

Sha Tin District Council
Minutes of the Special Meeting of
the Health and Environment Committee in 2020

Date : 25 March 2020 (Wednesday)
Time : 3:12 pm
Venue : Sha Tin District Council Conference Room
 4/F, Sha Tin Government Offices

<u>Present</u>	<u>Title</u>	<u>Time of joining the meeting</u>	<u>Time of leaving the meeting</u>
Mr TING Tsz-yuen (Chairman)	DC Member	3:12 pm	5:44 pm
Mr CHAN Pui-ming (Vice-Chairman)	"	3:12 pm	6:39 pm
Mr CHING Cheung-ying, MH	DC Chairman	3:12 pm	6:38 pm
Mr WONG Hok-lai, George	DC Vice-Chairman	3:27 pm	5:45 pm
Mr CHAN Billy Shiu-yeung	DC Member	3:29 pm	6:02 pm
Mr CHAN Nok-hang	"	3:22 pm	5:02 pm
Mr. CHAN Wan-tung	"	3:12 pm	6:35 pm
Mr CHENG Chung-hang	"	3:34 pm	6:28 pm
Mr CHEUNG Hing-wa	"	3:12 pm	6:31 pm
Mr CHIU Chu-pong	"	3:29 pm	6:02 pm
Mr CHOW Hiu-laam, Felix	"	3:12 pm	5:52 pm
Mr CHUNG Lai-him, Johnny	"	3:12 pm	6:39 pm
Mr HUI Lap-san	"	3:36 pm	6:28 pm
Mr HUI Yui-yu	"	3:37 pm	6:38 pm
Mr LAI Tsz-yan	"	4:10 pm	6:01 pm
Mr LI Chi-wang, Raymond	"	3:12 pm	6:39 pm
Mr LI Sai-hung	"	3:12 pm	6:31 pm
Mr LI Wing-shing, Wilson	"	3:24 pm	4:03 pm
Mr LIAO Pak-hong, Ricardo	"	3:12 pm	6:39 pm
Mr LO Tak-ming	"	3:12 pm	5:03 pm
Mr LO Yuet-chau	"	3:12 pm	5:47 pm
Mr LUI Kai-wing	"	3:12 pm	6:30 pm
Ms LUK Tsz-tung	"	3:12 pm	6:39 pm
Mr MAK Tsz-kin	"	3:12 pm	6:30 pm
Mr NG Kam-hung	"	3:12 pm	6:38 pm
Ms NG Ting-lam	"	3:13 pm	5:52 pm
Mr SHAM Tsz-kit, Jimmy	"	3:12 pm	6:39 pm
Mr SHEK William	"	3:12 pm	6:39 pm
Mr TSANG Kit	"	3:37 pm	6:38 pm
Mr WAI Hing-cheung	"	3:12 pm	6:39 pm
Mr WONG Ho-fung	"	3:36 pm	6:00 pm
Ms WONG Man-huen	"	3:12 pm	6:39 pm
Mr YAU Man-chun	"	3:12 pm	4:35 pm
Mr YEUNG Sze-kin	"	3:32 pm	6:35 pm
Mr YIP Wing	"	3:12 pm	6:28 pm
Mr YUNG Ming-chau, Michael	"	3:12 pm	6:36 pm
Ms LEE Yin-ching, Karen (Secretary)	Executive Officer (District Council) 3, Sha Tin District Office		

In Attendance

Mr WONG Shek-hay, Sebastian
Mr YUEN Chun-kit, Derek

Title

Assistant District Officer (Sha Tin) (2)
Senior Executive Officer (District Council),
Sha Tin District Office

In Attendance by Invitation

Dr CHEUNG Nai-kong, Nick

Dr LAI Raymond

Title

Deputy Hospital Chief Executive (Operations), Prince of
Wales Hospital/Medical Co-ordinator and A&E
Consultant, Hospital Authority
Head of Microbiology Department, Prince of Wales
Hospital/Chief Infection Control Officer,
Hospital Authority

Absent

Mr MOK Kam-kwai, BBS

Mr SIN Cheuk-nam

Mr MAK Yun-pui, Chris

Dr LAM Kong-kwan

Mr CHENG Tsuk-man

Ms TSANG So-lai

Title

DC Member	(Application for leave of absence received)
”	(”)
”	(”)
”	(”)
”	(No application for leave of absence received)
”	(”)

Action**Welcome Speech**

The Chairman welcomed members and representatives of the Hospital Authority (HA) to the special meeting of the Health and Environment Committee (HEC) of this year.

