

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 54th 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. (*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 assess. (*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 prevention 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 OC or MAC 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. (*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 fevers 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/. (*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 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

COMBATTING 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 Alert¹ in Hong Kong.
 - **Level 1** – activated when there is one or more laboratory-confirmed SARS cases in Hong Kong occurring in a sporadic manner.² 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.

¹ 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.

² 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 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 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 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

Parents/Students/Staff members	Schools
<ul style="list-style-type: none"> • 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; • If a student or staff member has a fever or is not feeling well, he/she should seek medical advice and stay at home; • School staff and students should wear face masks when they have mild respiratory tract infection symptoms; • 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; • School bus/nanny van drivers and the assistants should not drive/get on the bus/nanny van if they have a fever; and • Staff members/students who have close contact with confirmed/suspected cases of SARS should stay away from school for home confinement for 10 days. 	<p>Schools should –</p> <ul style="list-style-type: none"> • clean and disinfect premises and facilities daily with diluted household bleach. Disinfectant mats can be placed at the entrance of school premises; • provide adequate facilities and cleaning material for hand-washing; • maintain good indoor ventilation and wash dust filters of air-conditioners frequently; • 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 • 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.

Main Messages of the Health Information Disseminated to Employers and Employees

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

**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 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

(a) SARS case outside HK	(b) SARS Alert in HK
<ul style="list-style-type: none"> • 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; • disseminate the information obtained and provide clear guidance to the Hospital Authority, private hospitals, doctors in private practice, relevant institutions, tourist agencies etc.; • 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 • monitor statistics of passengers coming from the affected area. 	<ul style="list-style-type: none"> • provide rapid and accurate diagnostic laboratory support to promptly confirm or exclude the presence of the SARS virus in clinical specimens; • 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; • station experienced staff at the affected facility for close communication and supervision regarding infection control, contact tracing, and outbreak monitoring; • 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. • require private hospitals and elderly homes to enhance surveillance and reporting of SARS; • require private hospitals and residential care homes to re-assess their readiness to deal with any suspected SARS case, infection control measures, manpower

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

Hospital Authority

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

(a) SARS case outside HK	(b) SARS Alert in HK
	<ul style="list-style-type: none"> • 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; • decision on stopping admissions to and/or discharges from the affected ward(s) will be made by the Cluster Chief Executive; • 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 • where appropriate, a dedicated communication group for the outbreak will be set up.

**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/Centre – 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 st 50 cases	Designated hospital	PMH	50	50
2	After 1 st 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

香港和世界各地对抗严重急性呼吸系统综合症（综合症）的战役尚未结束。正如世界卫生组织（世卫）总干事李钟郁博士本年九月在马尼拉世卫西太平洋地区第五十四届周年会议上表示：「我们必须假设综合症会重临而作好准备。」要在这场重要的战役取胜，政府与社会各界必须携手参与。香港特别行政区政府已制定了一套全面策略以防范综合症；而不同界别及行业亦严阵以待，并实施合适的预防措施。政府会继续提高警觉和监察社会整体的防范工作，以确保全方位的高度戒备。在政府的架构内，卫生福利及食物局会检测及跟进各政府部门及医院管理局执行各项必须措施的进度，以确保它们维持高度的警觉性。

政府会致力保障市民的健康。为达致这个目标，政府会-

- 预防综合症重临和加强我们的准备工作；
- 保持对综合症的紧密监察；
- 若综合症重临，以快速及有力的方法阻止病症蔓延。

以下各个章节胪列了政府在不同范畴的工作。待我们对综合症及传染病控制累积更多知识和经验时，我们会进一步完善纲目内的措施。

第一章

预防综合症重临及加强准备工作

防止输入或输出个案

- 继续严格执行健康检查措施，包括规定所有经机场、港口和陆路管制站出入境的旅客填写健康申报表，及为他们检查体温；对被发现发烧或报称身体不适的旅客进行更深入的检验，以及将怀疑感染综合症的旅客送往医院作进一步治理。*(卫生署、医疗辅助队、入境事务处、机场管理局)*

社区预防工作

公共医疗界别

- 维持医院控制访客政策，以减低综合症扩散的风险。*(医院管理局)*
- 鼓励医护人员接受流感疫苗注射，从而确保员工健康及避免因流感症状与综合症相似而产生混乱。*(卫生署)*
- 与其它地区的卫生当局合办传染病学实习训练课程，以加强本港卫生署处理疾病监察、调查及控制的能力。*(卫生署)*
- 设立传染病控制培训中心，为医院管理局各职系的员工物色和发展适合的培训课程。医院管理局会存盘及审核有关传染病控制和传染病培训的资料。*(医院管理局)*

- 与海外公共卫生机构保持联系，以确保于有需要时能得到流行病学方面的支持。*(卫生署)*
- 增加负责感染控制和流行病学研究的人手。*(卫生署)*
- 保持高度戒备，包括(a)备存足够的个人防护装备；和(b)继续实施感染控制措施，及在有迹象显示综合症有机会重临时(即使是单一个案)进一步加强有关措施。*(医院管理局)*
- 检讨下列有效控制综合症爆发的措施的实施安排，并改善其不足之处-
 - 对怀疑 / 证实感染综合症人士及其家居成员的离境限制；
 - 综合症病人家居成员的家居隔离；
 - 为曾密切接触综合症病人的医护人员提供短期居所。*(卫生署，医院管理局)*
- 检讨当某一地点出现疫症爆发时所必须采取的撤离或隔离行动的安排，并改善其不足之处。*(卫生福利及食物局及各有关部门)*
- 统一调查综合症爆发所需的资料。卫生署现正建立一个信息互换纲要，该纲要将于二零零三年九月底前完成。*(卫生署)*
- 在九间主要公共急症医院进行改善工程，以提供约 1 290 张额外的隔离病床。*(医院管理局)*

