



Guidelines on Prevention of Communicable Disease in Residential Care Homes for the Elderly

4th Edition, 2025



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Introduction

The effective prevention of communicable diseases in residential care homes for the elderly (RCHes) is essential for safeguarding the well-being of both residents and staff. By minimizing the impact of these diseases, we protect individual health, and at the same time also reduce the likelihood of hospitalizations of residents. This helps conserve valuable healthcare resources. It is therefore crucial that all staff members and residents understand their roles in the prevention of communicable diseases.

The fourth edition of the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly built on the previous version released in 2015. It includes the basics regarding transmission of communicable diseases, general advice on prevention of communicable diseases, infection control measures and management of communicable diseases at RCHes. It aims to provide practical strategies for preventing transmission of communicable diseases in RCHes to ensure that all staff members are equipped to care for the residents.

It is important to remember that this guideline is not exhaustive. If there are uncertainties or further information regarding specific communicable disease or infection control practices, staff should consult the Visiting Health Teams of the Elderly Health Service of the Department of Health in their respective districts for assistance.

The development of this guideline would not have been possible without the valuable contributions from the following parties:

- Primary & Community Services, Hospital Authority
- Licensing Office of Residential Care Homes for the Elderly, Social Welfare Department
- Elderly Health Service, Department of Health
- Communicable Disease Branch, Centre for Health Protection, Department of Health
- Infection Control Branch, Centre for Health Protection, Department of Health

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Abbreviations

CENO	Central Notification Office
CGAT	Community Geriatric Assessment Team
CHP	Centre for Health Protection
CNS	Community Nursing Service
COVID-19	Coronavirus Disease 2019
CPE	Carbapenemase-producing <i>Enterobacterales</i>
CRA	Carbapenem-resistant <i>Acinetobacter</i>
DH	Department of Health
HA	Hospital Authority
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
ICO	Infection Control Officer
LORCHE	Licensing Office of Residential Care Homes for the Elderly
MDRA	Multi-drug Resistant <i>Acinetobacter</i>
MDRO	Multi-drug Resistant Organism
MRPA	Multi-drug Resistant <i>Pseudomonas aeruginosa</i>
MRSA	Methicillin-resistant <i>Staphylococcus aureus</i>
PPE	Personal Protective Equipment
RCHE	Residential Care Home for the Elderly
SARS	Severe Acute Respiratory Syndrome
SWD	Social Welfare Department
VISA	Vancomycin-intermediate <i>Staphylococcus aureus</i>
VMO	Visiting Medical Officer
VRE	Vancomycin-resistant <i>Enterococcus</i>
VRSA	Vancomycin-resistant <i>Staphylococcus aureus</i>

1. Concepts on communicable diseases

1.1 What are communicable diseases?

Communicable diseases refer to diseases that can be transmitted and make people ill. They are caused by infective agents (pathogens), e.g. bacteria and viruses, which invade the body and multiply or release toxins to cause damages to normal body cells and their functions. In severe cases, they may lead to death. These infective agents can spread from a source of infection (e.g. patients, sick animals) to a person through various routes of transmission.

1.2 Chain of infection

Crucial factors for the spread of communicable diseases include the infective agent, the source of infection, the mode of transmission and the host - the so-called 'chain of infection'.

1.2.1 Infective agent

An infective agent is a microorganism (e.g. bacteria, viruses, fungi and parasite) that will cause an infection.

1.2.2 Source of infection

Source of infection refers to the reservoir where infective agents can live, parasitise and breed. It includes humans (e.g. patients, carriers and people with latent infections), livestock, insects and soil. The source of infection will normally form the basis for infective agents to infect humans.

1.2.3 Mode of transmission

Mode of transmission refers to the method of transfer by which the infective agent moves or is carried from one place to another. Some communicable diseases have more than one mode of transmission, e.g. chickenpox can be transmitted by airborne, droplet or contact transmission. Please refer to [Section 1.3](#) for more details about the mode of transmission of communicable diseases.

1.2.4 Host

Hosts refer to the susceptible population. Some people are more prone to infection and become hosts. For instance, young children, elderly persons, and patients with chronic diseases are more susceptible to infection because of weakened body immunity.

1.3 Mode of transmission of communicable diseases and examples

Table 1-1 *Modes of transmission of communicable diseases* elaborates how communicable diseases are transmitted via different modes of transmission and lists some respective examples.

Table 1-1 *Modes of transmission of communicable diseases*

Mode of transmission	Process	Examples of communicable diseases
Contact transmission	<ul style="list-style-type: none"> Through direct body contact with the infected person, e.g. lifting and assisting in taking baths Indirectly through contact with objects contaminated by infective agents, e.g. sharing towels, combs and clothes 	<ul style="list-style-type: none"> Scabies Head lice Hand, foot and mouth disease Acute infectious conjunctivitis Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) infection Other multi-drug resistant organisms (MDROs) infection Chickenpox* Coronavirus Disease (COVID-19)*# Mpox (monkeypox)*
Droplet transmission	<ul style="list-style-type: none"> Through droplets expelled during sneezing, coughing, spitting or speaking Through subsequent touching of mucous membranes of the mouth, nose and eyes, etc. with hands contaminated with infective agents 	<ul style="list-style-type: none"> Influenza Common cold Severe Acute Respiratory Syndrome (SARS) Coronavirus Disease (COVID-19)*# Mpox (monkeypox)*

Mode of transmission	Process	Examples of communicable diseases
Airborne transmission	<ul style="list-style-type: none"> ▪ Infective agents attached on small particles or droplet nuclei, float in the air for some time and enter the body through the respiratory tract 	<ul style="list-style-type: none"> ▪ Chickenpox* ▪ Pulmonary tuberculosis (smear positive)
Food-borne or water-borne transmission	<ul style="list-style-type: none"> ▪ Infective agents enter the body through ingestion of contaminated food or water, or using contaminated eating utensils 	<ul style="list-style-type: none"> ▪ Food poisoning ▪ Cholera ▪ Bacillary dysentery ▪ Hepatitis A, E ▪ Norovirus infection
Vector-borne transmission	<ul style="list-style-type: none"> ▪ The infective agents either parasitise or breed in the body of the insects such as mosquitoes, mites, ticks or other vectors via which human are infected 	<p>Mosquito-borne:</p> <ul style="list-style-type: none"> ▪ Dengue fever ▪ Chikungunya fever ▪ Zika Virus Infection ▪ Malaria ▪ Japanese encephalitis <p>Others:</p> <ul style="list-style-type: none"> ▪ Typhus
Blood or body fluid transmission	<ul style="list-style-type: none"> ▪ Injury by contaminated needles or sharps, or having unprotected sex 	<ul style="list-style-type: none"> ▪ Hepatitis B, C ▪ Human Immunodeficiency Virus (HIV) Infection

* Some communicable diseases have more than one mode of transmission (e.g. chickenpox, COVID-19, monkeypox).

COVID-19 can also be transmitted through respiratory droplets, contact of contaminated surfaces or objects, short-range aerosol or short-range airborne transmission

1.4 Principles of controlling communicable disease

The control of the communicable diseases should focus on controlling the factors of the spread of communicable diseases to break the chain of infection (summarized in **Table 1-2**).

Table 1-2 Control measures for the transmission of communicable diseases

Factors of transmission	Control measures
Infective agent	<ul style="list-style-type: none">▪ Disinfection to kill the infective agents
Source of infection	<ul style="list-style-type: none">▪ Early detection, isolation and treatment of the sick person▪ Removal of breeding sites of infective agents
Mode of transmission	<ul style="list-style-type: none">▪ Maintenance of good personal, environmental and food hygiene▪ Adoption of standard precautions and additional infection control measures appropriate to different modes of transmission
Host (susceptible population)	<ul style="list-style-type: none">▪ Building up personal immunity by healthy lifestyle and immunisation▪ Prophylaxis if appropriate

1.5 Why are residential care homes for the elderly (RCHes) more vulnerable to outbreaks of communicable diseases?

RCHes are collective living places where communicable diseases can easily spread through close person-to-person contact. The frailty of the residents also aids the spread. The source of infection can be staff, visitors or residents (e.g. residents newly discharged from hospital). Person-to-person contact then leads to cross-infection, i.e. the transmission of infective agents from one person to another. For instance, staff who fail to perform hand hygiene before and after caring for each resident may spread the infective agents from one resident to another.

1.6 Key points on management of communicable diseases in

RCHEs

The following principles should be applied in preventing the spread of communicable diseases in RCHEs:

1.6.1 Medical surveillance

- Monitor the health condition of residents and staff closely.
- Watch out for any sign and symptom of infection.
- Maintain residents' personal health records properly.

1.6.2 Early treatment

Arrange prompt treatment for the infected person to prevent further spread of infection.

1.6.3 Prevention of spread

- Implement standard precautions and additional infection control precautions based on the mode of transmission of respective communicable diseases to prevent evolution into outbreaks. Please refer to [Section 4](#) for more details regarding standard precautions and transmission-based precautions.
- If outbreaks of communicable diseases are suspected, promptly notify the Central Notification Office (CENO) of the Centre for Health Protection (CHP), the Licensing Office of Residential Care Homes for the Elderly (LORCHE) of the Social Welfare Department (SWD) and the Community Geriatric Assessment Team (CGAT) of Hospital Authority (HA) (if applicable) for follow-up investigations.

2. Detection of communicable diseases in RCHEs

2.1 Signs and symptoms of common communicable diseases in RCHEs

Local prevalence study showed that the commonest infections in RCHEs are respiratory tract infections, skin or subcutaneous tissue infections and urinary tract infections. Other common infections include infectious gastrointestinal diseases and acute infectious conjunctivitis (red-eye syndrome).

The typical signs and symptoms of some common communicable diseases in RCHEs are listed in **Table 2-1**. Signs and symptoms of other important communicable diseases are listed in **Table 2-2**. The tables are not meant to be exhaustive. For more information on communicable diseases, please visit the CHP website at <https://www.chp.gov.hk>.

Table 2-1 Characteristics of common communicable diseases in RCHEs

Types of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Respiratory tract infections (e.g. influenza, COVID-19, common cold, laryngopharyngitis, acute bronchitis, pneumonia)	<p>Viruses (e.g. influenza viruses)</p> <p>Bacteria (e.g. <i>Streptococcus pneumoniae</i>)</p>	Mainly droplet transmission	<ul style="list-style-type: none"> ▪ Fever, fatigue, cough with or without sputum, sneeze, runny nose, sore throat, muscle ache, fatigue, loss of taste or smell, etc. 	<ul style="list-style-type: none"> ▪ Maintain good indoor ventilation ▪ Maintain good personal hygiene including hand hygiene, respiratory hygiene and cough manner ▪ Any individual including residents should put on a well-fitted surgical mask when there is respiratory symptoms ▪ Maintain environmental hygiene ▪ Complete vaccination courses according to prevailing Government Policy ▪ Post-exposure prophylaxis (for influenza) may be used in outbreak situation
Skin or subcutaneous tissue infections	<p>Parasites (e.g. scabies, head lice)</p> <p>Bacteria (e.g. <i>Staphylococcus aureus</i>)</p> <p>Fungi (e.g. moniliasis, tinea)</p>	Contact transmission	<ul style="list-style-type: none"> ▪ Itching, localised rash, desquamation, swelling, scales, etc. ▪ Suppurating or smelly wounds (e.g. pressure ulcers) 	<ul style="list-style-type: none"> ▪ Wear gloves during patient contact and arrange early medical treatment for the patients ▪ For scabies: Disinfect the linen and clothing of patients. Close contacts can receive treatment to reduce disease spread

