plan on patient mobilisation to ensure essential services will not be affected;
- activate the Hospital Authority Business Support Sub-command Centre to co-ordinate the procurement and distribution of supplies that are in high demand as well as the collection of feedbacks;
- monitor and assess continuously the trend of outbreak and possible implications to service and adjust the service reorganisation plan accordingly; and
- discuss with private hospitals and practitioners the provision of medical services and sharing of workload where necessary.

### ***Schools***

*should a student or a staff member be suspected or confirmed to have contracted SARS*

- suspend classes for 10 days;
- cleanse and disinfect school premises according to Department of Health instructions.

*should a suspected or confirmed SARS patient be a household contact of a student or staff member*

- require the student or staff member to stay away from school for home confinement for 10 days.

### ***Residential care homes for the elders and people with disabilities***

*should a resident or staff be suspected or confirmed to have contracted SARS*

- the residents will be subject to in-situ confinement for 10 days; and
- cleanse and disinfect the home premises according to the Department of Health instructions.

### ***Other Government facilities***

*should a SARS patient be a staff member*

- the facility or premises will be cleansed and disinfected and/or temporarily closed.

### ***Communication with the public and the media***

- daily updates of the situation will be provided to the public and the media; and
- other means of communication, e.g. special bulletins on the Government homepage, will be used to keep the community informed as directed by the Steering Committee.

*Communication with the international community*

- provide frequent updates of the situation to consular corps;
- Economic and Trade Offices overseas will provide updates on Hong Kong's situation to foreign countries.

**Actions to be taken by the Health, Welfare and Food Bureau,  
Department of Health, the Hospital Authority and other sectors  
at Level 2 – local transmission has occurred**

***Health, Welfare and Food Bureau***

- to co-ordinate inter-departmental response actions decided upon by the Steering Committee and monitor the implementation of these actions;
- to closely monitor the development of the cases;
- to closely monitor the investigative work undertaken by the Multi-disciplinary Response Team;
- to evaluate the Government's overall resource requirement and co-ordinate acquisition of resources where necessary;
- to re-assess Government's preparedness to cope with a deterioration of the situation and to take necessary actions to augment any inadequacy as directed by the Steering Committee;
- to formulate communication plans according to the strategy set by the Steering Committee to -
  - remind all sectors to adhere to preventive measures and/or give clear guidance on any additional preventive measures needed; and
  - keep the community closely informed of developments.

***Department of Health***

In addition to measures taken at Alert level and Level 1, the Department of Health will –

- in collaboration with the Police, activate the Police Headquarters facility that houses the MIIDSS computer system;
- mobilise a special investigation team to conduct in-depth epidemiological investigation on case clusters



involving local transmission, with a view to rapidly identify hidden community sources and their mode of transmission;

- provide clear guidance to the community and various sectors on extra preventive measures to be taken; and
- liaise closely with the WHO and other overseas health authorities and remain alert about possible travel advisories against Hong Kong.

### ***Hospital Authority***

The Hospital Authority Central Command Committee for SARS will have already been in operation. In addition to measures taken at Alert level and Level 1, the Hospital Authority will –

- mobilise and enhance cluster-based support in specific clinical areas, e.g. respiratory care, intensive care and infectious disease management to support the hospitals receiving SARS patients where appropriate. Where necessary, the Hospital Authority Head Office will arrange cross cluster mobilisation;
- if necessary, deploy staff to augment the clinical areas in need in accordance with a pre-agreed deployment plan, taking into consideration the required expertise and experience in the required service;
- analyse epidemiological data and strengthen infection control measures. If there is a need to consider stopping admissions and/or discharges from a hospital or closing any Accident and Emergency Department, the decision will be made by the Chief Executive of the Hospital Authority;
- assess the need for additional isolation facilities and recommend to the Government an implementation plan for such an occurrence; and
- establish collaboration with private hospitals on mutual support, including management of patients under observation who are suspected to have contracted SARS.

### ***Home Affairs Department***

- designate the respective District Officer to liaise with the local community where a clustering of cases in a specific location warrants exceptional control measures such as evacuation or isolation.

### ***Other Government Departments***

- implement outbreak control measures, e.g. closure of public facilities, suspension of classes territory-wide, as directed by the Steering Committee.

### ***Communication with the public***

- continue daily updates of the situation to the public and media and other means of communication employed.

### ***Communication with the international community***

- continue with the communication with consular corps and foreign countries.

**Other Features of Contingency Plan**

- a Data Management Centre, situated in the Hospital Authority and staffed by designated Department of Health and Hospital Authority officers, will be activated in parallel with the Steering Committee. The Centre will collate all facts, figures and statistics on local cases;
- a Multi-disciplinary Response Team, led by the Department of Health, will take action to disinfect any household with a SARS patient and to inspect the building within 24 hours of confirmation of the Department of Health/Hospital Authority of the patient's disease;
- legal orders to require confinement of household contacts of patients of laboratory-confirmed SARS cases will be issued by the Department of Health within 12 hours of receipt of such confirmation;
- should the Steering Committee decide to launch a specific operation, a directorate level officer from a relevant Government Department/public body will normally be designated as the Site Commander of that operation, e.g. –
  - isolation and evacuation operation – a directorate officer from the Department of Health as site commander, supported by the relevant Police District Commander and the appropriate District Officer;
  - management of Isolation Camps/Centres – a senior officer of the Civil Aid Services as Commandant of the isolation facilities;
  - emergency relief and refuge operation involving aircrafts or vessels – a directorate officer from HWFB as commander, supported by DH and other bureaux and departments as necessary.

### Hospital Mobilisation Plan

Stage	Hospital			Patient Intake	Total Patient Intake
1	1 <sup>st</sup> 50 cases	Designated hospital	PMH	50	50
2	After 1 <sup>st</sup> 50 cases	Designated hospital in clusters	TMH, AHNH, UCH/QEH, KWH/PMH, PYNEH/QMH, (50 each)	$50 \times 5 = 250$	300
3		Other major hospital in clusters	KWH/PMH, UCH/QEH, PYNEH/QMH, PWH (50 each)	$50 \times 4 = 200$	500
4		Other cluster hospitals	TKOH (25), CMC (50), RH (25), NDH (25)	125	625
5	Cases over 625	Individual hospitals to increase intake up to 100	All acute major hospitals	Up to 100 for each hospital	>625

Note : The above are for reference only. The actual mobilisation in a particular outbreak will be subject to situational assessment coordinated by Hospital Authority Head Office.