- 在另外五间主要公立医院进行改善工程，以提供约 150 张额外病床。 *(医院管理局)*
- 协助专家评估不同治疗模式，以确保治疗方法是安全及具成效的。医院管理局正积极以实证为本和合乎医学道德的原则审视不同治疗方法(包括中药)的成效。 *(医院管理局)*
- 按风险管理公立医院内的病人，例如在急症室及隔离病房内将怀疑感染综合症的病人分开及隔离，以避免交叉感染。 *(医院管理局)*
- 着手设立一所类似疾病预防及控制中心的组织，以加强本港长远预防及控制传染病的能力。我们会加强以下的领域-

监察

- 成立新的信息科技基础设施，以扩充我们的监察网络；
- 公共卫生检测中心在更短时间内进行更多测试；
- 设置专门计划 / 小组负责监察及控制特定疾病；
- 藉着成立资源中心等方法，为公众提供更多有关传染病的信息；
- 与大学合作进行计划。

紧急应变

- 在病理学实习方面提供更有系统的训练；
- 在实际数目及所具专才技能两方面加强病源追踪及病理学调查的人手；
- 在员工训练方面引入国际专业知识；
- 指定公共卫生单位与医院连络。

(卫生福利及食物局 , 卫生署)

私家医生

■ 与私家医生保持紧密联系 , 并时刻提醒他们-

- 在诊所内采取适当的感染控制措施 ;
- 评估个人防护装备的需求 , 并维持足够的存备 ;
- 向病人讲解何谓综合症及其预防方法 ;
- 迅速把怀疑感染综合症的病人转介医院接受进一步检验及治理 ;
- 向卫生署呈报怀疑染上综合症的病人。

(卫生署)

私家医院

■ 与私家医院保持紧密联系 , 并时刻提醒他们-

- 作为接收病人的前哨站 , 应保持高度警觉 , 因为病人最终可能会被诊断为综合症患者 ;
- 积极监察医院员工患上呼吸系统疾病情况 , 以助监察综合症 ;
- 评估个人防护装备的需求 , 并维持足够的存备 ;
- 不时审核院内的感染控制措施 ;
- 每日向卫生署汇报怀疑综合症个案 ;

- 实施足够的感染控制措施，向员工提供培训及个人保护装备，使医护人员能够在安全环境下有效工作。

(卫生署)

- 与私家医院分享有关感染控制的指引及传染病的信息。(医院管理局)

学校

- 规定家长每天在子女上学前为子女量度体温。(教育统筹局)

- 规定学校采取下列措施-

- 每日清洁及消毒校舍及校内设施；
- 提供充足洗手设施和用品；
- 保持室内空气流通，及经常清洗冷气机的隔尘网。

(教育统筹局)

- 教育统筹局为协助学校预防综合症，已发出一份手册，清楚说明家长、学生、教职员和学校在预防综合症的角色和责任。该手册载列的主要措施节录于附录 A，其全部内容则可从教育统筹局的网页(<http://www.emb.gov.hk>)下载。(教育统筹局)

长者及残疾人士的院舍

- 向照顾长者及残疾人士的院舍发出已更新的感染控制指引。(卫生署)

- 为有关的院舍及机构设立一套更完善的信息互换机制，以便当局可以及早发现传染病感染个案，及时通报和实时采取行动制止传染病爆发。*(卫生署、医院管理局、社会福利署)*
- 为居住于院舍的长者及残疾人士安排注射流感疫苗。*(卫生署、社会福利署)*
- 为资助院舍的改善工程提供拨款，以便院舍一旦爆发传染病时，可提供适合的地方为受感染的病人作隔离照顾。*(社会福利署)*
- 每间安老院舍委任一名感染控制主任，专责处理关于感染控制和预防传染病的全部事宜。*(卫生署、医院管理局、社会福利署)*
- 于二零零三年十月底前探访全港的安老院舍，评估院舍实施感染控制的能力，提供实时指导及确定培训需要。*(卫生署、社会福利署)*
- 为感染控制主任和安老院舍员工安排有关感染控制的简介会及持续培训。*(卫生署、医院管理局、社会福利署)*
- 在安老院舍设立定点监察系统以监察常见传染病的趋势和及时察觉传染病的爆发。*(卫生署)*
- 社区老人评估小组会加强对安老院舍出诊医生的支持，以改善传染病监察方面的工作。出诊医生会为患上偶发疾病而情况非紧急的长者，在院舍提供定期治理服务。他们亦

会跟进由社区老人评估小组转介患有稳定慢性病患的出院病人。(医院管理局、社会福利署)

社区的长者

- 建立一个先进的传染病资料互换系统，供为长者提供社区照顾服务的机构及有关人士使用。(卫生署、医院管理局、社会福利署、香港社会服务联会)
- 继续准备清洁用品和推行公共卫生教育，以及由长者服务单位进行家访和通过电话联络，为长者提供情绪支持。(社会福利署、非政府机构、)
- 继续为独居长者和其它有需要人士提供公共卫生教育，并协助他们改善家居环境。关怀行动已接触超过 100 000 名长者和有需要的家庭，而约 2 000 个青年大使计划的参加者亦会向目标对象推广加强注意卫生的讯息。(社会福利署、非政府机构)
- 集中处理可能危及公共卫生的核心个案。(社会福利署)

