

## Contingency Plan for Outbreak of COVID-19

This plan sets out its preparedness and response scheme that in case of a novel infectious disease outbreak at RC/ Old Hall, the following measures should be implemented upon receipt of notification from RC/ SAO staff. Please also refer to the response flowchart (Appendix II).

### (A) Reporting mechanism

1. Reporting procedures for suspected (without test), suspected (preliminarily tested) and confirmed case (including those who had been in the University during incubation or infectious period):
  - a. All staff and students are required to report any suspected/confirmed case to RCU/ SAO staff who will then inform RC Masters, Associate Masters, Tutors and SO (FHS). SO (FHS) will:
    - i. notify HCDM, AVP(DCS), VPOD and CICT; and
    - ii. inform and liaise with the CHP for identification of close contacts with follow-up actions after the CHP assesses the close contact group. The staff member or student concerned is required to seek medical consultation and refrain from returning to campus (including the RC and Old Hall).
2. Reporting procedures for close contact of a confirmed case:
  - a. All staff and students are required to report any close contact of a confirmed case to RCU/ SAO staff who will then inform RC Masters, Associate Masters, Tutors and SO (FHS) and student bodies. SO (FHS) will:
    - i. notify HCDM, AVP(DCS), VPOD and CICT, and
    - ii. inform and liaise with the CHP for identification of close contacts with follow-up actions after the CHP assesses the close contact group. The staff member or student concerned is required to seek medical consultation and refrain from returning to campus (including the RC and Old Hall).
  - b. The CHP will assess whether a person is a close contact on a case-by-case basis. Normally, close contacts of a confirmed case will be quarantined, and other contact will be put under medical surveillance. The CHP will contact the individual to inform him/her of the arrangement.

All outsourced service providers/contractors employed by the University are required to follow the same approach. They are thus required to draw the aforesaid procedures to the attention of their employees who are deployed to work on campus.

### (B) Tracking and environmental disinfection procedures

3. Actions to be taken by respective departments
  - a. SO (FHS) to inform ADSA and Manager (Residential Colleges) (for student case), and HHR (for staff case), and CPAO (for public communication).
    - i. HCDM to assess the boundary for environmental disinfection.

- b. HCDM to:
  - i. assess the affected location(s) and environmental condition including air conditioning/ventilation systems;
  - ii. make recommendations to AVP(DCS), VPOD and CICT for closure period; and
  - iii. align with the advices from the CHP.
- c. SO (FHS) to liaise with M(FMS) for logistic arrangement on environmental disinfection (Appendix 1 refers).
- d. SO (FHS) to inform REG for:
  - i. notifying the module teachers of the respective semester/term for academic arrangements for the student under quarantine or medical surveillance; and
  - ii. advising the student to take leave of absence, if applicable.

(C) Case on campus with positive test result during daily operation

- 4. Follow-up actions required:
  - a. SO (FHS) to ensure ADSA (for student case) /HHR (for staff case) have been informed as soon as feasible upon receipt of notification;
  - b. HCDM and SO (FHS) to determine isolation arrangement for the case and inform CHP for any follow-up action required, and assess the scale and process of evacuation with follow-up action for environmental disinfection;
  - c. SO (FHS) to update AVP(DCS), VPOD and CICT the status of actions taken and any further actions required;
  - d. Manager (Residential Colleges) to contact Student Bodes of the latest changes;
  - e. SO (FHS) ensures case has been effectively handled and escorted out of campus to treatment facility; and
  - f. SO (FHS) to liaise with CHP and if no further actions are required, SO (FHS) files the case for record.

(D) In situations of emergencies

- 5. Emergencies are potentially life-threatening situations which require immediate handling. Under the COVID-19 context, emergencies situation can be severe pain, respiratory problems or irregular heartbeat (arrhythmia); loss of emotional control or aggressive behaviours etc. of the individual concerned. SO (FHS) should co-ordinate to:
  - a. Ensure designated staff (Security IC at M3 in consultation with RC or Security IC in RC) taking care of the infected case adopt protective measures, which include performing hand hygiene and wearing PPE including face shield, surgical mask and protective clothing, etc.

- b. Ensure designated security staff should perform hand hygiene before and after contact with the individual and wash hands immediately after contact with respiratory secretions or contaminated environment, for details, please refer to Appendix I.
- c. Consult HCDM for handling arrangement if the individual concerned or other parties have called “999” in this instance for help.

