**Supplementary Materials**

**Supplementary material 5.1.** Information sheet (English version) for residents in prophylactic arm.



|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Information Sheet** | **P** |
| **Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of assessment: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**A multifaceted approach in advancing infection control and prevention practices in residential care homes for the elderly (RCHEs) in Hong Kong**

**Information sheet (Prophylactic arm) for residents**

You are cordially invited to take part in a research study. Before you decide to enroll, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Ask us if anything is not clear or if you would like to get more information. Take time to decide whether or not you wish to take part.

1. **What are the purposes of this study?**

To examine the feasibility and impact of an infection control and prevention (IPC) bundle in reducing the colonization and infection of multidrug resistant organisms (MDROs) (i.e., methicillin-resistant Staphylococcus aureus (MRSA), extended-spectrum beta-lactamases-producing Enterobacteriaceae (ESBL-E), and carbapenem-resistant Enterobacteriaceae (CRE)).

This information helps to identify an effective IPC strategy to control the spread of antimicrobial resistance in RCHEs.

1. **Why am I eligible to participate?**

You have been selected to participate because you are residing in one of the participating RCHEs.

1. **What will I need to do if I take part?**

You will be given this information sheet to keep and asked to sign a consent form. You are free to withdraw at any time without giving any reason. Your choice will not affect the standard of care you receive. During the study, you can also refuse to answer any questions.

There will be two parts of the study. First, your RCHE will implement facility-wide IPC interventions on hand hygiene enhancement, and education.

We will retrieve your medical record for demographic, health, vaccination and medication, and infection data. You will also be asked to provide nasal and stool samples at study entry, six months, twelve months after enrolment, before and after hospitalization if necessary.

1. **What incentive do I get?**

By taking part in this study, you will receive facility-wide IPC interventions and provide additional biological sampling(s). As a gratitude for your contribution, we will provide HKD$50 when collecting your biological sample(s) at each time point. We will offer HKD$55 cash/coupon for collecting the biological sample(s) before and after your hospital admission if required. The information you provide will help identify your MDRO carriage status.

1. **Are there any risk?**

The only risk in taking part is primarily from the collection of the biological sample(s). Although the process is quick and straightforward, you may feel uncomfortable during the nasal swabbing. However, our research teams are all licensed/healthcare professionals, either experienced registered nurses or researchers who received extensive sample collection training. We will do our best to reduce any discomfort.

1. **What will happen to the results of the research study?**

The results of the study may be published in international academic medical journals. We may also hold press conferences and alert local and international media to our results. However, any information that you provide will be made anonymous prior analysis. You have the rights of access to personal data and publicly available study results, if and when needed.

1. **Who will have access to the information I provide?**

All information you provided to the research team will be kept in the strictest confidence. Only researchers directly involved in this study will be able to use your data. We will also provide the laboratory test results to your physicians if it is clinically necessary. All microbiological samples and data will be stored for future research purposes until ten years after completion of the study. Original documents will be entered into electronic databases and destroyed at the end of the study.

1. **What are the contacts for further information?**

This study has been approved by The Joint Chinese University of Hong Kong – New Territories East Cluster Clinical Research Ethics Committee (Tel.: 3505 3935). If you require any further information or have any questions, please contact Ms. Sui Ting Fong/ Valerie Wing Yu Wong at 2252 8816.

***Thank you for considering taking part in this study.***

***Your participation is greatly appreciated.***

**Supplementary material 5.2.** Information sheet (Chinese version) for residents in prophylactic arm.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **參與者須知** | **P** |
| **研究者姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **研究日期: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**香港安老院舍多元感染預防和控制措施的研究**

**院友參與者須知（預防感染組）**

我們誠意邀請您參與這項研究。請仔細閱讀以下資料，以了解這項研究的目的和涉及的內容。如果有任何問題或想了解更多資訊，您可以隨時詢問研究員。您有充足的時間決定參加與否。

1. **這項研究的目的是什麼？**

研究多元感染預防和控制的措施在減少抗藥性細菌在身體內繁殖和感染的可行性和有效性。

這些資料有助制訂有效的感染預防和控制的措施，以控制抗菌素耐藥性在安老院舍內的擴散。

1. **我是否合資格參與此項研究？**

由於您居住在其中一所參與這項研究的安老院舍，因此您被選中參加**。**

1. **如果我參與的話，將會有什麼安排？**

您可以保留這份參與者須知。在研究開始前，您需要簽署一份參加者知情同意書。您可於研究期間的任何時間退出，而無須提出任何原因，這不會影響您所得到的照顧。在研究期間，您可以拒絕回答任何問題。

