

# Guidelines on Prevention of Communicable Diseases in Child Care Centres Kindergartens Schools



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# Introduction

Effective prevention of communicable diseases in child care centres / kindergartens / schools will not only safeguard the health of children and staff members by minimizing the harm caused by the diseases, but will also reduce the chance of hospitalization of infected children and thus help save social resources. In order to ensure the delightful learning and healthy growth of children, it is incumbent on every staff member of child care centres / kindergartens / schools to learn how to prevent communicable diseases. We intend to provide in the guidelines practical information on infection prevention measures for those working in child care centres / kindergartens / schools. Every employee of these institutions has the responsibility to understand the guidelines and undertake preventive measures accordingly. The guidelines comprise seven major sections. While individual employees may refer to the relevant sections as necessary, it is important for infection control officers of kindergartens / schools and supervisors of child care centres to familiarize themselves with the content so as to assist persons-in-charge of such institutions in preventing the spread of communicable diseases within their respective settings. The guideline is not meant to be exhaustive. In case of doubt or when further information on specific communicable disease is needed, advice can be sought from the Central Health Education Unit of the Department of Health (DH) (please refer to Section 6.3 for details). Lastly, we would like to take this opportunity to thank the Social Welfare Department (SWD) and the Education and Manpower Bureau (EMB) for their generous and valuable advice on the preparation of the guidelines.

## 1.1 What are communicable diseases?

Communicable diseases refer to transmissible diseases that infect human beings. They are caused by pathogens which invade the body, where they multiply or release toxins to cause damage to normal cells and their functions. In severe cases, they may lead to death. These pathogens can through certain mode of transmission, pass the disease from one infected source (e.g. human or animals) to another human causing the same disease.

## 1.2 Source of infection - pathogen - host relation

Apart from pathogens (e.g. bacteria and viruses), there are three factors contributing to the emergence of communicable diseases:

### 1.2.1 Source of infection

Refers to any environment in which pathogens can live, parasitize and breed. It includes human beings (e.g. patients, carriers and people with latent infections), livestock, insects and soil. Pathogens usually rely on the source of infection as the base to wait for their chance to infect human beings.

### 1.2.2 Mode of transmission

Mode of transmission	Process	Examples of communicable diseases
Direct contact	Through direct body contact with the infected.	Scabies, chickenpox, hand-foot-mouth disease
Indirect contact	Through contact with objects contaminated by pathogens, e.g. sharing towels, combs and clothes.	Head lice, conjunctivitis
Droplet spread	Through droplets expelled during sneezing, coughing, spitting and speaking, and subsequent touching of mucous membranes of the mouth, the nose and the eyes, etc. with hands contaminated by such droplets	Severe Acute Respiratory Syndrome (SARS), influenza
Air	Pathogens enter the body through the respiratory tract after floating on the fine dust or droplets in the air for some time	Tuberculosis

Mode of transmission	Process	Examples of communicable diseases
Common vectors	Eating or drinking contaminated food or water	Food poisoning, cholera, bacillary dysentery, hepatitis A, viral gastroenteritis
Vectors (insects)	Pathogens only become infectious after parasitizing vectors such as insects for a period of time and multiplying there. Insects may also spread pathogens if their legs or mouths are contaminated.	Dengue fever, malaria, Japanese encephalitis (mosquito-borne), infectious gastro-intestinal diseases (fly-and-rodent-borne)
Blood / body fluid transmission	Transmitted through blood transfusion, tattooing, ear piercing or sexual intercourse	Hepatitis B, acquired immune deficiency syndrome (AIDS), sexually transmitted diseases
Congenital infection	Pathogens enter and infect the foetus through the mother	Congenital syphilis, congenital rubella syndrome

Note: Some communicable diseases may infect human beings through more than one mode of transmission.

### 1.2.3 Host

The host refers to infected individual. Some people are more prone to communicable diseases. For instance, young children and patients with chronic diseases are susceptible to infection due to insufficient body immunity.

## 1.3 Why are child care centres / kindergartens / schools more vulnerable to outbreaks of communicable diseases?

Child care centres / kindergartens / schools are collective assembly places and young children are incapable of taking proper personal care. As such, communicable diseases can easily spread around via close person-to-person contact. The source of infection can be staff members, parents or children. Person-to-person contact may lead to cross-infection, i.e. the transmission of pathogens from one person to another. For example, if a staff member fails to wash hands after caring for a sick child before making contact with another child, he/she may spread the pathogens from the first child to the second one.

## 1.4 Principles of communicable disease control

There are a number of factors crucial to the spread of pathogens. They include the pathogen, the source of infection, the mode of transmission and the host -- the so-called chain of infection. Hence, we can control the spread of communicable diseases by targeting at these factors.

Factors of transmission	Control measures
Pathogen	Disinfection to eliminate causative microorganisms
Source of infection	Observation and early detection, isolation and treatment of patients
Mode of transmission	Maintain good personal, food and environmental hygiene and adopt effective infection control measures to prevent pathogenic infection
Host	Build up personal immunity and if necessary, receive immunization

## 1.5 What are statutory notifiable communicable diseases?

Some communicable diseases are highly infectious and capable of causing severe conditions, thus threatening human lives and affecting the economy of societies or countries. If there are proper precautionary or control measures in place, the disaster posed by communicable diseases can be averted. The evolution of outbreaks of communicable diseases and their management vary slightly with countries or regions, where the types of communicable diseases occurred and the living environment are different. To safeguard public health and safety, every country or region has legislation stipulating certain communicable diseases as statutory notifiable diseases which warrant special precautions, and policies are developed to prevent outbreaks and contain their spread. In Hong Kong, there are 30 statutory notifiable communicable diseases under the Quarantine and Prevention of Disease Ordinance (Cap. 141) (the list is at Appendix A). Responsible doctors and related persons have to report occurrences of such diseases to the DH.

# 2 Communicable diseases in child care centres / kindergartens / schools

## 2.1 Common communicable diseases

Typical symptoms of communicable diseases commonly found in child care centres / kindergartens / schools are listed as follows for reference of staff members.

