

各地院舍疫政策對香港的啓示

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COVID-19 in Hong Kong



COVID-19 & Nursing Homes

- Old Age Homes
 - Group living environment
 - Residents are usually very frail, with multiple medical conditions than need frequent medical attention.
 - Lessons from SARS in 2003:
 - The chance of infection is 5 times higher than the general public.
 - Once infected, they were more likely to be admitted to intensive care unit and more likely to be put on mechanical ventilator.
 - About 79% of those infected were killed by the SARS virus.
 - 81% infected residents acquired the SARS in hospitals.



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COVID-19 and Long-Term Care Policy for Older People in Hong Kong

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International experience

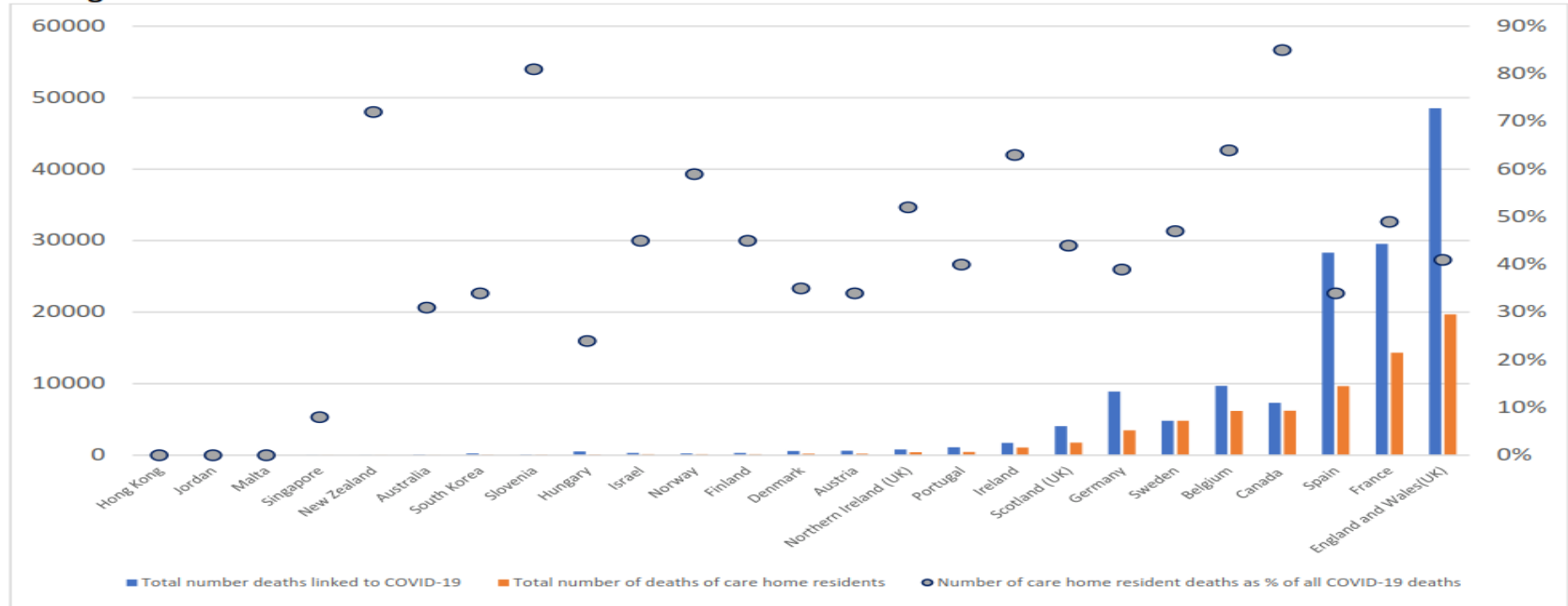
Table 1. Number of COVID-related or confirmed deaths in the population and in care homes (or among care home residents).