研究將分為兩個部分。首先，在您居住的安老院舍內會實施多元感染預防和控制的措施，以改善手部衞生和提高健康教育。

我們會從醫療記錄中摘取您的基本資料，健康狀況，疫苗接種和用藥情況，以及收集感染的數據。您還需要在研究開始時、參與研究6個月、12個月後和住院前後（如有需要）提供鼻咽和糞便樣本。

1. **我將會得到什麼答謝？**

參與這項研究，您將會接受整個安老院舍範圍內的多元感染預防和控制的措施，及提供其他的生物樣本。為了表示感謝，每次收集您的樣本時我們將提供50元港幣的現金。如有需要，我們會在您住院之前和之後收集生物樣本並提供55元港幣的現金。您提供給我們的資料將會幫助您確定抗藥性細菌在身體內的情況。

1. **參與此項目有什麼風險？**

參與的唯一風險主要來自生物樣本的採集過程。儘管此過程快速而直接，在採集鼻腔拭子時您可能會感到少許不適。我們的研究團隊都是獲得許可的/專業的醫務工作人員，無論是經驗豐富的註冊護士還是接受過廣泛樣本收集培訓的研究人員。我們將盡力減少您的不適感。

1. **我們的研究結果將會如何處理？**

我們會將研究結果刊登於國際性醫學期刊，亦可能會舉行記者招待會，向本地和國際媒體發佈我們的研究結果。請放心，您提供的任何資料會被匿名分析及發佈。如果有需要，您有權取得您的個人數據和公開的研究結果。

1. **誰有權使用你提供的資料？**

您提供給研究團隊的所有資料將嚴格保密處理。只有直接參與這項研究的研究人員才可使用您的數據。如有臨床需要，我們會將您的實驗室測試結果提供給您的醫生。所有的生物樣本和數據都將被存儲至研究完成後十年以備將來研究之用。原始文件將輸入電子數據庫，並在研究結束時銷毀。

1. **聯絡資料**

這項研究已經獲得香港中文大學 – 新界東醫院聯網臨床研究倫理聯席委員會的審批 （電話：3505 3935）。 如果您想進一步了解相關資訊或者有任何問題，可以聯絡方瑞婷小姐/王詠瑜小姐（電話：2252 8816）。

***感謝您的參與.***

**Supplementary material 5.3.** Information sheet (English version) for residents in control arm.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Information sheet** | **C** |
| **Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of assessment: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**A multifaceted approach in advancing infection control and prevention practices in residential care homes for the elderly (RCHEs) in Hong Kong**

**Information sheet (Infection profile arm) for residents**

You are cordially invited to take part in a research study. Before you decide to enroll, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Ask us if anything is not clear or if you would like to get more information. Take time to decide whether or not you wish to take part.

1. **What are the purposes of this study?**

To examine the prevalence of multidrug resistant organism colonization (MDRO) in the RCHEs in Hong Kong

* To analyze the profile of infections in RCHEs

This study provides information about MDRO carriage and latent tuberculosis (TB) infection among RCHE residents. This information enables us to formulate target surveillance and infection control and prevention strategies for MDRO and TB for RCHE residents.

1. **Why am I eligible to participate?**

You have been selected to participate because you are residing in one of the participating RCHEs.

1. **What will I need to do if I take part?**

You will be given this information sheet to keep and asked to sign a consent form. You are free to withdraw at any time without giving any reason. Your choice will not affect the standard of care you receive. During the study, you can also refuse to answer any questions.

We will retrieve your demographic data, health, vaccination and medication, and infection data, and follow-up on your infection symptoms, antibiotic prescription, and treatment outcomes (i.e., hospitalization) from medical records.

You will be asked to provide nasal and stool samples at study entry, six months, twelve months after enrolment. If you agree, blood and sputum samples will also be collected at the beginning of the study for infection profile study. We will also monitor your infection episodes during your stay or till the end of the study period.

1. **What incentive do I get?**

As a gratitude for your contribution, we will provide HKD$50 cash/coupon when collecting your nasal and stool sample(s) at each time point. If you are willing to participate in the infection profile part and provide blood and (if available) sputum sample(s), we will compensate for your contribution with HKD$110 cash/coupon. If you would like to participate without providing the biological sample(s) for the infection profile study, you will receive HKD$20 cash/coupon. The information you provide will help identify your multidrug resistant organism carriage status and latent tuberculosis infection..