Types of diseases	Pathogens	Modes of transmission	Symptoms	Prevention
Upper respiratory tract infection (e.g. influenza, cold, rhinitis, laryngopharyngitis)	Viruses (e.g. influenza viruses), bacteria (e.g. Streptococcus)	Droplets, touching mucous membranes of the mouth and the nose with hands contaminated by pathogens	Fever, fatigue, cough, sneeze, runny nose, sore throat, muscle ache	Maintain good ventilation, take enough rest and ensure balanced nutrition for stronger immunity; observe good personal hygiene; and cover the mouth and the nose with tissue when sneezing or coughing; keep both hands clean and wash them if contaminated by respiratory secretion; ensure proper cleaning of used toys and furniture; exercise caution when taking care of or making contact with patients by wearing masks and washing hands before and after such contact.
Lower respiratory tract infection (e.g. acute bronchitis, pneumonia)	Viruses (e.g. influenza viruses), bacteria (e.g. Streptococcus pneumoniae)	Droplets, touching mucous membranes of the mouth and the nose with hands contaminated by pathogens	Fever, fatigue, cough, thick sputum, sputum with blood, shortness of breath	Maintain good ventilation, take enough rest and ensure balanced nutrition for stronger immunity; observe good personal hygiene by covering the mouth and the nose with tissue when sneezing or coughing; keep both hands clean and wash them if contaminated by respiratory secretions; ensure proper cleaning of used toys and furniture; exercise caution when taking care of and making contact with patients by wearing masks and washing hands before and after such contact.
Food-borne diseases (e.g. food poisoning, cholera, Norwalk-like viral infection)	Viruses (e.g. Norwalk-like viruses), bacteria (e.g. Salmonella, Staphylococcus aureus, Vibrio cholerae)	Contaminated water and food	Abdominal pain, vomiting, diarrhoea, lack of appetite, fatigue, fever	Maintain good personal, food and environmental hygiene and be cautious in diet; food handlers should refrain from work and seek early medical advice if falling sick. Proper management of vomiting incidents.

Types of diseases	Pathogens	Modes of transmission	Symptoms	Prevention
Skin and subcutaneous tissue infection	Mites or parasites (e.g. scabies, head lice),	Contact transmission	Itchiness, localized rash, desquamation, tumors, scales, etc.	Wear gloves during patient contact and arrange for early medical treatment for patients. Linen and clothing of patients infected with scabies should be treated with special care according to the doctor's instructions.
Conjunctivitis	Viruses (e.g. adenovirus), bacteria (e.g. Staphylococcus aureus)	Contact transmission	Redness of eyes, itchy eyes, excessive production of tears, abnormal secretion	Refrain from sharing towels; observe good personal hygiene; wash hands before touching the eyes.
Hand-foot-mouth disease	Enterovirus	Contaminated water and food/droplets/contact	Fever, fatigue, vesicles on limbs	Maintain good ventilation; wash hands thoroughly before meals, after going to the toilet or after handling babies' diapers or other soiled articles; cover the mouth and the nose when coughing or sneezing; clean children's toys or stuff properly; the sick child should stay home until the fever has gone and the lesions and vesicles inside the mouth and on the limbs have dried up before returning to the centre; avoid going to crowded places.
Chickenpox	Chickenpox virus	air/contact/droplets	Fever, fatigue, vesicles on head and body	Avoid contact with patients; maintain good personal and environmental hygiene. Maintain good ventilation.
Hepatitis B	Virus	Blood/body fluid transmission	Fever, jaundice, fatigue, lack of appetite	Never share toothbrushes, razors or other articles susceptible to blood contamination; follow Standard precautions stringently when cleaning wounds or handling articles contaminated with blood; carers may also consider vaccinating against hepatitis B.

Types of diseases	Pathogens	Modes of transmission	Symptoms	Prevention
Tuberculosis	Mycobacterium tuberculosis	Air	Persistent fever, cough, sputum with blood, fatigue, weight loss, night sweat	Ensure balanced nutrition and take adequate rest; maintain good ventilation and environmental hygiene; do not spit.
*SARS	Coronavirus	Droplets, direct contact with body fluid	Fever, fatigue, headache, chill, cough, shortness of breath, difficulty in breathing	Take adequate rest and ensure balanced nutrition to build up body immunity; observe good personal hygiene; wear masks; wash hands before touching the eyes, the nose and the mouth; and after contact with resident. maintain good ventilation and environmental hygiene
*Avian influenza	Influenza A (H5N1) virus	Short-range contact with infected live poultry	With symptoms similar to those of influenza but is more prone to pneumonia, respiratory failure, multi-organ failure and eventual death	Refrain from having contact with live poultry and their excreta; wash hands immediately with liquid soap and water after such contact; ensure adequate sleep and rest, balanced diet and adequate exercises; maintain good ventilation; do not smoke; seek early consultation if influenza symptoms arise and wear masks; management of schools/child care institutions should take necessary measures to prevent children from making contact with live birds and poultry; cook poultry thoroughly before consumption.

Note: \*For detailed guidelines on the prevention of SARS and avian influenza, please refer to the guidelines issued by DH or those issued by the SWD / EMB on behalf of the DH, or visit the following websites: [www.info.gov.hk/info/sars/cindex.htm](http://www.info.gov.hk/info/sars/cindex.htm); [www.info.gov.hk/swd](http://www.info.gov.hk/swd); [www.emb.gov.hk](http://www.emb.gov.hk)

## 2.2 Common and early symptoms of communicable diseases among children

**2.2.1** Although most children develop the above common symptoms when infected, some young children have less obvious symptoms. If these children are infected, it may be more difficult to detect, and treatment will be delayed, coupled with a higher risk of transmission. In addition, young children may not know how to express sickness and the communication problems so caused may also lead to late detection of infection. Despite this, most young children if infected will show the following subtle physical changes. Early detection and treatment is possible so long as staff members of child care centres remain vigilant.

### 2.2.2 Points to note:

- Body temperature over 38°C
- Frequent eye rubbing
- Frequent scratching
- Crying and nagging for no reason, restlessness
- Loss of appetite and / or lack of energy
- Shortness of breath

## 2.3 Management of suspected cases of communicable diseases among children or staff members

The relevant officers should observe the following principles in preventing the spread of communicable diseases:

- Medical surveillance - maintain proper personal health records of children and assess their symptoms carefully.
- Early treatment - avoid becoming the breeding ground for causative agents.
- Spread prevention - adopt appropriate isolation measures with respect to the mode of transmission of the communicable disease in question to avoid an outbreak and further evolution into an epidemic. For example, patients with respiratory infectious diseases should wear masks; excreta of sick children should be properly disposed of; guidelines for washing hands should be stringently observed, etc. If in doubt, promptly notify DH's Centre for Health Protection, SWD's Child Care Centres Advisory Inspectorate and EMB's relevant School Development Sections under Regional Education Offices for follow-up investigation.

## 2.4 Measuring temperature

**2.4.1** Most children develop fever when infected, but there are exceptions. Some children have normal but lower body temperature which will not raise too much even when infected. As such, correct measurement and proper record of daily temperature for comparison is of utmost importance. Parents should take temperature for their children everyday before sending them to school and return the body temperature record to the schools. Random check on these records should be conducted by child care centres / kindergartens / schools regularly and such records should be read by infection control officers of kindergartens / schools and supervisors of child care centres everyday. Vigilance should be exercised under the following circumstances to identify sick children with fever. Record should be made accordingly (Appendix B) and preventive measures against communicable diseases should be implemented when necessary.

- during outbreaks of communicable diseases, particularly influenza-like illnesses and SARS
- when children develop symptoms of infection

**2.4.2** Body temperature can be divided into core temperature and surface temperature. Core temperature refers to the temperature of inner tissues, which can be taken orally, rectally or aurally, whereas surface temperature is the temperature of surface skin tissues, which can be taken at the armpit.