Country	Date	Approach to measuring deaths	Total number deaths linked to COVID-19	Number of deaths of care home residents linked to COVID-19	Number of deaths in care homes	Number of care home resident deaths as % of all COVID-19 deaths	Number of deaths in care homes as % of all COVID-19 deaths
Australia	21/06/2020	Confirmed	102	29		31%	
Austria	05/06/2020	Confirmed	646	222		34%	
Belgium	20/06/2020	Confirmed + Probable	9,696	6213	4,851	64%	50%
Canada	01/06/2020	Confirmed + Probable	7,326	6,236		85%	
Denmark	15/06/2020	Confirmed	598	211		35%	
Finland	23/06/2020	Confirmed	327		147		45%
France	16/06/2020	Confirmed + Probable	29,547	14,341	10,457	49%	35%
Germany ⁹⁷	23/06/2020	Confirmed	8,895	3,491		39%	
Hong Kong	22/06/2020	Confirmed	4	0	0	0%	0%
Hungary	02/06/2020	Confirmed	532	127		24%	
Ireland	22/06/2020	Confirmed + Probable	1,717		1,086	63%	
Israel	24/06/2020	Confirmed	307	137		45%	
Jordan	22/04/2020	Confirmed	9	0	0	0%	0%
Malta	23/06/2020	Confirmed	9	0	0	0%	0%
New Zealand	10/06/2020	Confirmed + Probable	22		16		72%
Norway	19/06/2020	Confirmed	244		144		59%
Portugal	09/05/2020		1,125	450		40%	
Singapore	22/06/2020	Confirmed	26	2	0	8%	
Slovenia	22/05/2020	Confirmed	105	85	55	81%	52%
South Korea	30/04/2020	Confirmed	247	84	0	34%	0%
Spain	23/06/2020	Confirmed + Probable	28,318 (confirmed) ⁹⁸		9,679 (confirmed) 19,553 (confirmed + probable)		34% (confirmed) 68% (confirmed + probable)
Sweden	15/06/2020	Confirmed + probable	4,810	2,280		47%	

Source: Comas-Herrera A, et al. (2020) Mortality associated with COVID-19 outbreaks in care homes: early international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 26 June 2020.

International experience

Figure 4. Total number of deaths linked to COVID-19 in the total population compared to the number of deaths among care home residents



Source: based on figures collected for this report

Source: Comas-Herrera A, et al. (2020) Mortality associated with COVID-19 outbreaks in care homes: early international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 26 June 2020.

Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other non-acute care facilities and home care

Updated 23 July 2020



1. Introduction

1.1. Background

With coronavirus disease 2019 (COVID-19) being prevalent globally, the World Health Organization (WHO) Regional Office for the Western Pacific has prepared guidance on how best to provide care for older people during the COVID-19 pandemic and to prepare for the "new normal".

Previous outbreaks such as 2009 H1N1 influenza, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) suggest that older people are more vulnerable to new and emerging infectious diseases. With COVID-19, people over 60 years of age potentially have a much higher fatality rate. The fatality rate for those over 80 years of age is over 20% in Australia, Japan and the Republic of Korea.^{1,2,3}

In Europe, 30–60% of COVID-19-related deaths were residents of long-term care (LTC) facilities, including older age groups.⁴ Enhanced precautions among older people and early preparation in LTC facilities are important to protect older people and vulnerable populations. In Asia, approximately 2.2%, 4.1% and 5.3% of older people above 65 in China,⁵ the Republic of Korea and Japan live in LTC facilities, respectively. The proportions are comparatively smaller in Malaysia (0.4%) and Viet Nam (0.6%).² In Fiji, as in many other Pacific Islands, it is assumed that most older people are cared for by their family members, communities and religious groups.⁶ The number of older people staying in LTC facilities is expected to grow with increasing life expectancy, smaller family size and cultural changes in many countries.⁶ Special attention should be paid to older adults with noncommunicable diseases (NCDs) as their prognosis is more likely to

be worse if infected with COVID-19, becoming severely ill increases for 60 years old. People with pre-existing conditions are also more likely to become severely ill. People with pre-existing conditions are also more likely to become severely ill, including the COVID-19 infection, including the cardiovascular disease (e.g. hypertension, stroke), chronic respiratory diseases, diabetes and cancer.⁷

While physical distancing is an important infection prevention and control measure, it is difficult to implement in LTC facilities as a result of limited inter-personal contact. Non-pharmaceutical interventions (NPIs) such as face mask use, hand hygiene and lockdowns may reduce the transmission of affected individuals in LTC facilities, together with other measures such as space and free movement, which are essential for preventing related injuries.^{8,9}

Long-lasting NPIs may affect mental health, and loneliness, and major depression.

The COVID-19 pandemic has had a significant impact on health and well-being of people. Older people, who are more vulnerable to the disease, can protect themselves by taking every possible step to prevent the disease.