福利服务单位

- 继续向不同福利服务单位(例如幼儿中心和儿童及青年中心)派发有关预防传染病蔓延措施的最新指引 / 提示，并将资料载于社会福利署的网页，供公众参考。(社会福利署)

公共屋邨

- 继续加强公共屋邨的清洁。每年举办四次「四季太平地行动」,并会于二零零三年九月进行第一次行动。(房屋署)
- 由二零零三年九月开始,加强升降机(特别是按钮)的清洁和消毒,清洁次数不会少于每日3次。(房屋署)
- 于二零零三年九月展开第二期渠务大使计划。在该计划下,100名渠务大使会到住宅楼宇逐户检查排水管和喉管,并实时进行简单修理。(房屋署)
- 加强检控可能会助长传染病蔓延的不当行为,例如乱抛垃圾和随地吐痰。由二零零三年八月展开的屋邨清洁扣分制会继续推行。(房屋署)

私人物业管理

- 不时提醒物业管理公司加强清洁及其它可以预防综合症的措施,并为他们提供意见。(民政事务总署)
- 于二零零三年九月向物业管理公司、业主立案法团和互助委员会发出有关巡查和消毒楼宇公用地方的指引。(民政事务总署)
- 为没有业主立案法团或互助委员会的楼宇的业主或物业管理公司(如有),提供有关楼宇清洁和保养的意见。(民政事务总署)
- 继续为没有业主立案法团或互助委员会而卫生情况欠佳的旧式楼宇进行清洁。清洁行

动会跨越冬季至二零零四年中。(食物环境卫生署)

- 已检查超过 11 000 幢没有成立业主立案法团或互助委员会的私人住宅楼宇外墙排水管。(屋宇署)
- 已劝谕约 18 000 幢私人楼宇的业主立案法团、互助委员会或管理公司检查他们的楼宇。当中约 11 100 幢私人楼宇的业主立案法团、互助委员会或管理公司已报告完成检查工作。屋宇署已协助检查另外约 3 860 幢楼宇，并会密切监察余下楼宇的检查工作进度。(屋宇署)
- 密切注视经检查后接获当局发出法定命令及劝谕信的楼宇所需进行的修葺工作进度。当局就检查期间所发现的排水管破损及对环境造成滋扰的个案已发出约 1 320 份法定命令及 990 封劝谕信。(屋宇署)
- 已制订住宅单位内部排水管及洁具检查维修指引，并向 120 万个私人楼宇单位及 58 万个公共屋邨家庭派发有关指引。该指引可从屋宇署网址(www.info.gov.hk/bd)下载。(屋宇署、食物环境卫生署、房屋署)
- 于二零零三年十一月至二零零四年二月期间在 18 区举办一连串巡回展览及研讨会，就楼宇检查及维修作出宣传。(屋宇署)

工作场所

- 继续向雇主及雇员发放有助预防综合症的健康信息。如雇员发烧，则不应上班；而雇

主亦不应要求发烧的雇员上班。有关的健康信息摘要详见附件 B。(劳工处)

- 于巡查工作场所及举办外展职业健康讲座时，提醒雇主采取预防措施，预防综合症。(劳工处)
- 呼吁雇主商会、雇员工会、业界三方小组及人力资源经理属会协助提醒雇主及雇员，对综合症保持警觉。(劳工处)

公共交通

- 向公共交通界别发出健康指引。(运输署、卫生署)
- 加强宣传工作，为规模较小的交通营办商的车务人员举办健康讲座，以及为的士、公共小型巴士、旅游巴士及保姆车推行清洁运动。(运输署)
- 透过每周汇报和经验分享会，监察交通营办商所采取的预防措施。向交通营办商所发指引内的预防措施，可于运输署网页(www.info.gov.hk/td/) 下载。(运输署)

航空界

- 继续要求为所有旅客，包括抵港、离境和转机旅客，以及进入香港国际机场禁区的所有机场员工进行体温检查。(机场管理局)
- 继续推行于二零零三年五月开始的「同心振高飞」活动。在这个活动期间，所有在机

场工作的人员须于返回工作岗位报到前量度体温。体温超出正常度数的员工，不应返回工作岗位报到，并应延医诊治。此外，当局鼓励所有员工佩戴印有「体温正常」的标贴，务求令与他们有接触的旅客倍感安心。*(机场管理局)*

- 本地的航空公司，即国泰航空公司和港龙航空公司，继续保持警觉，和采取适当的预防措施。*(国泰航空公司、港龙航空公司)*

旅游业及酒店

- 与业界(包括香港旅游业议会、香港酒店业协会、香港酒店业主联合会、香港注册导游协会)紧密合作，提醒界别内的所有行业，无论在任何时间，均须致力落实所有预防措施。以下的工作将会继续进行-
 - 香港旅游业议会已提醒属下会员，须遵从卫生署所发出有关预防访港旅客及导游感染综合症的指引；
 - 香港旅游业议会已要求(i)导游向访港旅客派发健康申报表，并劝谕旅客于抵港前填写申报表，以及提醒旅客保持良好的个人和环境卫生习惯；及(ii)旅游巴士司机保持车辆清洁；
 - 香港酒店业协会已向属下会员作出建议，以期在酒店范围内保持良好习惯，确保健康、安全及卫生。香港酒店业协会并已提醒会员，无论在任何时间，均应保持这些良好习惯。*(旅游事务署、卫生署)*

