Guidelines for Centre-based Services for the Prevention of Coronavirus disease (COVID-19) (Interim)

I. Disease Information and Affected Areas

Please visit from time to time the following website for disease information, affected areas and updated information related to COVID-19:


The Department of Health advises workers who provide centre-based services in the community 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 and Immunity

(a) Perform hand hygiene properly before entering and leaving the centre, 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 and after providing service to the clients.

(Annex I)
(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, cleaning 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.


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 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. Temperature checking and early detection of symptoms

(a) Check the body temperature of all clients and visitors upon entrance, so as to identify those with fever. Refer to Annex II for the reference range of body temperature measured by different methods. Those with fever, respiratory symptoms or sudden loss of taste or smell are not allowed to use the centre-based service. They should be advised to wear a surgical mask and seek medical advice 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 centre.

(c) To facilitate contact tracing when necessary, all visitors are encouraged to use the “LeaveHomeSafe” or to register their particulars (name, contact number, date, time of the visit). The list needs to be kept for 31 days following government’s advice.

E. Clients and visitors arrangement

(a) People who have travel history in the past 14 days, those who have been in contact with confirmed case in the past 28 days, and those who are under medical surveillance are not permitted to enter the centre.

(b) All clients and visitors should be informed of the above criteria.

(c) All clients and visitors should have their body temperature checked.

(d) All clients and visitors should fill in the date of visit and other relevant information (such as name and contact means) in the visiting record, for further action by CHP if necessary.

(e) Limit clients and visitors in the centre at any one time to reduce crowding inside the centre.

F. Social distancing

(a) Regulate the number of clients / visitors in the centre by measures such as appointment system. It is preferable to arrange the same group of clients in the same time slot of the day to prevent mixing of different groups of clients.

(b) Clients should wear surgical masks as far as feasible. For safety reasons, mask-wearing is not recommended for
i. children below age of 2 without supervision
ii. people with difficulty breathing
iii. people need assistance to remove the mask

(c) Adequate social distancing of at least 1 metre needs to be kept between clients for group activities.

(d) If meals are to be provided to the clients in the centre, advise the clients to maintain adequate social distancing or to face the same direction or to face the wall when having meals. Partitions may be installed on dining tables to segregate clients where feasible.

(e) Staff are advised to stagger their meal time. They should maintain a distance between each other while having meals and avoid chatting when not wearing a mask.

G. Maintain environment clean and hygienic

(a) Maintain good hygienic standard through thorough cleaning and disinfection daily (please refer to Annex III for procedures of preparing and using diluted bleach). Keep the centre including common areas, activity 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) Clean and disinfect equipment used for rehabilitation, social and recreational activities, etc. each time after use 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.

(d) 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 99 parts of water). For metallic surface, disinfect with 70% alcohol.
sodium hypochlorite with 49 parts of water). For metallic surface, disinfect with 70% alcohol.

(e) Use 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water) for places contaminated with blood spillage.

(f) 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

H. 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 clients to be accompanied by escort staff should be those with no fever/suspicious of having COVID-19. The clients 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 clients cannot wear mask

(e) After return home, staff should take a bath or shower, wash their hair, and wash their clothes properly.
III. Minimum Personal Protective Equipment (Annex IV)

(a) The mode of transmission of COVID-19 is via droplets and contact. Aerosol-generating procedures\(^1\) may pose a risk of opportunistic airborne transmission.

(b) Selection of PPE should be based on risk assessment of services / care to be provided.

(c) Hand hygiene is important to prevent spread of infections.

(d) **Surgical masks** should be sufficient for social activities and general nursing procedures. N95 respirators are not required unless for aerosol generating procedures like open suction after risk assessment. Special training is required for proper wearing and removal of N95 respirator. Otherwise the infective risk due to inadequate protection and contamination may be increased.

(e) When rendering person care services for clients who are not wearing masks, e.g. feeding or performing oral care, or iff there is risk of splashing of body fluids during the care process, eye protection (goggles or face shield) should be used.

(f) **Gloves:**

   i. Not necessary in general.

   ii. Should be used if anticipating contact with body fluids including excreta, sputum and blood, mucous membrane, non-intact skin, or items that are contaminated by body fluids.