Preventing and managing COVID-19 across long-term care services

Policy brief

24 July 2020



World Health Organization
Western Pacific Region

COVID-19 Infection Prevention and Control

Preparedness Checklist for Long-Term Care Facilities



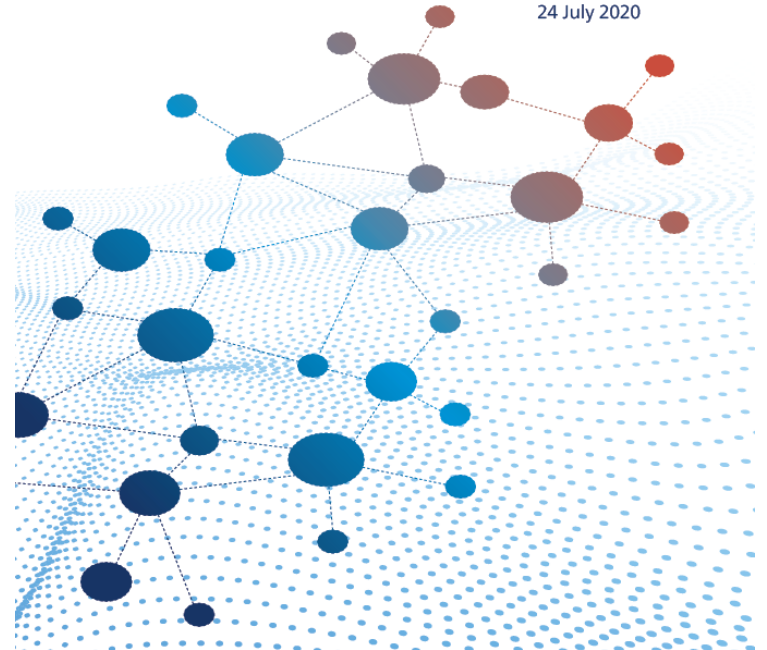
The Challenges

- Prevention is important
 - Stopped all visitations.
 - Stopped non-essential medical appointment.
 - Strict hygiene practice (face mask; hand hygiene practice, etc.)
 - Social isolation.
- Challenges:
 - Person with dementia deteriorated with social isolation and lack of stimulating activities.
 - End of live care in care home.
 - Staff shortage.

Preventing and managing COVID-19 across long-term care services

Policy brief

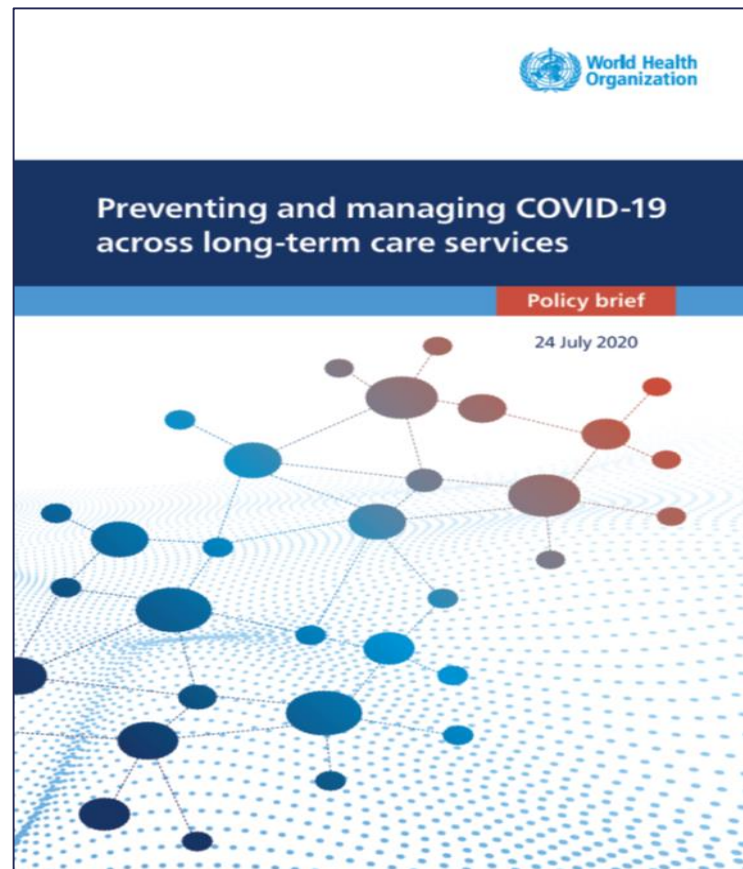
24 July 2020



Recommendations from the WHO

Eleven policy objectives to mitigate the impact of COVID-19 across long-term care