**2.4.3** If an oral thermometer is used to measure the body temperature, temperature not higher than 37.2°C or 99.0°F is considered normal. Young children aged 0 to 6 may have higher body temperature and for them, a temperature of 37.5°C (99.5°F) or below falls within the normal range.

Reference normal ranges provided by some aural thermometers are as follows:

	Celsius scale	Fahrenheit scale
Aged 0 to 2	36.4 - 38.0	97.5 - 100.4
Aged 3 to 10	36.1 - 37.8	97.0 - 100.0

If a rectal thermometer is used, the temperature measured will be 0.5°C (0.9°F) higher than that of an oral thermometer. As such, a rectal temperature of 38°C (100.4°F) or below is considered normal for young children aged 0 to 6.

**2.4.4** There are mercury and digital thermometers for taking oral, rectal and armpit temperature. Ear thermometers are also electronic devices for measuring the core temperature and their procedures vary with brands. Therefore, instructions of use should be read carefully before using them. Child care centres / kindergartens / schools that require rapid temperature taking because of their settings and working conditions may use infrared forehead thermometers. Such devices, however, have greater measurement error. Hence, unless necessary, such thermometers should not be used as far as possible as the only means for taking temperature.

**2.4.5 Methods of taking body temperature**

- Taking ear temperature: It is non-intrusive, and therefore has little limitations on its application. It is particularly suitable and recommendable for use in child care centres / kindergartens / schools. First, stabilize the head position of the child. Pull his / her ear backwards and upwards to make the ear canal straight. Fit the probe tip covered with a plastic jacket slightly into the depth of the ear canal. The temperature inside the ear is 0.5°C higher than the oral temperature. Follow the instructions to make suitable adjustments when using an ear thermometer.
- Taking oral temperature: Suitable for older children. Carers should cover the probe with a plastic jacket and place the thermometer under the tongue near the root and tell the child to close the mouth tight but not to bite on the thermometer or talk. Wait for 3 to 5 minutes when using a mercury thermometer before taking it out to check the reading. If the child carelessly bites off the mercury thermometer, he / she should be sent to the hospital immediately for treatment.

- Taking rectal temperature: Suitable for young children. When taking temperature, ensure the privacy of the child and protect him / her from catching cold. The carer should help the child to lie down on one side with knees bent. When using a mercury thermometer, cover the probe with a plastic jacket and put some lubricant on the tip, and then insert it gently down 1 to 1.5 inches of the rectum. Wait for at least 3 to 5 minutes before taking it out to check the reading. It should be specified on the record that the measurement is the rectal temperature as it is 0.5°C higher than the oral one. The accuracy of the measurement will be affected if large amount of faeces is accumulated in the rectum.
- Taking armpit temperature: Suitable for conditions under which all the above are not applicable. Ensure privacy of the child and protect him / her from catching cold when taking temperature. Put the thermometer under the armpit, and place the forearm of the child horizontally across his / her chest to secure the thermometer under the armpit. Wait for 6 to 8 minutes before taking it out to check the reading. Armpit temperature is usually 0.5°C lower than the oral one, so it should be marked down on the record accordingly.

#### 2.4.6 Cleaning and disinfection of thermometers after use

- Mercury thermometers - wash with cold water first; immerse in 70% alcohol for about 15 minutes; wipe dry and then store dry.
- Oral and rectal thermometers should be handled separately. Patients with communicable diseases should use their own personal thermometers to avoid cross-infection.
- Electronic thermometers must not be immersed in disinfectant or disinfected with high heat because its electronic components will be damaged and its normal functioning affected. The cleaning procedures recommended in the user manual of the electronic thermometers should be followed.

## 3.1 What does an outbreak of communicable diseases mean?

If children or staff members develop similar symptoms one after another and the incidence is higher than usual, there is an outbreak from the epidemiological point of view. A common example is the outbreak of influenza which usually peaks in February, March, July and August each year though sporadic cases may also occur at other times.

To judge whether there is an outbreak in child care centres / kindergartens / schools, their day-to-day information on cases of communicable diseases have to be monitored. Some examples are cited below for reference. Infection control officers of kindergartens / schools and supervisors of child care centres should keep a closer watch if the following happen:

- Two or more people develop similar symptoms after eating common food. This may mean food poisoning outbreak and the pathogen may be the bacteria, virus or toxin contained in the food.
- A single case sometimes may warrant outbreak treatment. A disease newly emerged or posing major impact on the overall public health system or the health of citizens is one of such cases. Examples are the emergence of avian influenza in 1997 and SARS in 2003.
- Children and staff members concurrently develop similar symptoms in clusters, such as symptoms of influenza (fever, cough and sore throat). This may mean cross-infection within child care centres / kindergartens / schools.
- Children studying in the same room or on the same floor develop similar symptoms in clusters within a short period of time.

## 3.2 How to prevent the spread of communicable diseases?

Early detection of occurrence of communicable disease is essential to the prevention of its spread. For such purpose, all staff members of child care centres / kindergartens / schools shall be responsible for keeping a close watch on the occurrence and outbreak of communicable diseases, particularly the statutory notifiable diseases. They should report to DH's Centre for Health Protection as soon as possible so that timely preventive measures can be implemented. The role played by infection control officers of kindergartens / schools and supervisors of child care centres is to monitor closely the physical conditions of children for early detection of common symptoms of communicable diseases and whether the infection toll is high. They should make a prompt report to the relevant personnel according to the flow chart in Appendix D / E.

Besides, children infected with communicable diseases should be prohibited from going to child care centres / kindergartens / schools so as to avoid the spread. The suitable time for them to return to school depends on the nature of the diseases and the individual situations (please refer to Appendix C).

### 3.3 Is the notification requirement only applicable to confirmed cases of statutory notifiable communicable diseases?

Apart from reporting statutory notifiable communicable diseases pursuant to the law, doctors should also notify DH's Centre for Health Protection of any suspected cases or outbreaks of other communicable diseases as soon as possible. The DH encourage the reporting to them any suspected outbreaks by persons-in-charge of child care centres / kindergartens / schools and their infection control officers. The DH also encourage the reporting to them any cases of communicable diseases other than the statutory notifiable ones such as hand-foot-mouth disease and conjunctivitis.

### 3.4 General guide on the management of suspected outbreaks of communicable diseases

- Deal with the patient first and conduct appropriate isolation.
- Inform the parents / guardians of the sick child to take him / her to seek early consultation and if necessary, at the nearby Accident and Emergency Department.
- Settle down the patient before informing the relevant departments according to the established procedures. Supply relevant information (please refer to Appendix F) to the DH to facilitate their investigation.
- Keep proper records of children's and staff members' personal particulars and medical histories. Seek advance consent from parents / guardians of children before the start of school year for releasing such information to the DH or other relevant departments when necessary.
- Children or staff members falling sick should avoid participating in group activities.
- Minimize contact between children and staff members of different floors to avoid cross-infection, and arrange the same team of staff members to take care of a fixed group of children as far as possible when preparing the shift roster.
- Assist DH's officers in monitoring the outbreak development at the school site for ascertaining the effectiveness of control measures. The monitoring period for common communicable diseases is twofold of the longest incubation period from the onset of the last case.
- Observe the notification mechanism for communicable diseases stated in the flowchart in Appendix D / E so as to allow the officers concerned to implement control measures at the earliest possible time.