1. **Are there any risk?**

The only risk in taking part is primarily from the collection of the biological sample(s). Although the process is quick and straightforward, you may feel uncomfortable during the nasal swabbing and blood taking. In a rare circumstance, you may also have a slight chance of developing hematoma afterward. However, our research teams are all licensed/healthcare professionals, either experienced registered nurses or researchers who received extensive sample collection training. We will do our best to reduce any discomfort.

1. **What will happen to the results of the research study?**

The results of the study may be published in international academic medical journals. We may also hold press conferences and alert local and international media to our results. However, any information that you provide will be made anonymous prior analysis. You have the rights of access to personal data and publicly available study results, if and when needed.

1. **Who will have access to the information I provide?**

All information you provided to the research team will be kept in the strictest confidence. Only researchers directly involved in this study will be able to use your data. We will also provide the laboratory test results to your physicians if it is clinically necessary. All microbiological samples and data will be stored for future research purposes until ten years after completion of the study. Original documents will be entered into electronic databases and destroyed at the end of the study.

1. **What are the contacts for further information?**

This study has been approved by The Joint Chinese University of Hong Kong – New Territories East Cluster Clinical Research Ethics Committee (Tel.: 3505 3935). If you require any further information or have any questions, please contact Ms. Sui Ting Fong/ Valerie Wing Yu Wong at 2252 8816.

***Thank you for considering taking part in this study.***

***Your participation is greatly appreciated.***

**Supplementary material 5.4.** Information sheet (Chinese version) for residents in control arm.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **參與者須知** | **C** |
| **研究者姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **評估日期: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**香港安老院舍多元感染預防和控制措施的研究**

**院友參與者須知（感染情況組）**

我們誠意邀請您參與這項研究。請仔細閱讀以下資料，以了解這項研究的目的和涉及的內容。如果有任何問題或想了解更多資訊，您可以隨時詢問研究員。您有充足的時間決定參加與否。

1. **這項研究的目的是什麼？**

* 研究抗藥性細菌在香港安老院舍內的流行情況。
* 分析安老院舍內傳染病的感染情況。

這項研究會提供安老院舍院友中抗藥性細菌的流行情況以及隱性結核病的及感染情況。這些資料可以使我們能夠為安老院舍的院友制訂針對抗藥性細菌和結核病的監測系統，以及針對傳染性疾病預防和控制的策略。

1. **我是否合資格參與此項研究？**

由於您居住在其中一所參與這項研究的安老院舍中，因此您被選中參加**。**

1. **如果我參與的話，將會有什麼安排？**

您可以保留這份參與者須知。在研究開始前，您需要簽署一份參加者知情同意書。您可於研究期間的任何時間退出，而無須提出任何原因，這不會影響您所得到的照顧。在研究期間，您可以拒絕回答任何問題。

我們會通過問卷和醫療記錄摘取您的基本資訊，健康狀況，疫苗接種和用藥情況，以及感染的數據並跟進感染的症狀、關於抗生素的處方和治療結果 （如：住院）。

您還需要在研究開始時，參與研究6個月、12個月後提供[鼻腔](https://www.linguee.com/chinese-english/translation/%E9%BC%BB%E8%85%94.html)和糞便樣本。如果您同意的話，在研究開始時，我們也會收集您的血液和痰的樣本來分析安老院舍內傳染性疾病的情況。我們還會在您入住安老院舍期間或直到研究期結束時監控您患傳染性疾病的情況。

1. **我將會得到什麼答謝？**

為表示感謝，每次收集您的鼻腔和糞便樣本時我們將提供50元港幣的現金。 如果您願意參與安老院舍內傳染病情況的研究並提供血液和痰的樣本（如果有），我們將為您提供110元港幣的現金或現金禮券。如果您想在不提供生物樣本的情況下參加安老院舍內傳染病情況的研究，則將獲得20元港幣的現金或現金禮券。您提供的資訊將幫助您確定目前多重抗藥性細菌的攜帶情況和隱性結核的感染情況。

1. **參與此項目有什麼風險？**

參與的唯一風險主要來自生物樣本的採集過程。儘管此過程快速而直接，但在採集[鼻腔](https://www.linguee.com/chinese-english/translation/%E9%BC%BB%E8%85%94.html)拭子和血液時或許會有些不適感。在極少數情況下， 血液樣本採集後會有輕微血腫的情況。我們的研究團隊都是經過許可的/專業的醫務工作人員，無論是經驗豐富的註冊護士還是接受過廣泛樣本收集培訓的研究人員。我們將盡力減少您的任何不適感。