食肆及公共街市

- 提醒食肆、街市摊档和熟食中心的经营者须依从下列指引-
 - 如何保持地方及工具清洁；
 - 食物处理的卫生措施。
(食物环境卫生署)
- 推行贷款计划，协助酒楼食肆、食品制造工场、烧味及卤味店和工厂饭堂改善食物房、厕所及其它装备，以提高整体卫生标准。(食物环境卫生署)
- 严格执行卫生及食品安全的规定，例如关于即食食物的适当保存免受污染、食肆内虫鼠问题及不洁厕所等的条款。执法行动会透过定期巡查及突击行动进行，并会实施适当的惩处，包括可导致停牌及吊销牌照的改良违例记分及警告制度，以达致足够的阻吓作用。(食物环境卫生署)
- 鼓励酒楼食肆提供公筷、公匙等等。(食物环境卫生署)
- 透过执行有关法例和租约条款，以及落实每月一次的街市清洁日，要求街市摊档档户达到更高的清洁标准；并会实施适当的惩处，包括可导致终止租约的改良违例记分及警告制度，以达致足够的阻吓作用。(食物环境卫生署)

整体环境卫生

- 严格执法，对付违反公众清洁条例的行为，例如乱抛垃圾及随地吐痰。(食物环境卫生署)
- 鼓励所有负责洁净工作的员工(包括政府雇员及承办商雇员)佩戴口罩，以保障健康。(食物环境卫生署)
- 保持所有公共厕所清洁、空气流通及卫生。(食物环境卫生署)
- 加强在卫生黑点的清洗工作。(食物环境卫生署)

管制野生动物

- 密切留意及研究关于野生动物和野味对健康构成危险的科研结果。(卫生福利及食物局、渔农自然护理署)
- 继续禁止入口作野味食用的果子狸肉。(食物环境卫生署)

公众教育

- 持续推行有关综合症及其预防方法的公众教育计划(透过电视及电台的宣传短片和宣传声带、小册子和海报等)，并因应科研的发展，完善公众教育的素材。新一辑电视宣传短片将于二零零三年九月底播放。(卫生福利及食物局、卫生署、医院管理局、政府

新闻处、民政事务总署)

- 动员社会不同界别，包括区议会、地区清洁香港委员会、地区卫生纠察队、分区委员会、非政府机构和居民组织，参与清洁、改善环境和对抗综合症的活动。*(卫生福利及食物局、卫生署、民政事务总署)*

第二章

保持严密监察

监察本地情况 - 自二零零三年三月起，综合症已被确定为须按法例通报的疾病。所有执业医生均须呈报其诊断为染上综合症的病人，以及怀疑个案。其它措施包括-

- 定期覆检、更新和公告有关综合症个案的定义，以便医护人员、化验所及有关服务提供者能及时和快速地呈报综合症个案。 *(卫生署)*
- 除透过现行渠道，包括普通科门诊诊所、执业医生、学校、幼儿护理中心、安老院舍等继续进行监察外，增加预警监察系统，加强监察。 *(卫生署)*
- 参考世界卫生组织对集体感染呼吸系统疾病提高警觉和加强传染病控制措施所发出的指引，监察医院员工的呼吸系统疾病。 *(医院管理局)*
- 加强监察集体感染类似流感疾病和肺炎的医院医护人员和住院人士。此外，透过加强社区老人评估小组对院舍到诊医生的支持，提升安老院舍的疾病监察能力。 *(医院管理局、卫生署、社会福利署)*
- 向私家医院提供公众卫生化验所咨询服务，并为出现征兆的病人提供快速测试，以便及早察觉综合症。
- 向社会人士及时发放关于综合症的准确讯息(例如在其它国家 / 地区发出的警示和发生的个案，以及对该疾病认识的新发展)，令市民保持高度警觉。 *(卫生署)*

与内地的联系

- 与国家卫生部及粤澳两地的卫生当局保持紧密联系，了解综合症的最新情况-
 - 维持与广东省卫生当局每周一次关于综合症个案的通报。至于其它传染病个案的通报，则是每月一次；
 - 于每月的第 15 天，广东省卫生当局会经由香港特别行政区政府驻粤经济贸易办事处，向香港传送该局的传染病资料；
 - 在收到传染病资料后，卫生署会对资料进行初步分析，并与广东省卫生当局分享分析结果；
 - 对于有关公共卫生的特殊事故，汇报的次数可由双方协议调整。
(卫生福利及食物局、卫生署)

国际信息互换

- 继续与世界卫生组织及其它国家的卫生当局保持密切联系及互享资料。(卫生署)
- 继续与各领事机构保持紧密联系，以取得关于综合症在外地最新发展的第一手资料，并向外国汇报香港的情况。(卫生福利及食物局、卫生署)

