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衛生防護中心
Centre for Health Protection

**Guidelines for Residential Care Homes for the Elderly or
Persons with Disabilities
for the Prevention of Coronavirus disease
(COVID-19)
(Interim)**

I. Disease Information and Affected Areas

Please visit from time to time the website of Centre for Health Protection for disease information, affected areas and updated information related to COVID-19: <https://www.coronavirus.gov.hk/eng/index.html>

The Department of Health advises residential care homes to take the following precautionary measures to minimize the risk of contracting and spreading COVID-19.

II. General Preventive Measures

A. Maintain good personal hygiene

- (a) Perform hand hygiene properly when entering the institution before touching your eyes, nose or mouth; before eating; after using the toilet; and touching public installations or equipment such as elevator control panels or door knobs. In addition, staff should perform hand hygiene at the beginning of the workday, before feeding residents, before and after touching residents and their surroundings.



- (b) Perform hand hygiene whenever hands are possibly contaminated.
- (c) When hands are visibly soiled, wash hands with soap and water. When hands are not visibly soiled, clean hands by rubbing them with 70-80% alcohol-based handrub is an effective alternative.
- (d) All staff should wear surgical mask while at work.
- (e) Cover nose and mouth with tissue paper when sneezing or coughing. Dispose soiled tissue paper properly into a lidded rubbish bin and wash hands with liquid soap and water afterwards.
- (f) Do not share personal items such as eating utensils and towels.
- (g) Staff are encouraged to join the Government's COVID-19 Targeted Group Testing Scheme.

B. Preparation of hand hygiene facilities

- (a) Provide liquid soap and disposable paper towels at places where there are handwashing facilities, e.g. toilets, kitchens, common rooms, activity rooms as indicated.
- (b) Provide 70-80% alcohol-based handrub in places where handwashing facility is not available.

C. Maintain good indoor ventilation

- (a) Windows of rooms should be opened.
- (b) Use of fans (e.g. wall, circulating or exhaust fan) in indoor spaces should be accompanied by means to increase outdoor air changes (e.g. opening windows or maximizing fresh air intake of air conditioners) at the same time. Minimize air blowing directly from one person (or group of people) to another.
- (c) If the air-conditioning system is used, ensure there is sufficient fresh air supply.
- (d) Keep air-conditioners well maintained. Clean the dust-filters of air-conditioners regularly.

D. Social distancing

- (a) Avoid non-essential group activities.

- (b) For essential group activities or during meals, maintain social distance between residents, for example by positioning the residents one meter apart and/or facing the same direction. Residents should wear surgical masks where feasible. Partitions may be installed on dining tables to segregate residents where feasible.
- (c) Consider staggering meals to reduce the number of residents gathering in the dining areas. Where practicable, serve meals to residents' rooms.
- (d) Staff should maintain a distance between each other while having meals and avoid chatting when not wearing a mask.
- (e) Residents should wear surgical masks if feasible, especially when they need to conduct common activities (e.g. watching TV) in the same room.
- (f) Arrange staff (especially those responsible for personal care service) to work within the same room(s)/ zone/ floor for care of the same group of residents so as to avoid or reduce unnecessary staff deployment; likewise, should avoid as far as possible deploying staff to work in different residential care homes.
- (g) Avoid as far as possible the change of the individual residents' living space, in order to reduce, as a whole, the risk of a large scale of cross infection within the residential care homes.

E. Maintain environment clean and hygienic

- (a) Maintain good hygienic standard through thorough cleaning and disinfection daily (please refer to Annex I for procedures of preparing and using diluted bleach). Keep rooms, kitchens, toilets and bathrooms clean and hygienic by using 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water). For metallic surface, disinfect with 70% alcohol.
- (b) Clean and disinfect frequently touched surfaces, furniture, commonly shared items and floor at least twice daily by using 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water). For metallic surface, disinfect with 70% alcohol.
- (c) If places are contaminated by respiratory secretions, vomitus or excreta, use strong absorbent disposable paper towels to wipe them away. Then disinfect the surface and the neighbouring area with 1 in 49 diluted

household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water). For metallic surface, disinfect with 70% alcohol.