PMH - Princess Margaret Hospital  
TMH - Tuen Mun Hospital  
AHNH - Alice Ho Miu Ling Nethersole Hospital  
QEH - Queen Elizabeth Hospital  
PYNEH - Pamela Youde Nethersole Eastern Hospital  
KWH - Kwong Wah Hospital  
UCH - United Christian Hospital

QMH - Queen Mary Hospital  
PWH - Prince of Wales Hospital  
TKOH - Tseung Kwan O Hospital  
CMC - Caritas Medical Centre  
RH - Ruttonjee Hospital  
NDH - North District Hospital

## 抗炎措施綱目

### 引言

香港和世界各地對抗嚴重急性呼吸系統綜合症（綜合症）的戰役尚未結束。正如世界衛生組織（世衛）總幹事李鐘鬱博士本年九月在馬尼拉世衛西太平洋地區第五十四屆周年會議上表示：「我們必須假設綜合症會重臨而作好準備。」要在這場重要的戰役取勝，政府與社會各界必須攜手參與。香港特別行政區政府已制定了一套全面策略以防範綜合症；而不同界別及行業亦嚴陣以待，並實施合適的預防措施。政府會繼續提高警覺和監察社會整體的防範工作，以確保全方位的高度戒備。在政府的架構內，衛生福利及食物局會檢測及跟進各政府部門及醫院管理局執行各項必須措施的進度，以確保它們維持高度的警覺性。

政府會致力保障市民的健康。為達致這個目標，政府會-

- 預防綜合症重臨和加強我們的準備工作；
- 保持對綜合症的緊密監察；
- 若綜合症重臨，以快速及有力的方法阻止病症蔓延。

以下各個章節臚列了政府在不同範疇的工作。待我們對綜合症及傳染病控制累積更多知識和經驗時，我們會進一步完善綱目內的措施。

## 第一章

### 預防綜合症重臨及加強準備工作

#### 防止輸入或輸出個案

- 繼續嚴格執行健康檢查措施，包括規定所有經機場、港口和陸路管制站出入境的旅客填寫健康申報表，及為他們檢查體溫；對被發現發燒或報稱身體不適的旅客進行更深入的檢驗，以及將懷疑感染綜合症的旅客送往醫院作進一步治理。(衛生署、醫療輔助隊、入境事務處、機場管理局)

#### 社區預防工作

#### 公共醫療界別

- 維持醫院控制訪客政策，以減低綜合症擴散的風險。(醫院管理局)
- 鼓勵醫護人員接受流感疫苗注射，從而確保員工健康及避免因流感症狀與綜合症相似而產生混亂。(衛生署)
- 與其他地區的衛生當局合辦傳染病學實習訓練課程，以加強本港衛生署處理疾病監察、調查及控制的能力。(衛生署)
- 設立傳染病控制培訓中心，為醫院管理局各職系的員工物色和發展適合的培訓課程。醫院管理局會存檔及審核有關傳染病控制和傳染病培訓的資料。(醫院管理局)

- 與海外公共衛生機構保持聯繫，以確保於有需要時能得到流行病學方面的支援。(衛生署)
- 增加負責感染控制和流行病學研究的人手。(衛生署)
- 保持高度戒備，包括(a)備存足夠的個人保護裝備；和(b)繼續實施感染控制措施，及在有跡象顯示綜合症有機會重臨時(即使是單一個案)進一步加強有關措施。(醫院管理局)
- 檢討下列有效控制綜合症爆發的措施的實施安排，並改善其不足之處-
  - 對懷疑／證實感染綜合症人士及其家居成員的離境限制；
  - 綜合症病人家居成員的家居隔離；
  - 為曾密切接觸綜合症病人的醫護人員提供短期居所。(衛生署，醫院管理局)
- 檢討當某一地點出現疫症爆發時所必須採取的撤離或隔離行動的安排，並改善其不足之處。(衛生福利及食物局及各有關部門)
- 統一調查綜合症爆發所需的資料。衛生署現正建立一個資訊互換綱要，該綱要將於二零零三年九月底前完成。(衛生署)
- 在九間主要公共急症醫院進行改善工程，以提供約 1 290 張額外的隔離病床。(醫院管理局)



- 在另外五間主要公共醫院進行改善工程，以提供約 150 張額外病床。(醫院管理局)
- 協助專家評估不同治療模式，以確保治療方法是安全及具成效的。醫院管理局正積極以實證為本和合乎醫學道德的原則審視不同治療方法(包括中藥)的成效。(醫院管理局)
- 按風險管理公共醫院內的病人，例如在急症室及隔離病房內將懷疑感染綜合症的病人分開及隔離，以避免交叉感染。(醫院管理局)
- 着手設立一所類似疾病預防及控制中心的組織，以加強本港長遠預防及控制傳染病的能力。我們會加強以下的領域-

#### 監察

- 成立新的資訊科技基礎設施，以擴充我們的監察網絡；
- 公共衛生檢測中心在更短時間內進行更多測試；
- 設置專門計劃／小組負責監察及控制特定疾病；
- 藉着成立資源中心等方法，為公眾提供更多有關傳染病的資訊；
- 與大學合作進行計劃。

#### 緊急應變

- 在病理學實習方面提供更有系統的訓練；
- 在實際數目及所具專才技能兩方面加強病源追蹤及病理學調查的人手；
- 在員工訓練方面引入國際專業知識；
- 指定公共衛生單位與醫院連絡。

(衛生福利及食物局，衛生署)

### 私家醫生

■ 與私家醫生保持緊密聯繫，並時刻提醒他們-

- 在診所內採取適當的感染控制措施；
- 評估個人保護裝備的需求，並維持足夠的存備；
- 向病人講解何謂綜合症及其預防方法；
- 迅速把懷疑感染綜合症的病人轉介醫院接受進一步檢驗及治理；
- 向衛生署呈報懷疑染上綜合症的病人。

(衛生署)

### 私家醫院

■ 與私家醫院保持緊密聯繫，並時刻提醒他們-

- 作為接收病人的前哨站，應保持高度警覺，因為病人最終可能會被診斷為綜合症患者；
- 積極監察醫院員工患上呼吸系統疾病情況，以助監察綜合症；
- 評估個人保護裝備的需求，並維持足夠的存備；
- 不時審核院內的感染控制措施；
- 每日向衛生署匯報懷疑綜合症個案；