(g) **Sterile gloves** are needed for aseptic procedures (e.g. wound care, peritoneal dialysis care, Foley’s insertion, open suction).

(h) **Gown** if anticipating contact with body fluids including excreta, sputum and blood.

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\(^1\) Aerosol-generating procedures include endotracheal intubation, cardiopulmonary resuscitation, bronchoscopy, open suctioning of respiratory tract (including tracheostomy care), autopsy and non-invasive positive pressure ventilation (BIPAP & CPAP).
IV. Care for Sick Clients

(a) Provide a surgical mask to the client who has fever or respiratory symptoms and move the client to a well-ventilated room.

(b) Inform the client’s family or guardian to bring the client to seek medical consultation.

(c) After the sick client has left the centre, perform environmental cleansing and disinfection of the room with 1 in 99 diluted household bleach (1 part of 5.25% household bleach in 99 parts water). If the room is contaminated with respiratory secretions, disinfect with 1 in 49 diluted household bleach (1 part of 5.25% household bleach in 49 parts water). For metallic surface, disinfect with 70% alcohol.

V. When a Suspected/ Confirmed Case of COVID-19 is Encountered in the Centre

A. Contact tracing

(a) If a client or staff member is confirmed to be a case of COVID-19, CHP will conduct contact tracing. Close contacts will be put under quarantine and other contacts will be put under medical surveillance.

(b) Any person under compulsory quarantine for whatever reason should not leave the designated place of quarantine and should not enter the centre.

B. Enhanced environmental disinfection

(a) Cleansing staff should wear appropriate PPE including:
- Surgical mask
- Latex gloves
- Disposable gown
- Eye protection (goggle/ 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), leave for 15-30 minutes, rinse with water and wipe dry afterwards.
C. If there is blood, secretions, vomitus or excreta spillage, take enhanced measures

(a) Cleaning staff should wear appropriate PPE including surgical mask, 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 cleaning 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 collection.

(h) Remove gloves carefully. Wash hands with liquid soap and water.
Perform Hand Hygiene Properly

1. Many infectious diseases can be transmitted through contact. If hands are contaminated with pathogens, especially when they are soiled with respiratory discharge or faecal matters, diseases include dysentery, cholera, hepatitis, influenza, and hand, foot and mouth disease can be spread easily. Observance of hand hygiene is the prerequisite of the prevention of the spread of communicable diseases. Using soap and water or alcohol-based handrub can achieve hand hygiene.

When to perform hand hygiene?

(a) Before & after touching eyes, nose and mouth;
(b) Before eating & preparing food;
(c) After using the toilet;
(d) When hands are contaminated by respiratory secretions, e.g. after coughing or sneezing;
(e) After changing diapers or handling soiled items from children or the sick
(f) After touching animals, poultry or their droppings;
(g) After handling garbage;
(h) After touching public installations or equipment, such as escalator handrails, elevator control panels or door knobs;
(i) Before and after visiting hospitals, residential care homes or caring for the sick; and
(j) Any time you find your hands are dirty.
How to select appropriate agents for hand hygiene?

2. It is advised to clean hands with liquid soap and water when hands are visibly dirty or visibly soiled with blood and body fluid, after using the toilet or changing the diapers. When hands are not visibly soiled, hand hygiene with 70-80% alcohol-based handrub is also an effective alternative. According to World Health Organization’s recommendation, most alcohol-based handrubs contain either ethanol, isopropanol or n-propanol, or a combination of two of these products. Always check the expiry date before purchasing and using alcohol-based handrub.

Steps for hand hygiene

(a) Hand hygiene with liquid soap and water:

(i) Wet hands under running water.
(ii) Apply liquid soap and rub hands together to make a soapy lather.
(iii) Away from the running water, rub hands according to the 7 steps of hand hygiene technique for at least 20 seconds (refer to point c for detail). Do not rinse off the soap while rubbing.
(iv) Rinse hands thoroughly under running water.
(v) Dry hands thoroughly with either a clean cotton towel, a paper towel, or a hand dryer.
(vi) The cleaned hands should not touch the water tap directly again. For example: using a paper towel to wrap the faucet before turn it off.

