



衛生防護中心
Centre for Health Protection

Infection Control Branch

Guidelines for Residential Care Homes for the Elderly (RCHEs) and Residential Care Homes for Persons with Disabilities (RCHDs) for the Prevention of Seasonal influenza and Coronavirus disease (COVID-19)

I. Disease Information

Seasonal influenza is a common respiratory tract infection caused by human seasonal influenza viruses. In Hong Kong, seasonal influenza is usually more common in periods from January to March/April and from July to August. Influenza can be a serious illness to the weak and frail or elderly people, and may be complicated by bronchitis, chest infection or even death. Please visit the CHP website for updated information <https://www.chp.gov.hk/en/features/14843.html>

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a new coronavirus called “SARS-CoV-2”. People infected with the virus will experience respiratory illness, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Please visit the CHP website for updated information <https://www.chp.gov.hk/en/healthtopics/content/24/102466.html>



The Department of Health advises staff and residents in residential care homes (RCHs) to take the following precautionary measures to minimize the risk of contracting and spreading of seasonal influenza and COVID-19.

II. Preventive Measures

A. Maintain good personal hygiene

(a) Hand hygiene

- i. Perform hand hygiene properly when entering the institution, before touching your eyes, nose or mouth; before eating; after using the toilet; and touching public installations or equipment such as elevator control panels or door knobs. In addition, staff should perform hand hygiene at the beginning of the workday, before feeding residents, before and after touching residents and after touching their surroundings.
- ii. Provide liquid soap and disposable paper towels / hand dryers at places where there are handwashing facilities, e.g. toilets, kitchens, common rooms, activity rooms as indicated.
- iii. Provide 70-80% alcohol-based handrub in places where handwashing facility is not available.
- iv. Perform hand hygiene whenever hands are possibly contaminated.
- v. When hands are visibly soiled, wash hands with soap and water. When hands are not visibly soiled, clean hands by rubbing them with 70-80% alcohol-based handrub is an effective alternative.

(b) Respiratory hygiene

- i. Staff should observe themselves and instruct the residents to maintain respiratory hygiene practices to minimize the transmission of respiratory pathogens.
- ii. Do not spit.
- iii. Cover both the nose and mouth with a handkerchief or tissue paper when coughing or sneezing.
- iv. Wrap up sputum with tissue paper and discard it into garbage bins with lids or flush them away in the toilet.

- v. Wash hands immediately after contacting respiratory secretions or touching objects contaminated with respiratory secretions.
 - vi. Staff and visitors should wear well-fitted surgical masks while working or visiting RCHs.
 - vii. Residents should wear well-fitted surgical masks when having fever or respiratory symptoms.
- (c) Do not share personal items such as eating utensils and towels.

B. Vaccination

Complete the vaccination courses according to prevailing Government Policy.

- (a) Seasonal influenza vaccination
- i. The vaccine is safe and effective in preventing seasonal influenza and its complications.
 - ii. All persons aged 6 months or above except those with known contraindications are recommended to receive influenza vaccine for personal protection.
 - iii. Usually, it is suggested that vaccination should be received in autumn every year. About 2 weeks after vaccination, the body will develop a sufficient level of antibodies to protect against influenza virus infection.

For details on seasonal influenza vaccination, please refer to [Vaccination Schemes](#) and [Vaccination for Seasonal Influenza](#).

- (b) COVID-19 vaccination
- i. Vaccination is one of the most effective tools in the overall public health response to COVID-19. COVID-19 vaccines are effective to protect people against COVID-19 disease, in particular severe illness and death.
 - ii. Local data showed that three doses of COVID-19 vaccines are highly effective in reducing hospitalisations and death. The Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on Emerging and Zoonotic Diseases recommended another booster to be given at least 6 months after

the last dose or COVID-19 infection (whichever is later) for older adults aged 50 or above including those living in RCHs (as one of the high risk priority groups) in 2023.

- iii. Case fatality rate (CFR) among unvaccinated cases is much higher than vaccinated cases. CFR decreases with increasing number of doses of vaccination. Given the substantially greater risk of mortality from COVID-19 among unvaccinated elderly individuals and the higher susceptibility of RCHs to transmission and outbreaks, all residents (including new residents) of RCHs are highly recommended to receive at least one dose of COVID-19 vaccine and stay up-to-date according to the latest Government recommendations.
- iv. The combination of non-pharmaceutical interventions (NPIs) with vaccination will allow for maximum protection against the virus. With NPIs (including good hand hygiene) deployed to reduce the risk of virus transmission, there is still a need for residents to receive vaccination for protection against severe disease and death from COVID-19.

For details on COVID-19 vaccination, please refer to COVID-19 Vaccination Programme:

<https://www.chp.gov.hk/en/features/106934.html>

C. Maintain Good Indoor Ventilation

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

- (e) Follow the recommendation as detailed in “A Supplement on Ventilation Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly & Persons with Disabilities”
https://www.chp.gov.hk/files/pdf/a_supplement_on_ventilation.pdf

D. Maintain Environment Clean and Hygienic

- (a) Maintain good hygienic standard through cleaning and disinfection daily, please refer to CHP website: <https://www.chp.gov.hk/en/static/100272.html> for procedures of preparing and using diluted bleach. Keep rooms, kitchens, toilets and bathrooms clean and hygienic by using 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), leave for 15 – 30 minutes, rinse with water and wipe dry. For metallic surface, disinfect with 70% alcohol.
- (b) Clean and disinfect frequently touched surfaces, furniture, commonly shared items and floor at least twice daily by using 1 in 99 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 99 parts of water), leave for 15 – 30 minutes, rinse with water and wipe dry. For metallic surface, disinfect with 70% alcohol.
- (c) If places are contaminated by respiratory secretions, vomitus or excreta, use strong absorbent disposable paper towels to wipe them away. Then disinfect the surface and the neighbouring area with 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water), leave for 15 – 30 minutes, rinse with water and wipe dry. For metallic surface, disinfect with 70% alcohol.
- (d) Maintain drainage pipes properly and pour about half a liter of water into each drain outlet regularly (about once a week). For details, please refer to: https://www.chp.gov.hk/files/pdf/make_sure_the_trap_is_not_dry.pdf

E. Temperature Screening

- (a) RCH shall check the body temperature of all residents daily, so as to identify those with fever (oral temperature higher than 37.5°C, or ear temperature higher than 38°C). Those with fever, respiratory symptoms or sudden loss of taste or smell should wear a well-fitted surgical mask and prompt medical advice should be sought.
- (b) Staff should check their temperature before work every day. Those with fever, respiratory symptoms or sudden loss of taste or smell shall refrain from work, consult doctor at once and inform the institution.

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

For details, please refer to “Guidelines on prevention of communicable diseases in residential care homes for elderly and residential care homes for persons with disabilities” issued by the CHP:

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

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