- 實施足夠的感染控制措施，向員工提供培訓及個人保護裝備，使醫護人員能夠在安全環境下有效工作。

(衛生署)

- 與私家醫院分享有關感染控制的指引及傳染病的資訊。(醫院管理局)

### 學校

- 規定家長每天在子女上學前為子女量度體溫。(教育統籌局)

- 規定學校採取下列措施-

- 每日清潔及消毒校舍及校內設施；
- 提供充足洗手設施和用品；
- 保持室內空氣流通，及經常清洗冷氣機的隔塵網。

(教育統籌局)

- 教育統籌局為協助學校預防綜合症，已發出一份手冊，清楚說明家長、學生、教職員和學校在預防綜合症的角色和責任。該手冊載列的主要措施節錄於附錄 A，其全部內容則可從教育統籌局的網頁(<http://www.emb.gov.hk>)下載。(教育統籌局)

### 長者及殘疾人士的院舍

- 向照顧長者及殘疾人士的院舍發出已更新的感染控制指引。(衛生署)

- 為有關的院舍及機構設立一套更完善的資訊互換機制，以便當局可以及早發現傳染病感染個案，及時通報和即時採取行動制止傳染病爆發。*(衛生署、醫院管理局、社會福利署)*
- 為居住於院舍的長者及殘疾人士安排注射流感疫苗。*(衛生署、社會福利署)*
- 為資助院舍的改善工程提供撥款，以便院舍一旦爆發傳染病時，可提供適合的地方為受感染的病人作隔離照顧。*(社會福利署)*
- 每間安老院舍委任一名感染控制主任，專責處理關於感染控制和預防傳染病的全部事宜。*(衛生署、醫院管理局、社會福利署)*
- 於二零零三年十月底前探訪全港的安老院舍，評估院舍實施感染控制的能力，提供即時指導及確定培訓需要。*(衛生署、社會福利署)*
- 為感染控制主任和安老院舍員工安排有關感染控制的簡介會及持續培訓。*(衛生署、醫院管理局、社會福利署)*
- 在安老院舍設立定點監察系統以監察常見傳染病的趨勢和及時察覺傳染病的爆發。*(衛生署)*
- 社區老人評估小組會加強對安老院舍出診醫生的支援，以改善傳染病監察方面的工作。出診醫生會為患上偶發疾病而情況非緊急的長者，在院舍提供定期治理服務。他

們亦會跟進由社區老人評估小組轉介患有穩定慢性病患的出院病人。(醫院管理局、社會福利署)

### 社區的長者

- 建立一個先進的傳染病資料互換系統，供為長者提供社區照顧服務的機構及有關人士使用。(衛生署、醫院管理局、社會福利署、香港社會服務聯會)
- 繼續準備清潔用品和推行公共衛生教育，以及由長者服務單位進行家訪和通過電話聯絡，為長者提供情緒支援。(社會福利署、非政府機構、)
- 繼續為獨居長者和其他有需要人士提供公共衛生教育，並協助他們改善家居環境。關懷行動已接觸超過 100 000 名長者和有需要的家庭，而約 2 000 個青年大使計劃的參加者亦會向目標對象推廣加強注意衛生的訊息。(社會福利署、非政府機構)
- 集中處理可能危及公共衛生的核心個案。(社會福利署)

### 福利服務單位

- 繼續向不同福利服務單位(例如幼兒中心和兒童及青年中心)派發有關預防傳染病蔓延措施的最新指引／提示，並將資料載於社會福利署的網頁，供公眾參考。(社會福利署)

### 公共屋邨

- 繼續加強公共屋邨的清潔。每年舉辦四次「四季太平地行動」，並會於二零零三年九月進行第一次行動。(房屋署)
- 由二零零三年九月開始，加強升降機(特別是按鈕)的清潔和消毒，清潔次數不會少於每日3次。(房屋署)
- 於二零零三年九月展開第二期渠務大使計劃。在該計劃下，100名渠務大使會到住宅樓宇逐戶檢查排水管和喉管，並即時進行簡單修理。(房屋署)
- 加強檢控可能會助長傳染病蔓延的不當行爲，例如亂拋垃圾和隨地吐痰。由二零零三年八月展開的屋邨清潔扣分制會繼續推行。(房屋署)

### 私人物業管理

- 不時提醒物業管理公司加強清潔及其他可以預防綜合症的措施，並爲他們提供意見。(民政事務總署)
- 於二零零三年九月向物業管理公司、業主立案法團和互助委員會發出有關巡查和消毒樓宇公用地方的指引。(民政事務總署)
- 爲沒有業主立案法團或互助委員會的樓宇的業主或物業管理公司(如有)，提供有關樓宇清潔和保養的意見。(民政事務總署)
- 繼續爲沒有業主立案法團或互助委員會而衛生情況欠佳的舊式樓宇進行清潔。清潔行

動會跨越冬季至二零零四年中。(食物環境衛生署)

- 已檢查超過 11 000 幢沒有成立業主立案法團或互助委員會的私人住宅樓宇外牆排水管。(屋宇署)
- 已勸諭約 18 000 幢私人樓宇的業主立案法團、互助委員會或管理公司檢查他們的樓宇。當中約 11 100 幢私人樓宇的業主立案法團、互助委員會或管理公司已報告完成檢查工作。屋宇署已協助檢查另外約 3 860 幢樓宇，並會密切監察餘下樓宇的檢查工作進度。(屋宇署)
- 密切注視經檢查後接獲當局發出法定命令及勸諭信的樓宇所需進行的修葺工作進度。當局就檢查期間所發現的排水管破損及對環境造成滋擾的個案已發出約 1 320 份法定命令及 990 封勸諭信。(屋宇署)
- 已制訂住宅單位內部排水管及潔具檢查維修指引，並向 120 萬個私人樓宇單位及 58 萬個公共屋邨家庭派發有關指引。該指引可從屋宇署網址([www.info.gov.hk/bd](http://www.info.gov.hk/bd))下載。(屋宇署、食物環境衛生署、房屋署)
- 於二零零三年十一月至二零零四年二月期間在 18 區舉辦一連串巡迴展覽及研討會，就樓宇檢查及維修作出宣傳。(屋宇署)