1. **研究結果將會如何處理？**

我們會將研究結果刊登於國際性醫學期刊，亦可能會舉行記者招待會，向本地和國際媒體發佈我們的研究結果。請放心，您提供的任何資料會被匿名分析及發佈。如果有需要，您有權取得個您的個人數據和公開的研究結果。

1. **誰有權使用你提供的資料？**

您提供給研究團隊的所有資訊將嚴格保密處理。只有直接參與這項研究的研究人員才可使用您的數據。如有臨床需要，我們會將您的實驗室測試結果提供給您的醫生。所有的生物樣本和數據都將被存儲至研究完成後十年以備將來研究之用。原始文件將輸入電子數據庫，並在研究結束時銷毀。

1. **聯絡資料**

這項研究已經獲得香港中文大學 – 新界東醫院聯網臨床研究倫理聯席委員會的審批 （電話：3505 3935）。如果您想進一步了解相關資訊或者有任何問題，可以聯絡方瑞婷小姐/王詠瑜小姐（電話：2252 8816）。

***感謝您的參與***

**Supplementary material 5.5.** Information sheet (English version) for staff.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **Staff**  **Information Sheet** | **P C** |
| **Name of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date of assessment: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**A multifaceted approach in advancing infection control and prevention practices in residential care homes for the elderly (RCHEs) in Hong Kong**

**Information sheet for staff**

You are cordially invited to take part in a research study. Before you decide to enroll, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Ask us if anything is not clear or if you would like to get more information. Take time to decide whether or not you wish to take part.

1. **What are the purposes of this study?**

To examine how the knowledge and attitude of staff affect their hand hygiene compliance and hence in the reduction of the colonization and infection of multidrug-resistant organisms (MDROs) (i.e., methicillin-resistant Staphylococcus aureus (MRSA), extended-spectrum beta-lactamases-producing Enterobacteriaceae (ESBL-E), and carbapenem-resistant Enterobacteriaceae (CRE)) among RCHE residents.

1. **Why am I eligible to participate?**

You have been selected to participate because you are working in one of the participating RCHEs.

1. **What will I need to do if I take part?**

You will be given this information sheet to keep and asked to sign a consent form. You will be asked to answer a questionnaire at study entry, six months, twelve months. We will also observe your hand hygiene compliance regularly. You are free to withdraw at any time without giving any reason. During the study, you can also refuse to answer any questions.

1. **What incentive do I get?**

The information you provide will help identify an effective IPC strategy to control the spread of antimicrobial resistance in RCHEs.

1. **Is there any risk?**

There is no risk.

1. **What will happen to the results of the research study?**

The results of the study may be published in international academic medical journals. We may also hold press conferences and alert local and international media to our results. However, any information that you provide will be made anonymous prior to analysis. You have the right of access to personal data and publicly available study results, if and when needed.

1. **Who will have access to the information I provide?**

All information you provided to the research team will be kept in the strictest confidence. Only researchers directly involved in this study will be able to use your data. Original documents will be entered into electronic databases and destroyed at the end of the study.

1. **What are the contacts for further information?**

This study has been approved by The Joint Chinese University of Hong Kong – New Territories East Cluster Clinical Research Ethics Committee (Tel.: 3505 3935). If you require any further information or have any questions, please contact Ms. Sui Ting Fong/ Valerie Wing Yu Wong at 2252 8816.

***Thank you for considering taking part in this study.***

***Your participation is greatly appreciated.***

**Supplementary material 5.6.** Information sheet (Chinese version) for staff.

|  |  |  |
| --- | --- | --- |
| A close up of a logo  Description automatically generatedA picture containing drawing  Description automatically generated | **醫護人員**  **參與者須知** | **P C** |
| **研究者姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **研究日期: \_\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |

**香港安老院舍多元感染預防和控制措施的研究**

**醫護人員參與須知**

我們誠意邀請您參與這項研究。請仔細閱讀以下資料，以了解這項研究的目的和涉及的內容。如果有任何問題或想了解更多資訊，您可以隨時詢問研究員。您有充足的時間決定參加與否。

1. **這項研究的目的是什麼？**

研究醫護人員的知識和態度如何影響他們的手部衛生習慣，從而減少抗藥性細菌在院友身體內繁殖和感染。

1. **我是否合資格參與此項研究？**

由於您工作在其中一所參與這項研究的安老院舍，因此您被選中參加**。**

1. **如果我參與的話，將會有什麼安排？**

您可以保留這份參與者須知。在研究開始前，您需要簽署一份參加者知情同意書。我們會在研究開始時、參與研究6個月、12個月時回答一份問卷。研究人員也將定期監測您的手部衛生。您可於研究期間的任何時間退出，而無須提出任何原因。在研究期間，您可以拒絕回答任何問題。