第三章 对抗疫症

应变计划

- 我们已在政府各个层面拟好应变计划，以应付综合症的再次来临。

政府整体应变计划

- 卫生福利及食物局已拟好政府整体的紧急应变机制，清楚订明策略性决策的指挥架构、各有关方面的明确分工和职责、各类行动的人员的从属关系，以及作出响应的時間。我们会参考本地和海外经验，并随着对综合症认识的加深，在有需要时再进一步完善应变计划。
- 卫生福利及食物局会藉定期的检测，确保各方面有充足的准备工作，并可随时执行应变计划内的措施。
- 在本计划内的各有关部门及机构将拟定各自的具体应变计划，并把这些计划内的不同组成部分写成参考件，以及作适当修正及测试。
- 为确保内部管理系统能作迅速响应，应变计划将可能出现的情况分为三个级别，每个级别将有各别的响应-

- **戒备级别** - (a) 本港以外地方的化验结果证实有综合症个案；或 (b) 本港已发出综合症警示³，则激活此戒备级别的应变计划；
- **第 1 级** - 当本港有一宗或以上化验结果证实有综合症个案⁴，则会在收到化验结果后的 12 小时内激活第 1 级应变计划；
- **第 2 级** - 当有迹象显示综合症在本港蔓延，则激活第 2 级应变计划。

(医院管理局设有内部警示系统，以便及早侦察及应付包括综合症以内的传染病爆发。属**戒备级别(a)**的情况在医院管理局的系统内等同于其黄色警示，而在本计划内属**戒备级别(b)**，**第 1 级**及**第 2 级**疫情的情况则等同医院管理局的红色警示。)

- 倘属**戒备级别**，则会采用简单的紧急应变指挥架构。卫生福利及食物局、卫生署和医院管理局会担当应变的主力，评估风险性质和水平，为可预见问题采取适当行动，及监察病情的进一步发展。
- 在**第 1 级**及**第 2 级**疫情下，我们会设立督导委员会指挥政府的紧急应变工作。
 - 负责**第 1 级**应变工作的督导委员会-
 - 由卫生福利及食物局局长担任主席；
 - 主要成员包括卫生署署长、医院管理局行政总裁、食物环境卫生署署长、社会福

³ 综合症警示是世界卫生组织所下定义，以确保在排除患者感染非典型肺炎或呼吸系统综合症之前，各有关方面已采取适当的感染控制和公共卫生措施。综合症警示的定义如下：

- 同一病房或单位内有两名或以上的医护人员，其临床情况与世卫就综合症所下定义一致，并先后在十天内发病；或
- 在医院同一病房 / 单位有三名或以上人士(医护人员及 / 或医院其它员工及 / 或病人及 / 或医院访客)，其情况与世卫就综合症所下定义一致，并先后在十天内发病。

⁴ 政府已订有隔离政策，在私家医院怀疑有一名或以上病人感染综合症时，把有关病人隔离。卫生署会为这些医院提供快速测试，以便可以尽快从病人抽取的临床样本确定或排除是否含有综合症病毒。

利署署长、民政事务总署署长、政府新闻处处长及教育统筹局常任秘书长；
-按情况需要，增选其它高级官员和外界专家为成员。

- 负责**第2级**应变工作的督导委员会 -

-由行政长官担任主席；

-其它成员包括政务司司长、财政司司长、律政司司长、卫生福利及食物局局长、房屋规划及地政局局长、民政事务局局长、教育统筹局局长、环境运输及工务局局长、卫生署署长、政府新闻处处长及行政长官办公室主任；

-按情况需要，增选其它高级官员和外界专家为成员。

■ 专责**第1级**应变工作的督导委员会的责任如下-

- 制订整体疾病控制策略，并决定应采取何种措施以预防疾病蔓延；

- 密切监察情况的发展及检讨已采取措施的成效；

- 协调各负责抗疫工作的主要部门和机构，例如卫生署、医院管理局、各间大学等；

- 就整体通讯策略发出指示，以确保透明度，并向传媒和社会人士通报最新的事态发展和政府的疾病控制措施，并动员公众支持，合力抗疫；

- 重新评估整体政府应付更严重爆发的准备充足程度，并指令应采取何种措施以弥补不足；

- 考虑在出现更严重爆发时是否需要推动紧急修订法案。

■ 专责**第2级**应变工作的督导委员的责任如下 -

- 制订整体疾病控制策略，并决定应采取何种措施，包括那些对社会有广泛影响的决定；

- 密切监察情况的发展及检讨已采取措施的成效；

- 指令如何调配资源，并在必要时推动紧急修订法案；
 - 评估这危机对香港的社会和经济造成的影响，以及决定应采取何种措施以尽量减轻影响；
 - 重新评估整体政府应付更严重爆发的准备充足程度，并指令应采取何种措施以弥补不足；
 - 就整体通讯策略发出指示，以确保透明度，并向传媒和社会人士通报最新的事态发展和政府的疾病控制措施，并动员公众支持，合力抗疫。
- 卫生福利及食物局、卫生署及医院管理局在应变计中的职责如下-

卫生福利及食物局

- 负责统筹由督导委员会指令的-
 - 公共医疗界别的应变行动；及
 - 其它跨部门的应变行动。
- 卫生福利及食物局亦须监察这行动的执行，并在有需要时成立工组小组进行统筹及监察。
- 评估所需资源，安排有关源的取用和监察基建设施是否足以应付需要；
 - 在各阶段对政府应付不同情况的准备充足程度作出估计，并采取措施以弥补不足；
 - 负责拟备紧急修订法案；
 - 协调参与应变行动的各部门之间的后勤支持；
 - 协调内部和对外的通讯工作，包括向社会人士通报最新的事态发展，并提供清晰指示，说明是否需要加强预防措施。