Types of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Urinary tract infections	Bacteria (e.g. E. coli)	Bacteria enter the urinary tract from anal area especially in women, people with urinary catheters, etc.	<ul style="list-style-type: none"> ▪ Fever, urination with stabbing pain, frequent urination, urinary urgency, nocturia, urinary incontinence, lower abdominal pain, loin pain, haematuria, cloudy urine, etc. 	<ul style="list-style-type: none"> ▪ Maintain good personal hygiene ▪ Women should wipe their genitalia from the front to the back after urination ▪ Ensure adequate fluid intake ▪ Perform hand hygiene thoroughly before and after the insertion of urinary catheter ▪ Place urine bag below the level of the bladder to avoid reflux
Infectious gastrointestinal diseases	Viruses (e.g. Norovirus, Rotavirus) Bacteria (e.g. Salmonella, Staphylococcus aureus, Vibrio cholerae)	Consuming contaminated food or water; contact with vomitus or faeces from infected persons, contaminated object, aerosols in case of norovirus infection	<ul style="list-style-type: none"> ▪ Abdominal pain, vomiting, diarrhoea, loss of appetite, fatigue, fever, etc. 	<ul style="list-style-type: none"> ▪ Maintain good personal, food and environmental hygiene ▪ Wash hands with liquid soap and water frequently, especially before handling food or eating, and after using the toilet ▪ Food handlers should seek early medical advice if falling sick and refrain from work till fully recovered ▪ Proper handling of vomitus and excreta

Types of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Acute infectious conjunctivitis (red-eye syndrome)	Viruses (e.g. Adenovirus) Bacteria (e.g. Streptococcus pneumoniae)	Contact transmission	<ul style="list-style-type: none"> Redness of eyes, itchiness of eyes, excessive tears, abnormal secretion, etc. 	<ul style="list-style-type: none"> Never share towels Observe good personal hygiene Perform hand hygiene before touching the eye

Table 2-2 Characteristics of other important communicable diseases

Type of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Human immunodeficiency virus (HIV) infection	Virus (HIV)	Blood or body fluid transmission, e.g. through injury by contaminated needles or sharps	<ul style="list-style-type: none"> Some people have no specific symptoms while others may have flu-like symptoms including fever, tiredness, sore throat, rash, diarrhoea and swollen glands. They may last for a few days to several weeks 	<ul style="list-style-type: none"> Never share objects likely contaminated by blood or body fluid Standard precautions should be strictly followed when clearing up objects contaminated by blood and when handling sharps such as injection needles
Hepatitis B	Virus (Hepatitis B Virus (HBV))	Blood or body fluid transmission, e.g. through injury by contaminated needles or sharps	<ul style="list-style-type: none"> Fever, jaundice, fatigue, loss of appetite, etc. 	<ul style="list-style-type: none"> Never share objects likely contaminated by blood or body fluid Standard precautions should be strictly followed when clearing up objects contaminated by blood and when handling sharps such as injection needles Receive vaccination against hepatitis B

Type of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Pulmonary tuberculosis (smear positive)	Bacteria (<i>Mycobacterium Tuberculosis</i>)	Airborne transmission	<ul style="list-style-type: none"> Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweating, etc. 	<ul style="list-style-type: none"> Maintain good ventilation and environmental hygiene Observe respiratory hygiene and cough manner Any individual including residents should put on a surgical mask when there is respiratory symptom and seek treatment promptly if symptoms of tuberculosis appear, particularly persistent cough for more than one month Have adequate nutrition and rest
Myiasis	Larvae of flies	Flies lay their eggs on mucous membranes or wounds	<ul style="list-style-type: none"> Larvae crawl out from the mouth, wound, etc. and there are purulent and smelly discharges 	<ul style="list-style-type: none"> Maintain good oral hygiene for residents especially for those requiring nasogastric tubes for feeding Wounds should be properly treated and dressed Maintain good environmental hygiene Install appropriate fly screen and repellent devices

Type of diseases	Infective agents	Mode of transmission	Typical signs and symptoms	Preventive measures
Dengue fever	Virus (Dengue virus)	Transmitted to humans through bites of infective female <i>Aedes</i> mosquitoes	<ul style="list-style-type: none"> ▪ High fever, severe headache, pain behind the eyes, muscle and joint pain, nausea, vomiting, swollen lymph nodes and rash ▪ Severe dengue: severe abdominal pain, persistent vomiting, rapid breathing, fatigue, restlessness and manifestations of bleeding tendency such as nose or gum bleeding, and possibly blood in vomit or stool. May progress to circulatory failure, shock and death 	<ul style="list-style-type: none"> ▪ Prevent mosquito intrusion (e.g. by installing mosquito screen on windows and doors, using mosquito nets) ▪ Prevent mosquito proliferation (e.g. by preventing accumulation of stagnant water, control vectors and reservoir of the disease) ▪ Prevent mosquito bites (e.g. by wearing loose, light-coloured, long-sleeved clothes and trousers, apply insect repellent containing DEET whenever necessary. If there is any allergic response to DEET, consider applying repellent with active ingredient Icaridin (also known as Picaridin) or IR3535)

2.2 Subtle presentation of infection

Apart from the typical signs and symptoms of infection, some infected persons (especially those frail residents) may show less obvious symptoms. This makes the infection more difficult to detect resulting in potential delay of treatment and risk of transmission within RCHes.

Those residents with cognitive impairment (such as residents with dementia) may have communication problems with carers, leading to difficulty in detecting infection.

Therefore, carers should also look for other subtle signs and symptoms which may indicate infection in the residents, for example:

- Body temperature 1°C higher than the usual temperature
- Disorientation, confusion, drowsiness and restlessness
- Unexplained changes in behaviour
- Unexplained changes in body functions such as loss of bladder control
- Change in bowel habit or consistency of stool
- Loss of appetite or unexplained weight loss
- Lethargy, increased weakness or fall for unknown reason
- Shortness of breath
- Palpitation or increased heart rate

Please refer to the list of Common signs and symptoms of communicable diseases in **Appendix A**. It serves as a reminder for preliminary health assessment of residents for early detection of infection and prompt medical treatment.

2.3 Monitoring of infection in RCHes

2.3.1 Importance of health record

To detect early presentation of infection in RCHes, carers should familiarise with the daily physical conditions and behavioural patterns of the residents. As such, proper personal health records should be maintained for each resident and their temperatures should be checked regularly. 'Daily record of febrile residents' should be kept (example at [Appendix B](#)).

2.3.2 High risk groups in RCHes

Carers should pay particular attention to residents who have risk factors of infection, for example:

- Bedridden
- Diabetic
- Conditions leading to lower body immunity such as cancers
- Cognitive impairment and lower self-care ability
- Use of indwelling medical devices and invasive procedures such as urinary catheter, intermittent self-catheterisation, tracheostomy tube, nasogastric tube, percutaneous endoscopic gastrostomy (PEG) feeding tube, peritoneal dialysis, etc.

2.4 Measuring body temperature

The normal temperature of human body (oral temperature) ranges from 36.1°C to 37.2°C. Most residents develop fever when infected. However, some residents have lower baseline body temperatures, which rise slightly when they are infected but still within the normal range. Effective surveillance of body temperature can only be carried out when self-comparison is made with the usual body temperature of the residents. RCHE staff should thus regularly take accurate body temperature for the residents at least daily during peak season of influenza and COVID-19 and record it. The RCHE should conduct health checks, including body temperature at least every 7 calendar days for their residents, and maintain relevant records. Temperature should be taken more frequently under the following circumstances:

- Residents with special care needs i.e., those totally lacking in self-care ability and being unable to express their own needs effectively (measure and record body temperature at least every 2 calendar days)
- During outbreaks of communicable diseases, such as influenza-like illnesses
- When residents develop symptoms of infection (please refer to **Appendix A** for details)
- Residents recently discharged from hospital

2.4.1 Accurate measurement of body temperature

Body temperature can be divided into core temperature and surface temperature. Core temperature refers to the temperature of deep tissues and can be taken through the oral cavity or ears; whereas surface temperature is the temperature of surface skin tissues and can be taken through the forehead or armpits. Comparatively, surface temperature is more easily affected by the surroundings.

To enhance accuracy in measurement, the followings should be noted:

- Residents should avoid exercise, bathing or having excessively cold or hot food and drinks within 30 minutes before taking temperature.
- Staff should read the instructions for proper operation of the thermometer as well as the reference range of readings before taking temperature.
- For each resident, it is preferable to take the temperature from the same body part at the same time of the day using the same method to avoid deviations caused by changes in the surroundings or the use of different measurement methods.

2.4.2 Proper use of thermometers

In general, there are digital, liquid crystal display (LCD) and infrared thermometers, etc. for taking oral, rectal, armpit, ear, and forehead temperature. Before using any thermometer, read the instructions carefully for the proper procedures of using the thermometer and the reference range of the readings. Accuracy, suitability and convenience should all be taken into account when choosing the appropriate thermometer.

Infrared forehead thermometers are less accurate in reflecting the true core body temperature. Whenever in doubt, staff should use another type of thermometer to recheck the body temperature. Recommendations and points to note for different methods of taking temperature are stated in **Table 2-3**.

To reduce the risk of cross-infection, thermometers (except non-contact infrared thermometer or thermal imaging system) should be covered with disposable plastic shields when in use. Designated thermometers should be used for infected residents.

Table 2-3 Recommendations on different methods of taking body temperature

Methods	Points to note	Recommendations
Ear	<ul style="list-style-type: none"> ▪ The ear temperature is usually 0.5°C higher than the oral temperature. ▪ Direction of the probe tip should be correct, otherwise it will give an inaccurate reading. ▪ Stabilise the position of the resident's head and pull the ear backward and upward to straighten the ear canal. ▪ The ear pressed against the pillow during sleeping has a higher temperature, avoid using the pressed ear for taking temperature, use the other side instead. 	<ul style="list-style-type: none"> ▪ It is non-intrusive and has little limitations on its application. Therefore it is suitable for use in RCHes. ▪ Not applicable for residents with otitis or with obstruction of ear canal caused by ear wax.
Oral	<ul style="list-style-type: none"> ▪ Digital thermometers are recommended for safety reason. ▪ Ensure the resident is conscious, cooperative and be able to close his or her mouth tight. ▪ Avoid cold or hot foods and drinks for at least 30 minutes before taking temperature. ▪ Staff should place the thermometer under the tongue of the resident. Ask him or her to close the mouth and not to speak when taking temperature. 	<ul style="list-style-type: none"> ▪ Not applicable for residents who are unconscious, confused or who cannot close their mouths tight.

Methods	Points to note	Recommendations
Armpit	<ul style="list-style-type: none"> Armpit temperature is usually 0.5°C lower than oral temperature. The thermometer should be held tightly under the armpit without clothes in between when taking temperature. Ensure the privacy of the residents and protect them from catching cold when taking temperature. 	<ul style="list-style-type: none"> Armpit measurement is suitable for conditions when all of the above temperature measurement methods are not applicable, except for very thin resident with a socket-like hollow armpit that cannot hold the thermometer tightly.
Forehead	<ul style="list-style-type: none"> Non-contact infrared thermometer or thermal imaging system may be used to measure surface skin temperature because of its convenience as a screening tool. 	<ul style="list-style-type: none"> Surface skin temperature may not provide a reliable reference to decide if the individual has fever. It is prudent to have a second means for confirmation by measuring the core body temperature (e.g. tympanic) for those with reading higher than the cut-off value or in case of doubt. The cut-off value for infrared forehead thermometer has been cited as 35.6 °C or 36.0 °C according to different sources. Alternatively, value as advised by the manufacturer of the particular device can be followed.

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

2.5 Management of residents with fever or infection

If a resident is found to have fever or have a temperature being 1°C higher than usual, the following actions should be taken:

- Note down on the 'Daily record of febrile residents' (example at [Appendix B](#)) and the resident's personal health record.
- Arrange prompt medical consultation for the infected resident with assistance from the Visiting Medical Officer (VMO) or CGAT when necessary.
- Isolate him or her from other residents.
- Early detection for any outbreaks by closely monitoring the health condition of residents and staff. Please refer to **Chapter 5** for steps to be taken if outbreak is suspected.
- Implement standard precautions and additional infection control precautions based on the mode of transmission of the respective communicable disease.