- 3.5** Disinfection during the outbreak of communicable disease (Note: Exercise caution to avoid contact between household bleach and metal surfaces as the former usually contains 5.25% effective chlorine)

**3.5.1 Disinfection of environment**

- Disinfect furniture, floors and toilets with diluted household bleach 1:49 (mixing one part of bleach with 49 parts of water); leave for 30 minutes before rinsing with water and mopping dry; special attention should be paid to disinfection of toilets, kitchens and objects which are frequently touched such as light switches, door knobs and handrails.
- Use highly absorptive materials to preliminarily clean up surfaces contaminated by vomitus or excreta before performing the above disinfection procedures.
- 70% alcohol can be used if disinfection of metal surfaces is required.

- 3.5.2** Disposal of linen: General disposal method is detailed in paragraph 5.1.3; soak linen contaminated by blood / secretions in diluted bleach 1:49 for 30 minutes for disinfection before general disposal.

**3.5.3 Other points to note:**

- Use disposal tissue towels
  - \* Dispose of used tissue towels properly.
  - \* If cleaning towels are used, they should be soaked in diluted bleach 1:49 for 30 minutes before ordinary washing.
- Under normal circumstances, using diluted bleach 1:99 for disinfection for regular wiping and diluted bleach 1:49 for disinfecting articles contaminated by body fluid / excreta are sufficient enough. There is no need to increase the concentration unless specifically instructed.

### 3.6 Specific recommendations on management for examples of suspected outbreaks of communicable diseases

#### 3.6.1 Food poisoning

- Prepare a list of infected persons and their medical records as well as the information on food consumed within the several days before the outbreak at child care centres / kindergartens / schools for DH's investigation.
- Disinfect articles or places contaminated by excreta or vomitus.
- Clean and disinfect toilets with diluted bleach 1:49.
- Ensure good personal, food and environmental hygiene in child care centres / kindergartens / schools.
- Maintain a hygienic environment in the kitchen and make sure that the refrigerator works well.
- Sick staff members, especially the food-handlers, should take sick leave to prevent spreading the disease.

#### 3.6.2 Outbreak of respiratory tract infection

- Symptoms are fever (oral temperature  $\geq 38^{\circ}\text{C}$ ), cough, sore throat, shortness of breath and chest pain.
- Prepare a detailed list of suspected patients and their medical records.
- Enhance health surveillance for other children by, for example, measuring body temperature.
- Switch on exhaust fans and open windows as far as possible to improve ventilation.
- Sick children should be prohibited from coming to child care centres / kindergartens / schools. Relocate those uninfected to other rooms as far as possible and ask them to wear masks.
- Avoid group activities during an outbreak.
- Infected staff members should take sick leave until full recovery.
- Minimize staff movement; arrange the same group of staff members to take care of the same group of children as far as possible; have appropriate protective gear in place.

# 4 General guidelines on prevention of communicable diseases

Building up the body immunity by having balanced diet in accordance with the food pyramid, adequate rest, sufficient sleep and regular exercise as well as refraining from smoking is vital to the prevention of communicable diseases. Moreover, good personal, food and environmental hygiene should be observed.

## 4.1 Personal hygiene

- Since many communicable diseases are transmitted through contact, washing hands properly is a prerequisite for the prevention of such diseases. Persons-in-charge of kindergartens / schools and supervisors of child care centres should provide within their school sites adequate hand washing facilities for staff members and children.

### 4.1.1 Staff members of child care centres / kindergartens / schools should follow the method described in paragraph 5.1.1 to wash their hands properly with liquid soap:

- immediately after covering the mouth and the nose with a handkerchief or tissue paper during sneezing and coughing.
- after going to the toilet.
- before handling, preparing or distributing food.
- after changing diapers for children.
- after cleaning up respiratory secretions for children.
- after disposing of articles contaminated with excreta or other body fluid.
- before and after implementing any nursing procedures.
- immediately after caring for children and taking off the gloves so as to avoid transmission of pathogens to children or contaminating the environment of the child care centres / kindergartens / schools.  
(Note: Wearing gloves should never substitute for proper hand washing. Always wash hands after taking off the gloves.)

### 4.1.2 Staff members of child care centres / kindergartens / schools should remind children to wash their hands :

- before eating or drinking.
- after going to the toilet.
- after touching articles for common use.
- before touching the eyes, the nose and the mouth.
- when hands are contaminated by respiratory secretions (e.g. sneezing, coughing and after cleaning the nose).
- after making contact with animals or poultry.

- 4.1.3** Never share personal items such as towels, combs and eating utensils. Do not spit. Sputum should be wrapped properly with tissue paper and discarded into garbage bins with lids to avoid spreading pathogens contained in the secretions.

## 4.2 Food hygiene

### 4.2.1 Choice of food

- Buy fresh meat and vegetables.
- Do not patronize illegal food hawkers.
- Do not buy packaged food without proper labelling, beyond its expiry date or with damaged packages.
- Do not buy ready-to-eat food and drinks that are displayed with raw products.
- Do not buy food which looks, smells or tastes abnormal.
- Avoid unpasteurized products like raw milk.
- Do not buy excessive food to avoid problems due to prolonged storage.

### 4.2.2 Preparation

- Wash hands properly before preparing food.
- Wear washable or disposable aprons, caps and masks at work.
- Protect wounds on hands with waterproof dressing to prevent passing germs from wounds to food.
- Wash food thoroughly, and scrub with a brush when appropriate.
- Avoid contact between raw food and cooked food. Use separate knives and chopping boards for each to avoid cross-contamination.
- Discard the outer leaves of leafy vegetables and immerse the vegetables in water for 1 hour before washing to eliminate possible pesticide residues.
- Frozen meat or fish must be thawed completely before cooking.
- Cook food thoroughly before consumption.
- Sample food with a clean spoon, not with fingers.
- Consume food as soon as it is done.
- Do not cook too much food.

- Cooked food taken out from the refrigerator should be reheated thoroughly before consumption.
- Do not touch cooked food with bare hands.
- Staff should not handle food if suffering from illnesses such as fever, diarrhea and vomiting.
- Do not smoke while handling food.

#### 4.2.3 Storage

- Store food in well-covered containers.
- Store perishable food in the refrigerator immediately after purchase.
- Surplus food should preferably be disposed of, or stored in the refrigerator (Keep the temperature inside the refrigerator at or below 4°C and the freezer at or below -18°C) if needed to be kept.
- Make sure that the refrigerator is clean and works well, and clean it regularly.
- Never leave perishable food at room temperature.
- Avoid overcrowding of food inside the refrigerator to allow good ventilation.
- Do not wrap food with newspaper, unclean paper or colour plastic bags.