卫生署

- 与其它国家 / 地区联系及取得有关本港以外的综合症个案的最新情报；
- 执行公共卫生措施以控制疾病在社区的散播；
- 维持有效的监察系统；
- 尽快进行病源追踪，并为与病人有紧密接触的人士进行医疗监察及隔离；
- 在可能情况下确认及消灭感染源头；
- 与在私营界别工作的医疗专业人士及各政府部门保持沟通，并将最新信息发放给它们；
- 在有需要时检讨及加强港口卫生措施；
- 确保快速及准确的化验诊断支持。

医院管理局

- 在公营医院系统内维持有效的监察机制以侦察综合症个案；
- 为综合症个案提供诊断、合适的医疗照顾及隔离安排；
- 迅速向卫生署报告综合症个案及提供有关资料，以便可以及时采取所需的公共卫生措施；
- 统筹医院内的感染控制措施；
- 调查及管理公营医院内的爆发；
- 与在私营界别工作的医疗业人士就综合症个案的临床管理及提供医疗服务的分工两方面保持沟通。

■ 卫生福利及食物局、卫生署、医院管理局和其它界别在三个警示级数下所采取的措施见附件

C、D 及 E。

- 应变计划的其它要点见附件 F.
- 卫生福利及食物局、卫生署、医院管理局会定期安排简介会及演习，确保各部门 / 机构对紧急应变计划有充分了解和熟悉当中工作程序，并指出计划中可供改善的地方。
- 政府亦鼓励不同界别准备各自的应变计划，及进行定期演习以确保各有关方面熟悉计划内容。

总结

随着对综合症的传播方式及控制有更多的认识和经验，我们会经常检讨和改进在本份文件中概述的防止、监察和应变措施。严重急性呼吸系统综合症专家委员会将于二零零三年十月初提交调查报告。我们会仔细研究其内容，并将合适的建议纳入纲目之中。我们也欢迎社会各界就纲目提供建议。市民对在本份文件中概述的抗炎措施如有任何意见或建议，可透过电邮 enquiry@hwfb.gov.hk 提交，或以邮递方式寄往：

香港中环花园道
美利大厦 19 - 20 楼
卫生福利及食物局

卫生福利及食物局
二零零三年九月

保持校园卫生与健康的主要防疫措施

家长 / 学生 / 教职员	学校
<ul style="list-style-type: none"> • 家长应每天为子女量度体温，并将温度记录在记录表上，签署后才让他们上学。 • 如学生或教职员发烧或身体不适，应求诊和留在家中休息。 • 教职员和学生有轻微呼吸道感染病征时，应戴上口罩。 • 学生应于进食前和打喷嚏、咳嗽和清洁鼻子后洗手。学生在进食时应避免共享毛巾或餐具。 • 校车 / 保姆车司机以及随车人员如有发烧，不应驾驶或登上该等车辆。 • 曾与证实 / 怀疑患有严重急性呼吸系统综合症人士有密切接触的教职员 / 学生，须居家隔离十天。 	<ul style="list-style-type: none"> • 每天以稀释的家用漂白水清洁和消毒校舍和校园设施。亦可于校园入口放置消毒地毯。 • 提供足够洗手设施和清洁用品。 • 保持室内空气流通，以及定期清洗冷气机隔尘网。 • 在发现学生有不寻常的传染病病征或有大量学生因病请假时，通知所属的卫生署分区办事处及教育统筹局。 • 当证实 / 怀疑有教职员 / 学生患有严重急性呼吸系统综合症时，全校须停课十天；以及按照卫生署指示清洁及消毒校园。

向雇主及雇员发放的主要健康讯息

保持工作环境清洁和卫生	加强雇员的个人卫生	雇主应
<ul style="list-style-type: none"> • 维持工作间的空气流通，如定期保养的空调系统； • 在有需要时消毒共享的工具； • 保持地毡和门窗清洁； • 确保洗手间设施清洁、卫生和保养良好； • 在洗手间内提供视液、用后即弃纸巾或干手机。 	<ul style="list-style-type: none"> • 接触眼睛、嘴巴或鼻子前要洗手； • 切勿共享毛巾或餐具； • 保持均衡饮食、进行适量运动、充份休息和避免吸烟，以增强身体抵抗力； • 如呼吸道受感染，应戴上口罩； • 如有发烧或咳嗽应马上求诊； • 发烧时不应上班。 	<ul style="list-style-type: none"> • 确保工作间清洁和卫生； • 有需要时向雇员提供足够和合适的口罩、手套和其它个人保护用品；并确保雇员正确地使用上述保护用品； • 向雇员传递相关的健康忠告和指引； • 提醒雇员保持良好个人卫生的重要性； • 提醒雇员如有发烧或咳嗽等症状，应尽快求诊； • 提醒发烧的雇员不应上班。

在戒备级别下卫生福利及食物局、卫生署和医院管理局所采取的行动

卫生福利及食物局

- 密切监察外地和香港的情况；
- 监察应变措施；
- 重新估计政府对情况恶化的准备，以及采取需要的行动以补不足之处；
- 制订沟通方案以 -
 - 提醒各界坚持预防措施及 / 或就是否需要任何额外的预防措施作出清晰指示；
 - 向社会报告最新发展。