### 工作場所

- 繼續向僱主及僱員發放有助預防綜合症的健康資訊。如僱員發燒，則不應上班；而僱

主亦不應要求發燒的僱員上班。有關的健康資訊摘要詳見附件 B。(勞工處)

- 於巡查工作場所及舉辦外展職業健康講座時，提醒僱主採取預防措施，預防綜合症。(勞工處)
- 呼籲僱主商會、僱員工會、業界三方小組及人力資源經理屬會協助提醒僱主及僱員，對綜合症保持警覺。(勞工處)

### 公共交通

- 向公共交通界別發出健康指引。(運輸署、衛生署)
- 加強宣傳工作，為規模較小的交通營辦商的車務人員舉辦健康講座，以及為的士、公共小型巴士、旅遊巴士及保姆車推行清潔運動。(運輸署)
- 透過每週匯報和經驗分享會，監察交通營辦商所採取的預防措施。向交通營辦商所發指引內的預防措施，可於運輸署網頁([www.info.gov.hk/td/](http://www.info.gov.hk/td/)) 下載。(運輸署)

### 航空界

- 繼續要求為所有旅客，包括抵港、離境和轉機旅客，以及進入香港國際機場禁區的所有機場員工進行體溫檢查。(機場管理局)
- 繼續推行於二零零三年五月開始的「同心振高飛」活動。在這個活動期間，所有在機



場工作的人員須於返回工作崗位報到前量度體溫。體溫超出正常度數的員工，不應返回工作崗位報到，並應延醫診治。此外，當局鼓勵所有員工佩戴印有「體溫正常」的標貼，務求令與他們有接觸的旅客倍感安心。(機場管理局)

- 本地的航空公司，即國泰航空公司和港龍航空公司，繼續保持警覺，和採取適當的預防措施。(國泰航空公司、港龍航空公司)

### 旅遊業及酒店

- 與業界(包括香港旅遊業議會、香港酒店業協會、香港酒店業主聯會、香港註冊導遊協會)緊密合作，提醒界別內的所有行業，無論在任何時間，均須致力落實所有預防措施。以下的工作將會繼續進行-
  - 香港旅遊業議會已提醒屬下會員，須依從衛生署所發出有關預防訪港旅客及導遊感染綜合症的指引；
  - 香港旅遊業議會已要求(i)導遊向訪港旅客派發健康申報表，並勸諭旅客於抵港前填妥申報表，以及提醒旅客保持良好的個人和環境衛生習慣；及(ii)旅遊巴士司機保持車輛清潔；
  - 香港酒店業協會已向屬下會員作出建議，以期在酒店範圍內保持良好習慣，確保健康、安全及衛生。香港酒店業協會並已提醒會員，無論在任何時間，均應保持這些良好習慣。(旅遊事務署、衛生署)

## 食肆及公共街市

- 提醒食肆、街市攤檔和熟食中心的經營者須依從下列指引-
  - 如何保持地方及工具清潔；
  - 食物處理的衛生措施。

(食物環境衛生署)
- 推行貸款計劃，協助酒樓食肆、食品製造工場、燒味及滷味店和工廠飯堂改善食物房、廁所及其他裝備，以提高整體衛生標準。(食物環境衛生署)
- 嚴格執行衛生及食物安全的規定，例如關於即食食物的適當保存免受污染、食肆內蟲鼠問題及不潔廁所等的條款。執法行動會透過定期巡查及突擊行動進行，並會實施適當的懲處，包括可導致停牌及吊銷牌照的改良違例記分及警告制度，以達致足夠的阻嚇作用。(食物環境衛生署)
- 鼓勵酒樓食肆提供公筷、公匙等等。(食物環境衛生署)
- 透過執行有關法例和租約條款，以及落實每月一次的街市清潔日，要求街市攤檔檔戶達到更高的清潔標準；並會實施適當的懲處，包括可導致終止租約的改良違例記分及警告制度，以達致足夠的阻嚇作用。(食物環境衛生署)

## 整體環境衛生

- 嚴格執法，對付違反公眾清潔條例的行為，例如亂拋垃圾及隨地吐痰。(食物環境衛生署)
- 鼓勵所有負責潔淨工作的員工(包括政府僱員及承辦商僱員)佩戴口罩，以保障健康。(食物環境衛生署)
- 保持所有公共廁所清潔、空氣流通及衛生。(食物環境衛生署)
- 加強在衛生黑點的清洗工作。(食物環境衛生署)

## 管制野生動物

- 密切留意及研究關於野生動物和野味對健康構成危險的科研結果。(衛生福利及食物局、漁農自然護理署)
- 繼續禁止入口作野味食用的果子狸肉。(食物環境衛生署)

## 公眾教育

- 持續推行有關綜合症及其預防方法的公眾教育計劃(透過電視及電台的宣傳短片和宣傳聲帶、小冊子和海報等)，並因應科研的發展，完善公眾教育的素材。新一輯電視宣傳短片將於二零零三年九月底播放。(衛生福利及食物局、衛生署、醫院管理局、政府

新聞處、民政事務總署)

- 動員社會不同界別，包括區議會、地區清潔香港委員會、地區衛生糾察隊、分區委員會、非政府機構和居民組織，參與清潔、改善環境和對抗綜合症的活動。(衛生福利及食物局、衛生署、民政事務總署)

## 第二章

### 保持嚴密監察

*監察本地情況 - 自二零零三年三月起，綜合症已被確定為須按法例通報的疾病。所有執業醫生均須呈報其診斷為染上綜合症的病人，以及懷疑個案。其他措施包括-*

- 定期覆檢、更新和公告有關綜合症個案的定義，以便醫護人員、化驗所及有關服務提供者能及時和快速地呈報綜合症個案。*(衛生署)*
- 除透過現行渠道，包括普通科門診診所、執業醫生、學校、幼兒護理中心、安老院舍等繼續進行監察外，增加預警監察系統，加強監察。*(衛生署)*
- 參考世界衛生組織對集體感染呼吸系統疾病提高警覺和加強傳染病控制措施所發出的指引，監察醫院員工的呼吸系統疾病。*(醫院管理局)*
- 加強監察集體感染類似流感疾病和肺炎的醫院醫護人員和住院人士。此外，透過加強社區老人評估小組對院舍到診醫生的支援，提升安老院舍的疾病監察能力。*(醫院管理局、衛生署、社會福利署)*
- 向私家醫院提供公眾衛生化驗所諮詢服務，並為出現徵兆的病人提供快速測試，以便及早察覺綜合症。
- 向社會人士及時發放關於綜合症的準確訊息(例如在其他國家／地區發出的警示和發生的個案，以及對該疾病認識的新發展)，令市民保持高度警覺。*(衛生署)*