#### 4.2.4 Child care centres / kindergartens / schools should implement the World Health Organization's Golden Rules for Safe Food Preparation including:

- Carefully choose food that are already processed for safety.
- Cook food thoroughly.
- Consume cooked food as soon as possible.
- Store cooked food carefully.
- Reheat stored food thoroughly.
- Handle raw food and cooked food separately.
- Wash hands frequently.
- Keep the kitchen clean.
- Protect food from insects, rodents and other animals.
- Consume safe water.

## 4.3 Environmental hygiene

Since pathogens can survive in the environment for a period of time, it is essential to observe environmental hygiene.

### 4.3.1 Keep the environment of child care centres / kindergartens / schools clean and hygienic:

- Open windows frequently for good ventilation. Fans / exhaust fans can be used to improve ventilation.
- Clean dust-filters of air-conditioners regularly.
- Clean and disinfect frequently touched surfaces, furniture as well as all floors, toilets, changing rooms and bathrooms regularly. If necessary, disinfect dirty places or places contaminated by secretions or excreta with diluted household bleach 1:49 (mixing 1 part of bleach with 49 parts of water). For blood stains, use thick tissue paper soaked with diluted household bleach of a higher concentration, i.e. 1:5 (mixing 1 part of bleach with 5 parts of water) to wipe the stained area and rinse after leaving for 10 minutes.
- Clean the floor regularly and increase the frequency as the circumstances require. The floor should be kept dry after cleaning to prevent children and staff members from slipping on it. The floor / carpet should be kept clean by daily vacuum cleaning and regular washing.
- Clean toys properly. Washable toys should be cleaned at least daily by immersing them in 1:99 diluted household bleach for 30 minutes before ordinary cleaning. Unwashable toys should be wiped regularly (at least daily) with towels soaking with 1:99 diluted household bleach and wiped dry after rinsing with water. Toys made of strong absorbents such as wool should not be used.
- Clean and examine children's lockers regularly to avoid breeding of pests and rodents from deteriorated food remnant and causing detriment to environmental hygiene.
- If beds are provided, keep appropriate distance between beds or groups of beds (not less than 3 feet) to reduce the chance of transmission of pathogens by droplets.
- Empty water in the saucers underneath flower pots and change water in vases at least weekly; top up all defective ground surfaces to prevent accumulation of stagnant water and breeding of mosquitoes. To prevent rodent infestation, avoid indoor stacking of unnecessary articles.

- Commence clean-up actions immediately where there are any signs of pest or rodent infestation such as excreta of rats, cockroaches, mosquitoes and flies. If necessary, call the Food and Environmental Hygiene Department hotline at 2868 0000 or the relevant departments to follow up.
- Do not keep pets like dogs, cats, poultry or birds.
- Do not wash children's soiled personal items / clothes in schools or centres. Put them in plastic bags for parents to take away.

#### 4.3.2 Maintain kitchen cleanliness and hygiene:

- Keep the kitchen clean; clean the exhaust fan and range hood regularly and store eating utensils in a clean cupboard.
- Worktops in the kitchen should be kept clean.
- The floor should be kept dry after cleaning to prevent children and staff members from slipping on it.
- 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.

#### 4.3.3 Cleaning and disinfection measures for toilets and bathrooms:

- Keep toilets and changing rooms or bathrooms clean and hygienic.
- Provide liquid soap and disposable tissue towels or hand dryers for washing hands.
- To avoid the breeding of pathogens in wet places, pour diluted household bleach 1:99 into drain outlets regularly and rinse with water after leaving for 5 minutes; pour bleach of the same concentration into toilet bowls as well.
- Make sure that drain pipes are built with U-shaped water traps; do not alter the pipelines without authorization; make sure that soil pipes are unobstructed and sewage drains are functioning properly and without leakage so as to avoid breeding of pathogens.

#### 4.3.4 Disposal of waste:

- Garbage bins in child care centres / kindergartens / schools should all have lids.
- Rubbish should be properly wrapped up and discarded into garbage bins with lids. Garbage bins should be emptied at least daily.
- Staff members should wash their hands thoroughly after handling garbage.

#### 4.3.5 Treatment of (reusable) cleaning tools contaminated by vomitus, excreta, body fluid and blood:

- Disinfect such tools (e.g. mops / mopping cloth) by immersing them in 0.1% bleach (1:49 dilution) for 30 minutes for disinfection.
- Then wash with detergents and water.
- Allow to dry and re-use (wet mops / mopping cloth will easily breed bacteria).

#### 4.3.6 Choice of disinfectant detergents

Many detergents on the market claim to contain disinfectant. When choosing and using them, one should check their composition and instructions for use because sterilization effect varies with disinfectants. Please refer to Appendix G for details.)

### 4.4 Vaccination

Remind parents to vaccinate their children according to the vaccination programme recommended by the DH. Diseases which can be prevented by vaccination include measles, mumps, rubella, poliomyelitis, whooping cough, diphtheria, tetanus, tuberculosis, hepatitis B, etc.

Apart from general hygienic practice and vaccination, staff members of child care centres / kindergartens / schools should also adopt appropriate preventive measures against communicable diseases. These measures mainly fall on two different levels:

- Standard precautions
- Precaution based on the mode of transmission

### 5.1 Standard precautions

Standard precautions is applicable to staff members and children. It includes the following aspects:

- Proper hand washing
- Personal protective gear
- Disposal of contaminated articles

#### 5.1.1 Proper hand washing

- Research reports show that proper hand washing is the most effective way to prevent transmission of communicable diseases. Staff members negligent of hand cleanliness in the caring process are prone to carry bacteria, thus causing cross-infection. Therefore, hands should be washed with liquid soap before and after caring for different children. If gloves are worn, both hands should also be washed with liquid soap after taking them off.
- If it is inconvenient to wash hands and the hands are without stains, alternative effective cleaning means such as rinse-free disinfectant gel for hand cleansing can be used.
- Improper hand drying will also result in infecting others with the germs carried by the hands. Both disposal paper towels and hand dryers are more proper means for hand drying. If personal towels are used, they should be washed daily and never be shared.
- Proper hand washing procedures should be observed and followed irrespective of whether water with liquid soap or rinse-free hand cleansing gel is used.

Proper hand washing procedures:

- Wet hands under running water.
- Apply liquid soap and rub hands together to make a soapy lather.

- Away from the running water, rub the fingers, areas around the fingertips, the front and the back of hands as well as the wrists for at least 10 seconds.
- Rinse hands thoroughly under running water after rubbing.
- Dry hands thoroughly with clean cotton or paper towels or under the hand dryer.
- The cleaned hands should not directly touch the faucet again.

### 5.1.2 Proper use of personal protective gear

To minimize the risk of being infected or becoming the vector unknowingly, staff members should use appropriate protective gear at work according to the risk of the nursing protocol and the physical condition of the children so as to safeguard themselves and others.