卫生署

(a) 香港以外发现综合症个案	(b) 香港发出综合症个案警示
<ul style="list-style-type: none">• 主动向受影响国家 / 地区索取资料。如果受影响地区位于香港毗邻，由卫生署安排一支由该署、医院管理局和卫生福利及食物局代表组成的专家小组到访受影响地区，以搜集更多资料；• 向医院管理局、私家医院、私人执业医生、有关机构、旅行社发布搜集得的资料，并提供清晰指示；• 检讨及加强与受影响国家 / 地区有关的港口卫生措施，并特别留意来自受影响国家 / 地区的旅客；• 监察来自受影响国家 / 地区旅客的统计资料。	<ul style="list-style-type: none">• 提供快速和准确的化验所诊断服务，以便迅速证实或排除临床样本含有综合症病毒；• 即使化验尚未有结果，仍迅速及全面追查曾与患者接触人士，并安排曾与有症状的职员 / 患者接触的人士接受居家隔离和医疗监察；• 派遣富经验人员进驻受影响医院，以便就感染控制、追查曾与患者有接触人士，以及监察疫症状况等工作保持密切联络和监督；• 向私家医院、私人执业医生、学校和其它有关机构、旅行社等发布准确的最新事态发展消息，并提供清晰指示，说明应否采取额外的预防措施；• 着令私家医院和安老院舍加强监察和报告综合症个案；• 着令安老院稽核感染控制程序，并重新评估是否已准备就绪和有足够人手及物资应付怀疑综合症个案；• 通知广东省及澳门的卫生机关和有关的领事馆，并联络其它国际卫生机构；• 检讨和加强为出入境旅客制定的边境控制措施。

医院管理局

(a) 在香港以外发现综合症个案	(b) 香港出现综合症个案警示
<ul style="list-style-type: none">• 医院管理局的中央传染病小组会密切监察情况，并与政府就最新资讯保持紧密联络；• 加强医院的感染控制措施；• 监察近日曾往受影响地区 / 国家旅游的新入院病人。	<ul style="list-style-type: none">• 医院管理局行政总监会成立中央指挥委员会；• 启动严重急性呼吸系统综合症电子登记系统 (以搜集接受观察病人、怀疑和证实综合症患者的资料)，并供卫生署索阅；• 密切监察病人的病情进展和治疗结果；• 由联网总监领导，成员包括卫生署代表的医院感染控制小组，会在有关医院对疫症爆发进行调查，并将报告呈交医院管理局总部；• 安排病人和曾与住院病人接触的人士在适当地方接受隔离；• 受影响医院的感染控制措施将提升至应付“综合症”的程度，包括限制访客及使用更周全的个人保护装备；• 联网总监可决定受影响病房是否停止接收病人或容许病人出院；• 与私营界别及其它服务提供者就预防措施、疾病性质、治疗效果及控制疾病扩散等方面维持紧密联络；• 如有需要，设立一个专责疫情的沟通小组。

**卫生福利及食物局、卫生署、医院管理局及其它界别在
第 1 级情况(即一个或以上经化验确定的综合症个案)下采取的措施**

卫生福利及食物局

- 统筹由督导委员会指示的跨部门应变行动，并监察有关行动的实施；
- 密切监察个案的发展；
- 密切监察跨部门多专业小组负责的调查工作；
- 重新评估政府应付情况转坏的能力，并采取必须行动弥补未尽完善之处；
- 根据督导委员会所制订的策略拟定沟通计划：
 - 提示所有界别必须遵守预防措施及 / 或为是否需要其它额外预防措施提供清晰指引；
 - 使公众人士可紧贴最新发展。

卫生署

除了在戒备级别已采取的措施外，卫生署还会采取以下行动—

- 继续安排综合症患者的家居接触者接受家居隔离；
- 在综合症网页上载列综合症患者居住的大厦的名单；
- 率领跨部门多专业小组在 24 小时内往综合症患者居住的大厦进行调查和消毒；
- 设立电话热线，并由专业人员解答市民查询；
- 与政府新闻处合作，加紧向市民发布健康忠告；
- 加强巡查安老院舍，确保他们已采取足够感染控制措施；
- 提醒私家医院和私人执业医生尽快向卫生署报告怀疑综合感染个案，以及在卫生署或医院管

- 理局评估有关个案前，他们处理怀疑综合症个案的方法；
- 要求私家医院审核院内的感染控制措施。

医院管理局

医院管理局中央指挥委员会已经开始运作。除了按**戒备级别**采取措施外，医院管理局亦会：

- 提升感染控制措施至应付“综合症”所需的程度，包括限制访客及使用更周全的个人保护装备；
- 采取分阶段应变行动，安排医院接收证实和怀疑感染病人（详情见附表一）；
- 拟定服务重组计划以配合病人调迁计划，确保其它基要服务不受影响；
- 激活医院管理局支持服务控制中心统筹补给品的采购及分配，以及收集意见；
- 预测疫症爆发趋势和可能对服务所造成影响及根据预测结果调节服务重组计划；
- 在有需要时，与私家医院及私家医生就医疗服务的提供及分担工作量进行讨论。