(E) Update and further actions required

- 6. Follow-up actions on a reported close contact or suspected/confirmed case
  - a. SO (FHS) to:
    - i. report the completion of environmental disinfection; and
    - ii. liaise with the CHP for any further advice and follow-up actions required.
  - b. SO (FHS) to update AVP (DCS), VPOD and CICT the status of actions taken and any further actions required. In the scenario of suspected/confirmed case, the respective unit heads will also be informed
  - c. After verification of the reported case with the student/ staff and relevant units, the respective unit heads should provide the special working/learning arrangements for the affected staff/students.
  - d. If no further actions are required, SO (FHS) file the case for record.

*Prepared by SAO  
8 April 2021*

**Enhanced Cleaning and Disinfection Measures  
for  
Outbreak of COVID-19**

**A. Enhanced environmental disinfection**

Disinfect all potentially contaminated surfaces or items by using 1 in 49 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 49 parts of water).

**B. If there is blood, secretions, vomit or excreta spillage, take enhanced measures:**

- (a) Cleaning staff should wear appropriate personal protective equipment (PPE) including surgical mask, gloves, disposable gown, eye protection (goggles/face shield) and cap (optional).
- (b) Use forceps to hold the strong absorbent disposable towels to wipe away the blood, secretions, vomitus or excreta during a preliminary clean up.
- (c) Then put the forceps and used absorbent disposable towels in a garbage bag carefully without contaminating oneself/the environment.
- (d) Disinfect with 1 in 4 diluted household bleach (mixing 1 part of household bleach containing 5.25% sodium hypochlorite with 4 parts of water), wipe from the outside inward, leave for 10 minutes, rinse with water and wipe dry afterwards.
- (e) After the procedure, put all the wastes and cleaning tools (e.g. forceps, cloth, mop head) in the garbage bag.
- (f) Carefully remove PPE, put them in the garbage bag, and then perform hand hygiene. (When hands are not visibly soiled, use 70-80% alcohol-based handrub. Wash hands with soap and water when hands are visibly dirty or visible soiled with blood, body fluid).
- (g) Wear a pair of new gloves, seal the waste bag tight and dispose it properly in covered rubbish bin. Then, label the rubbish bin and put it in a safe undisturbed place until collection.
- (h) Remove gloves carefully. Wash hands with liquid soap and water.

Disinfect all potentially contaminated surfaces or items by using 1:49 diluted household bleach, leave for 15-30 minutes, rinse with water and wipe dry afterwards.