#### Gloves:

Gloves should be worn when handling blood, body tissues, excreta, body fluids, secretions or any other contaminated wastes. Contact with mucosa and wounds can only be made after clean gloves have been put on. Gloves contaminated with secretions should be changed beforehand even though the same child is being nursed. Take off used gloves and wash hands immediately before nursing other children so as to avoid transmission of causative agents to other children or contamination of the environment of child care centres / kindergartens / schools. Please note that wearing gloves cannot substitute for washing hands.

#### Masks, goggles and face guards:

Masks, goggles or face guards can protect the mouth, the nose and the eyes from contamination by sneezing / coughing droplets, spilt blood, body fluids, secretions and excreta like sputum, urine or faeces during the process of nursing.

#### Protective gown:

Putting on clean (not necessarily disinfected) protective gown can protect our skin as well as our clothes from contamination by sneezing / coughing droplets, split blood, body fluids, secretions, urine or faeces during the process of nursing. Contaminated protective gown should be taken off carefully and hands should be washed immediately afterwards to avoid the spread of causative agents.

Other protective gear such as caps and shoe covers can protect the hair and the shoes from contamination by secretions during the process of nursing and hence, minimize the risk of transmission of causative agents from the hair and the shoes of the carer to other places.

### 5.1.3 Disposal of contaminated articles

Since there is a potential risk that articles shared or disposed of together will become indirect vectors to transmit pathogens, appropriate precautionary measures should be taken in their disposal.

#### Disposal of linen

- Pathogens can be transmitted through contact with linen. Therefore, all linen should be washed thoroughly before re-use and appropriate personal protective gear (e.g. gloves, masks and if appropriate, plastic aprons) should be used during the process of disposal.
- Cleaning procedures include removal of stains with liquid soap, rinsing with water, drying, ironing and storing in clean and dry cabinets.
- All contaminated clothes should be disposed of separately. They should be immersed in diluted bleach 1:49 for 30 minutes for disinfection before ordinary treatment.

#### Shared articles

- To avoid cross-infection within child care centres / kindergartens / schools, all shared articles used should be cleaned and disinfected thoroughly before re-use.
- If stained with blood, wipe with thick tissue dipped with diluted bleach 1:5 and leave for 10 minutes before cleaning.
- Please refer to Appendix G for cleaning / disinfection practices for commonly used articles in child care centres / kindergartens / schools.

When making contact with or caring for sick children, staff members should treat all body secretions like blood, excreta, saliva, sputum, vomitus or wound secretion (excluding sweat), etc as potentially dangerous and take the corresponding and appropriate protective measures.

## 5.2 Precaution based on the mode of transmission

In addition to general hygiene practices, vaccination and Standard precautions, different specific preventive measures should be adopted for dealing with diseases with various modes of transmission.

Preventive Strategies	Types of Disease	Preventive Measures
1. Standard precaution	All communicable diseases	<ul style="list-style-type: none"> <li>- Use appropriate personal protective gear.</li> </ul>
2. Droplet precaution	Influenza; SARS	<ul style="list-style-type: none"> <li>- Maintain good ventilation.</li> <li>- Cover the mouth and the nose when sneezing or coughing.</li> <li>- Dispose of used tissue properly.</li> <li>- Keep both hands clean. In particular, wash hands properly and immediately after making contact with patients or handling respiratory secretions.</li> <li>- Sick children, staff members, carers or relatives should wear masks.</li> <li>- Try as much as possible to keep a distance of at least 1 metre from the patient.</li> <li>- Adopt proper isolation.</li> <li>- Wear protective gear when necessary.</li> </ul>
3. Airborne precaution	Tuberculosis	<ul style="list-style-type: none"> <li>- Maintain good ventilation.</li> <li>- Cover the mouth and the nose when sneezing or coughing.</li> <li>- Dispose of used tissue properly.</li> <li>- Keep both hands clean. In particular, wash hands properly and immediately after making contact with patients or handling respiratory secretion.</li> <li>- Sick children, staff members, carers or relatives should wear masks.</li> <li>- Adopt proper isolation.</li> <li>- Wear protective gear when necessary.</li> </ul>
4. Contact precaution	conjunctivitis, head lice,	<ul style="list-style-type: none"> <li>- Keep both hands clean and wash them properly.</li> <li>- Clean and disinfect items used by patients properly.</li> <li>- Do not share towels and other personal items.</li> <li>- When making contact with patients, wear gloves and if necessary, other protective gear as well.</li> <li>- Adopt proper isolation</li> </ul>

Note: Some diseases are transmitted via more than one mode at the same time. For example, hand-foot-mouth disease is spread by food and droplet transmission. To prevent the spread of such diseases, different precautionary measures should be considered.

# 6 Conclusion

## 6.1 Prevention guide for child care centres / kindergartens / schools on communicable diseases

The type of and the knowledge about communicable diseases are always changing. Different communicable diseases have to be dealt with differently. Despite this, the basic principle of prevention remains the same. We should observe personal, environmental and food hygiene, exercise regularly, maintain a balanced diet and take enough rest for stronger immunity.

## 6.2 Responsibility of persons-in-charge or operators of child care centres / kindergartens / schools

- When there is a suspected case or outbreak, DH's Centre for Health Protection, SWD's Child Care Centres Advisory Inspectorate and EMB's relevant School Development Sections under Regional Education Offices should be notified as soon as possible.
- Kindergartens / schools should employ Infection Control Officers and child care centres should appoint their supervisors to take the responsibility of coordinating and monitoring the implementation of preventive and control measures for communicable diseases. The duty list is detailed in Appendix H.
- Proper personal health record should be kept for every child. Body temperature should be checked regularly and recorded. This helps early detection of problems and reduces the risk of the spread of the communicable disease.
- Sick leave records of staff members should be kept.
- Staff members should be encouraged to familiarize themselves and comply with the guidelines on prevention of communicable diseases.
- Ensure adequate hand washing facilities and personal protective gear in child care centres / kindergartens / schools.