(b) Hand hygiene with alcohol-based handrub:

(i) Apply a palmful of alcohol-based handrub to cover all surfaces of the hands. Rub hands according to the 7 steps of hand hygiene technique for at least 20 seconds until the hands are dry (refer to point 3 for detail).
(c) Hand hygiene technique:

(i) Proper hand hygiene technique should follow the 7 steps and rub hands for at least 20 seconds.
3. Video demonstration

(a) Please visit the Centre for Health Protection website:

(i) Hand hygiene with liquid soap and water
https://www.youtube.com/watch?v=pN2C6AJ2_EA

(ii) Hand hygiene with alcohol-based handrub
https://www.youtube.com/watch?v=oNpAbLN2vPl&feature=youtube
Annex II

Monitoring of Body Temperature

Body temperature varies with age, time of day and level of physical activity. For screening purpose, temperature above the reference range quoted below is considered as significant and one should seek medical attention.

<table>
<thead>
<tr>
<th>Measuring method</th>
<th>Celsius scale (℃)</th>
<th>Fahrenheit scale (℉)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td>37.5</td>
<td>99.5</td>
</tr>
<tr>
<td>Tympanic</td>
<td>38</td>
<td>100.4</td>
</tr>
<tr>
<td>Armpit</td>
<td>37.3</td>
<td>99.1</td>
</tr>
</tbody>
</table>

Remarks: Read the instructions carefully for the reference range of the readings when using different methods of taking body temperatures.

For details, please refer to the “Guidance Note on Monitoring of Body Temperature” on the CHP website:

Annex III

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 = 5.25 concentration of sodium hypochlorite in bleach
   (ii) For example, when diluting a bleach containing only 5% sodium hypochlorite, the multiplier is 5.25 / 5=1.05. That means 10ml x 1.05 =10.5ml 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.
Annex IV

**Minimum Personal Protective Equipment (PPE)**

The PPE is recommended from infection control perspective for procedures under the COVID-19 pandemic for individuals not under quarantine receiving Centre-based Services*.

<table>
<thead>
<tr>
<th>Action</th>
<th>Minimum PPE for Centre-based Care and Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Surgical Mask</td>
</tr>
<tr>
<td>1 Social and recreational activities</td>
<td>Yes</td>
</tr>
<tr>
<td>2 Assist transportation and escort</td>
<td>Yes</td>
</tr>
<tr>
<td>3 Assist bathing, hair washing, hair cutting, shaving, nail cutting, changing of clothes, etc.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Note: Gloves and Gown are optional if body fluid contamination is anticipated.
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<tr>
<td></td>
<td>Surgical Mask</td>
</tr>
<tr>
<td>4 Feeding, oral care</td>
<td>Yes</td>
</tr>
<tr>
<td>5 Assist toileting and change of napkin</td>
<td>Yes</td>
</tr>
<tr>
<td>6 Conduct basic nursing care (e.g. supervision of medication)</td>
<td>Yes</td>
</tr>
<tr>
<td>7 Conduct special nursing care (e.g. tube feeding, peritoneal dialysis care, wound dressing)</td>
<td>Yes</td>
</tr>
<tr>
<td>8 Rehabilitation exercise (e.g. exercises to be assisted by occupational therapist or physiotherapist)</td>
<td>Yes</td>
</tr>
<tr>
<td>9 Conduct speech therapy and training</td>
<td>Yes</td>
</tr>
</tbody>
</table>
* Centre-based Services such as -
  ● Day Care Centre for the elderly
  ● District Support Centre for Persons with Disabilities
  ● Community Rehabilitation Day Centre
  ● Day Activity Centre
  ● Integrated Vocational Rehabilitation Services Centre
  ● Integrated Vocational Training Centre
  ● Sheltered Workshop
  ● Special Child Care Centre
  ● Child Care Centre
  ● District Elderly Community Centre / Neighbourhood Elderly Centre / Social Centre for the Elderly

The client should properly wear surgical mask as far as feasible.