3. General advice on prevention of communicable diseases

Building up host immunity by having a well balanced diet, adequate rest and sleep, regular exercise, being a non-smoker and avoiding alcohol consumption are vital to the prevention of communicable diseases. Vaccination should be given to high-risk groups. Moreover, good personal hygiene, environmental hygiene and food safety should be observed.

3.1 Personal hygiene

Observing personal hygiene is an important tip in prevention of communicable diseases. It includes hand hygiene, respiratory hygiene and cough manners, skin care and avoiding sharing of personal items such as towels, combs, toothbrushes, etc.

3.1.1 Hand hygiene

Hand hygiene is a prerequisite for the prevention of many infections. Two hand hygiene practices are recommended: hand washing with liquid soap and using alcohol-based handrub.

Home managers of RCHes should provide adequate hand washing facilities and place alcohol-based handrub at convenient locations to facilitate staff, residents and visitors to perform hand hygiene. They should also remind residents and staff of the following:

- Avoid wearing objects that may harbour infective agents such as artificial nails, rings, watches and bracelets, etc.
- Perform hand hygiene before wearing and after taking off gloves. Even though gloves are worn, hand hygiene can never be substituted
- Observe proper hand hygiene techniques irrespective of whether hand washing with liquid soap or alcohol-based handrub is used
- Staff should perform hand hygiene and encourage residents to perform hand hygiene when necessary, e.g. before each meal (for details, please refer to **Section 3.1.1.4**)

3.1.1.1 Hand washing

- Wash hands with liquid soap and water when hands are visibly soiled or likely contaminated with body fluid.
- Steps for hand washing:
 - i. Wet hands under running water.
 - ii. Away from the running water, apply liquid soap on hands to make a soapy lather.
 - iii. Rub the palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists. Do this for at least 20 seconds (for details, please refer to **Section 3.1.1.3**).
 - iv. Rinse hands thoroughly under running water.
 - v. Do not re-contaminate washed hands by touching the faucet directly. For example, the tap may be turned off by wrapping the faucet with the paper towel.
 - vi. Dry hands thoroughly with paper towel or a hand dryer.
- Never share towel with others.
- Dispose of used paper towel properly.
- Store personal towels properly and wash them thoroughly at least once daily.

3.1.1.2 Use of alcohol-based handrub

- Using 70-80% alcohol-based handrub to rub hands is effective to prevent contracting and spreading communicable diseases via hands when hands are not visibly soiled.
- Same as hand washing, apply adequate amount of alcohol-based handrub and cover all surfaces of the hands; rub the palms, back of hands, between fingers, back of fingers, thumbs, finger tips and wrists; rub for at least 20 seconds until the hands are dry (for details, please refer to **Section 3.1.1.3**).
- Allow alcohol to evaporate naturally for maximum effect and no need to use paper towels to dry the hands.
- Check the expiry date of alcohol-based handrub before using.

3.1.1.3 Hand hygiene technique



The poster can be downloaded from:

<https://www.chp.gov.hk/en/features/108742.html>

3.1.1.4 When to perform hand hygiene

For staff, there are 'Five moments for hand hygiene':

- Before touching a resident;
- Before a clean or aseptic procedure, e.g. before nasogastric tube feeding or changing dressing;
- After blood, body fluid, secretion, excreta, wound or mucous membrane exposure risk, e.g. after changing diaper;
- After touching a resident;
- After touching contaminated items or resident surrounding environment.



The poster can be downloaded from:

https://www.chp.gov.hk/files/pdf/handhygiene_5_moments.pdf

Staff should also perform hand hygiene, and encourage residents to perform hand hygiene for the following situations:

- Before and after touching eyes, nose and mouth;
- Before handling or eating food;
- Before taking medications;
- After using the toilet;
- When hands are contaminated by respiratory secretions, e.g. after coughing or sneezing;
- After touching public installations or equipment, such as escalator handrails, elevator control panels or door knobs;
- After contact with animals or poultry.

3.1.2 Respiratory hygiene and cough manners

Respiratory hygiene and cough manners are recommended for all persons:

- Cover nose and mouth with tissue paper when coughing or sneezing.
- Dispose of soiled tissue paper in a garbage bin with lid or flush them away in the toilet.
- Wash hands thoroughly after contact with respiratory secretions or touching objects contaminated with respiratory secretions.
- Put on a surgical mask if there are respiratory symptoms.



The poster can be downloaded from:

https://www.chp.gov.hk/files/her/maintain_cough_manners.pdf

Home managers of RCHes should ensure the availability of materials for staff, residents and visitors to adhere to respiratory hygiene and cough manners.

- Provide tissue paper and garbage bin with lid for disposal.
- Ensure that supplies for hand washing (i.e. liquid soap and paper towels) are consistently available near sinks and provide dispensers of alcohol-based handrub in convenient locations.
- Put up signage and remind residents and visitors not to spit on floor.
- Put up signage to remind visitors to put on surgical mask if there are respiratory symptoms.

3.1.3 Skin care

Staff should pay attention to the following points for residents' skin care:

- Help residents to check their skin condition and pay particular attention to skin fold under the armpit, around the neck and groin area.
- Assist dependent residents to dry the skin fold between the toes properly and do not use talcum powder as it forms crusts and causes skin irritation.
- Cleanse and cover abrasion, if present, with dressing to prevent wound infection.
- Advise ambulant residents to put on socks or shoes to prevent abrasion around the soles or toes.

3.2 Environmental hygiene

3.2.1 Cleaning and disinfection

3.2.1.1 General cleaning

- Cleaning should begin from the clean areas first and then work towards the dirty areas.
- Clean with detergent (especially for visible dirt) before disinfection.
- Clean and disinfect frequently touched surfaces, furniture, rehabilitation aids, floor, toilets and bathrooms regularly, for example daily clean and disinfect with 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water).
- Change the detergent solution and disinfectant solution when it becomes soiled.
- Change the cleaning cloth/ wipes when it becomes soiled.

- For places soiled by vomitus, excreta or secretions, clean up the visible matter with strong absorbent disposable material, then disinfect with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water)
- For spillage of blood, clean the visible matter with strong absorbent disposable material, then disinfect with 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water), leave for 10 minutes and then rinse with water and keep dry.
- Clean the floor regularly and increase the frequency as the circumstances require. The floor should be kept dry after cleaning so that residents and staff will not slip on it. Carpets should be kept clean by regular washing and daily vacuum cleaning.
- Clean the dust filters of air-conditioners regularly.
- Remove refuse, disused articles and clutter regularly to reduce potential pest harbourage.
- Clean and examine the bedside cupboards of the residents regularly to ensure food is properly kept (e.g. in sealed glass or metal containers) and avoid food remnants; hence the breeding of pests and rodents.
- Keep appropriate distance between beds or groups of beds (not less than 1 metre as far as possible or with partitioned barrier between beds) to reduce the chance of transmission of infective agents by droplets.
- Change the water in flower vases and remove water in saucers of potted plants at least once a week. The use of saucers should be avoided whenever possible.
- Repair defective ground surfaces to prevent accumulation of stagnant water and breeding of mosquitoes. To prevent rodent intrusion, openings or passing for pipes, wires and ducts through walls greater than 6 mm should be sealed or screened to block rodent movement.
- Arrange for pest control and disinfect immediately when there are any signs of pest or rodent infestation such as excreta of rats, cockroaches, mosquitoes and flies. In case of need, call 1823, the Food and Environmental Hygiene Department (Enquiry and Complaint hotline) at 2868 0000 or the FEHD District Environmental Hygiene Office concerned (during office hours) to follow up.
- For a hygienic environment, it is not advisable to keep pets such as dogs and cats in RCHes.

3.2.1.2 Disinfection

Generally speaking, household bleach, which normally contains 5.25% sodium hypochlorite, is the most convenient and effective disinfectant when it is diluted appropriately ([Appendix C](#)). Care should be taken to avoid its use on metal surfaces since sodium hypochlorite is corrosive to metal. Please refer to **Appendix D** for procedures of preparing diluted bleach.

- 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water) is sufficient for general cleaning purpose.
- 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) should be used to disinfect places contaminated with vomitus, excreta or secretions and in outbreak situations.
- 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water) should be used for places contaminated with blood spillage.
- Use 70% alcohol to disinfect metal surfaces.

Apart from household bleach and alcohol, there are many detergents in the market that claim to have disinfection property. Purchasers should seek more information on the effectiveness and the directions for use from the supplier.



3.2.1.3 Toilet and bathroom hygiene

- Keep toilets and bathrooms dry and clean.
- Provide liquid soap for washing hands.
- Provide disposable paper towels or hand dryers for drying hands.
- Place garbage bins with lids inside toilets and bathrooms.
- Ensure the flushing system of the toilet is in proper function all the times.
- Make sure that the drain pipes are built with U-shaped water traps. Do not alter the pipelines without authorisation.
- Pour about half a litre of water into each drain outlet regularly (about once a week) to maintain the water column in the pipe as water lock to prevent the spread of microorganisms.
- Make sure that the soil pipes are unobstructed and the sewage drains are functioning properly without leakage to avoid breeding of infective agents.

3.2.1.4 Cleaning and disinfection of cleaning tools

- To minimise the risk of cross-transmission, proper labeling for designated cleaning tools are recommended for different areas such as kitchen, toilets, general areas, isolation room or cohort areas.
- Replace the cleaning tools (e.g. floor mop, cloth, wipes) if worn out.
- Rinse floor mop, wiper or other cleaning tools with water to remove solid or bulky waste if any. Wash with detergents.
- Disinfect by immersing them in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes.
- Rinse with water.
- Cleansing tools should be hanged dry in a dedicated storage area.

3.2.1.5 Domestic waste disposal

- Garbage bins should be covered with lids.
- Rubbish should be properly wrapped up and discarded into garbage bins with lids.
- Garbage bins should be emptied at least once a day. Staff should wash their hands thoroughly after handling refuse.
- Please refer to **Section 4.1.7** for proper clinical waste disposal.

3.2.2 Ventilation

- Open windows as appropriate to maintain good indoor ventilation.
- Fans or exhaust fans can be used to improve air circulation.
- Use of air purifiers with HEPA filters may also be considered.
- For further details regarding ventilation, please refer to “A supplement on Ventilation - Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly and Guidelines on Prevention of Communicable Diseases in Residential Care Homes for Persons with Disabilities”:

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

3.3 Food safety and hygiene

It is important for RCHes to ensure food safety and hygiene to prevent food-borne diseases.

3.3.1 Food handlers

- Staff should not handle food if suffering from illnesses such as fever, diarrhoea or vomiting.
- Cover wounds with waterproof dressing to prevent passing infective agents from the wounds to food.
- Wash hands thoroughly before handling and serving food, and after handling raw food.
- Do not smoke while preparing or handling food.

3.3.2 Kitchen and eating utensils hygiene

- Keep the kitchen clean and tidy.
- Clean the exhaust fan and range hood regularly.
- Keep worktops and floor in the kitchen clean and dry.
- Do not store personal items such as clothes and shoes in the kitchen.
- Cover garbage bins properly to avoid breeding of cockroaches, flies and rodents.
- Eating utensils should be disinfected by immersion in near-boiling water for at least 1 minute after thorough cleansing. Alternatively, cleaning and disinfection can be taken according to dish washer manufacturer’s recommendations. Store eating utensils in a clean cupboard after air dry.

3.3.3 Choice of food

- Buy food from hygienic and reliable licensed shops.
- Do not buy prepackaged food without proper labelling, beyond its expiry date or with damaged packages.
- Do not buy food that has not been stored under appropriate conditions, such as milk products that should be kept refrigerated but are left at room temperature.
- Do not buy food which looks, smells or tastes abnormal.
- Avoid unpasteurised dairy products like raw milk and raw milk cheese.
- Read nutrition labels to help make healthier food choices.