-  1. Include long-term care in all phases of the national response to the COVID-19 pandemic.
-  2. Mobilize adequate funding for long-term care to respond to and recover from the COVID-19 pandemic.
-  3. Ensure effective monitoring and evaluation of the impact of COVID-19 on long-term care and ensure efficient information channelling between health and long-term care systems to optimize responses.
-  4. Secure staff and resources, including adequate health workforce and health products, to respond to the COVID-19 pandemic and deliver quality long-term care services.
-  5. Ensure the continuum and continuity of essential services for people receiving long-term care, including promotion, prevention, treatment, rehabilitation and palliation.
-  6. Ensure that infection prevention and control standards are implemented and adhered to in all long-term care settings to prevent and safely manage COVID-19 cases.
-  7. Prioritize testing, contact tracing and monitoring of the spread of COVID-19 among people receiving and providing long-term care services.
-  8. Provide support for family and voluntary caregivers.
-  9. Prioritize the psychosocial well-being of people receiving and providing long-term care services.
-  10. Ensure a smooth transition to the recovery phase.
-  11. Initiate steps for transformation of health and long-term care systems to appropriately integrate and ensure continuous, effective governance of long-term care services.



Managing transmission from medical settings to OAHs

MANAGING VISITORS

- Check symptoms of all visitors before entering the facility
- Limit the number of visitors per resident
- All visitors should wear the required Personal Protective Equipment (PPE) and visits should be recorded to allow for contact tracing

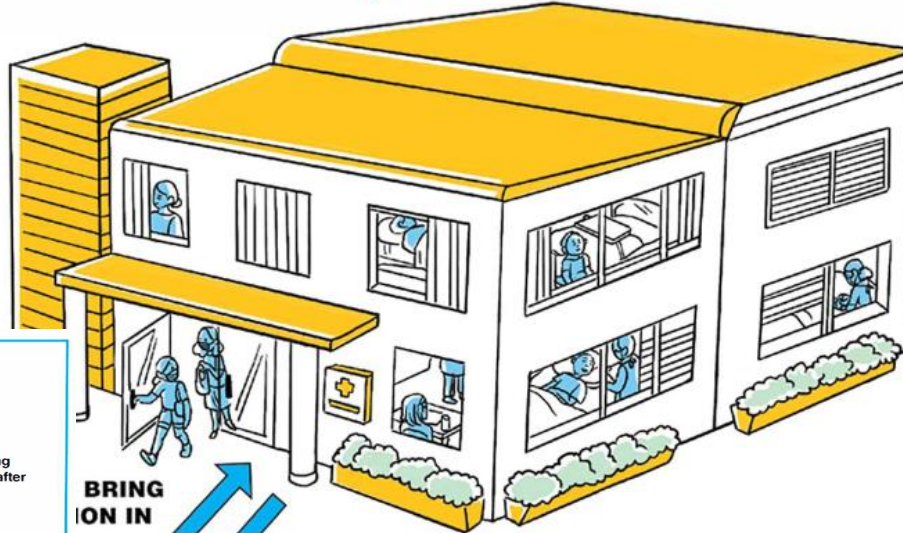


MANAGING ENVIRONMENT

- Limit the movement of residents to reduce potential spread of infection throughout the facility
- If the resident needs to be moved, plan the move ahead
- All staff and visitors should wear their Personal Protective Equipment (PPE) if they are to be in direct contact with the infected resident
- Perform regular environmental cleaning and disinfection
- Maintain good ventilation. If possible, open windows
- Dedicate equipment for residents in isolation



Do not spread infection within the facility



STOP

**VISITORS
CONTRACTORS
VOLUNTEERS
STAFF/CAREGIVERS
CURRENT RESIDENTS
FUTURE RESIDENTS**



! REMEMBER

Please do not enter the facility if you are feeling unwell

Practice hand hygiene when entering and leaving the facility, before and after visiting residents