2. The Chairman informed the attendees that reporters, being present as observers, were taking photographs, and making video and audio recordings.

Discussion Item

Hospital Authority Overall Measures and Service Arrangement to Combat Epidemic
(Paper No. HE 16/2020)

3. The views of the Chairman were summarised below:

- (a) he thanked representatives of the HA for their presentation on the overall anti-epidemic work and related service arrangements;
- (b) he said the completion of the health declaration form was not compulsory and members did not need to complete the form if they considered it inappropriate to do so; and
- (c) he invited Dr Nick CHEUNG and Dr Raymond LAI, to give a presentation.

4. Dr Nick CHEUNG, Deputy Hospital Chief Executive (Operations), Prince of Wales Hospital (PWH)/Medical Co-ordinator and A&E Consultant, briefed the content of the paper.
5. The Chairman said that Mr WAI Hing-cheung could comment on “Declaration of Household Members under Compulsory Home Quarantine” first.
6. The views of Mr WAI Hing-cheung were summarised below:
 - (a) he asked whether the paper was the Chairman’s intention and pointed out that there were no similar documents in other committees;
 - (b) he enquired whether declarations were required in other committees;
 - (c) referring to the paper’s request for members to declare whether a family member living with them was subject to home quarantine, he asked whether members were required to declare if the person living with them was not a family member but was under home quarantine; and
 - (d) he asked why the paper only required members to make declarations but not other attendees.
7. The views of the Chairman were summarised below:
 - (a) he said that having received the Secretariat’s advice and read the paper, he considered it insensitive to make a declaration at this stage and approved the distribution of the paper to members on a voluntary basis; and
 - (b) he said that it was not appropriate for him to respond to the question on whether a declaration had to be made if a household member was not a family member, and thus he asked the Assistant District Officer to give a response.
8. Mr Michael YUNG said that he also had comments on the document but considered that it should be dealt with after the end of the agenda and that for the time being, members should be allowed to ask the HA representative questions first.
9. The Chairman agreed. He said that if no member objected, the paper would be dealt with after the end of the agenda.
10. The views of Mr CHAN Pui-ming were summarised below:
 - (a) he thanked the HA for sending staff to attend the meeting, and said that the Sha Tin District Council (STDC) had invited the HA to attend its meetings on a number of occasions but it was only now that the HA had sent staff to attend the meetings;
 - (b) he said that Hong Kong was currently in the third stage of the spread of the epidemic, and enquired about the number of new cases that could be absorbed by the isolation wards and hospital beds of the HA, and the expected duration of the supply of protective gears for health care workers;

- (c) taking South Korea as an example, large-scale screening was conducted in Daegu when there was a major outbreak of the epidemic. He enquired about the number of samples that the HA's laboratory could handle and the number of health care workers who would be screened on a regular basis; and
- (d) in the event of a large-scale infection in the community which would overload the public healthcare system, what contingency plans the HA had in place, and how it would triage the large number of patients with minor and serious illnesses. Whether there would be sufficient space in mortuaries for the disposal of dead bodies in the event of a large number of deaths arising from mass infections.

11. The views of Mr NG Kam-hung were summarised below:

- (a) he thanked representatives of the HA for attending the meeting to answer questions;
- (b) he enquired whether the general public could effectively collect deep throat saliva samples by themselves. If members of the public were already infected, whether the collection and transportation of such samples to hospitals would increase the risk of transmission; and
- (c) in the light of news reports that cordon would be lifted in the Mainland in the coming month, he asked whether the PWH could bear the risk in the event of an increase in population movement.

12. The views of Ms WONG Man-huen were summarised below:

- (a) she asked whether the staff of PWH were aware of the information provided by the HA;
- (b) she enquired whether the procurement of protective gears would continue, and why, according to the HA, there were sufficient protective gears, while health care workers in the Kowloon East Cluster still had to use plastic garbage bags as protective clothing;
- (c) referring to the HA's continuous lowering of the standards of protective gear used by its health care staff, she asked whether the HA would further lower the relevant standards;
- (d) she enquired about the current number of negative-pressure beds available across the territory and at the PWH respectively, and the time when the capacities would be reached;
- (e) she asked whether there was sufficient manpower to clean up the rubbish in infectious wards; and
- (f) she said that information on the testing of Coronavirus Disease 2019 (COVID-19) at private clinics was not available on the Internet, and enquired whether the information of the clinics concerned would be made public.