- (d) Maintain drainage pipes properly and pour about half a liter of water into each drain outlet (U-traps) regularly (about once a week). For details, please refer to:

https://www.chp.gov.hk/files/pdf/make_sure_the_trap_is_not_dry.pdf

F. Temperature checking and early detection of symptoms

- (a) Check the body temperature of all clients/residents on a daily basis, so as to identify those with fever (oral temperature higher than 37.5°C, or ear temperature higher than 38°C). Those with fever, respiratory symptoms or sudden loss of taste or smell should be advised to wear a surgical mask and staff should seek medical advice for them promptly.
- (b) Staff should also check their temperature before work every day. Those with fever, respiratory symptoms or sudden loss of taste or smell should refrain from work, consult doctor at once and inform the institution.

G. New residents and residents newly discharged from hospitals

- (a) Staff should help new residents and residents newly discharged from hospitals to wash their hair, bathe and change their clothes as soon as possible.
- (b) Pay extra attention to their health conditions. Residents with fever, respiratory symptoms or sudden loss of taste or smell should wear surgical masks.
- (c) Measure their body temperature at least twice daily and on a need basis for the first week.
- (d) Residents are advised to stringently observe personal hygiene.
- (e) Institutions should continue their existing practice of isolating or cohorting residents discharged from hospitals.

H. Avoid travel and points to note when going outside (or having home leave)

- (a) Residents and staff should avoid all non-essential travel outside Hong Kong.
- (b) Residents who need to travel should inform the institution in advance to facilitate arrangement upon return. Refer to Section III.
- (c) Residents should avoid leaving the institution unless deemed necessary. If residents are going outside, wear a surgical mask when taking public transport and avoid staying in crowded places. Pay attention to hand hygiene when putting on and taking off the mask.
- (d) Residents should be advised to take shower and change clothes as soon as possible after returning from outside.
- (e) Residents should avoid home leave. Where under special circumstances residents should go back to their homes, the institution should enquire their contact history upon their return and pay attention to their health condition. If any of their household members has travel history in the past 14 days, or has been in contact with a confirmed case in the past 28 days is under medical surveillance, or has household member under home quarantine, no home leave should be arranged.

I. Visiting arrangement

- (a) Visiting is not allowed unless under compassionate ground (except official visits).
- (b) Family members / relatives may contact residents or staff by other means (such as telephone and video communication).
- (c) Staff should communicate with family members / relatives and explain to them in advance the visiting arrangement and limitations.
- (d) The following people are not permitted to visit residential care homes even under compassionate ground
 - i. People who have travel history outside Hong Kong in the past 14 days,
 - ii. People who have been in contact with confirmed case in the past 28 days,
 - iii. People who are under medical surveillance.
 - iv. People whose household members are under home quarantine
 - v. People who are symptomatic such as fever, respiratory symptoms or sudden loss of smell/taste at the time of visiting

- (e) Visitors should make prior appointment with the institution before the visit.
- (f) Only one visitor is allowed for each resident at a time (except official visits)
- (g) The institution should limit the number of visitors at any one time to avoid crowding of people inside.
- (h) The duration of stay of visitors in the institution should be minimised.
- (i) Children are not recommended to visit the institution.
- (j) Social distancing and infection control measures need to be maintained during the visits allowed on compassionate ground.
 - i. Visitors should perform hand hygiene and wear surgical mask before entering the institution.
 - ii. Check the body temperature of visitors. Those with fever or respiratory symptoms or recent sudden loss of taste / smell are prohibited from visiting the institutions.
 - iii. Visitors should fill in the date of visit and other relevant information (such as name and contact means) in the visiting record of the institution, for further action by CHP if necessary.
 - iv. The institution should implement appropriate measures to ensure visitors maintaining a social distance with other people.
 - v. Visits should be arranged at a designated place with proper segregation and frequent sanitization.

J. Escort staff

- (a) Staff who have been in contact with a confirmed case in the past 28 days, whose household members are under home quarantine or who are under medical surveillance should not act as an escort staff.
- (b) Escort staff should check their temperature before work every day. Those with fever, respiratory symptoms or sudden loss of taste or smell should refrain from work and consult doctor at once.
- (c) The residents to be accompanied by escort staff should be those with no fever/suspicious of having COVID-19. The residents should wear surgical mask as far as feasible.
- (d) During work, escort staff should:
 - i. Put on their working clothes/uniform
 - ii. Wear surgical mask

- iii. Carry alcohol-based handrub and perform hand hygiene whenever indicated
 - iv. Have eye protection if the residents cannot wear mask
- (e) After return home, staff should take a bath or shower, wash their hair, and wash their clothes properly.