3.3.4 Food Preparation

- Store and handle raw foods and cooked foods separately.
- Use separate utensils to handle raw and cooked or ready-to-eat foods, including knives and chopping boards, to avoid cross-contamination.
- Wash fruits and vegetables thoroughly under clean running water, and scrub the hard surfaces of produce such as melons with a clean brush to remove dirt.
- Frozen meat or fish must be thawed completely before cooking.
- Cook food thoroughly before consumption.
- Sample food with a clean spoon, not with fingers.
- Once cooked, food should be consumed as soon as possible.
- Do not prepare too much food at one time to avoid over-stocking.
- Cooked food taken out from the refrigerator should be reheated thoroughly before consumption.
- Do not touch cooked food with bare hands.

3.3.5 Food Storage

- Keep the storage place clean to avoid pest infestation.
- Store food in covered containers.
- Never leave perishable food at room temperature.
- Store perishable food in refrigerator immediately after purchase. Before refrigeration, pack the food into smaller portions if it is not intended for use in one go.
- Store raw meat at the bottom shelf of the fridge so that juices do not drip onto cooked food.
- Leftover food should preferably be disposed of or promptly stored in the refrigerator within 2 hours. All leftovers should not be kept in the refrigerator

for more than 3 days.

- Make sure that the refrigerator is clean and functioning properly, and clean it at regular intervals. Keep the temperature inside the refrigerator at or below 4°C and the freezer at or below -18°C. The temperature of each refrigerator should be checked daily.
- Avoid overcrowding to allow cold air circulation inside the refrigerator.
- Do not wrap food with newspaper, unclean paper or coloured plastic bags.

In summary, staff and residents should adopt safe food handling practice based on the '5 Keys to Food Safety' (**Appendix E**).

3.4 Vaccination

Vaccination should be arranged for residents and staff of RCHes according to the recommendations of the Department of Health (DH) to prevent them from acquiring vaccine-preventable communicable diseases and to minimise the risk of outbreak occurrence in RCHes.

3.4.1 Vaccination for residents

- Residents of RCHes may develop severe or even fatal complications when they suffer from influenza. DH offers free seasonal influenza vaccination to eligible residents of RCHes annually through the Residential Care Home Vaccination Programme. They are encouraged to receive seasonal influenza vaccination unless they have contraindications.
- Residents of RCHes are eligible for one dose of free 15-valent pneumococcal conjugate vaccine (PCV15) and one dose of free 23-valent pneumococcal polysaccharide vaccine (23vPPV).
- For updated information related to vaccinations, please refer to the latest recommendations by DH.

3.4.2 Vaccination for staff

- All staff in RCHes are offered free seasonal influenza vaccination annually through the Residential Care Home Vaccination Programme. Operators or home managers of RCHes should encourage the staff to receive seasonal influenza vaccination.
- For updated information related to vaccinations, please refer to the latest recommendations by DH.

4. Infection control measures in RCHEs

Apart from general hygienic practice and vaccination, staff of RCHEs should also adopt appropriate precautions against communicable diseases. The measures fall under two main categories:

- Standard precautions – applicable to all staff and residents
- Transmission-based precautions – precautions based on the mode of transmission

In addition, isolation of residents with communicable diseases, urging visitors to comply with infection control advice and caring high-risk residents with greater caution will also help to minimise the chance of outbreak of communicable diseases in RCHEs.

4.1 Standard precautions

Standard precautions are designed to reduce the risk of transmission of infective agents from recognised or unrecognised sources of infection. They are based on the concepts that all blood, body fluids, secretions, excretions (except sweat) such as urine, faeces, saliva, sputum, vomitus, or secretions from wounds, as well as the non-intact skin such as wound and mucous membrane, should be treated as potentially infectious. Hence, every staff and resident should take appropriate protective measures when coming into contact with these potentially infectious sources.

These include:

- Hand hygiene
- Respiratory hygiene and cough manners
- Use of personal protective equipment (PPE)
- Environmental cleaning and disinfection
- Proper handling of used or contaminated equipment
- Proper handling of used or soiled linen
- Proper clinical waste disposal
- Proper handling of sharps

4.1.1 Hand hygiene

Please refer to [Section 3.1.1](#).

4.1.2 Respiratory hygiene and cough manners

Please refer to [Section 3.1.2](#).

4.1.3 Use of personal protective equipment (PPE)

To minimise the risk of infection or further transmission, staff should use appropriate PPE at work according to the risk of the nursing procedure and the physical condition of the resident so as to safeguard themselves and others. RCHCs should stock up appropriate PPE. Please refer to the CHP website:

- Use of PPE:
https://www.chp.gov.hk/files/pdf/personal_protective_equipment.pdf
- Video and poster of Donning and doffing of PPE:
<https://www.chp.gov.hk/en/static/32975.html>



4.1.3.1 Gloves

- Gloves (disposable latex or nitrile gloves) should be worn when handling blood, body tissues, excreta, body fluids, secretions or any other contaminated wastes.
- Mucosa and wounds should only be touched after putting on gloves.
- Gloves contaminated by body secretions should be changed beforehand even though the same resident is being cared.
- Take off used gloves and perform hand hygiene immediately after taking care of residents so as to avoid transmission of infective agents to other residents or contamination of the environment in RCHes.
- Perform hand hygiene before wearing and after taking off gloves. Even though gloves are worn, hand hygiene can never be substituted.
- Discard used gloves. Do not wash or disinfect them for reuse.



4.1.3.2 Surgical mask (also called facemask)

- Surgical masks can protect the mouth and nose from contamination by droplets via sneezing or coughing, blood spill, body fluids, secretions and excreta like sputum, urine or faeces during nursing procedures.
- Select three-layer designed surgical masks for infection control purpose.
- Surgical mask should be well-fitted and worn properly to ensure optimal protection.
- Person with respiratory symptoms should wear surgical mask to reduce spread of droplets to surrounding area and other persons.
- Wear well-fitted surgical mask when taking care of residents with respiratory symptoms.



4.1.3.3 Gown

- Putting on clean and long-sleeved gowns can protect the skin and prevent clothes from contamination by respiratory droplets, blood spill, body fluids, secretions, urine or faeces during nursing procedures.
- Contaminated gowns should be taken off carefully and hand hygiene should be performed immediately afterwards to avoid spread of infective agents.



4.1.3.4 Eye protection (goggles and face shield)

- Put on eye protection (goggles or face shield) to enhance protection during anticipated splashing situations.
- Discard used disposable face shield.



4.1.3.5 Others

- Other PPE such as caps can protect hair from contamination by secretions during nursing procedures and hence minimise the risk of transmission of infective agents from the hair of the staff to other places.



4.1.4 Environmental cleaning and disinfection

Please refer to [Section 3.2](#)

4.1.5 Proper handling of used or contaminated equipment

- To avoid cross-infection within RCHes, equipment should be cleaned and disinfected thoroughly after use.
- Clean up all visible soils before disinfection.
- Wipe electrical and electronic equipment with alcohol or follow the manufacturer's instruction for cleaning and disinfection since they will be damaged by soaking in aqueous solution.
- Ensure the disinfectant reaches all surfaces, including internal surfaces of lumens.
- Replace equipment with disposable ones when they cannot be cleaned or disinfected properly.
- If stained with large amount of blood, clean up the visible matter with strong absorbent disposable material, then disinfect with 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water) and leave for 10 minutes, then rinse with water and keep dry.
- Please refer to [Appendix F](#) for cleaning and disinfection of equipment commonly used in RCHes.

4.1.6 Proper handling of used or soiled linen

- Infective agents can be transmitted through contact with linen. Therefore, all linen should be washed thoroughly after use.
- Appropriate PPE (e.g. gloves, surgical masks, and if appropriate, gowns or aprons) should be used during the process of handling.
- Used linen should be handled with care and avoid agitation.
- Generally, cleaning procedures should include removal of stains with detergent, rinsing with water, drying, ironing and storage in clean and dry cabinets.
- Soiled linen should be handled separately. Solid and bulky waste should be cautiously removed first, then immerse in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes before routine laundering.
- Use hot water cycle in washing machine if available (at least 65°C).
- If hot water washing machine is not available, dry all laundry in drying machine (at least 65°C).
- For cold water laundry, when drying machine is not available, soak laundry items in diluted household bleach (mixing 1 part of 1 in 99 diluted household bleach with 4 parts of water) for at least 30 minutes prior to laundering.
- Sorting of clean linen in clean area.

4.1.7 Proper clinical waste disposal

- Separate clinical waste from municipal solid waste or other waste streams. Clinical waste includes but not limited to used or contaminated sharps and dressings dribbling with blood, caked with blood or containing free-flowing blood, etc.
- Pack different groups of clinical waste properly in specified colour-coded containers (e.g. sharps box, heavy duty plastic bag) which bear a label containing the symbol with international biohazard sign and wording and characters of “CLINICAL WASTE 醫療廢物”. The specification of clinical waste containers is specified in the ‘Code of Practice for the Management of Clinical Waste for Small Clinical Waste Producer’.
- The clinical waste containers should be one-trip type and should not be reused. Sharps box should be sealed properly by the proprietary closure. Red heavy duty plastic bag should be sealed by tying the neck securely by ‘swan-neck’ sealing method.



- Wear gloves before handling clinical waste and wash hands thoroughly afterwards.
- Store clinical waste securely before collected by licensed clinical waste collector.
- Avoid prolonged storage of clinical waste. Whenever there is a substantial amount of clinical wastes for disposal, contact the licensed clinical waste collector for collection.
- Keep a record of the clinical waste consigned for a period of 12 months.

Please refer to the 'Code of Practice for the Management of Clinical Waste - Small Clinical Waste Producers' published by the Environmental Protection Department (EPD) for details, which provide guidance to comply with the legal requirements of the Waste Disposal Ordinance (Cap. 354) and Waste Disposal (Clinical Waste) (General) Regulation (Cap. 354O). For enquiries of clinical waste handling,, please contact the EPD's Clinical Waste Web Guide at: <https://www.epd.gov.hk/epd/clinicalwaste/en/index.html>.

4.1.8 Proper handling of sharps

- Take extra care when disposing of used or contaminated sharps.
- Do not recap used needles. If recapping is necessary, use single hand techniques (e.g. scoop techniques) or recapping aids to avoid being pricked by contaminated needles.
- All used or contaminated syringes and needles should be put into sharps boxes that are puncture-resistant, shatter-proof and leak-proof.
- Sharp boxes should not be overloaded and should not be filled above the warning line indicating between 70% and 80% of their maximum volume.
- Keep sharps boxes clean and dry.
- Seal the sharps box and dispose in a well-fastened robust plastic bag by using 'swan-neck' sealing method with a warning sign reading 'International Biohazard' or 'Beware of Sharps' to alert others during disposal.

When clinical waste bags are filled to the warning line, the "Swan-neck" method of sealing should be used.



- For the management of needlestick injury, please refer to the updated CHP guideline – Recommendations on the Management and Post-exposure Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV. The key management involves provision of first aid, establishment of reporting mechanism, referral for proper risk assessment, counselling and post-exposure prophylaxis as appropriate.
- Points to note for first aid following needlestick injury, regardless of whether or not the source is known to pose a risk of infection:
 - The wound should be washed immediately and thoroughly with liquid soap and water.
 - Antiseptics are not necessary as there is no evidence of their efficacy.
 - Wounds should not be sucked.
 - The exposed staff should seek medical advice for proper wound care and post-exposure management.



4.2 Transmission-based precautions

In addition to general hygiene practices, vaccination and standard precautions, additional precautions should be adopted when dealing with diseases with different modes of transmission. Some diseases can be transmitted by more than one mode. To prevent the spread of such diseases, combined precautions should be considered.

4.2.1 Contact precautions

- Keep both hands clean and perform hand hygiene properly.
- Wear gloves and gown when having contact with the resident, environmental surfaces, or items in close proximity to the resident.
- Dedicate the use of non-critical care equipment if possible. Clean and disinfect items used by residents properly.
- Increase the frequency of environmental cleaning and disinfection, and disinfect all frequently touched surfaces.
- Do not share towels and other personal items.