学校 -

如有学生或职员怀疑或证实感染综合症

- 停课 10 天；
- 按照卫生署的指引，清洁和消毒学校

如有学生或职员的家居接触者怀疑或证实感染综合症

- 要求学生或职工停止返校，在家居隔离 10 天

安老院和残疾人士院舍 -

如住院人士或职工怀疑或证实感染综合症

- 该等人士须在原址隔离 10 天；

- 按照卫生署的指引，清洁和消毒院舍。

其它政府设施—

如有职员感染综合症

- 该设施或场地须清洁和消毒，及暂时关闭。

与市民和传媒沟通

- 每天向市民和传媒报告最新情况；
- 根据督导委员会的指示，利用其它沟通途径，例如在政府网页上刊登号外，让大众得悉最新情况。

与国际社会沟通

- 不时向各国领事汇报最新情况；
- 港府驻海外经济贸易办事处会向外国报告香港的最新情况。

卫生福利及食物局、卫生署、医院管理局及
其它界别在(第 2 级情况(即出现本地感染个案)下采取的措施

卫生福利及食物局

- 统筹由督导委员会指示的跨部门应变行动，并监察有关行动的实施；
- 密切监察个案的发展；
- 密切监察跨部门多专业小组负责的调查工作；
- 评估整体政府在各方面的资源需求及统筹最用资源；
- 重新估计政府应付情况转坏的能力，并根据督导委员会的指示采取必须行动弥补未尽完善之处；
- 根据督导委员会所制订的策略拟定沟通计划：
 - 提示所有界别必须遵守预防措施及 / 或为是否需要其它额外预防措施提供清晰指引；
 - 使公众人士可紧贴最新发展。

卫生署

除在戒备级别和 第 1 级情况下采取的措施外，卫生署亦会：

- 与警方合作，激活设于湾仔警察总部的重大事件调查及灾难支持工作计算机系统；
- 调派一支特别调查队，对出现本地感染个案的群组展开深入的流行病学研究，以期尽快找出隐藏的社区源头和传染途径；
- 向社区和各个界别提供清晰指引，阐明应采取的额外预防措施；

- 与世界卫生组织和其它海外卫生机关保持密切联络，并对可能向香港发出的旅游警告保持警觉。

医院管理局

医院管理局中央指挥委员会应已运作。除在**戒备级别**和**第 1 级**情况下采取的措施外，医院管理局将会：

- 以联网为本，动员及加强提供某些临床范畴的支持服务(例如呼吸系统治疗、深切治疗和传染病处理工作)，以便在适当情况下支持接收综合症病人的医院。在有需要时，医院管理局总部将安排以跨联网的方式进行动员；
- 在有需要时，根据须提供的服务所要求的专门知识和经验，按照预先议定的调配计划配派人手；
- 不断检讨病理学数据及加强感染控制措施。如推行的感染控制措施涉及医院停止接收病人及 / 或病人出院、关闭急症室等事宜，有关决定须由医院管理局行政总裁决定；
- 在考虑爆发的性质后，评估是否需要增设隔离设施，及将有关建议提请政府批准执行；
- 与私家医院互相支持，包括有关正在接受观察的怀疑感染综合症病人的管理事宜。

民政事务总署

- 若在一个特定地方出现群组个案而须采取特别控制措施，如撤走或隔离居民，有关民政事务专员便会与地区团体联络。

其它政府部门

- 会执行督导委员会所指示的疫症控制措施，例如关闭公共设施、全港停课。

与公众的沟通

- 继续每日向市民和传媒报导最新的情况，及使用其它的通讯方法。

与国际社会沟通

- 继续与各国领事和外国沟通。

应变计划的其它内容

- 设于医院管理局的数据管理中心会随督导委员会的运作而同步启动,并由卫生署和医管局的指定人员担任工作人员,负责彙集关于本地个案的所有事实、数据和统计资料;
- 卫生署领导的跨部门应变小组会采取行动,在卫生署/医院管理局证实病人染上综合症后 24 小时内为其住所消毒和检查有关楼宇;
- 卫生署会于得知化验所证实有病人染上综合症后 12 小时内发出法令,着令该病人在家居接触的人士接受家居隔离;
- 当督导委员会决定展开特别行动时,会指定相关政府部门/ 公营机构的首长级人员担任该行动的现场总指挥, 举例来说-
- 离及搬迁行动 – 由卫生署一名首长级人员担任现场总指挥, 并由相关的警区指挥官和民政事务专员支持;
- 管理隔离营/ 中心 – 由民众安全服务处一名高级人员出任隔离设施的指挥;
- 涉及飞机或船只的紧急救援和收容行动 – 由卫生福利及食物局一名首长级官员担任指挥, 并由卫生署支持, 其它局、署也会因应情况提供援助。

附表一

医院调动方案

阶段		医院		收症人数	总收症人数
1	首 50 宗个案	指定医院	玛嘉烈医院	50	50
2	超过 50 宗个案	联网内指定医院	屯门医院, 雅丽氏何妙龄那打素医院, 基督教联合医院/伊利沙伯医院, 广华医院/玛嘉烈医院, 东区尤德夫人那打素医院/玛丽医院 (各 50)	$50 \times 5 = 250$	300
3		联网内主要医院	广华医院/玛嘉烈医院, 基督教联合医院/伊利沙伯医院, 东区尤德夫人那打素医院/玛丽医院, 威尔斯亲王医院 (各 50)	$50 \times 4 = 200$	500
4		其它联网医院	将军澳医院 (25), 明爱医院 (50), 律敦治医院 (25), 北区医院 (25)	125	625

5	超过 625 宗 个案	个别医院增加收 症人数至 100	所有主要急症医院	每间医院 - 100	> 625
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注：以上只供参考。当疫症爆发时，实际的调动将由医院管理局总部按当时的情况作出统筹。