III. When a Resident or Staff Member Returns from Travel Outside Hong Kong

A. Management of residents returning from travel outside Hong Kong

- (a) Residents entering Hong Kong are subject to compulsory quarantine for 14 days upon arrival.
(refer to CHP website <https://www.coronavirus.gov.hk/eng/inbound-travel.html>)
- (b) The resident should stay in the address specified in the quarantine order for 14 days upon return.
- (c) If the resident plans to stay in the institution, a single room with good ventilation needs to be arranged for the residents for at least 14 days during the quarantine period. A designated toilet is preferable. If sharing toilet is needed, toilets need to be cleaned and disinfected immediately after each use.
- (d) The resident should put on a surgical mask as far as practicable.
- (e) Check the body temperature and observe for any symptoms daily.
- (f) If the resident develops symptoms, notify CHP immediately and follow CHP's instructions on arranging hospital admission.
- (g) The resident should avoid leaving the room and avoid mixing activities with other residents. The resident should have meal in his/her room and use a designated toilet. If sharing toilet is needed, toilets need to be cleaned and disinfected after each use.
- (h) If the resident need to leave the room, put on a surgical mask, clear a pathway for transfer, and disinfect the pathway and surrounding area with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) afterwards.

- (i) No social activities with other residents while under quarantine.
- (j) Minimise the number of staff members taking care of the resident.
- (k) Staff should wear surgical mask, eye protection, disposable gown, latex gloves and other appropriate personal protective equipment (PPE) based on risk assessment (e.g. cap) when providing care to the resident.
- (l) Visitors are not allowed. Family members / relatives may contact the resident by other means (such as telephone and video communication).
- (m) Environmental disinfection with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) at least daily for the room and at least twice daily for frequently touched areas. Cleansing staff should wear appropriate PPE as in Section V (B).
- (n) Eating utensils should be thoroughly washed and cleaned after use.
- (o) Linen and clothing should be managed separately from those of other residents. Refer to Section VI (B).
- (p) All waste including discarded PPE should be managed as clinical waste. Refer to Section VI (C).

B. Management of staff returning from countries or areas outside Hong Kong

- (a) People arriving in Hong Kong who have been to the Mainland or any other countries or areas in the past 14 days are subject to compulsory quarantine upon arrival.
(refer to CHP website
<https://www.coronavirus.gov.hk/eng/inbound-travel.html>)
- (b) Staff under quarantine must not enter the institution.
- (c) If the staff develops fever or other symptoms, notify CHP immediately and follow CHP's instructions on arranging hospital admission.

IV. When a Resident or Staff Member is Identified as a Contact of a Confirmed Case

A. Quarantine and/or medical surveillance:

- (a) Residents or staff may become contacts of a confirmed case in various settings such as household, hospital or institution. CHP will conduct risk assessment and define close contacts and other contacts.
- (b) Residents identified as close contacts will be put under quarantine for 14 days since the last exposure, followed by medical surveillance (daily temperature checking and observation for symptoms) for additional 14 days. They may be quarantined at the institution if the environment is suitable. There is no restriction of location for medical surveillance.
- (c) Staff identified as close contact will be put under quarantine for 14 days since the last exposure, followed by medical surveillance (daily temperature checking and observation for symptoms before work) for additional 14 days. They will be quarantined at quarantine camp, and must not enter the institution during the quarantine period. There is no restriction of location for medical surveillance.
- (d) Residents or staff identified as other contacts will be put under medical surveillance for 28 days.

	Resident	Staff
Close contact	On-site quarantine (or quarantine camp if suitable) for 14 days followed by Medical surveillance (daily temperature checking and observation for symptoms) for additional 14 days	Quarantine camp for 14 days followed by Medical surveillance (daily temperature checking and observation for symptoms before work) for additional 14 days
Other contact	Medical surveillance for 28 days	Medical surveillance for 28 days

- (e) Residents or staff under quarantine or medical surveillance should wear a surgical mask for 28 days.
- (f) If the resident develops fever or any symptoms during quarantine or medical surveillance period, notify CHP immediately and follow CHP's instructions on arranging hospital admission.