13. The views of Mr CHAN Wan-tung were summarised below:

- (a) he enquired about the definition of recovery. As there were reports of fibrosis in the lungs of infected patients, he asked whether there were any sequelae and whether the patients could recover completely after recovery; and
- (b) as it had been reported that there were relapses of patients in other districts after recovery, he enquired about the measures to prevent relapse and whether there were any relapse cases among the recovered patients.

14. The views of Mr Wilson LI were summarised below:

- (a) he thanked representatives of the HA for attending the meeting;
- (b) the representative of the HA had mentioned that three patients treated in PWH were being treated with Remdesivir, and he would like to know whether the condition of the three patients had improved after taking the drug and the overall efficacy of the drug;
- (c) as it was noted that Ibuprofen was used for treatment in Italy and that the side effects of the drug were more serious, he would like to know whether the HA used Ibuprofen for treatment; and
- (d) he asked when, according to the HA's estimation, the negative-pressure beds across the territory and in PWH would be filled up.

15. The views of Mr Felix CHOW were summarised below:

- (a) he thanked representatives of the HA for attending the meeting and explaining the work to members, as well as frontline healthcare staff for their efforts in the fight against the disease;
- (b) he said that recently, a doctor responsible for the quarantine procedure at the airport was confirmed of infection and was suspected to have contracted the disease after coming into contact with the virus when changing protective gears or coming into contact with patients during meals. He enquired about the number of places provided by the HA for health care workers to change protective clothing and whether laundry services were available to prevent the virus from attaching to the clothing and increasing the risk of transmission; and
- (c) he said that for the time being, the Department of Health (DH) and the HA had no plan to roll out the services of the designated clinic in the community. Now that the the second wave of outbreak of the epidemic had taken place, he asked whether consideration would be given to triaging the COVID-19 patients at the designated clinics or continuing to cope with the patients through hospital services.

16. The views of Mr CHING Cheung-ying were summarised below:

- (a) he thanked representatives of the HA for attending the meeting to exchange views with members;
- (b) he said that the grassroots did not dare to seek medical consultation in private or public hospitals when they had symptoms, as they did not want to seek treatment for fear of illness, and were also worried about how they would be handled after confirmation of their diagnosis. He enquired about the HA's specific recommendations for members of the public who had contracted influenza or were symptomatic; and
- (c) he considered it important for the HA to maintain effective communication with frontline staff on preventive measures in hospitals and to accept suggestions. He said that he had all along been concerned about the cleanliness and tidiness of toilets in hospitals and he considered that there was room for improvement recently.

17. The views of Mr CHAN Nok-hang were summarised below:

- (a) he thanked the representative of the HA for their account of the epidemic prevention work and the frontline healthcare workers for their efforts in combating the disease;
- (b) he said that the public were concerned about sequelae of the disease, but the DH and the HA had not provided such information and there were only sporadic data from overseas countries that the lung function of the recovered patients would drop by 20 to 30%, and enquired whether there were data on the after-effects and relapse; and
- (c) according to the HA, the current mode of treatment was mainly supportive therapy and antiviral drugs, and he would like to know the recovery rate of patients under the current mode of treatment.

18. The views of Mr LI Sai-hung were summarised below:

- (a) he considered that the efforts of the medical staff and the cooperation of all Hong Kong people had contributed to averting a massive outbreak of the epidemic, but the public should not be complacent;
- (b) he wanted to know the physical damage of the COVID-19 on recovered patients;
- (c) he enquired whether corresponding arrangements were in place to protect health care workers, as reported by the media that the HA's stock of protective gears was only sufficient for one month's use; and
- (d) different sectors of the community would like to make in-kind donations of protective gears to health care workers, thus he would like to know the mechanism for accepting in-kind donations of protective gears to health care workers.

19. The views of Mr Johnny CHUNG were summarised below:

- (a) he would like to know the details of the planning and implementation of the use of the Ma On Shan Family Medicine Centre as a designated triage clinic; and
- (b) as the frontline in the fight against the epidemic, he enquired how the HA communicated with government departments and whether the relevant views had been accepted by them.