### 6.3 Supporting hotlines and web pages

Department of Health Central Health Education Unit		2572 1476
Food and Environmental Hygiene Department Hotline		2868 0000
Social Welfare Department Child Care Centres Advisory Inspectorate		2835 2725
Education and Manpower Bureau School Development Sections		
	Hong Kong	2863 4646
	Kowloon	2782 8383
	New Territories East	2639 4876
	New Territories West	2437 7272
Hospital Authority	Hotline	2300 6555

#### Web pages

Department of Health	<a href="http://www.dh.gov.hk">http://www.dh.gov.hk</a>
Centre for Health Protection, Department of Health	<a href="http://www.chp.gov.hk">http://www.chp.gov.hk</a>
Central Health Education Unit, Department of Health	<a href="http://www.cheu.gov.hk">http://www.cheu.gov.hk</a>
Food and Environmental Hygiene Department	<a href="http://www.fehd.gov.hk">http://www.fehd.gov.hk</a>
Hospital Authority	<a href="http://www.ha.org.hk">http://www.ha.org.hk</a>
Social Welfare Department	<a href="http://www.info.gov.hk/swd">http://www.info.gov.hk/swd</a>
Centre for Disease Control and Prevention (English version)	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
World Health Organization (English version)	<a href="http://www.who.int">http://www.who.int</a>

### 6.4 Notification of outbreaks of communicable diseases at child care centres / kindergartens / schools

Department of Health's Centre for Health Protection  
Central Notification Office

Tel: 2477 2772

Fax: 2477 2770

# Appendix A:

## Statutory Notifiable Communicable Diseases

Concepts of communicable diseases

Communicable diseases in child care centres / kindergartens / schools

Outbreak of communicable diseases

General guidelines on prevention of communicable diseases

Preventive measures to be adopted by staff members of child care centres / kindergartens / schools against

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- Acute poliomyelitis
- Amoebic dysentery
- Bacillary dysentery
- Chickenpox
- Cholera
- Dengue fever
- Diphtheria
- Food poisoning
- Influenza A (H5)
- Leprosy
- Legionnaires' disease
- Measles
- Malaria
- Mumps
- Meningococcal infections

- Plague
- Paratyphoid fever
- Relapsing fever
- Rabies
- Scarlet fever
- Rubella
- Tetanus
- Severe Acute Respiratory Syndrome
- Typhus
- Typhoid fever
- Whooping cough
- Viral hepatitis
- Tuberculosis
- Yellow fever
- Japanese encephalitis



# Appendix C:

## Sick leave recommendation for children infected with communicable diseases

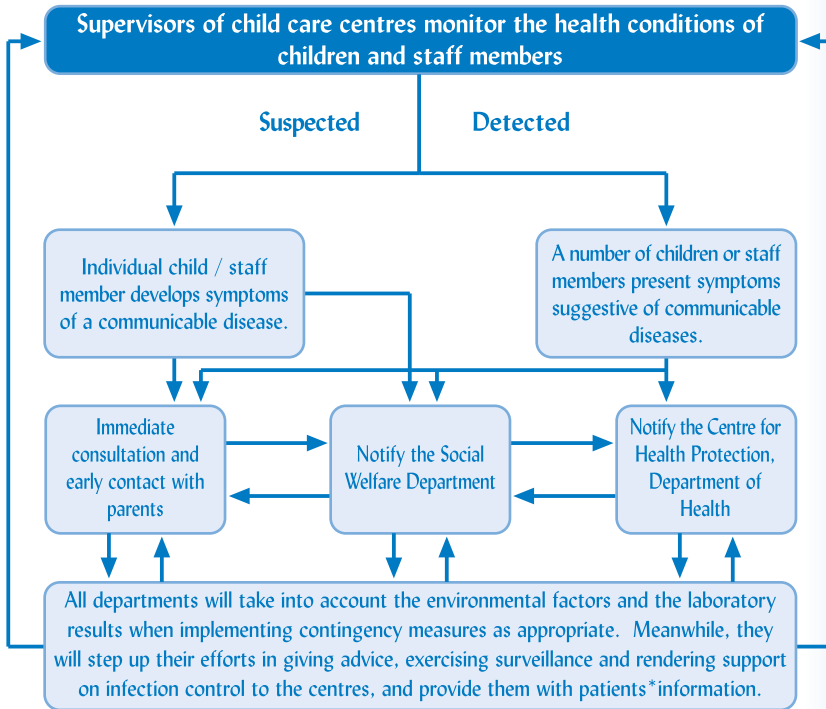
Disease	Incubation period (days)	Sick leave recommendation #
Bacillary dysentery *	1-7	Until diarrhoea ceases and stool samples are tested negative for such bacteria (test is to be done on three stool samples collected at least 24 hours apart)
Chickenpox *	14-21	About one week or until all vesicles dry up.
Cholera *	1-5	Until non-infection is confirmed (test is to be done on three stool samples collected at least 1 day apart following 48 hours after the completion of the antibiotic course).
Conjunctivitis	1-12	Until no abnormal secretion from the eyes.
Diphtheria *	2-7	Until non-infection is confirmed by negative result on sample culture test (test is to be done on two nasopharyngeal swabs collected at least 24 hours apart following 24 hours after the completion of the antibiotic course).
Hand-foot-mouth disease	3-7	Until all vesicles dry up or as advised by the doctor. If enterovirus-71 is confirmed to be the pathogen, then take 2 more weeks of sick leave after all vesicles dry up.
Measles *	7-18	4 days from the appearance of rash.
Meningococcal infections *	2-10	Until the completion of the bacteria removal course.
Mumps *	12-25	9 days after the appearance of swelling.
Poliomyelitis *	7-14	At least 14 days after the onset of symptoms.
Rubella *	14-23	7 days from the appearance of rash.
Scarlet fever *	1-3	5 days from the commencement of the antibiotic course or as advised by the doctor.
Tuberculosis *	Not definite	As advised by the doctor.
Typhoid fever *	7-21	Until at least three consecutive stool samples collected no less than 24 hours apart are tested negative for such bacteria (the first stool sample has to be collected 48 hours after the completion of the antibiotic course).
Viral enteritis	1-10	Until 48 hours after the last episode of diarrhoea.
Viral hepatitis B *	15-50	1 week from the appearance of jaundice or as advised by the doctor.
Whooping cough *	7-10	Until the completion of at least 5 days of antibiotic course (the whole course lasts for 14 days).

# The recommendation made above is based on the general infection period only. Other factors, such as the clinical conditions of the sick child, have to be considered as well. The attending doctor should exercise his / her professional judgment when making the final decision on the length of sick leave.

\* Diseases to be reported to the DH as required by the law.

