

CHI YUN SCHOOL

2020-2021

Epidemic prevention policy for "Carers providing escort service"

15th April, 2021

Dear Parents / Guardians,

In response to the severe epidemics of COVID-19, if parents need to hire carers providing escort service, please take note of the following epidemic prevention measures of the school:

1. Carers on duty **after 15th April, 2021** are advised to perform any SARS-CoV-2 nucleic acid tests approved by the government on a voluntary basis, including deep throat saliva tests, and obtain negative result before arriving on duty. It is recommended that the carer **performs the test within two weeks before arriving school** (e.g. if they are on duty on 18th January, the test should be done on/after 4th January).
2. Due to the severity of the epidemic, parents should make sure the carers comply with the school's epidemic prevention policy, including:
 - NO confirmed cases in the building where the carer lived, in the past 21 days;
 - NO contact with confirmed cases or close contact, in the past 21 days
 - NO travel history in the past 21 days
 - The carer has NO flu/upper respiratory infection/pneumonia in the past 21 days, or the carer has recovered.
 - The carer and his/her "close contacts" living with them have NO flu/upper respiratory tract infection/pneumonia in the past 21 days, or they have recovered.
3. If the carer is diagnosed as positive case of COVID-19, please contact the school (Tel: 2386 2010) immediately so that the school can take subsequent follow-up measures.
4. All carers should fill in the Health Declaration Form upon arrival at the school and return to the guard immediately (Annex I).
5. All carers must put on a surgical mask and bring alcohol-based handrub, and perform hand hygiene before and after contacting with students. During the service period, the carers should help the students to put on surgical mask and face mask properly, and help the students perform hand hygiene with alcohol-based handrub when necessary. They should also help students to maintain proper social distance with others, in order to ensure the safety of the students against the epidemic.

Thank you for your attention. If you have any further enquiries, please feel free to contact school nurse (Tel: 2386 2010).

Yours faithfully,



Chung Lai Kuen

Principal, Chi Yun School

Chi Yun School
Health Declaration form for Teaching staff / Outsourcing service staff /
Support teacher for visually impaired student / Carer for Out-patient escort service

Name : _____

Please complete the below form and return to schools.

Part A – Travel history outside Hong Kong in the past 21 days

I have not been away from Hong Kong in the past 21 days.

I have been visiting outside Hong Kong in the past 21 days.

Duration: From _____ (Month) _____ (Day) (Departure date) To _____ (Month) _____ (Day) (Arrival date)

Destination (Please specify countries and cities) : _____

Part B – Travel history of people with “close contact”

Person with “close contact” with me has not away from Hong Kong during past 21 days.

Person with “close contact” with me has been visiting outside Hong Kong in the past 21 days.

Duration: From _____ (Month) _____ (Day) (Departure date) To _____ (Month) _____ (Day) (Arrival date)

Destination (Please specify countries and cities) : _____

Part C – Current health status

Please specify below if you or people with close contact with you are having symptoms of fever, respiratory infection or gastrointestinal discomfort, and had contact history with patients of confirmed/probable cases of COVID-19:

	Carer	People with close contact with the carer
Fever	No / Yes*	No / Yes*
Cough	No / Yes*	No / Yes*
Diarrhea	No / Yes*	No / Yes*
Shortness of breath	No / Yes*	No / Yes*
Contact history (contact with patients of confirmed/ probable cases of COVID-19)	No / Yes*	No / Yes*
Clustering (Multiple relatives and friends in the group having the same symptoms)	No / Yes*	No / Yes*
Travelling on a cruise	No / Yes*	No / Yes*

Part D

1. My residential buildings have / have not* confirmed cases of COVID-19 in the past 21 days.

2. Test record on COVID-19:
Testing methods: Deep Throat Saliva / Real-time PCR Test / Nasopharyngeal Swab / Throat swabs / Nasal swab*
Date of testing: _____
Result on COVID-19 test: negative / positive*

3. Vaccination record for COVID-19
I have not / have been* vaccinated, and have completed the first / second dose* of vaccine injection.

* Please circle the applicable.

Signature: _____

Company name providing outsourcing service (If applicable): _____

Date: _____