4.2.2 Droplet precautions

- Maintain good indoor ventilation.
- Wear well-fitted surgical masks if residents, staff and visitors have respiratory symptoms or are sick.
- Educate the sick resident to maintain respiratory hygiene and cough manners as described in [Section 3.1.2](#).
- Staff should wear well-fitted surgical mask when attending the sick resident.
- Keep both hands clean. Perform hand hygiene properly and immediately after contact with residents or handling respiratory secretions.
- Keep a distance of at least 1 metre from the sick resident or use partitioned barrier to separate from the bed of sick resident.
- Increase the frequency of environmental cleaning and disinfect all frequently touched surfaces.

4.2.3 Airborne precautions

- Identify persons with airborne infection and arrange prompt medical consultation.
- Residents with active airborne diseases need to stay in hospital for management. Residents with tuberculosis under treatment and with negative smear may be cared in RCHes.
- When waiting for transfer to hospital:
 - Maintain good indoor ventilation
 - Place the sick resident in a separate room, with door closed and an air purifier
 - Sick resident should wear well-fitted surgical mask
 - Wear N95 respirator as far as possible when caring the sick resident
 - Keep both hands clean. Perform hand hygiene properly and immediately after contact with residents or handling respiratory secretions

4.3 Isolation measures

If a resident is suspected to have a communicable disease, he or she should be temporarily isolated and medical consultation should be arranged promptly. Infection control measures should be strictly implemented so as to protect uninfected residents, staff and visitors and to stop the spread of the communicable disease. Isolation measures include:

- Reserve at least one designated isolation room or isolation facilities in the RCHEs for caring those residents with communicable diseases.
- The designated isolation room(s) should be ready to be used while the isolation facilities could be converted for isolation purpose as soon as possible.
- Staff should take appropriate protective measures including hand hygiene, wearing surgical mask and the use of other suitable PPE when entering the designated isolation room(s) or isolation facilities.
- Carers should attend to both the physical and psychological needs of the isolated resident as much as possible.

4.4 Advice for visitors

Visitors should be advised to comply with infection control measures so as to prevent the spread of the disease as follows:

- Advise visitors to pay attention to their personal health conditions. They should not visit the RCHE to avoid the spread of the disease to residents if having fever or respiratory symptoms.
- Advise visitors to wear surgical masks during visits.
- Visitors should comply with the request of the RCHE by filling out the visiting dates and other information required for the necessary follow-up by DH.
- Wash hands thoroughly with liquid soap and water or rub hands with alcohol-based handrub before and after visits.
- Advise visitors to take infection control measures, including wearing surgical masks, or wearing appropriate PPE as recommended in accordance with the condition of the residents being visited.
- Maintain respiratory hygiene and cough manners.
- If outbreaks occur or advised by DH, visitors should avoid visiting the RCHE to prevent cross-infection. If necessary, other means such as telephone calls can be used to contact the residents.

4.5 Infection control measures for specific groups of residents

In addition to standard precautions and transmission-based precautions mentioned above, RCHes should implement the following infection control measures for specific groups of residents. For details of caring procedures, please refer to EHS's webpage for further information. (https://www.elderly.gov.hk/english/service_providers/caring_skills_in_residential_care_homes.html)

4.5.1 Prevention of urinary catheter-associated infection

- The urinary catheter should be changed by qualified healthcare professional.
- Perform hand hygiene thoroughly before and after the insertion of the catheter.
- Residents without medical contraindications should be encouraged to drink plenty of water to help dilute the urine and optimise the urine flow required for irrigation of the catheter.
- Check if the resident has cloudy and smelly urine, malaise or fever. If so, seek medical consultation promptly.
- Keep the urine bag clean and change it as required. Monitor the urine output and record on need basis.
- Empty the urine bag regularly by using a designated urine collecting container for each resident. For cleaning and disinfection of the urine collecting container/ urinal, please refer to [Appendix F](#).
- Prevent kinking or sagging of urinary catheter to ensure free flow of urine.
- Observe the height of the urine bag at any time, especially when helping the resident to change positions. The urine bag should always be placed below the level of the bladder to avoid reflux which may lead to urinary tract infection.
- Do not allow the outlet of urine bag touching the floor.
- Do not disconnect the urine bag from the catheter. If deemed necessary, perform hand hygiene and disinfect the connection part with alcohol swab before disconnection and after reconnection.
- Use liquid soap and water for daily cleansing of urethral opening and removing debris from the surface of urinary catheter during bathing or showering.

4.5.2 Prevention of aspiration pneumonia associated with nasogastric tube feeding

- Observe proper feeding procedures and in particular the position of the resident during feeding (for example, bed-bound residents should be propped at a sitting angle of at least 30°).
- Make sure that the nasogastric tube goes into the stomach.
- Pay attention to the cleaning method of the feeding set, the temperature of the food and safe positioning of the feeding syringe, funnel or bag.
- The nasogastric tube should be changed regularly by qualified healthcare professional. After each feed, the feeding set, such as feeding bag, feeding funnel and connecting tube should be flushed with water and air dried separately for each resident before putting into a clean covered container for the next use. The feeding funnel should be disinfected following the manufacturer's instruction. The feeding bag and connecting tube should be disposed daily.
- Each resident should have separate feeding sets and feeding equipment such as feeding syringe.
- All items should be thoroughly cleaned after use and kept in clean covered containers.
- Observe oral and nasal hygiene. Oral cavity should be cleansed at least three times a day with visual checking.

4.5.3 Prevention of pressure ulcer and wound infection

- Help residents to keep their skin and clothing clean and dry. Avoid prolonged skin contact with sweat, urine or faeces which will cause skin lesions and infection.
- Help bed-bound residents to maintain correct postures to minimise the risk of pressure ulcer.
- Apply proper techniques in lifting and transfer as well as proper positioning so as to avoid the development of pressure ulcer.
- Help bed-bound residents to change posture at least once every two hours. When helping the resident change positions, avoid rubbing or bumping his or her body against the bed.
- Consider using pressure-reducing aids, such as cushioned mattress for bedbound residents.
- Clean and disinfect the dressing trolley before and after use for wound caring
- Perform hand hygiene before and after wound caring.

- Wear gloves when taking care of wounds. Observe aseptic technique.
- Encourage regular exercise to enhance mobility and improve blood circulation.

4.5.4 Prevention of infection for residents with cognitive impairment

- For residents who retain certain degree of cognition, staff can guide them to adopt good personal hygiene to prevent infection.
- For residents with serious cognitive impairment, staff should pay extra attention and do the cleaning for them so as to ensure proper personal and environmental hygiene.

4.5.5 Care of residents newly discharged from hospitals

- Staff should help residents newly discharged from hospitals to wash their hair, bathe and change their clothes as soon as possible.
- Pay extra attention to their health conditions. Residents with respiratory symptoms should wear surgical masks.
- Measure their body temperature more frequently for the first few days.
- Residents should stringently observe personal hygiene.

4.5.6 Care of multi-drug resistant organism (MDRO) carriers

For details, please refer to 'Infection Control Advice on Multi-Drug Resistant Organisms for Residential Care Homes for the Elderly'.

(https://www.chp.gov.hk/files/pdf/infection_control_advice_on_mdرو_for_rch_e_eng.pdf).

5. Outbreak of communicable disease

5.1 What does an outbreak of communicable disease mean?

From the epidemiological point of view, an outbreak occurs if the residents or staff in a RCHE develop similar symptoms one after another and the incidence rate is higher than that at ordinary times. A common example is the influenza outbreaks which have seasonal peaks in winter (January to March) and summer (July and August), while sporadic cases occur at other times.

The Infection Control Officers (ICOs) of RCHEs should monitor the health condition of residents and staff for any evidence of suspected outbreaks. Some examples are cited below for reference:

- The residents living in the same room or on the same floor develop similar symptoms in clusters within short period of time.
- The residents and staff concurrently develop similar symptoms in clusters, such as symptoms of influenza (fever, cough and sore throat). This means that cross-infection may have occurred in the RCHE.
- Two or more people develop similar symptoms after eating common food items. This means that a cluster of food poisoning may have occurred. The infective agent may be bacteria, viruses or toxins contained in the food.
- A single case of communicable disease may sometimes be treated as an outbreak. For example, a new disease unprecedented in the past or a situation which has major impact on public health such as avian influenza A (H5N1) in 1997, SARS in 2003 and COVID-19 in 2020.

5.2 What should be done if an outbreak is suspected?

Early detection of occurrence of communicable disease is essential to the prevention of its spread. For such purpose, all healthcare workers, including the ICOs and other staff in the RCHEs, should be responsible for close monitoring of the physical conditions of the residents to enable early detection of communicable diseases, particularly the statutory notifiable infectious diseases, and notify the relevant parties according to [Appendix G](#) as soon as possible so that control measures can be implemented promptly.

5.3 Is notification only applicable to confirmed cases of statutory notifiable communicable diseases?

In Hong Kong, all registered medical practitioners are required to notify the CENO of CHP of all suspected or confirmed cases of statutory notifiable infectious diseases in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/disease.html). The ICO of RCHE should contact the attending doctor of the infected resident if there is query about the resident's condition.

Furthermore, under Section 18 of the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A), if a home manager suspects or knows of a case of scheduled infectious disease amongst the residents or staff of a residential care home or suspects or knows that any such person has been in contact with a case of scheduled infectious disease. He shall immediately so report to the Director of Social Welfare.

Apart from statutory notifiable infectious diseases, CHP also encourages RCHEs to report suspected institutional outbreak of infectious diseases for investigation and recommendation of appropriate control measures (https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/disease.html#suspected). The LORCHE of SWD and the CGAT of HA (if applicable) should also be informed. Common examples of institutional outbreaks in RCHEs include respiratory tract infections, acute gastroenteritis and scabies.

RCHEs shall make notification of suspected or confirmed cases/ outbreaks of infectious diseases to the CENO of CHP, the LORCHE of SWD, and/ or the CGAT of HA as appropriate via the “e-platform for infection control in RCHs” (the e-platform) (<https://rchportal.swd.gov.hk/rchp/>) according to the notification mechanism for communicable diseases in RCHEs in [Appendix G](#). If RCHEs fail to make notification via the e-platform, reporting can also be done by sending the completed notification form ([Appendix H](#)) to CHP and/ or the relevant parties by fax. CHP may require additional information from RCHEs for the investigation as listed in [Appendix I](#).

5.4 General guidelines on management of suspected outbreak of communicable disease

- Isolate the suspected resident(s) properly.
- Arrange early medical treatment. Alert the attending health care providers of the occurrence of an outbreak in the RCHE.
- Keep proper medical records of residents to facilitate early detection of cases and prompt management.
- Reinforce the practice of standard precautions and additional precautions according to the mode of transmission of the communicable disease.
- Increase the frequency of environmental cleaning and disinfection. ([Section 5.5](#))
- Notify relevant parties according to the established procedures for prompt investigation and implementation of control measures ([Section 5.3](#)). Please refer to the flow chart of the notification mechanism for communicable diseases in [Appendix G](#).
- Inform the relatives, guarantors or guardians of the residents.
- Residents falling sick should avoid participating in group activities.
- Staff falling sick should refrain from work till fully recovered.
- Minimise contact between residents and staff of different floors to avoid cross-infection, and arrange staff of the same team to take care of a fixed group of residents as far as possible in preparation of the shift roster.
- In general, visit to the affected RCHE is discouraged. If visiting is necessary, personal hygiene should be strictly observed.

5.5 Cleaning and disinfection during outbreaks of communicable disease

- Increase the frequency of environmental cleaning and disinfection.
- Disinfect furniture, floors and toilets with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water). Special attention should be paid to the disinfection of toilets, kitchens and objects which are frequently touched such as light switches, door knobs and handrails.
- Use strong absorbent disposable materials to preliminarily clean up surfaces contaminated with vomitus or excreta before performing the above disinfection procedure.