B. Management of residents under quarantine

- (a) Residents under quarantine should be managed as in Section III (A).

C. Management of residents under medical surveillance

- (a) There is no restriction on location or movement.
- (b) Staff should wear a surgical mask (and other PPE as deemed necessary based on risk assessment) when caring for the resident.
- (c) Check the body temperature and observe for any symptoms daily.
- (d) Environmental disinfection with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) at least daily for the room and at least twice daily for frequently touched areas.
- (e) No social activities with other residents.
- (f) Avoid visits as far as possible.
- (g) Laundry can be managed as usual.
- (h) Waste can be managed as domestic waste.

V. When there is a Suspected Case in the Institution

A. Management of the suspected case

- (a) Put on a surgical mask for the suspected case.
- (b) Segregate the suspected case from other residents and staff and place in a single room with good ventilation.
- (c) Inform CHP immediately and follow CHP's instructions on arranging hospital admission.

B. Enhanced environmental disinfection

- (a) Cleansing staff should wear appropriate PPE including:

Surgical mask

Latex gloves

Disposable gown

Eye protection (goggles/face shield) and

Cap (optional)

- (b) Disinfect all potentially contaminated surfaces or items by using 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water).

C. If there is blood, secretions, vomitus or excreta spillage, take enhanced measures:

- (a) Cleaning staff should wear appropriate PPE including surgical mask, latex gloves, disposable gown, eye protection (goggles/face shield) and cap (optional).
- (b) Use forceps to hold the strong absorbent disposable towels to wipe away the blood, secretions, vomitus or excreta during a preliminary clean up.
- (c) Then put the forceps and used absorbent disposable towels in a garbage bag carefully without contaminating oneself/the environment.
- (d) Disinfect with 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water), wipe from the outside inward, leave for 10 minutes, rinse with water and wipe dry afterwards.
- (e) After the procedure, put all the wastes and cleansing tools (e.g. forceps, cloth, mop head) in the garbage bag.
- (f) Carefully remove PPE, put them in the garbage bag, and then perform hand hygiene.

(When hands are not visibly soiled, use 70-80% alcohol-based handrub. Wash hands with soap and water when hands are visibly dirty or visible soiled with blood, body fluid.)

- (g) Wear a pair of new gloves, seal the waste bag tight and dispose it properly in covered rubbish bin. Then, label the rubbish bin and put it in a safe undisturbed place until the status of case is confirmed.
- (h) Remove gloves carefully. Wash hands with liquid soap and water.
- (i) If COVID-19 is confirmed, CHP will inform the residential care home as soon as possible and the wastes will be collected by the licensed Clinical Waste Collectors .

VI. When there is a Confirmed Case in the Institution

A. Immediate actions when informed of the confirmed case status of a resident, staff or visitor

- (a) Perform terminal disinfection for the whole institution. Disinfect all potentially contaminated surfaces or items by using 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water). Follow instructions as in Section V (B) and (C).
- (b) Follow CHP's instruction on the identification and subsequent management of contacts in the institution. Refer to Section IV for the management of close contacts and other contacts.
- (c) Stop all non-official visits.

B. Management of eating utensils, linen and clothing for the confirmed case and close contacts

- (a) Eating utensils should be washed and cleaned thoroughly after use.
- (b) Clothes, towels, linen and curtains should be placed into a laundry bag. Do not shake soiled laundry and avoid direct contact of the skin and clothes with the contaminated materials.
- (c) Discard if heavily soiled.
- (d) Wash separately and as the last batch.
- (e) Use regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly.

C. Management of waste for the confirmed case and close contacts

- (a) Waste of a confirmed case or close contacts should be managed as clinical waste.
- (b) Wear a new pairs of latex gloves.
- (c) Put the waste bag into red clinical waste bag (with biohazard sign), each bag of clinical waste should be labeled with “clinical waste” tag and clearly indicate the source of the waste in a non-fading black pen.