20. The views of Mr Raymond LI were summarised below:

- (a) he would like to know the reporting mechanism between the HA and government departments and local organisations;
- (b) he pointed out that the strategy of “early identification” was mentioned in the information paper provided by the HA, but the paper failed to show such work. He pointed out that in one of the cases he had come across, a member of the public with fever and respiratory symptoms sought treatment at a government clinic, and after being asked about his travel history, he was told that there was no need to conduct tests on him. He considered that the strategy of “early identification” was only justified if tests were carried out on suspected patients;
- (c) he enquired how the HA would solve its long-standing problem of manpower shortage, e.g. whether staff had been attracted by means of salary increase, etc.; and
- (d) as it was understood that the full face shields for health care workers had been replaced by eye shields, he enquired whether the protection was adequate and whether the HA could provide adequate protective gears to health care workers.

21. The views of Mr George WONG were summarised below:

- (a) under the HA’s risk assessment, some patients who did not require hospital admission only needed to collect samples at home. He enquired about the time taken from the submission of samples to the availability of laboratory results; and
- (b) he enquired about the criteria for determining whether a patient did not need to be admitted to hospital and could collect his own samples at home. He would like to know whether fever was a mild symptom.

22. The views of Mr Ricardo LIAO were summarised below:

- (a) he thanked representatives of the HA for attending the meeting;
- (b) he would like to know the current occupancy rate and the number of isolation beds available for use;
- (c) in addition to the overall quantity of protective equipment stock, he would like the HA to provide the daily usage of protective equipment;

- (d) some frontline medical staff in the Sha Tin District and the New Territories East (NTE) Cluster indicated that the protective gears were inadequate, and enquired whether the protection for frontline medical staff was adequate; and
- (e) he hoped that the HA would respond to and implement the measures proposed by unions to retain sufficient manpower and resources to respond to the epidemic, including non-clinical staff working at home to reduce the risk of infection, suspension of non-emergency services such as allied health out-patient services, adopting video consultation for specialist out-patient services, and cancellation of non-emergency surgeries.

23. The views of Mr CHEUNG Hing-wa were summarised below:

- (a) he thanked representatives of the HA for attending the meeting to give a briefing on the fight against the disease;
- (b) he agreed that appropriate protective gears should be worn on appropriate occasions, and he considered that some staff of government departments were wearing over-standard protective gears. He hoped that the HA would review the protective gears of frontline healthcare staff in a timely manner in the light of changes in the epidemic;
- (c) he thanked the health care workers for their frontline efforts in preventing and combating the disease; and
- (d) at present, an individual undergoing home quarantine might be required to provide a deep throat saliva sample for virus testing and their family members could, by not violating the quarantine order, bring the sample to designated location for them. As family members were also close contacts, he enquired whether such practice would increase the risk of community transmission.

24. The views of Mr YEUNG Sze-kin were summarised below:

- (a) he said that many members of the public had reflected that they had called the specialist out-patient clinics to change their consultation bookings but were unsuccessful, and enquired whether the HA would set up a dedicated hotline to centralise the handling of the change of consultation bookings to ensure a smooth process;
- (b) the public also reflected that the appointments of specialist out-patient clinics could only be varied up to one month, and enquired whether flexibility could be exercised to extend the period for accepting new appointments; and
- (c) he said that at present, the appointment could only be changed for three times and he asked whether flexibility or extension was possible.

25. The views of Mr Billy CHAN were summarised below:

- (a) he thanked representatives of the HA for attending the meeting;

- (b) he wanted to know the definition of rehabilitation and the relapse rate;
- (c) he said that the use of Ribavirin in Severe Acute Respiratory Syndrome (SARS) caused osteonecrosis and asked whether Remdesivir would cause similar sequelae;
- (d) he said that according to some members of the public, the virus tests on deep throat saliva samples took four to five days. He asked whether the tests could be expedited and hoped that clear guidelines could be provided to patients waiting for test results;
- (e) it was stated in the information paper that the psychiatric department was piloting video consultation for in-patients and actively preparing video consultation for allied health services. He enquired about the time needed for preparation;
- (f) regarding that video visiting was arranged during the outbreak of SARS, he enquired whether different platforms would be used for such arrangements at present; and
- (g) he enquired whether the stock of protective gear was adequate. Referring to the Government Logistics Department's claim that masks had been procured, he asked whether the supplies were for use by the HA or the disciplined services.