- Avoid using household bleach on metal surfaces since it contains sodium hypochlorite which is corrosive to metal. Use 70% alcohol if disinfection of metal surfaces is required.

5.6 Specific recommendations on management of selected communicable diseases

5.6.1 Outbreak of respiratory tract infection

- Notify relevant parties by reporting at the e-platform if there are increased numbers of residents and/ or staff with respiratory symptoms such as cough, sore throat, runny nose and fever.
- Provide names of people suspected to be infected and details of their medical records as advised by the CHP for investigation.
- The RCHE should implement standard precautions and additional droplet precautions. Staff, residents and visitors of the affected areas should wear surgical mask.
- Reinforce stringent hand hygiene, respiratory hygiene and cough manners among the residents and staff.
- Improve indoor ventilation by switching on exhaust fans and opening windows, if possible.
- Infected residents not admitted to hospitals should wear surgical masks and be relocated to the same designated area or room for isolation.
- Group activities should be suspended during the outbreak period.
- Sick staff should refrain from work till fully recovered.
- Minimise staff movement, arrange the same group of staff to take care of the same group of residents as far as possible and provide them with appropriate PPE.
- Enhance health surveillance for other residents like measuring body temperature.
- Depending on the situation, the DH will consider distributing prophylactic medicines against seasonal influenza.

5.6.2 Outbreak of scabies

- Notify relevant parties by reporting at the e-platform if there is a cluster of residents and/ or staff with symptoms of scabies such as intensive itchiness.
- Provide names of people suspected to be infected and details of their medical records as advised by the CHP for investigation.
- Thoroughly trace the infected cases and the contacts (including staff, relatives or visitors) and arrange proper medical treatment for them.
- Implement contact precautions and preferably isolate the infected residents until treatment has been completed.
- Clothing and linen of infected persons should be handled separately and ensure that high temperature disinfection procedures are performed properly to kill the mites and eggs. For details, please refer to <https://www.chp.gov.hk/en/healthtopics/content/24/39.html>.
- Staff should put on protective gowns and gloves before touching infected residents under treatment and should wash their hands thoroughly after taking off the protective gowns and gloves.
- Anti-scabies medications should be applied properly following doctor's instructions ([Appendix J](#)).
- Staff should regularly and repeatedly check the skin condition of both the infected residents and other residents, and seek medical advice if any suspected case is found.

5.6.3 Outbreak of acute gastroenteritis

- Notify relevant parties by reporting at the e-platform if there are increased numbers of residents and/ or staff with gastrointestinal symptoms such as vomiting and diarrhoea.
- Provide names of people suspected to be infected and details of their medical records as advised by the CHP for investigation.
- For acute gastroenteritis caused by norovirus, please refer to <https://www.chp.gov.hk/en/healthtopics/content/24/33.html>.
- Reinforce good personal, food and environmental hygiene in the RCHE.
- Disinfect articles or places soiled by excreta or vomitus.
- Clean and disinfect commodes and toilets with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water).
- Save stool specimens for investigation as advised by the CHP.
- Symptomatic staff, especially food handlers, should refrain from work till fully recovered.

5.6.4 Food poisoning

- Notify relevant parties by reporting at the e-platform if there are two or more persons developing similar symptoms such as vomiting, diarrhoea and abdominal pain after eating common food items.
- Provide names of people suspected to be infected, details of their medical records, and the food menus as advised by the CHP for investigation.
- Save food remnants and stool specimens for investigation as advised by the CHP.
- Disinfect articles or places soiled by excreta or vomitus.
- Clean and disinfect commodes and toilets with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) ([Appendix F](#)).
- Reinforce good personal, food and environmental hygiene in the RCHE.
- Maintain a hygienic environment in the kitchen ([Section 3.3](#)) and make sure that the refrigerator works properly.
- Symptomatic staff, especially food handlers, should refrain from work till fully recovered.

6. Role of RCHE staff

6.1 Responsibilities of operators and home managers of RCHEs

- The RCHE operator should appoint either a nurse or a health worker (or for a self-care hostel, the home manager who has received infection control training) as an Infection Control Officer (ICO) who is the key person responsible for dealing with matters related to infection control and prevention of the spread of infectious diseases in the RCHE. ICO should receive regular infection control training.
- The home manager should report suspected or confirmed cases of statutory notifiable communicable diseases among the residents or staff of the RCHE to the Director of Social Welfare (via the LORCHE).
- For the suspected outbreaks of communicable diseases, the CENO of CHP, the LORCHE of SWD and the CGAT of HA (if applicable) should also be informed.
- The home manager should ensure that infection control standard is maintained and oversee the compliance and implementation of the infection control guidelines including:
 - Maintain personal, environmental and food hygiene;
 - Provide the necessary PPE, advise and supervise staff on the proper application and disposal of PPE;
 - Ensure the provision of adequate hand hygiene and other infection control facilities and equipment in the RCHE;
 - Keep proper personal health records for every resident. Body temperature should be checked regularly and recorded;
 - Keep the sick leave records of staff;
 - Arrange prompt medical consultation by the CGAT or the VMO or other doctors if an individual resident is suspected to have communicable disease;
 - Set up the isolation room(s) or facilities with good ventilation, waste disposal and hand washing facilities for isolation to prevent the spread of infection;
 - Set up rules for visitors and encourage compliance;
 - Encourage residents and staff to receive seasonal influenza vaccination and other vaccinations provided by DH;
 - Arrange regular training on infection control for staff including knowledge, practical care skills and non-discriminative positive attitude;

- Assess the risk of infectious disease outbreak in the RCHE, regularly review and devise strategies to prevent infectious disease outbreaks through consultation with the CGAT, VMO, and the staff of DH.

6.2 Duties of Infection Control Officers (ICOs)

The responsibilities of ICO include:

- Coordinate and oversee all matters related to infection control and the prevention of infectious diseases in the RCHE;
- Disseminate updated information and guidelines on infection control to all staff and residents in the RCHE and to orientate new staff to the updated information;
- Assist the home manager in arranging training on infection control for staff;
- Assist the home manager in overseeing that the infection control guidelines are being observed and implemented properly, including the observation of personal, environmental and food hygiene;
- Oversee that all medical equipment and other instruments are properly disinfected after use, and soiled linen and wastes are properly handled and disposed of;
- Assist the home manager in arranging the provision of the necessary PPE and advise and supervise staff on the proper application and disposal of PPE;
- Observe for signs and symptoms of infectious diseases (such as unusual clustering of fever, upper respiratory tract infection or gastrointestinal symptoms) in residents and staff; assist the home manager to report suspected or confirmed cases/outbreaks of infectious diseases to the LORCHE of SWD, the CENO of CHP and/ or the CGAT of HA as appropriate; provide information as necessary to CHP to facilitate investigation; and collaborate with CHP to contain the spread of the infectious disease;
- Isolate the infected resident according to the instructions of the in-charge doctor or the CHP to prevent the spread of infection; and
- Assist the home manager in assessing the risk of infectious disease outbreak in the RCHE; regularly review and devise strategies to prevent infectious disease outbreaks through consultation with the home manager, CGAT, VMO and the staff of DH.

6.3 Useful telephone numbers

6.3.1 Report of suspected outbreak to the Department of Health

Central Notification Office (CENO) of Centre for Health Protection (CHP)

Telephone No.: 2477 2772

Fax No.: 2477 2770

6.3.2 Other support and enquiry telephone numbers

Department of Health

Elderly Health Service, Department of Health

Elderly Health Service Infoline: 2121 8080

Visiting Health Teams under Elderly Health Service

Operating hours: Monday to Friday: 8:30 am to 1:00 pm
2:00 pm to 5:30 pm

Visiting Health Team	Telephone No.
Central and Western District Visiting Health Team	2816 6555
Eastern District Visiting Health Team	2569 6464
Wan Chai District Visiting Health Team	2891 4443
Southern District Visiting Health Team	2817 1584
Sham Shui Po District Visiting Health Team	2779 9389
Kwun Tong District Visiting Health Team	2750 5665
Yau Tsim Mong District Visiting Health Team	2243 3635
Wong Tai Sin District Visiting Health Team	2383 2109
Kowloon City District Visiting Health Team	2383 2053
Shatin District Visiting Health Team	2145 8972
North District Visiting Health Team	2671 6745
Sai Kung District Visiting Health Team	2623 7980
Tai Po District Visiting Health Team	2671 6745
Islands District Visiting Health Team	2816 6555
Tsuen Wan District Visiting Health Team	2439 5806
Tuen Mun District Visiting Health Team	2458 0417
Kwai Tsing District Visiting Health Team	2439 5806
Yuen Long District Visiting Health Team	2458 0417

Food and Environmental Hygiene Department

Hotline: 2868 0000

Environmental Protection Department

Territorial Control Office: 2835 1055

Social Welfare Department

Licensing Office of Residential Care Homes for the Elderly (LORCHE):

Telephone No.: 3184 0729 / 2834 7414

Fax: 3106 3058 / 2574 4176

Enquiry Time: Monday to Friday: 8:45 am to 1:00 pm
2:00 pm to 6:00 pm

Hospital Authority (HA)

Enquiry hotline: 2300 6555

Hospital Authority Community Geriatric Assessment Teams (CGATs)

Hospital	Telephone No.
Tung Wah Group of Hospitals Fung Yiu King Hospital	2855 6144
Ruttonjee & Tang Shiu Kin Hospitals	2291 1337
Caritas Medical Centre	3408 7871
Haven of Hope Hospital	2703 8147
Kowloon Hospital	3129 7818
Queen Elizabeth Hospital	3506 5161
Kwong Wah Hospital	3517 5026
Our Lady Maryknoll Hospital	2802 3759
United Christian Hospital	2379 5154
Princess Margaret Hospital	2749 8212
Yan Chai Hospital	2417 8955
Prince of Wales Hospital	3505 3643
Alice Ho Miu Ling Nethersole Hospital	2689 2772
North District Hospital	2957 5255
Tuen Mun Hospital	2468 5801
North Lantau Hospital	3467 7248

Hospital Authority Community Nursing Services (CNS)

Hospital Cluster	Centre Name	Tel No.	Fax No.
Hong Kong East Cluster	Wan Chai CNS Centre	2893 0184	2836 5807
	Causeway Bay CNS Centre	3553 3228	2153 9617
	North Point CNS Centre	2563 3615	2960 1498
	Shaukeiwan CNS Centre	2595 6869	2515 2686
	Chai Wan CNS Centre	2558 7929	2515 9289
	Chai Wan Yue Wan & Tsui Wan Estate Community Nursing Center	2556 1676	2556 7319
	St. John Hospital CNS Centre	2981 9511	2986 9323
Hong Kong West Cluster	Aberdeen CNS Centre	2553 6849	2552 2326
	Tsan Yuk CNS Centre	2589 2280	2549 8474
	Wah Fu Community Centre	2550 8511	2875 0966
Kowloon Central Cluster	Queen Elizabeth Hospital CNS Referring Station	3506 8425	2374 5897
	Community Nursing Centre (Oi Man Estate) - Sub-Centre	2597 5166	2761 4258
	Kowloon Hospital CNS Centre - Main Centre	3129 6969	2761 4258
	Kwong Wah Hospital CNS Centre	3517 5187	3517 5188
	Our Lady Maryknoll Hospital CNS Centre	2802 3710	2354 9867
Kowloon East Cluster	Kowloon East Cluster CNS Headquarter	2340 0815/ 3949 4517	2349 6616
	Sau Mau Ping CNS Sub-Office	3949 4616	2709 0651
	Lam Tin CNS Sub-Office	2349 7671	2348 1657
	Ngau Tau Kok CNS Sub-Office	2344 2418	2357 9075
	Tseung Kwan O CNS Centre	2208 0880	2706 0514
	Tiu Keng Leng CNS (Sub-Office)	2701 0806	2701 0810
Kowloon West Cluster	Caritas Medical Centre Main Centre	3408 7701	2745 8301
	Shek Kip Mei Sub-Centre	2777 4611	2788 4235
	Fu Cheong Community Nursing Centre	2267 4455	2267 4135
	Princess Margaret Hospital CNS Liaison Office	2990 3206	2990 3482