1. **我將會得到什麼答謝？**

您提供的資料有助制訂有效的感染預防和控制的措施，以控制抗藥性細菌在安老院舍內的擴散。

1. **參與此項目有什麼風險？**

參與此項目並沒有任何主要風險。

1. **我們的研究結果將會如何處理？**

我們會將研究結果刊登於國際性醫學期刊，亦可能會舉行記者招待會，向本地和國際媒體發佈我們的研究結果。請放心，您提供的任何資料會被匿名分析及發佈。如果有需要，您有權取得您的個人數據和公開的研究結果。

1. **誰有權使用你提供的資料？**

您提供給研究團隊的所有資料將嚴格保密處理。只有直接參與這項研究的研究人員才可使用您的數據。原始文件將輸入電子數據庫，並在研究結束時銷毀。

1. **聯絡資料**

這項研究已經獲得香港中文大學 – 新界東醫院聯網臨床研究倫理聯席委員會的審批 （電話：3505 3935）。如果您想進一步了解相關資訊或者有任何問題，可以聯絡方瑞婷小姐/ 王詠瑜小姐（電話：2252 8816）。

***感謝您的參與.***

**Supplementary material 5.7.** Informed consent for residents.

|  |  |
| --- | --- |
|  | **P C**  **Identification code: \_\_\_\_ \_\_\_\_ \_\_\_** |

A close up of a logo

Description automatically generated

**參與者同意書**

**RESIDENT CONSENT FORM**

**香港安老院舍多元感染預防和控制措施的研究**

**A multifaceted approach in advancing infection control and prevention practices in residential care homes for the elderly (RCHEs) in Hong Kong**

|  |  |
| --- | --- |
|  | **確認後請加剔號Please check/cross** |
| 1. 本人已詳閱及明白此項研究的參與者須知，並有充分機會作出提問。  I confirm that I have read and understood the information sheet of the above study and have had the opportunity to ask questions. |  |
| 2. 本人明白參與此項研究純屬自願，並可於研究期間退出，而無須提出任何原因， 亦不會影響我的醫療服務及法律權利。  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected. |  |
| 3. 本人同意參與此項研究。  I agree to take part in the above study. |  |
| 4. 本人同意本人剩餘的生物樣本可以被儲存，以作日後其他研究之用。  I agree to have my left-over biological samples collected in the above study saved for future. |  |
| 5. 本人同意研究組可以聯絡本人有關其他相關研究。  I agree that research team can contact me for other related studies in the future. |  |

|  |  |  |
| --- | --- | --- |
| 參與者姓名  Name of the participant | / /  日期 (日/月/年)  Date (dd/mm/yyyy) | 簽署  Signature |
| *If subject is unable to consent (remote consent):* | / / | Phone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recording no.: \_\_\_\_\_\_\_\_\_\_ |
| 授權人姓名  Name of the authorized person | 日期 (日/月/年)  Date (dd/mm/yyyy) | 關係  Relationship |
| 研究人員姓名  Name of the study staff | / /  日期 (日/月/年)  Date (dd/mm/yyyy) | 簽署  Signature |

**Supplementary material 5.8.** Informed consent for staff.

|  |  |
| --- | --- |
|  | **P C**  **Identification code: RCH \_\_\_\_-STA\_\_\_\_** |

A close up of a logo

Description automatically generated

**醫護人員同意書**

**STAFF CONSENT FORM**

**香港安老院舍多元感染預防和控制措施的研究**

**A multifaceted approach in advancing infection control and prevention practices in residential care homes for the elderly (RCHEs) in Hong Kong**

|  |  |
| --- | --- |
|  | **確認後請加剔號Please check/cross** |
| 1. 本人已詳閱及明白此項研究的參與者須知，並有充分機會作出提問。  I confirm that I have read and understood the information sheet of the above study and have had the opportunity to ask questions. |  |
| 2. 本人明白參與此項研究純屬自願，並可於研究期間退出，而無須提出任何原因。  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. |  |
| 3. 本人同意參與此項研究。  I agree to take part in the above study. |  |
| 4. 本人同意研究組可以聯絡本人有關其他相關研究。  I agree that research team can contact me for other related studies in the future. |  |

|  |  |  |
| --- | --- | --- |
| 參與者姓名  Name of the participant | / /  日期 (日/月/年)  Date (dd/mm/yyyy) | 簽署  Signature |
| 研究人員姓名  Name of the study staff | / /  日期 (日/月/年)  Date (dd/mm/yyyy) | 簽署  Signature |