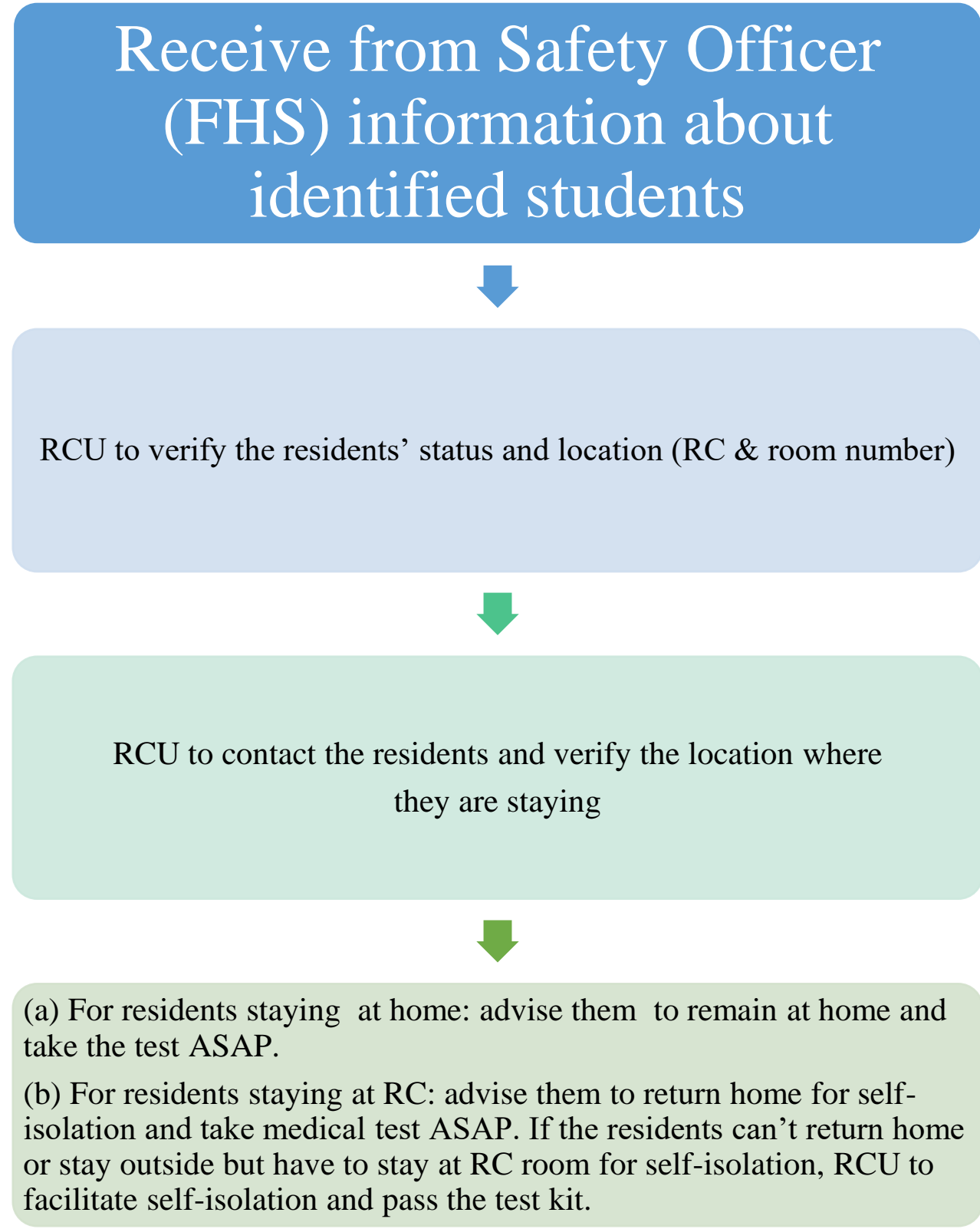
# If **Covid-19** is confirmed, CHP will inform the University as soon as possible and the wastes will be collected by the Food and Environmental Hygiene Department. On the contrary, if COVID-19 is excluded, the wastes can be disposed as usual.

**C. Cleansing of air-conditioning and ventilation systems:**

- (a) HCDM and engineering staff to review and decide the possibly affected air-conditioning and ventilation equipment and scope of disinfection.

- (b) Cleansing staff should wear appropriate personal protective equipment (PPE) including surgical mask, gloves, disposable gown, eye protection (goggles/face shield) and cap (optional) to carry out disinfection and cleaning of related air-conditioning and ventilation systems.
- (c) If individual AC unit or fan-coil unit is involved, physical clean the AC unit (coil and blower) with appropriate disinfectant (e.g. 1:99, e-water or similar disinfectant) including filter cleaning/ replacement. Deep clean of the areas below the AC equipment. The areas will then be air purged with AC equipment and ventilation system fully on or open all windows to enhance air changes for 8 hours before the re-opening of the affected area.
- (d) If Central AC is involved, a more detailed technical assessment shall be carried out to review the likely affected equipment, duct work and scope of disinfection required. The affected areas should “freeze” and be cordoned off with all AC and ventilation plants off to avoid further contamination pending for the disinfection and deep cleaning of affected areas. CDMO to arrange Specialist contractors to carry out disinfectant fumigation of the ventilation system duct works (close circuit with circulation fans on, fresh air dampers off); the PAU plants will need to be thoroughly cleaned by disinfectants and air filters replaced. The affected areas will be closed and further disinfection by Ozone generator for 24 hours with the ventilation on (dampers closed) recirculating the air containing Ozone within the affected areas. The areas will then be air purged with ventilation equipment, UV lights and dampers fully on for another 8 hours to remove the Ozone air before the re-opening affected areas.