Hospital Cluster	Centre Name	Tel No.	Fax No.
	Princess Margaret Hospital CNS Centre	2741 4317	2990 4344
	Tsing Yi CNS Centre	2497 1791/ 2497 1467	2431 0108
	Yan Chai Hospital CNS Centre	2614 5169	3145 1327
	Kwai Chung Community Nursing Service Centre	2428 3433	2428 3717
	North Lantau Hospital CNS Centre	3467 7248	3467 7249
New Territories East Cluster	Alice Ho Miu Ling Nethersole Hospital Community Outreach Services Team (CNS Centre)	2689 2777	2666 9404
	North District Hospital Community Outreach Services Team (CNS Centre)	2957 5282	2957 5294
	Prince of Wales Hospital Community Outreach Services Team (CNS Centre)	3505 3656	3505 4563
New Territories West Cluster	Tuen Mun CNS Main Centre	3767 1876/ 3767 1877	3767 1879
	Yuen Long CNS Main Centre	2486 8414/ 2486 8417	2475 9642
	Yuen Long Yung Fung Shee Clinic CNS Centre	2443 4206	3193 4387
	Tin Shui Wai Community Health Centre (Tin Yip Road) CNS Centre	3124 2242/ 3124 2241	3124 2243
	Neighbourhood Advice-action Council (Shan King) CNS Centre	3767 1876/ 3767 1877	3767 1879
	Pok Oi Hospital Board (Leung King) Community Nursing Service Centre	3767 1876/ 3767 1877	3767 1879
	Shui Pin Wai CNS Centre	2442 0247/ 2475 8300	2449 3247
	Tuen Mun Hospital CNS Liaison Office	2468 5713/ 2468 6664	2453 2317
	Pok Oi Hospital CNS Liaison Office	2486 8416	2443 5745
	Tin Shui Wai Hospital CNS Liaison Office	3513 5316/ 3513 5317	3513 5319

6.4 Useful websites

Organisation	Website
Department of Health	https://www.dh.gov.hk
Centre for Health Protection	https://www.chp.gov.hk
Central Notification Office (CENO)	https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/index.html
Elderly Health Service	https://www.elderly.gov.hk
Environmental Protection Department	https://www.epd.gov.hk
Food and Environmental Hygiene Department	https://www.fehd.gov.hk
Hospital Authority	https://www.ha.org.hk
Social Welfare Department	https://www.swd.gov.hk

Appendix

Appendix A- Common signs and symptoms of communicable diseases

A. General signs and symptoms
Fever or body temperature 1°C or more above baseline
Malaise
Headache
Loss of appetite and/ or unexplained weight loss
Confusion, drowsiness, feeling irritable and restless
Sudden change in body functioning, e.g. increased fragility or fall for unknown reason
Red eye
B. Cardiorespiratory signs and symptoms
Runny nose, sneezing
Sore throat
Cough
Increased sputum production
Blood stained sputum
Shortness of breath
Chest pain on breathing
Lowered blood pressure, i.e. systolic pressure below 90mmHg
Increased heart rate
C. Abdominal signs and symptoms
Abdominal pain
Vomiting
Diarrhoea
D. Urinary signs and symptoms
Urination: difficult, painful, frequent, sudden onset of incontinence
Urine: cloudy urine, blood in urine
E. Skin signs and symptoms
Sudden onset of skin itchiness
Rash
Local symptoms of skin reddening, swelling, hotness or pain
Wound with pus draining or bad smell

Appendix B- Daily record of febrile residents

[illegible]

% Examples of method of taking temperature: tympanic, oral, rectal

* Examples of medical treatment: VMO, GP, GOPC, AED, Admission

Examples of associated symptoms: vomiting (times), diarrhoea (times), runny nose, sore throat, cough, shortness of breath

Appendix C- Characteristics of recommended disinfectants

Name	Concentration	Usage	Properties
Sodium Hypochlorite e.g. household bleach containing 5.25% sodium hypochlorite	<ul style="list-style-type: none"> 1% (10,000 ppm) Dilution ratio 1 in 4 0.1% (1,000 ppm) Dilution ratio 1 in 49 0.05% (500 ppm) Dilution ratio 1 in 99 <p>Please refer to Appendix D for preparation and use of bleach</p>	Environmental or equipment disinfection	<ul style="list-style-type: none"> Mix with water before use Corrosive to metals Avoid contact with skin or mucous membrane Liberate toxic gas when contact with acids or expose to sunlight Diluted solution decomposes rapidly and its effectiveness will decrease Diluted bleach should be used within 24 hours
Alcohols e.g. ethyl alcohol, isopropyl alcohol	<ul style="list-style-type: none"> 70% 	Skin, metal surface or equipment disinfection	<ul style="list-style-type: none"> Inflammable liquid must be stored away from high temperatures or flames Rapid action but volatile Poor penetration into organic matter

Appendix D- Preparation and use of bleach

Preparation

1. Ensure and be aware of good ventilation when diluting or using bleach.
2. Put on appropriate PPE when diluting or using bleach as it irritates mucous membranes, the skin and the airway.
3. Cold water should be used for dilution as hot water decomposes the active ingredient of bleach and renders it ineffective.
4. For accurate measurement of the amount of bleach added, measuring cup should be used.
5. Household bleach containing 5.25% sodium hypochlorite should be diluted as follows:

Recommended use of sodium hypochlorite

Dilution ratio	Concentration	Dilution method	Usage
1 in 4	10,000 ppm (1%)	1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water	▪ For surfaces or articles contaminated with blood spillage
1 in 49	1,000 ppm (0.1%)	1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water	▪ For surfaces or articles contaminated with vomitus, excreta or secretions and during outbreak
1 in 99	500 ppm (0.05%)	1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water	▪ For general environmental disinfection

Precautions

- Avoid using bleach on metals, wool, nylon, silk, dyed fabric and painted surfaces.
- Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.
- Bleach should not be used together or mixed with other household detergents as this reduces its effectiveness in disinfection and causes chemical reactions. It can result in accidents and injuries as a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. Use detergents first and rinse thoroughly with water before using bleach for disinfection if necessary.
- As undiluted bleach liberates a toxic gas when exposed to sunlight, it should be stored in place that is cool, shaded and out of reach of residents.
- Sodium hypochlorite decomposes with time. To ensure its effectiveness, it is advised to purchase recently produced bleach and avoid over-stocking.
- For effective disinfection, diluted bleach should be used within 24 hours after preparation as decomposition increases with time if left unused.


For details, please refer to:

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

Proper use of bleach

Keep you safe and well

HP
衛生防護中心
Centre for Health Protection



For general environmental cleaning
1 to 99 diluted household bleach
9900 ml of water

For surfaces or articles contaminated with vomitus, excreta or secretions
1 to 49 diluted household bleach
4900 ml of water

For surfaces or articles contaminated with blood spillage
1 to 4 diluted household bleach
400 ml of water


Use a measuring cup for accurate measurement of the amount of bleach

100 ml of household bleach (5.25% sodium hypochlorite)

Tips for preparing diluted bleach solution

- Ensure good ventilation
- Put on personal protective equipment e.g. mask, rubber gloves, plastic apron and goggles
- Use cold water for dilution as hot water decomposes the active ingredients of bleach and renders it ineffective
- Do not mix with other disinfectants and detergents to avoid chemical reactions
- Use within 24 hours after preparation and store in cool and shaded place
- If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor

衛生署
Department of Health



The poster can be downloaded from:

https://www.chp.gov.hk/files/png/bleach_dilution_poster.png

Appendix E- Five keys to food safety

1. **Choose: Choose safe raw materials**

- Choose fresh and wholesome food
- Do not buy dented, bulging, damaged or rusted cans
- Do not use food after its expiry date
- Use safe water to prepare food
- Choose foods processed for safety, such as using pasteurised eggs for undercooked egg dishes

2. **Clean: Keep hands and utensils clean**

- Maintain good hand hygiene by washing hands with soap for 20 seconds before handling and preparing food
- Wash utensils and worktops with hot water and detergent
- Keep the kitchen clean
- Protect kitchen and food from pests and rodents, and prevent other animals from kitchen

3. **Separate: Separate raw and cooked food**

- Use separate utensils to handle raw and cooked or ready-to-eat food
- Store food in covered containers to prevent raw food and their juices from contaminating cooked food
- In the refrigerator, store cooked or ready-to-eat food in the upper compartment, and raw food in the lower compartment

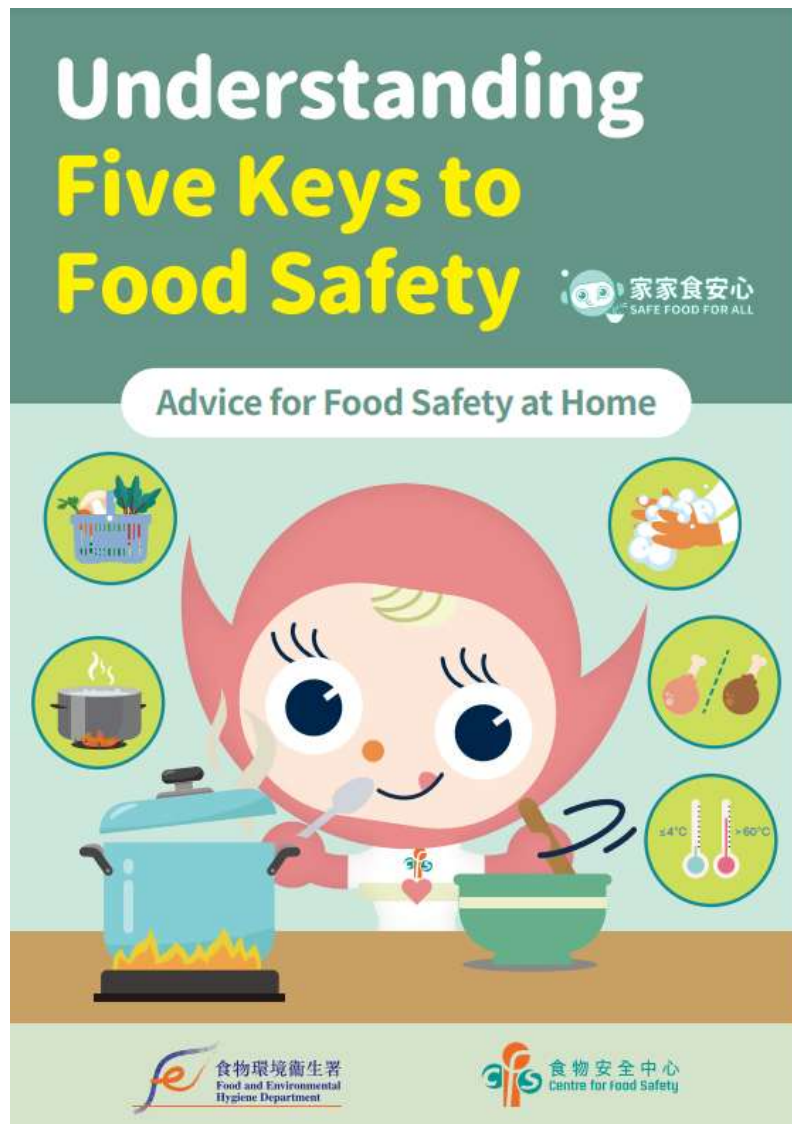
4. **Cook: Cook thoroughly**

- Cook food thoroughly, especially meat, poultry, eggs and seafood
- Bring soup and stew to boiling and continue boiling for at least one minute
- Ensure that the core temperature of food should reach at least 75°C
- Ensure that meat and poultry are fully cooked with the juices turned clear, not red
- Reheat cooked food thoroughly

5. **Safe temperature: Keep food at safe temperature**

- Once cooked, food should be consumed as soon as possible. If not consumed immediately, food should be kept at a proper temperature: hot food should be kept at or above 60°C; cold food should be kept at or below 4°C
- Refrigerate promptly the leftover and perishable food at or below 4°C

- Prepared food left at room temperature for less than 2 hours can be refrigerated for later use. Discard cooked food that has been left at room temperature for more than 4 hours.
- Handle frozen food according to the manufacturer's recommended storage time.
- Do not thaw frozen food at room temperature
- Keep food that requires no refrigeration in a cool and dry place.