## 與內地的聯繫

- 與國家衛生部及粵澳兩地的衛生當局保持緊密聯繫，了解綜合症的最新情況-
  - 維持與廣東省衛生當局每週一次關於綜合症個案的通報。至於其他傳染病個案的通報，則是每月一次；
  - 於每月的第 15 天，廣東省衛生當局會經由香港特別行政區政府駐粵經濟貿易辦事處，向香港傳送該局的傳染病資料；
  - 在收到傳染病資料後，衛生署會對資料進行初步分析，並與廣東省衛生當局分享分析結果；
  - 對於有關公共衛生的特殊事故，匯報的次數可由雙方協議調整。  
(衛生福利及食物局、衛生署)

## 國際資訊互換

- 繼續與世界衛生組織及其他國家的衛生當局保持密切聯繫及互享資料。(衛生署)
- 繼續與各領事機構保持緊密聯繫，以取得關於綜合症在外地最新發展的第一手資料，並向外國匯報香港的情況。(衛生福利及食物局、衛生署)

## 第三章 對抗疫症

### *應變計劃*

- 我們已在政府各個層面擬好應變計劃，以應付綜合症的再次來臨。

### *政府整體應變計劃*

- 衛生福利及食物局已擬好政府整體的緊急應變機制，清楚訂明策略性決策的指揮架構、各有關方面的明確分工和職責、各類行動的人員的從屬關係，以及作出回應的時間。我們會參考本地和海外經驗，並隨著對綜合症認識的加深，在有需要時再進一步完善應變計劃。
- 衛生福利及食物局會藉定期的檢測，確保各方面有充足的準備工作，並可隨時執行應變計劃內的措施。
- 在本計劃內的各有關部門及機構將擬定各自的具體應變計劃，並把這些計劃內的不同組成部分寫成參考件，以及作適當修正及測試。
- 為確保內部管理系統能作迅速回應，應變計劃將可能出現的情況分為三個級別，每個級別將有各別的回應-

- **戒備級別** - (a) 本港以外地方的化驗結果證實有綜合症個案；或 (b) 本港已發出綜合症警示<sup>3</sup>，則啓動此戒備級別的應變計劃；
- **第 1 級** - 當本港有一宗或以上化驗結果證實有綜合症個案<sup>4</sup>，則會在收到化驗結果後的 12 小時內啓動第 1 級應變計劃；
- **第 2 級** - 當有跡象顯示綜合症在本港蔓延，則啓動第 2 級應變計劃。

(醫院管理局設有內部警示系統，以便及早偵察及應付包括綜合症以內的傳染病爆發。屬**戒備級別(a)**的情況在醫院管理局的系統內等同於其黃色警示，而在本計劃內屬**戒備級別(b)**，**第 1 級**及**第 2 級**疫情的情況則等同醫院管理局的紅色警示。)

- 倘屬**戒備級別**，則會採用簡單的緊急應變指揮架構。衛生福利及食物局、衛生署和醫院管理局會擔當應變的主力，評估風險性質和水平，為可預見問題採取適當行動，及監察病情的進一步發展。
- 在**第 1 級**及**第 2 級**疫情下，我們會設立督導委員會指揮政府的緊急應變工作。
  - 負責**第 1 級**應變工作的督導委員會-
    - 由衛生福利及食物局局長擔任主席；
    - 主要成員包括衛生署署長、醫院管理局行政總裁、食物環境衛生署署長、社會福

<sup>3</sup> 綜合症警示是世界衛生組織所下定義，以確保在排除患者感染非典型肺炎或呼吸系統綜合症之前，各有關方面已採取適當的感染控制和公共衛生措施。綜合症警示的定義如下：

- 同一病房或單位內有兩名或以上的醫護人員，其臨床情況與世衛就綜合症所下定義一致，並先後在十天內發病；或
- 在醫院同一病房／單位有三名或以上人士(醫護人員及／或醫院其他員工及／或病人及／或醫院訪客)，其情況與世衛就綜合症所下定義一致，並先後在十天內發病。

<sup>4</sup> 政府已訂有隔離政策，在私家醫院懷疑有一名或以上病人感染綜合症時，把有關病人隔離。衛生署會為這些醫院提供快速測試，以便可以盡快從病人抽取的臨床樣本確定或排除是否含有綜合症病毒。



利署署長、民政事務總署署長、政府新聞處處長及教育統籌局常任秘書長；  
-按情況需要，增選其他高級官員和外界專家為成員。

- 負責**第2級**應變工作的督導委員會 -
  - 由行政長官擔任主席；
  - 其他成員包括政務司司長、財政司司長、律政司司長、衛生福利及食物局局長、房屋規劃及地政局局長、民政事務局局長、教育統籌局局長、環境運輸及工務局局長、衛生署署長、政府新聞處處長及行政長官辦公室主任；
  - 按情況需要，增選其他高級官員和外界專家為成員。

- 專責**第1級**應變工作的督導委員會的責任如下-
  - 制訂整體疾病控制策略，並決定應採取何種措施以預防疾病蔓延；
  - 密切監察情況的發展及檢討已採取措施的成效；
  - 協調各負責抗疫工作的主要部門和機構，例如衛生署、醫院管理局、各間大學等；
  - 就整體通訊策略發出指示，以確保透明度，並向傳媒和社會人士通報最新的事態發展和政府的疾病控制措施，並動員公眾支持，合力抗疫；
  - 重新評估整體政府應付更嚴重爆發的準備充足程度，並指令應採取何種措施以彌補不足；
  - 考慮在出現更嚴重爆發時是否需要推動緊急修訂法案。
- 專責**第2級**應變工作的督導委員的責任如下 -
  - 制訂整體疾病控制策略，並決定應採取何種措施，包括那些對社會有廣泛影響的決定；
  - 密切監察情況的發展及檢討已採取措施的成效；