26. The views of Mr CHENG Chung-hang were summarised below:

- (a) he thanked representatives of the HA for attending the meeting;
- (b) he expressed doubts about paragraph 7 of the information paper. Noting that the symptoms of the COVID-19 were similar to those of influenza, he opined that there was a chance that the patients might infect others while awaiting the laboratory results and asked why rapid tests were not conducted for such patients; and
- (c) he would like to know the criteria for selecting designated clinics in the seven hospital clusters. Pointing out that different services would be provided in the same premises, such as the Maternal and Child Health Centre was next to the Ma On Shan Family Medicine Centre, he enquired about the criteria for site selection.

27. The views of Mr LO Yuet-chau were summarised below:

- (a) he said the current outbreak was the second wave of the epidemic, he enquired whether the HA had increased resources in the New Territories East Cluster and believed adequate supply of protective gears for frontline healthcare workers should be ensured to prevent infection;

- (b) he pointed out that the DH and the HA had said that serotherapy could be used and blood samples from Patient Zero could be used for analysis on how to fight the virus. He would like to know whether Patient Zero in Hong Kong had recovered and been discharged from hospital, and whether the Administration had followed up their situation; and
- (c) he thanked representatives of the HA for attending the meeting to enable members to learn more.

28. Mr LUI Kai-wing said a number of Hong Kong athletes, who returned to Hong Kong after overseas training, were confirmed of infection. He would like to know whether any of the staff or athletes at the Hong Kong Sports Institute had to be admitted to the surveillance ward for the observation on whether they were infected and whether their samples had to be collected for testing.

29. The views of Mr TSANG Kit were summarised below:

- (a) he thanked the frontline medical staff of the HA for their efforts;
- (b) he and Mr CHAN Wan-tung had made an appointment with the Police Community Relations Office of the Sha Tin Police District, the representative of which mentioned that the Police's stock of protective clothing was many years old. He would like the HA to provide figures on the inventory of protective gear up to December;
- (c) he enquired whether a mechanism was in place to deal with a major epidemic after SARS; and
- (d) recently, some members of the public had reflected that private clinics refuse to provide treatment to patients with fever and influenza, and he asked whether the HA had communicated with Chinese and Western medicine private clinics on the notification mechanism.

30. The views of Mr HUI Yui-yu were summarised below:

- (a) he considered that early provision of rapid tests to persons with symptoms would be effective in identifying patients with COVID-19 and preventing the spread of the epidemic in the community. He enquired whether the HA had a team responsible for testing the virus and how the public could get tested as soon as possible;
- (b) he pointed out that the median age of patients was 51 at present and asked whether it would be possible for a young person, who had already recovered before being aware that he/she was sick, to infect other people;
- (c) he would like to learn more about the characteristics of COVID-19 to help the public take precautions;
- (d) he would like to know which groups of people were more likely to recover, more likely to suffer from irreversible sequelae and more likely to die; and

- (e) he pointed out that if the epidemic continued and the healthcare system collapsed, the community would come to a standstill. He asked whether the HA could provide the Government with relevant data to facilitate the formulation of policies to keep the society running.

31. The views of Mr Michael YUNG were summarised below:

- (a) he said the Government's had stated that an Infectious Disease Centre would be constructed after the SARS outbreak. But at present, only Block S of Princess Margaret Hospital (PMH) was an Infectious Disease Centre. He would like to know the measures taken by PWH or the NTE Cluster to isolate such infectious diseases after the experience in Ward 8A of PWH;
- (b) he asked whether the HA had considered setting up an Infectious Disease Centre under the redevelopment project of PWH. If not, how PWH could avoid cross-infection when the existing negative-pressure wards were scattered in different specialties and floors;
- (c) the staff quarters of the PWH were demolished during the redevelopment, and as the medical staff of the anti-epidemic team were afraid to go home, he would like to know where they reside now;
- (d) he would like to know how many samples could be tested for the virus by the HA on a daily basis; and
- (e) he enquired about the reasons why the CSI masks produced by the Correctional Services Department were not suitable for use by the HA, and whether the HA would consider producing its own masks for use by health care staff, instead of procuring them from a single supplier. In addition, he would like to know how the health of health care staff would be safeguarded.