Ensure you are maintaining at least 1 metre distance from others

Consider alternative non-touch greetings

Observe all facility procedures and follow staff instructions at all times

Organization and planning

Organization and planning				
	ITEMS	YES	NO	COMMENTS
1	Assign a COVID-19 preparedness planning team with at least one person in charge of IPC (IPC focal point)			
2	Develop a surge capacity plan for extra staff, Personal Protective Equipment (PPE), and consumables required for IPC (such as alcohol-based handrub etc.)			
3	Establish a flexible shift schedule to cover enough staff to care for residents with suspected or confirmed COVID-19			
4	Develop and implement a screening and documentation process for all persons entering the facility (e.g. temperature check and health declaration)			
5	Ensure processes are available to detect and manage a resident with suspected COVID-19 (screening/triage, isolation, reporting, testing, referral, specific IPC measures to care for such cases)			
6	Establish criteria to discharge residents from isolation			
7	Develop and maintain a contact list of healthcare facilities where suspected cases can be referred for emergency			
8	Ensure that guidelines on IPC for safe management of deceased residents in the context of COVID-19 are available			
9	Ensure emergency contact name, addresses and telephone numbers for residents' family is up to date			

Safe and healthy work environment

Safe and healthy work environment				
	ITEMS	YES	NO	COMMENTS
10	Ensure that all gatherings in crowded or close contact places are minimized or cancelled (such as group activities)			
11	Assess all staff and residents daily for symptoms suggestive of COVID-19 (e.g. fever, cough)			
12	Keep a record of all people who enter the facility for contact tracing			
13	Ensure informative posters are placed around the facility on hand hygiene and transmission-based precautions			

Equipment and supplies

Equipment and supplies				
	ITEMS	YES	NO	COMMENTS
14	Ensure adequate supplies of PPE and other hygiene/cleaning items (e.g. medical mask, eye protection, gloves, gown, soap, alcohol-based handrub, detergent, disinfectant solution)			
15	Ensure hand hygiene materials (e.g. alcohol-based handrub) are available in every resident room and all other care and common areas			
16	Secure space in the facility to isolate residents suspected of COVID-19 (e.g. a single isolation room with bathroom)			
17	Ensure dedicated equipment for the care of isolated resident			
18	Ensure that all resident personal equipment and belongings are labelled			

Training and education

Training and education				
	ITEMS	YES	NO	COMMENTS
STAFF				
24	Are guidelines available to detect and manage a resident with suspected COVID-19 (screening/ triage, reporting, testing, referral, specific IPC measures to care for such cases)?			
25	Are staff trained on IPC measures (e.g. hand hygiene, PPE use, physical distancing)?			
26	<p>Provide access to educational resources which include:</p> <ul style="list-style-type: none"> o Signs, symptoms and transmission of COVID-19 o Standard and transmission-based precautions o PPE donning and doffing and how to wear masks o How to screen and isolate residents suspected of COVID-19 o How to communicate with residents who are suspected or confirmed with COVID-19 o Health management (e.g. guidance for symptomatic staff who should stay at home and not go to work; processes for when it is safe to return to work following illness or exposure to suspected COVID-19 cases) and who to contact/report to within the facility o Reminders to avoid going to places which are crowded, close-contact settings, confined or enclosed spaces, even outside of work o Advice on coping with stress and staying healthy o Ensure that staff work clothes are changed and washed daily with detergent and hot water ($\geq 60^{\circ}\text{C}$) at the end of each work shift 			

Training and education

RESIDENTS				
27	Provide COVID-19 information for residents including: <ul style="list-style-type: none">o Signs and symptoms of COVID-19o How to prevent infection, including hand and respiratory hygiene, physical distancing			
28	Request residents and their family to inform staff immediately if they have any symptoms			
VISITORS				
29	Ensure COVID-19 information is visible for visitors including: <ul style="list-style-type: none">o Signs and symptoms of COVID-19o How to prevent infection, including hand and respiratory hygiene, physical distancing			
30	Request all visitors to inform staff immediately if they have any COVID-19 symptoms			

Communication

	ITEMS	YES	NO	COMMENTS
31	Have daily communication between administrators, IPC focal point and staff on: <ul style="list-style-type: none">o Updates on COVID-19 from local public health units;o Relevant IPC activities			
32	Provide updates to residents and their families informing on the facility's COVID-19 status and if this changes, what preparations are in place for residents and family			
33	Prepare a communications plan for what events will trigger communication with residents and their families in an event of a COVID-19 outbreak			
34	Ensure opportunities for staff and residents to share concerns and worries regularly			
35	Encourage and support residents to communicate with their family using methods of telecommunications, when visits are not allowed or limited			

Thank You

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