Response Flowchart and Procedures for Handling 'Other Contacts'\* of Covid-19 Cases at RCs



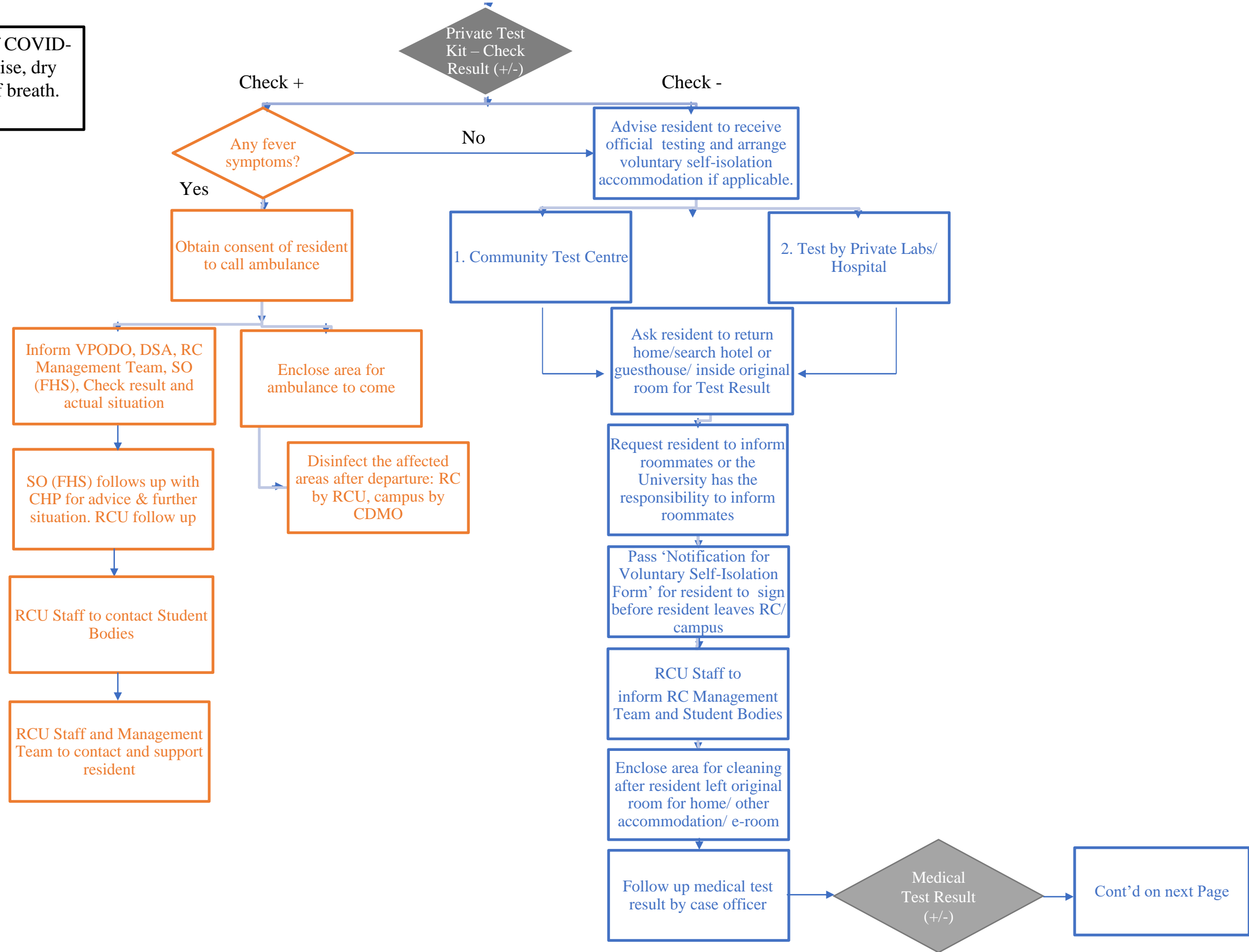
*\* There is no definition of "other contacts" by the CHP.*

