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衛生防護中心 Centre for Health Protection

Infection Control Advice to Residential Care Homes for the Elderly / Persons with Disabilities (RCHs) for Confirmed COVID-19 Cases and Close Contacts

When there is a confirmed COVID-19 case in the institution, different category of residents may be identified as below:

- Non-contacts;
- Close contacts: discharged from quarantine facilities (Day 8-14 quarantine);
- Close contacts: in institution all along; and
- Cases (suspected / confirmed), in institution all along or discharged from hospital.

The risk of each category of residents is different with different care arrangement. The following infection control measures are advised.

A. Placement

- (a) Each category of residents as specified above should be arranged to reside in a different zone, especially the **close contacts** (including those discharged from quarantine facilities) and **cases (suspected / confirmed** – including those discharged from hospital), either in a single room or being cohorted.
- (b) For cohort area of **close contacts**, use partitioned barriers to separate each resident as far as practicable.



- (c) A designated toilet (or water closet, if applicable) should be / is preferable in each zone. If sharing toilet (or water closet) is necessary, it needs to be cleaned and disinfected immediately after each use especially for those used by the **close contacts** and **cases (suspected / confirmed)**.

B. Ventilation

- (a) The room or cohort area needs to have good ventilation.¹
- (b) Direction of air flow is preferably from clean to less clean to dirty areas (i.e. staff zone ⇨ zone of non-contact ⇨ zone of close contact ⇨ zone of suspected cases ⇨ zone of confirmed cases).
- (c) Windows of rooms should be opened as far as feasible.
- (d) If the air-conditioning system is used, ensure there is sufficient fresh air supply.
- (e) If minimum ventilation rate cannot be attained, air purifiers can be considered in each room or cohort area and should be switched to maximum and operated continuously.
- (f) 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

C. Staff

- (a) Designate a team of staff to take care of residents of different zones. It is preferable that there is no mixing of staff of different teams.
- (b) Staff should not have meals together as far as feasible.
- (c) Staff should undergo COVID-19 test according to prevailing policy, e.g. daily Rapid Antigen Test (RAT), weekly Polymerase Chain Reaction test.

¹ The room or cohort area for **suspected / confirmed cases** should attain a minimum recommended ventilation rate of 40 L/s/person as far as feasible. Other areas of the institution should attain a minimum recommended ventilation rate of 10 L/s/person as far as feasible.

- (d) Staff should wear appropriate Personal Protective Equipment (PPE) based on risk assessment when providing care to the residents in **case (suspected / confirmed)** and **close contact** zones. Gloves need to be changed after taking care of each resident. Hand hygiene needs to be performed accordingly.
1. Respirator for **cases (suspected / confirmed)** / Well-fitted surgical mask (with additional cloth mask or assistant devices)² for **close contacts** if respirator is not available
 2. Latex gloves
 3. Disposable gown
 4. Eye protection (goggles / face shield) and
 5. Cap (optional)

D. Residents

- (a) Residents need to be moved to the corresponding zone timely.
- (b) Residents are advised to stringently observe personal hygiene.
- (c) Residents should wear well-fitted surgical masks as far as practicable.
- (d) Residents should avoid leaving the room or cohort area.
- (e) Residents should avoid participating in mix activities with other residents.
- (f) Residents should have meals in his / her room or the cohort area.

E. Monitoring of residents by the RCHs

- (a) Measure residents' body temperature at least twice daily and on a need basis.
- (b) Monitor the health condition of residents closely. If they develop fever at or above 38°C or develop other symptoms, including shortness of breath, palpitations or chest pain, notify CHP immediately and follow CHP's instructions on arranging hospital admission or subsequent action.
- (c) If RAT is positive for residents, notify CHP immediately and follow CHP's instructions on arranging subsequent actions.