- 指令如何調配資源，並在必要時推動緊急修訂法案；
  - 評估這危機對香港的社會和經濟造成的影響，以及決定應採取何種措施以盡量減輕影響；
  - 重新評估整體政府應付更嚴重爆發的準備充足程度，並指令應採取何種措施以彌補不足；
  - 就整體通訊策略發出指示，以確保透明度，並向傳媒和社會人士通報最新的事態發展和政府的疾病控制措施，並動員公眾支持，合力抗疫。
- 衛生福利及食物局、衛生署及醫院管理局在應變計中的職責如下-

### **衛生福利及食物局**

- 負責統籌由督導委員會指令的-

- 公共醫療界別的應變行動；及
- 其他跨部門的應變行動。

衛生福利及食物局亦須監察這行動的執行，並在有需要時成立工組小組進行統籌及監察。

- 評估所需資源，安排有關資源的取用和監察基建設施是否足以應付需要；
- 在各階段對政府應付不同情況的準備充足程度作出估計，並採取措施以彌補不足；
- 負責擬備緊急修訂法案；
- 協調參與應變行動的各部門之間的後勤支援；
- 協調內部和對外的通訊工作，包括向社會人士通報最新的事態發展，並提供清晰指示，說明是否需要加強預防措施。

### **衛生署**

- 與其他國家／地區聯繫及取得有關本港以外的綜合症個案的最新情報；
- 執行公共衛生措施以控制疾病在社區的散播；
- 維持有效的監察系統；
- 盡快進行病源追蹤，並為與病人有緊密接觸的人士進行醫療監察及隔離；
- 在可能情況下確認及消滅感染源頭；
- 與在私營界別工作的醫療專業人士及各政府部門保持溝通，並將最新資訊發放給它們；
- 在有需要時檢討及加強港口衛生措施；
- 確保快速及準確的化驗診斷支援。

### **醫院管理局**

- 在公營醫院系統內維持有效的監察機制以偵察綜合症個案；
- 為綜合症個案提供診斷、合適的醫療照顧及隔離安排；
- 迅速向衛生署報告綜合症個案及提供有關資料，以便可以及時採取所需的公共衛生措施；
- 統籌醫院內的感染控制措施；
- 調查及管理公營醫院內的爆發；
- 與在私營界別工作的醫療業人士就綜合症個案的臨床管理及提供醫療服務的分工兩方面保持溝通。

- 衛生福利及食物局、衛生署、醫院管理局和其他界別在三個警示級數下所採取的措施見附件

C、D 及 E。

- 應變計劃的其他要點見附件 F.
- 衛生福利及食物局、衛生署、醫院管理局會定期安排簡介會及演習，確保各部門／機構對緊急應變計劃有充分了解和熟悉當中工作程序，並指出計劃中可供改善的地方。
- 政府亦鼓勵不同界別準備各自的應變計劃，及進行定期演習以確保各有關方面熟悉計劃內容。

## 總結

隨着對綜合症的傳播方式及控制有更多的認識和經驗，我們會經常檢討和改進在本份文件中概述的防止、監察和應變措施。嚴重急性呼吸系統綜合症專家委員會將於二零零三年十月初提交調查報告。我們會仔細研究其內容，並將合適的建議納入綱目之中。我們也歡迎社會各界就綱目提供建議。市民對在本份文件中概述的抗炎措施如有任何意見或建議，可透過電郵 [enquiry@hwfb.gov.hk](mailto:enquiry@hwfb.gov.hk) 提交，或以郵遞方式寄往：

香港中環花園道  
美利大廈 19 - 20 樓  
衛生福利及食物局

衛生福利及食物局  
二零零三年九月

保持校園衛生與健康的主要防災措施

家長／學生／教職員	學校
<ul style="list-style-type: none"> <li>● 家長應每天為子女量度體溫，並將溫度記錄在記錄表上，簽署後才讓他們上學。</li> <li>● 如學生或教職員發燒或身體不適，應求診和留在家中休息。</li> <li>● 教職員和學生在有輕微呼吸道感染病徵時，應戴上口罩。</li> <li>● 學生應於進食前和打噴嚏、咳嗽和清潔鼻子後洗手。學生在進食時應避免共用毛巾或餐具。</li> <li>● 校車／保姆車司機以及隨車人員如有發燒，不應駕駛或登上該等車輛。</li> <li>● 曾與證實／懷疑患有嚴重急性呼吸系統綜合症人士有密切接觸的教職員／學生，須家居隔離十天。</li> </ul>	<ul style="list-style-type: none"> <li>● 每天以稀釋的家用漂白水清潔和消毒校舍和校園設施。亦可於校園入口放置消毒地氈。</li> <li>● 提供足夠洗手設施和清潔用品。</li> <li>● 保持室內空氣流通，以及定期清洗冷氣機隔塵網。</li> <li>● 在發現學生有不尋常的傳染病病徵或有大量學生因病請假時，通知所屬的衛生署分區辦事處及教育統籌局。</li> <li>● 當證實／懷疑有教職員／學生患有嚴重急性呼吸系統綜合症時，全校須停課十天；以及按照衛生署指示清潔及消毒校園。</li> </ul>

向僱主及僱員發放的主要健康訊息

保持工作環境清潔和衛生	加強僱員的個人衛生	僱主應
<ul style="list-style-type: none"> <li>• 維持工作間的空氣流通，如定期保養的空調系統；</li> <li>• 在有需要時消毒共用的工具；</li> <li>• 保持地氈和門窗清潔；</li> <li>• 確保洗手間設施清潔、衛生和保養良好；</li> <li>• 在洗手間內提供視液、用後即棄紙巾或乾手機。</li> </ul>	<ul style="list-style-type: none"> <li>• 接觸眼睛、嘴巴或鼻子前要洗手；</li> <li>• 切勿共用毛巾或餐具；</li> <li>• 保持均衡飲食、進行適量運動、充份休息和避免吸煙，以增強身體抵抗力；</li> <li>• 如呼吸道受感染，應戴上口罩；</li> <li>• 如有發燒或咳嗽應馬上求診；</li> <li>• 發燒時不應上班。</li> </ul>	<ul style="list-style-type: none"> <li>• 確保工作間清潔和衛生；</li> <li>• 有需要時向僱員提供足夠和合適的口罩、手套和其他個人保護用品；並確保僱員正確地使用上述保護用品；</li> <li>• 向僱員傳遞相關的健康忠告和指引；</li> <li>• 提醒僱員保持良好個人衛生的重要性；</li> <li>• 提醒僱員如有發燒或咳嗽等癥狀，應盡快求診；</li> <li>• 提醒發燒的僱員不應上班。</li> </ul>