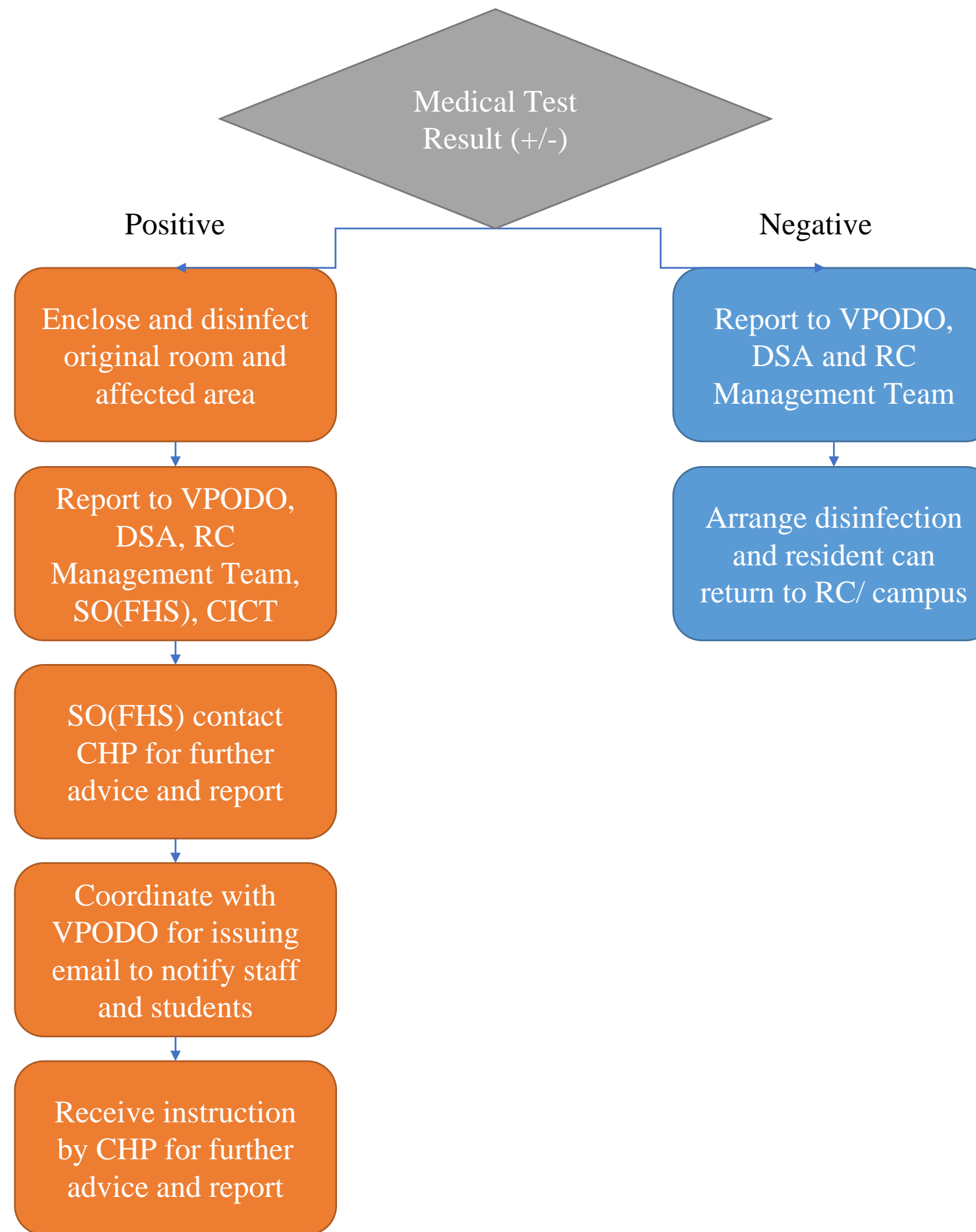
*Once a preliminary test positive/confirmed case is diagnosed by the CHP, contact tracing will be conducted. Any individuals who are not classified as "close contacts" but with certain extent of exposure with the preliminary test positive/confirmed case may be classified as "other contacts".*

*Normally, "other contacts" are advised by the CHP to undergo medical surveillance (i.e. pay attention to any symptoms and/or to conduct the test). They are also advised to seek medical advice and to take the medical test ASAP.*

In case 'Other Contacts' at the RC are identified, pass Private COVID-19 Test Kit to residents for initial checking

\*Common symptoms of COVID-19 include fever, malaise, dry cough and shortness of breath.







## Guide for Receiving COVID-19 Medical Tests

### 1. Private COVID-19 Test Kit

- Please conduct the testing by following the instructions in the video (scan QR code)
- Take a picture of the result and send it to the RCU Case Officer.



<https://youtu.be/n6H-8xql-dk>



### 2. Official COVID-19 Testing

You are also advised to receive official COVID-19 testing by one of the following means and notify the RCU Case Officer the test result as soon as possible.