- (d) Remove gloves carefully. Wash hands with soap and water.
- (e) Avoid prolonged storage of clinical waste. Contact the licensed Clinical Waste Collectors for collection and delivery of clinical waste to a licensed disposal facility (If in doubt, please visit the Environmental Protection Department website at:
<https://www.epd.gov.hk/epd/clinicalwaste/en/index.html>)

VII. Guideline on Prevention of Communicable Diseases in Residential Care Homes for the Elderly or Persons with Disabilities

Guidelines on prevention of communicable diseases in residential care homes for elderly and residential care homes for persons with disabilities issued by the CHP can be accessed at the following links respectively:

1. http://www.chp.gov.hk/files/pdf/guidelines_on_prevention_of_communicable_diseases_in_rche_eng.pdf
2. https://www.chp.gov.hk/files/pdf/guideline_prevention_of_communicable_diseases_rchd.pdf

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The Use of Bleach

Bleach is a strong and effective disinfectant. Its active ingredient, sodium hypochlorite, denatures protein in micro-organisms and is therefore effective in killing bacteria, fungi and viruses. Household bleach works quickly and is widely available at a low cost. Diluted household bleach is thus recommended for the disinfection of environment .

2. As bleach irritates mucous membranes, the skin and the airway, decomposes under heat and light and reacts readily with other chemicals, bleach should be used with caution. Improper use of bleach may reduce its effectiveness in disinfection and can injure users. Overuse of bleach will pollute the environment and disturb ecological balance.

Tools and Equipment

3. Get all necessary tools and equipment ready, such as household bleach, measuring tools, containers and Personal Protective Equipment.

Preparing / Using Diluted Bleach

- (a) Dilute and use bleach in a well-ventilated area.
- (b) Put on appropriate Personal Protective Equipment (e.g. mask, gloves, safety goggles and plastic apron) when diluting or using bleach as it irritates mucous membranes, the skin and the airway.
- (c) Mix bleach with cold water as hot water decomposes the active ingredient of bleach and renders it ineffective.
- (d) Bleach containing 5.25% sodium hypochlorite. Properly dilute the bleach to achieve appropriate concentration as follows:
 - (i) 1 in 99 diluted household bleach (mixing 1 part of 5.25% bleach with

- 99 parts of water) is used for general household cleaning and disinfection.
- (ii) 1 in 49 diluted household bleach (mixing 1 part of 5.25% bleach with 49 parts of water) is used for surfaces or articles contaminated with vomitus, excreta and secretions.
 - (iii) 1 in 4 diluted household bleach (mixing 1 part of 5.25% bleach with 4 parts of water) is used for surfaces or articles contaminated with blood spillage.
- (e) Make adjustments to the amount of bleach added if its concentration of sodium hypochlorite is above or below 5.25%.
- (i) Calculation: Multiplier of the amount of bleach added = $\frac{5.25}{\text{concentration of sodium hypochlorite in bleach}}$
 - (ii) For example, when diluting a bleach containing only 5% sodium hypochlorite, the multiplier is $\frac{5.25}{5}=1.05$. That means $10\text{ml} \times 1.05 = 10.5\text{ml}$ of bleach should be used when preparing a bleach solution.
- (f) Use a tablespoon or measuring cup for accurate measurement of the amount of bleach added.
- (g) Wash hands thoroughly after the procedure.

Precautions for the Use of Bleach

- (a) Avoid using bleach on metals, wool, nylon, silk, dyed fabric and painted surfaces.
- (b) Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.
- (c) Do not use bleach together with other household detergents as this reduces its effectiveness in disinfection and causes dangerous chemical reactions. For example, a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. This can result in accidents and injuries. If necessary, use detergents first and rinse thoroughly with

water before using bleach for disinfection.

- (d) Undiluted bleach liberates a toxic gas when exposed to sunlight, thus store in a cool, shaded place and out of reach of children.
- (e) Sodium hypochlorite decomposes with time. To ensure its effectiveness, purchase recently produced bleach and avoid over-stocking.
- (f) For effective disinfection, use diluted bleach within 24 hours after preparation as decomposition increases with time if left unused.
- (g) Organic materials inactivate bleach; clean surfaces so that they are clear of organic materials before disinfection with bleach.