在戒備級別下衛生福利及食物局、衛生署和醫院管理局所採取的行動

衛生福利及食物局

- 密切監察外地和香港的情況；
- 監察應變措施；
- 重新估計政府對情況惡化的準備，以及採取需要的行動以補不足之處；
- 制訂溝通方案以—
  - 提醒各界堅持預防措施及／或就是否需要任何額外的預防措施作出清晰指示；
  - 向社會報告最新發展。



## 衛生署

(a) 香港以外發現綜合症個案	(b) 香港發出綜合症個案警示
<ul style="list-style-type: none"><li>• 主動向受影響國家／地區索取資料。如果受影響地區位於香港毗鄰，由衛生署安排一支由該署、醫院管理局和衛生福利及食物局代表組成的專家小組到訪受影響地區，以蒐集更多資料；</li><li>• 向醫院管理局、私家醫院、私人執業醫生、有關機構、旅行社發布蒐集得的資料，並提供清晰指示；</li><li>• 檢討及加強與受影響國家／地區有關的港口衛生措施，並特別留意來自受影響國家／地區的旅客；</li><li>• 監察來自受影響國家／地區旅客的統計資料。</li></ul>	<ul style="list-style-type: none"><li>• 提供快速和準確的化驗所診斷服務，以便迅速證實或排除臨床樣本含有綜合症病毒；</li><li>• 即使化驗尚未有結果，仍迅速及全面追查曾與患者接觸人士，並安排曾與有癥狀的職員／患者接觸的人士接受家居隔離和醫療監察；</li><li>• 派遣富經驗人員進駐受影響醫院，以便就感染控制、追查曾與患者有接觸人士，以及監察疫症狀況等工作保持密切聯絡和監督；</li><li>• 向私家醫院、私人執業醫生、學校和其他有關機構、旅行社等發布準確的最新事態發展消息，並提供清晰指示，說明應否採取額外的預防措施；</li><li>• 着令私家醫院和安老院舍加強監察和報告綜合症個案；</li><li>• 着令安老院稽核感染控制程序，並重新評估是否已準備就緒和有足夠人手及物資應付懷疑綜合症個案；</li><li>• 通知廣東省及澳門的衛生機關和有關的領事館，並聯絡其他國際衛生機構；</li><li>• 檢討和加強為出入境旅客制定的邊境控制措施。</li></ul>

## 醫院管理局

(a) 在香港以外發現綜合症個案	(b) 香港出現綜合症個案警示
<ul style="list-style-type: none"><li>• 醫院管理局的中央傳染病小組會密切監察情況，並與政府就最新資料保持緊密聯絡；</li><li>• 加強醫院的感染控制措施；</li><li>• 監察近日曾往受影響地區／國家旅遊的新入院病人。</li></ul>	<ul style="list-style-type: none"><li>• 醫院管理局行政總監會成立中央指揮委員會；</li><li>• 啓動嚴重急性呼吸系統綜合症電子登記系統(以蒐集接受觀察病人、懷疑和證實綜合症患者的資料)，並供衛生署索閱；</li><li>• 密切監察病人的病情進展和治療結果；</li><li>• 由聯網總監領導，成員包括衛生署代表的醫院感染控制小組，會在有關醫院對疫症爆發進行調查，並將報告呈交醫院管理局總部；</li><li>• 安排病人和曾與住院病人接觸的人士在適當地方接受隔離；</li><li>• 受影響醫院的感染控制措施將提升至應付“綜合症”的程度，包括限制訪客及使用更周全的個人保護裝備；</li><li>• 聯網總監可決定受影響病房是否停止接收病人或容許病人出院；</li><li>• 與私營界別及其他服務提供者就預防措施、疾病性質、治療效果及控制疾病擴散等方面維持緊密聯絡；</li><li>• 如有需要，設立一個專責疫情的溝通小組。</li></ul>

衛生福利及食物局、衛生署、醫院管理局及其他界別在  
第 1 級情況(即一個或以上經化驗確定的綜合症個案)下採取的措施

**衛生福利及食物局**

- 統籌由督導委員會指示的跨部門應變行動，並監察有關行動的實施；
- 密切監察個案的發展；
- 密切監察跨部門多專業小組負責的調查工作；
- 重新評估政府應付情況轉壞的能力，並採取必須行動彌補未盡完善之處；
- 根據督導委員會所制訂的策略擬定溝通計劃：
  - 提示所有界別必須遵守預防措施及／或為是否需要其他額外預防措施提供清晰指引；
  - 使公眾人士可緊貼最新發展。

**衛生署**

除了在戒備級別已採取的措施外，衛生署還會採取以下行動—

- 繼續安排綜合症患者的家居接觸者接受家居隔離；
- 在綜合症網頁上載列綜合症患者居住的大廈的名單；
- 率領跨部門多專業小組在 24 小時內往綜合症患者居住的大廈進行調查和消毒；
- 設立電話熱線，並由專業人員解答市民查詢；
- 與政府新聞處合作，加緊向市民發布健康忠告；
- 加強巡查安老院舍，確保他們已採取足夠感染控制措施；
- 提醒私家醫院和私人執業醫生盡快向衛生署報告懷疑綜合感染個案，以及在衛生署或醫院管

- 理局評估有關個案前，他們處理懷疑綜合症個案的方法；
- 要求私家醫院審核院內的感染控制措施。

### **醫院管理局**

醫院管理局中央指揮委員會已經開始運作。除了按戒備級別採取措施外，醫院管理局亦會：

- 提升感染控制措施至應付綜合症所需的程度，包括限制訪客及使用更周全的個人保護裝備；
- 採取分階段應變行動，安排醫院接收證實和懷疑感染病人（詳情見附表一）；
- 擬定服務重組計劃以配合病人調遷計劃，確保其他基要服務不受影響；
- 啓動醫院管理局支援服務控制中心統籌補給品的採購及分配，以及收集意見；
- 預測疫症爆發趨勢和可能對服務所造成影響及根據預測結果調節服務重組計劃；
- 在有需要時，與私家醫院及私家醫生就醫療服務的提供及分擔工作量進行討論。