#### a. Community Test Centre

You are strongly encouraged to make an appointment (scan QR code for details)



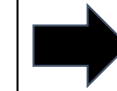
<https://www.communitytest.gov.hk/en/>

#### b. Private Labs/Hospitals

Receive testing at testing institutes recognized by the HKSAR Government (Scan QR code for the list).



[https://www.coronavirus.gov.hk/pdf/List\\_of\\_recognised\\_laboratories.pdf](https://www.coronavirus.gov.hk/pdf/List_of_recognised_laboratories.pdf)



**3. Complete the “Notification for COVID-19 Test and Voluntary Self-Isolation” before leaving RC/Campus.**

## 快速抗原檢測試劑盒使用指引

### 1. 快速抗原檢測試劑盒

- 請掃瞄二維碼，並按照影片的指示進行測試。
- 拍攝測試結果並發送給RCU Case Officer 以作跟進。



<https://youtu.be/n6H-8xql-dk>

### 2. 正式新型冠狀病毒測試

你亦應盡快接受以下其中一項正式的新型冠狀病毒測試，並於知悉結果後立刻通知RCU Case Officer。

#### a. 社區檢測中心

建議你先於網上預約以獲得優先服務。詳情請掃瞄二維碼。



<https://www.communitytest.gov.hk/en/>

#### b. 私家醫院、檢測機構醫生提供的服務

在香港特區政府認可的本地醫療檢測機構接受測試(詳情請掃瞄二維碼)。



[https://www.coronavirus.gov.hk/pdf/List\\_of\\_recognised\\_laboratories.pdf](https://www.coronavirus.gov.hk/pdf/List_of_recognised_laboratories.pdf)

3. 離開住宿書院/校園前，請填妥「自願自我隔離通知書」並交回RCU Case Officer。

## Appendix III

### Actions and Handling Procedures for Different COVID-19 Scenarios in RC/Old Hall

RC/SAO staff are required to report suspected/confirmed cases to the Safety Officers (FHS), who will then notify HCDM, AVP (DCS), VPOD and CICT, and liaise with CHP for detailed follow up actions and advice.

Reference has been made to CHP's "Guidelines for Residential Care Homes for the Elderly or Persons with Disabilities" for quarantine in the RC. The term "Resident" used herewith may either have or without the second home.

Scenario/Case	Follow-up Actions and Handling Procedure
<b>1. Resident with respiratory symptoms</b>	<ul style="list-style-type: none"> <li>- Consult doctor immediately;</li> <li>- May require to conduct COVID-19 testing as recommended by the doctor.</li> </ul>
<b>2. Resident (residing in RC) who is having close contact with family member who is a confirmed COVID-19 case in the last 14 days</b>	<ul style="list-style-type: none"> <li>- CHP will conduct risk assessment and define close contact and other contact;</li> <li>- Follow <b>Appendix II</b> Response Flowchart and Procedures for Handling 'Other Contacts' of Covid-19 Cases at RC;</li> <li>- Follow the guidelines or advice by CHP via SO(FHS);</li> <li>- Enhanced environmental disinfection is required (Please refer to <b>Appendix I</b>).</li> </ul>
<b>3. Resident (not currently residing in RC) who is having contact with family member(s)' residential building where there was/were recently COVID-19 confirmed case(s)</b>	<ul style="list-style-type: none"> <li>- Same as (2) above but the resident is not recommended to come back to RC for minimizing possibility of infection;</li> <li>- Follow Appendix II for Handling 'Other Contacts'.</li> </ul>
<b>4. Resident (residing in RC) who is suspected case of COVID-19</b>	<ul style="list-style-type: none"> <li>- Inform Safety Officer (FHS) and ADSA;</li> <li>- Inform CHP via Safety Officer (FHS) immediately and follow CHP's instructions on arranging hospital admission;</li> <li>- Follow CHP instructions and advise;</li> <li>- RCU/SAO will liaise with CDMO to access the affected location, and to notify with recommendation to AVP(DCS), VPOD and CICT and align the advice from the CHP;</li> <li>- Enhanced environmental disinfection is required. (Please refer to <b>Appendix I</b>);</li> </ul>

**5. Resident (residing in RC) who is a confirmed case of COVID-19**

- Perform disinfection for the affected area of RC, as advised by CHP (Please refer to **Appendix I**).
- Follow CHP's instruction on the identification and subsequent management of contacts in the institution.
- Stop all visits.

Prepared by SAO  
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