References: Centre for Food Safety, Food and Environmental Hygiene Department

https://www.cfs.gov.hk/english/food_leg/files/5_keys_brochure_e.pdf

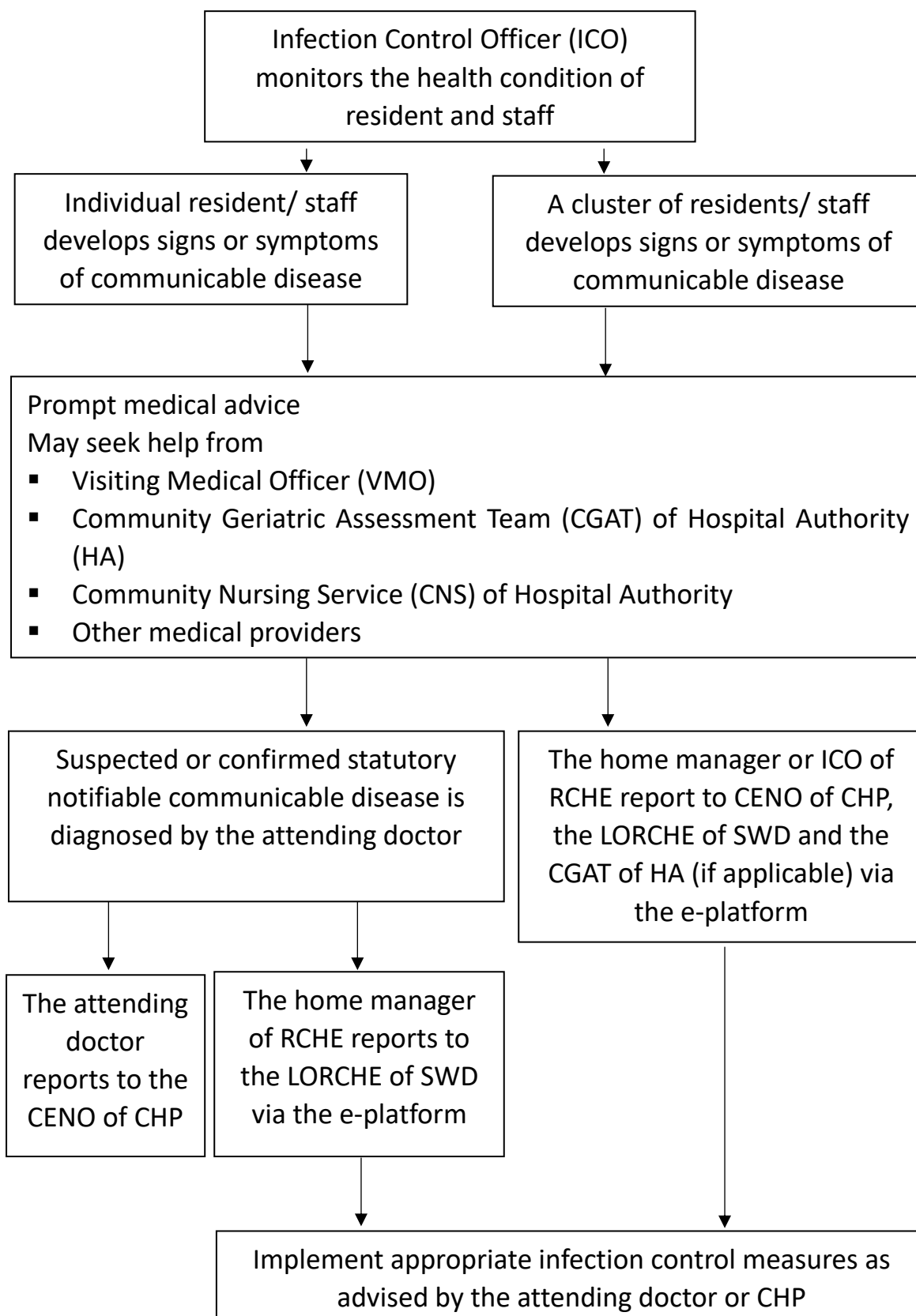
https://www.cfs.gov.hk/english/consumer_zone/safefood_all/five_keys.html

Appendix F- Cleaning and disinfection of commonly used equipment in RCHEs

Equipment	Recommended method of cleaning and disinfection
Suction bottle	<ul style="list-style-type: none"> ▪ Disposable suction bottle is preferred ▪ For reusable suction bottle: <ul style="list-style-type: none"> - Empty the bottle at least daily - Brush to clean with detergent and water every day - Disinfect by immersion in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes - Rinse with water afterwards and air dry before storage
Thermometer	<ul style="list-style-type: none"> ▪ For electronic thermometer: <ul style="list-style-type: none"> - Follow manufacturer's instruction for disinfection - Must NOT disinfect with high heat as it will damage the electronic components and affect normal functioning
Dressing trolley (stainless steel)	<ul style="list-style-type: none"> ▪ Clean with detergent and water first ▪ Disinfect by wiping with 70% alcohol
Urine collecting container/ Urinal	<ul style="list-style-type: none"> ▪ Rinse with water first then clean with detergent and water ▪ Disinfect by immersion within 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for at least 30 minutes ▪ Rinse with water afterwards and store dry air dry before storage
Bedpan	<ul style="list-style-type: none"> ▪ Clean with detergent and water with a brush first ▪ Disinfect by immersion within 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for at least 30 minutes ▪ Rinse with water afterwards and air dry before storage

Equipment	Recommended method of cleaning and disinfection
Commode	<ul style="list-style-type: none"> ▪ Wash with detergent and water after each use, then keep dry ▪ If any contamination is noted: <ul style="list-style-type: none"> - Wash with detergent and water before cleaning with a brush - Disinfect by wiping with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) - Rinse with water afterwards and air dry before storage
Sphygmomanometer cuff	<ul style="list-style-type: none"> ▪ Wash with detergent and water regularly. Hot water cycle machine wash is preferred ▪ If contaminated with body fluid, <ul style="list-style-type: none"> - Clean with detergent and water first - Disinfect by immersion in 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water) for 30 minutes - Rinse with water afterwards and air dry before storage
Stethoscope	<ul style="list-style-type: none"> ▪ Disinfect by wiping with 70% alcohol regularly, before and after use

Appendix G- Notification mechanism for communicable diseases in RCHEs



Appendix H- Notification form for suspected infectious disease outbreak in RCHE

Code of Practice for Residential Care Homes (Elderly Persons) June 2024 (Revised Edition)

Annex 13.2

Suspected Infectious Disease Outbreak in RCHE

NOTIFICATION FORM

To: Central Notification Office (CENO), Centre for Health Protection (Fax: 2477 2770)

(Email: diseases@dh.gov.hk)

c.c.: LORCHE

(Fax: 2574 4176 or 3106 3058)

CGAT (if applicable)

(Fax: _____)

Name of institution: _____		(LORCHE No.: _____)	
Address of institution: _____ _____			
Contact person: _____	(Post: _____)	Tel: _____	
Total no. of residents: _____	Total no. of staff: _____	Fax: _____	
No. of sick residents: _____		(No. admitted into hospital: _____)	
No. of sick staff: _____		(No. admitted into hospital: _____)	
Common symptoms: <input type="checkbox"/> Fever <input type="checkbox"/> Sore throat			
(May tick multiple) <input type="checkbox"/> Cough <input type="checkbox"/> Runny nose			
<input type="checkbox"/> Diarrhoea <input type="checkbox"/> Vomiting			
<input type="checkbox"/> Skin rash <input type="checkbox"/> Blisters on hand/foot <input type="checkbox"/> Oral ulcers			
<input type="checkbox"/> Others (Please specify: _____)			
Suspected disease: _____			
Reported by: _____		Contact tel.: _____	
Signature: _____		Fax on: _____	
For enquiries, please call 2477 2772			

Appendix I- Information required for outbreak investigation

Preliminary information

- (1) Name and LORCHE number of the RCHE
- (2) Address of the RCHE
- (3) Name, rank and telephone number of the contact person
- (4) Number of sick residents and number of residents admitted to hospital
- (5) Number of sick staff
- (6) Total number of residents in the RCHE
- (7) Total number of staff in the RCHE

Further information in details (if necessary)

- (1) Detailed information of the sick
 - Name
 - Age
 - Sex
 - ID number
 - Room number and floor number
 - Symptoms
 - Date of onset of illness
 - Medical consultation record
- (2) Resident list
- (3) Staff list (stating the floor or area where the staff work)
- (4) Staff sick leave record
- (5) Influenza vaccination record for residents and staff
- (6) Floor plan of the RCHE (stating the room or bed number)
- (7) Timetable for residents' activities
- (8) Food menu

Appendix J- Scabies

For information on scabies, including clinical features, mode of transmission and overall management of scabies, please refer to CHP website:

<https://www.chp.gov.hk/en/healthtopics/content/24/39.html>

Effective medical treatment for scabies includes topical anti-scabies agents (e.g. Permethrin or Benzyl Benzoate emulsion) and oral drugs to control itchiness. The followings are instructions on how to use two topical anti-scabies agents:

How to apply Permethrin Lotion

- After taking a bath, scrub and dry the body thoroughly. With the help of another person, use latex gloves to thoroughly massage the lotion into the skin of the whole body down to the soles (including hairline, forehead, temple, scalp, skin creases like finger webs, toe webs and under the nails), while taking care to avoid contact with the eyes and the mouth. Then put on clean clothes.
- Leave for 8 to 14 hours, then take a warm water bath to wash away the medication. Then put on clean clothes and change bed linen.
- Most of the time, a single-dose application would suffice.
- After treatment, the itching may persist. If the itchiness lasts for more than 2 weeks or if there are other changes in the skin, consult your doctor again.
- Aggressive treatment with multiple applications over the entire body may be needed for Norwegian scabies. Please consult the doctor in-charge for instruction and reassessment.

How to apply Benzyl Benzoate Emulsion

- In the evening after taking a bath, scrub and dry the body thoroughly. With the help of another person, use latex gloves to massage the emulsion from the neck downwards to cover the whole body (finger webs and toe webs should be included, but not the head). Then put on clean clothes.
- On the next morning, repeat the application without taking a bath. Then put back on the same clothes.
- In the evening, take a warm bath and clean the whole body with soap. Put on clean clothes and change bed linen afterwards.
- In between the two applications of the emulsion, there is no need to change the clothing or bed linen.

- Only two applications of the emulsion suffice to kill the mite (except in Norwegian scabies). Over treatment gives rise to irritation and causes contact dermatitis. Re-apply the lotion to the hands after washing since the previous coating has been removed by water.
- After treatment, the itching may persist. If the itchiness lasts for more than 2 weeks or if there are other changes in the skin, consult your doctor again.
- Aggressive treatment with multiple applications over the entire body at an interval of 2-7 days may be needed for Norwegian scabies. Please consult the doctor in- charge for instruction and reassessment.



Members of Editorial Board

Centre for Health Protection, Department of Health

- Infection Control Branch
- Communicable Disease Branch

Elderly Health Service, Department of Health

Community Geriatric Assessment Team, Hospital Authority

Licensing Office of Residential Care Homes for the Elderly, Social Welfare Department