32. The views of Mr WONG Ho-fung were summarised below:

- (a) he thanked the HA representatives for their exchanges with the STDC;
- (b) he said that health care workers had to purchase their own supplies, and that there were mask sellers who claimed that they could give priority to health care workers in purchasing supplies. He would like to know whether the stock of personal protective equipment (PPE) for health care workers was sufficient and for how long they could use it;
- (c) he would like to know the testing procedure for COVID-19, the amount of reagents used and the time taken for the laboratory results;
- (d) he pointed out that there were relapses, false positives and false negatives in the Mainland, indicating that the reagents were not effective in reflecting whether the patients had contracted the disease. He enquired about the ways to improve the situation;

- (e) he said that the lower air pressure in negative pressure wards would reduce the chance of virus transmission. He would like to know the number of negative-pressure beds; and
- (f) he said that when people had fever, they were worried that they had contracted the COVID-19, and that they might be infected when seeking medical treatment. He enquired about the symptoms that would warrant medical consultation.

33. The views of Mr Jimmy SHAM were summarised below:

- (a) he thanked the representatives of the HA for attending the meeting and the health care staff for their efforts during the period;
- (b) he pointed out that the acute shortage of manpower in Hong Kong's hospitals had necessitated frequent overtime work by medical staff, but their compensation for overtime work was not as high as that of the Police. He would like to know the situation of overtime work of the staff of PWH and whether the workload of the staff had increased significantly in the light of the epidemic;
- (c) he said that the beds in public hospitals had all along been insufficient to meet the demand. He would like to know the current occupancy rate of PWH, whether beds still had to be placed in corridors and moved frequently. He considered that this would increase the risk of cross-infection and enquired about the protective measures in place; and
- (d) he said that the uniforms of medical staff and clothing of patients were sent to the laundry at Pik Uk Prison (Pik Uk) and washed together. He would like to know whether the above practice was still adopted during the outbreak, and what measures were in place to protect the staff of the laundry from infection.

34. The views of Mr CHIU Chu-pong were summarised below:

- (a) he said that his assistant had fever earlier and was arranged to collect deep throat saliva samples at home after seeking consultation at PWH. He asked how to assess whether the patient needed to stay in the hospital to await the laboratory results or to collect the samples at home by himself. He said that his assistant had to wait for 3 to 4 days for the laboratory results after returning home and he was worried that the suspected patient might infect others during this period. He asked whether arrangements could be made for patients to be informed of the results immediately when they sought medical consultation;
- (b) it was noted that there were 102 rehabilitation cases and he would like to know the recovery and relapse of the patients;
- (c) the number of patient tests at PWH was 4 195 and the number of reported cases in Hong Kong was about 4 500. He asked whether reported cases were equivalent to confirmed cases, and whether the number of patients tested was equivalent to all patients with fever and cases referred from private clinics;
- (d) he wanted to know the side effects of Remdesivir; and

- (e) he hoped that the HA would ensure that there would be sufficient stock of protective gears for use by health care workers.

35. The views of Mr SHEK William were summarised below:

- (a) he thanked the representatives of the HA for attending the meeting;
- (b) he would like to know which out-patient clinics in the Sha Tin District could conduct tests for COVID-19, and what was the daily upper limit for the number of tests conducted in these clinics and in PWH; and
- (c) it was noted that the HA's supporting staff needed to bring their own masks for work. He would like to know whether the HA had provided the supporting staff with protective gear such as masks.

36. The views of Mr LO Tak-ming were summarised below:

- (a) he thanked the representatives of the HA for attending the meeting and the HA Employees Alliance for their earlier efforts in demanding border shutdown for the public; and
- (b) he said that there would be special flights today and tomorrow to bring back Hong Kong people stranded in Hubei to Hong Kong, and the people concerned would not be required to stay at the quarantine centre but would be isolated at home. He would like to know whether the persons concerned were asymptomatic and might infect others on their way home. He asked whether the person concerned would be sent to the quarantine centre according to the HA's procedures.