### **學校－**

*如有學生或職員懷疑或證實感染綜合症*

- 停課 10 天；
- 按照衛生署的指引，清潔和消毒學校

*如有學生或職員的家居接觸者懷疑或證實感染綜合症*

- 要求學生或職工停止返校，在家居隔離 10 天

### **安老院和殘疾人士院舍－**

*如住院人士或職工懷疑或證實感染綜合症*

- 該等人士須在原址隔離 10 天；
- 按照衛生署的指引，清潔和消毒院舍。

### ***其他政府設施—***

如有職員感染綜合症

- 該設施或場地須清潔和消毒，及暫時關閉。

### ***與市民和傳媒溝通***

- 每天向市民和傳媒報告最新情況；
- 根據督導委員會的指示，利用其他溝通途徑，例如在政府網頁上刊登號外，讓大眾得悉最新情況。

### ***與國際社會溝通***

- 不時向各國領事匯報最新情況；
- 港府駐海外經濟貿易辦事處會向外國報告香港的最新情況。

衛生福利及食物局、衛生署、醫院管理局及  
其他界別在(第 2 級情況即出現本地感染個案)下採取的措施

**衛生福利及食物局**

- 統籌由督導委員會指示的跨部門應變行動，並監察有關行動的實施；
- 密切監察個案的發展；
- 密切監察跨部門多專業小組負責的調查工作；
- 評估整體政府在各方面的資源需求及統籌最用資源；
- 重新估計政府應付情況轉壞的能力，並根據督導委員會的指示採取必須行動彌補未盡完善之處；
- 根據督導委員會所制訂的策略擬定溝通計劃：
  - 提示所有界別必須遵守預防措施及／或為是否需要其他額外預防措施提供清晰指引；
  - 使公眾人士可緊貼最新發展。

**衛生署**

除在戒備級別和第 1 級情況下採取的措施外，衛生署亦會：

- 與警方合作，啟動設於灣仔警察總部的重大事件調查及災難支援工作電腦系統；
- 調派一支特別調查隊，對出現本地感染個案的群組展開深入的流行病學研究，以期盡快找出隱藏的社區源頭和傳染途徑；
- 向社區和各個界別提供清晰指引，闡明應採取的額外預防措施；

- 與世界衛生組織和其他海外衛生機關保持密切聯絡，並對可能向香港發出的旅遊警告保持警覺。

### **醫院管理局**

醫院管理局中央指揮委員會應已運作。除在戒備級別和第 1 級情況下採取的措施外，醫院管理局將會：

- 以聯網為本，動員及加強提供某些臨床範疇的支援服務(例如呼吸系統治療、深切治療和傳染病處理工作)，以便在適當情況下支援接收綜合症病人的醫院。在有需要時，醫院管理局總部將安排以跨聯網的方式進行動員；
- 在有需要時，根據須提供的服務所要求的專門知識和經驗，按照預先議定的調配計劃配派人手；
- 不斷檢討病理學數據及加強感染控制措施。如推行的感染控制措施涉及醫院停止接收病人及／或病人出院、關閉急症室等事宜，有關決定須由醫院管理局行政總裁決定；
- 在考慮爆發的性質後，評估是否有需要增設隔離設施，及將有關建議提請政府批准執行；
- 與私家醫院互相支援，包括有關正在接受觀察的懷疑感染綜合症病人的管理事宜。

### **民政事務總署**

- 若在一个特定地方出現群組個案而須採取特別控制措施，如撤走或隔離居民，有關民政事務專員便會與地區團體聯絡。

### **其他政府部門**

- 會執行督導委員會所指示的疫症控制措施，例如關閉公共設施、全港停課。

### ***與公眾的溝通***

- 繼續每日向市民和傳媒報導最新的情況，及使用其他的通訊方法。

### ***與國際社會溝通***

- 繼續與各國領事和外國溝通。



應變計劃的其他內容

- 設於醫院管理局的數據管理中心會隨督導委員會的運作而同步啓動，並由衛生署和醫管局的指定人員担任工作人員，負責彙集關於本地個案的所有事實、數據和統計資料；
- 衛生署領導的跨部門多專業小組會採取行動，在衛生署／醫院管理局證實病人染上綜合症後 24 小時內為其住所消毒和檢查有關樓宇；
- 衛生署會於得知化驗所證實有病人染上綜合症後 12 小時內發出法令，着令該病人在家居接觸的人士接受家居隔離；
- 當督導委員會決定展開特別行動時，會指定相關政府部門／公營機構的首長級人員擔任該行動的現場總指揮，舉例來說-
- 隔離及搬遷行動 - 由衛生署一名首長級人員擔任現場總指揮，並由相關的警區指揮官和民政事務專員支援；
- 管理隔離營／中心 - 由民眾安全服務處一名高級人員出任隔離設施的指揮；
- 涉及飛機或船隻的緊急救援和收容行動 - 由衛生福利及食物局一名首長級官員擔任指揮，並由衛生署支援，其他局、署也會因應情況提供援助。

## 醫院調動方案

階段		醫院		收症人數	總收症人數
1	首 50 宗個案	指定醫院	瑪嘉烈醫院	50	50
2	超過 50 宗個案	聯網內指定醫院	屯門醫院，雅麗氏何妙齡那打素醫院，基督教聯合醫院/伊利沙伯醫院，廣華醫院/瑪嘉烈醫院，東區尤德夫人那打素醫院/瑪麗醫院 (各 50)	$50 \times 5 = 250$	300
3		聯網內主要醫院	廣華醫院/瑪嘉烈醫院，基督教聯合醫院/伊利沙伯醫院，東區尤德夫人那打素醫院/瑪麗醫院，威爾斯親王醫院 (各 50)	$50 \times 4 = 200$	500
4		其他聯網醫院	將軍澳醫院 (25)，明愛醫院 (50)，律敦治醫院 (25)，北區醫院 (25)	125	625

5	超過 625 宗 個案	個別醫院增加收 症人數至 100	所有主要急症醫院	每間醫院 - 100	> 625
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註：以上只供參考。當疫症爆發時，實際的調動將由醫院管理局總部按當時的情況作出統籌。