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

- (d) When taking RAT of residents:
1. Follow the instruction by the RAT testing kit. Please read the “Rapid Antigen Test for COVID-19 Points to Note” https://www.coronavirus.gov.hk/pdf/Rapid_Antigen_Test_for_COVID-19_Points_to_Note_EN.pdf or visit <https://www.chp.gov.hk/en/r/1347> to view the instructions.
 2. Set up when taking nasal swab
 - Open the windows as far as feasible or maximise the fresh air intake of the air-conditioners to enhance the ventilation of the room.
 - Switch on the air purifier.
 - Keep the number of staff involved to a minimum.
 - Clean and disinfect the environment afterwards.
 3. Staff should wear appropriate Personal Protective Equipment (PPE)
 - Respirator / Well-fitted surgical mask (with additional cloth mask or assistant devices) if respirator is not available
 - Latex gloves
 - Disposable gown
 - Eye protection (goggles / face shield) and
 - Cap (optional)

F. Visitors

- (a) Visiting is not advised.
- (b) Family members / relatives may contact the resident by other means (such as telephone and video communication).

G. Medical equipment

- (a) Dedicate the specific use of non-critical items (such as wheelchairs, blood pressure cuffs) and cleansing tools for residents of each zone. For those in the close contact zone, designated equipment is preferred for each resident
- (b) If sharing is needed, the items need to be cleaned and disinfected immediately after each use.

H. Environmental Hygiene

- (a) Clean and disinfect the rooms or cohort area at least daily with 1 in 49 diluted household bleach (mixing 10 ml of bleach containing 5.25% sodium hypochlorite with 490 ml of water), leave for 15-30 minutes and then rinse with water. For metallic surface, disinfect with 70% alcohol. Increase the frequency to at least three times daily for frequently touched areas.
- (b) If places are contaminated by respiratory secretions, vomitus, blood or excreta, use strongly absorbent disposable towels to clean up the visible matter. Then disinfect the surface and the neighbouring area with disinfectant. For non-metallic surface, disinfect with 1 in 4 diluted household bleach (mixture of 10 ml of household bleach containing 5.25% sodium hypochlorite with 40 ml of water), leave for 10 minutes, and then rinse with water. For metallic surface, disinfect with 70% alcohol.
- (c) Cleansing staff should wear appropriate PPE based on risk assessment.
 - 1. Respirator / Well-fitted surgical mask (with additional cloth mask or assistant devices) if respirator is not available
 - 2. Latex gloves
 - 3. Disposable gown
 - 4. Eye protection (goggles / face shield) and
 - 5. Cap (optional)

I. Eating utensils and Linen

- (a) Eating utensils should be thoroughly washed and disinfected by immersion in near-boiling water for at least 1 minute prior to air drying and storage. Separate eating utensils of each zone of residents as far as practicable.
- (b) Linen and clothing from different zones should be washed separately in the order: first non-contact, second contact, third cases (as the last batch). Use regular laundry soap and water or machine wash at 60–90 °C with common household detergent, and dry thoroughly.
- (c) Discard if heavily soiled.

J. Management of Waste for Confirmed Case(s)

- (a) The majority of wastes arising from COVID-19 cases such as PPEs, paper tissues, leftover food, meal boxes, and packing materials should be treated as general waste. The exceptions are those waste types defined as clinical waste in the Waste Disposal Ordinance including used or contaminated sharps, laboratory waste, human tissues and dressings which should be handled according to the Ordinance.
- (b) When handling general waste generated from COVID-19 cases, the following need to be observed
 1. Use strong garbage bags which should be of appropriate thickness to prevent tear and avoid leakage.
 2. Avoid over-filling the bags.
 3. Wrap the garbage bags properly and tie tightly.
 4. Collect and dispose regularly to avoid excessive accumulation.
- (c) Workers should wear appropriate PPEs when collecting waste with observance of hand hygiene.
- (d) The following precautionary measures should be adopted during collection and transfer of general waste generated from COVID-19 cases:
 1. The waste loading operations should be carried out in a location which cannot be accessed by general public and should have good hygiene and ventilation.
 2. The loading area should be properly cleaned and disinfected after loading.

3. The waste should be sent directly to refuse transfer stations/landfill via the shortest route possible by the waste collection vehicles.
4. The vehicles should be properly cleaned and disinfected afterwards.

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