# Appendix D:

## Flow chart of the notification mechanism for communicable diseases in child care centres



Concepts of communicable diseases

Communicable diseases in child care centres / kindergartens / schools

Outbreak of communicable diseases

General guidelines on prevention of communicable diseases

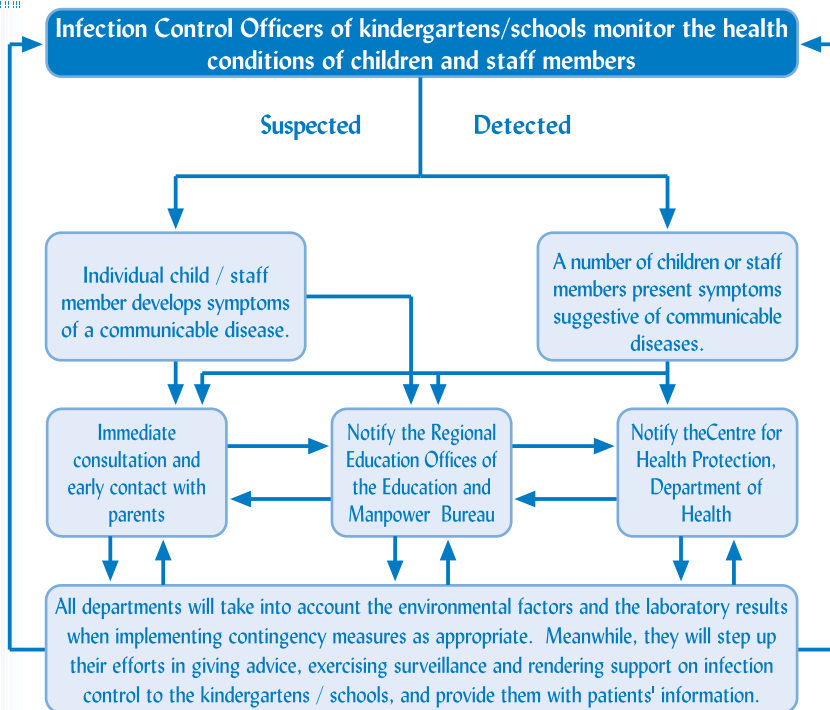
Preventive measures to be adopted by staff members of child care centres / kindergartens / schools against

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# Appendix E:

## Flow chart of the notification mechanism for communicable diseases in kindergartens / schools



# Appendix F:

## Information to be furnished to the Centre for Health Protection, Department of Health

### Preliminary information

- (1) Name of the child care centre/kindergarten/school
- (2) Address of the child care centre/kindergarten/school
- (3) Name, position and telephone number of the contact person
- (4) Number of sick children and number of children admitted to the hospital
- (5) Number of sick staff members
- (6) Total number of children
- (7) Total number of staff members

### Further information in details (if necessary)

- (1) Detailed information of the sick
  - Name
  - Age
  - Sex
  - Birth certificate / ID number
  - Telephone number
  - Class and floor to which the child belongs
  - Symptoms
  - Onset date
  - Medical consultation record
- (2) Children List
- (3) Staff list (stating the floor or area where staff members work)
- (4) Children sick leave record
- (5) Staff sick leave record
- (6) Floor plan of the child care centre / kindergarten / school (stating floor and room number)
- (7) Timetable for the child care centre / kindergarten / school
- (8) Menu

# Appendix G:

## Cleaning and disinfection of commonly used articles in child care centres / kindergartens / schools and common disinfectants

### Cleaning and disinfection of commonly used articles

Articles	Method recommended	Alternative method *
Thermometer (mercury)	Rinse with cold water and immerse in 70% alcohol for 15 minutes. Store dry.	
Personal protective gear (such as protective gowns, caps)	Disposable gear is most desirable.	If fabric protective clothing is to be used repeatedly, clean it with detergent and hot water after use. Wait until dry and fold it up for re-use. If contaminated by body fluid, refer to the cleaning method in 5.1.3.
Face-shields or goggles	Clean with detergent and water first. Immerse in 0.1% bleach for 10 minutes.	
Latex gloves (surgical & household plastic gloves)	Disposable gear is most desirable.	Immerse in 0.5% bleach for 10 minutes for disinfection and then clean with detergent and water. Check if there are any small holes (by filling with air first and then immersing in water to see if there are any air bubbles leaking out). If there is no hole, wait until dry before re-use in aseptic nursing procedures.

- \* The above dilution is calculated based on a bleach concentration of 5.25% sodium hypochlorite.
- \* 0.1% bleach is 1:49 dilution; 1% bleach is 1:5 dilution.

## Common disinfectants

Name	Concentration	Usage	Properties
Bleach (e.g. Clorox - 5.25% chlorine content)	1% (1:5 dilution) for blood and fluid disinfection 0.1% (1:49 dilution) for general disinfection 0.05% (1:99 dilution) for daily cleansing	Environmental or instrumental disinfection	<ul style="list-style-type: none"> <li>- Effect reduced by organic matters.</li> <li>- Corrosive to metals.</li> <li>- Diluted solutions weakens in strength rapidly and should be prepared daily.</li> <li>- Addition of acids releases toxic chlorine gas.</li> </ul>
Alcohol (e.g. ethanol)	70%	Disinfection of metal surfaces and skin	<ul style="list-style-type: none"> <li>- Rapid action but volatile</li> <li>- Poor penetration into organic matters</li> <li>- Inflammable</li> </ul>
Diguanides (e.g. Hibitane: chlorhexidine)	aqueous 1:1000 0.5% in 70% ethanol	Skin and mucous membrane disinfection	Effect reduced by organic matters, soap and anionic detergents
Savlon: chlorhexidine + cetavlon)	aqueous 1 : 100, 1 : 30 1 : 30 in 70% ethanol		
Glutaraldehyde (e.g. Cidex) :	2%	Disinfection of instruments which cannot be heat sterilized Can only be stored in sealed containers to reduce the escape of irritant gases.	<ul style="list-style-type: none"> <li>- Slow penetration into organic matters</li> <li>- Irritate eyes, skin and respiratory mucosa</li> <li>- Alkaline solution requires activation and has a limited useful life (14 - 28 days)</li> </ul>

\* The above dilution is calculated based on a bleach concentration of 5.25% sodium hypochlorite.  
 \* 0.1% bleach is 1:49 dilution; 1% bleach is 1:5 dilution.

# Appendix H:

## Responsibility of infection control officers of kindergartens / schools and supervisors of child care centres

Persons-in-charge of kindergartens / schools should employ infection control officers and persons-in-charge of child care centres should appoint their supervisors to take the responsibility of coordinating and monitoring the implementation of preventive and control measures for communicable diseases:

- Assist the person-in-charge in promulgating to staff members the latest information and guidelines on prevention of communicable diseases and in reminding children and parents of such information and guidelines. Be responsible for assisting new recruits to become familiarized with control measures for communicable diseases.
- Assist the person-in-charge in arranging infection control training for staff members.
- Assist the person-in-charge in monitoring and implementing measures as suggested in the guidelines for preventing communicable diseases in child care centres / kindergartens / schools. They include measures on personal, environmental and food hygiene.
- Assist the person-in-charge in monitoring the disinfection of items used and the proper disposal of contaminated clothing and other wastes.
- Assist the person-in-charge in providing essential personal protective gear as well as in supervising and monitoring staff members' proper use and disposal of such gear after use.
- Watch for symptoms of communicable diseases among children and staff members in the child care centre / kindergarten / school. If an outbreak of communicable disease is suspected, assist the person-in-charge in reporting and providing information to DH's Centre for Health Protection, SWD's Child Care Centres Advisory Inspectorate and EMB's relevant School Development Sections under Regional Education Offices. Assist DH's investigation and take effective infection control measures to prevent the spread of such disease.
- Assist the person-in-charge in evaluating the risk of communicable disease outbreak in the child care centre / kindergarten / school. Consult the person-in-charge, staff members and the DH on a regular basis and develop preventive measures for communicable diseases so as to reduce the chance of spreading such diseases in the child care centre / kindergarten / school.