37. The responses of Dr Nick CHEUNG were summarised below:

- (a) he said that 96 negative-pressure beds had been activated, of which 28 in wards 12A and 12C respectively, 17 in wards 11M and 11L respectively, and 6 in the intensive care unit. The 26 patients currently staying in the hospital only took up part of the negative-pressure beds. In addition, there were about 60 negative-pressure beds in other wards which were not yet activated and would be used when necessary. Hence, there would be about 150-odd negative-pressure beds in PWH which could be activated depending on the condition and number of patients. He said Ward 11C would be converted into a surveillance ward, and the Accident and Emergency (A&E) Department would be equipped with eight negative air-flow rooms and tents would be set up in the designated areas of the car park for the care and monitoring of suspected cases. He said that contingency actions would be taken depending on bed utilisation and patient volume, etc.;
- (b) he said that at present, the occupancy rate of medical beds was 95% and that of surgical beds was 82%. He said that at present, beds were still placed in the corridors of wards, but no patients were using them. Due to service adjustments, non-urgent services and operations would be postponed, and therefore the healthcare manpower and beds were sufficient to cope with the current in-patient services;

- (c) he said that the current situation of overtime work of health care staff was not serious. He said that some of the special honorarium schemes had been suspended after service adjustments in order to make the best use of public funds. Taking A&E Department as an example, normally there were about 400 cases per day, but now there were about 200 cases per day, and the waiting time had also been reduced. He said that at present, the out-patient services had been reduced by about 30%, thus a balance had been achieved in manpower resources;
- (d) he pointed out that the current utilisation rate of the mortuary was about 80%, and the HA was actively monitoring the utilisation rate, but the cooperation of the families in collecting the bodies for funeral service as soon as possible was required;
- (e) the HA distributed protective gears according to the needs of various clusters, and replenishment of supplies was gradually made. In addition, the shortage of some of the protective gears was alleviated through reminders to health care staff on the proper use of the equipment and continuous communication with departments. By rough estimation, surgical masks could last for two months and full face masks for three months with the assistance of the Hong Kong Polytechnic University, while N95 masks were less well stocked and could last for about one month, and the HA would advise its colleagues to test different models of N95 masks to allow more flexibility in choosing the right ones;
- (f) he said that protective equipment was used in accordance with the guidelines of the World Health Organization (WHO) and the relevant standards had not been lowered. After SARS, the HA had a well-established mechanism for stockpile management. At the initial stage of the epidemic, the HA had a stockpile of two to three months, but as the disease was not well understood at that time, the use of supplies increased significantly. With the increase in relevant information and international experience, the HA had developed guidelines on the use of protective gear in accordance with WHO standards. The HA would also strengthen communication and information exchange with frontline healthcare workers;
- (g) he referred to the HA Central Committee on Infectious Diseases and Emergency Response (CCIDER), which comprised experts from within the HA, to communicate closely and provide professional advice on infection control;
- (h) he said that the HA had been enhancing its testing strategy in response to the epidemic, with a view to conducting more tests. He pointed out that as private clinics had their own limitations and might not be able to take care of a large number of patients, patients might have to seek treatment at A&E departments when in need;
- (i) he said that the anti-epidemic team mainly served the A&E Department, Medical and Paediatric Isolation Wards and the intensive care unit. He said that the current establishment was sufficient to meet the demand, with 35 doctors, 55 nurses and 34 supporting staff of the A&E Department joining the anti-epidemic team; 19 doctors (of whom 8 were interns), 81 nurses and 57 supporting staff of the Medical Isolation Ward, 25 doctors, 50 nurses and 11 supporting staff of the

Intensive Care Unit also successively joined the anti-epidemic team. There were 12 doctors, 26 nurses and 16 supporting staff on duty in the Paediatric Isolation Ward per day. He said that the team members were volunteers who would be replaced every four to six weeks, and the team had sufficient protective gear to take care of patients. The HA said that it would closely monitor the situation;

- (j) he said that supportive care was the mainstay of treatment and was effective in controlling the disease, with only 6 of the 30-odd patients requiring medication. So far, Ibuprofen had not been used in treatment in PWH. In addition, the efficacy of Remdesivir was still under clinical investigation and a larger number of samples were needed to determine its effectiveness. He said that Remdesivir affects liver enzymes and was therefore not suitable for patients with liver disease. In addition, no other side effects were observed for the time being;
- (k) he said that the risk of infection from deep-throat saliva collected by members of the public on their own was low because such patients had only mild symptoms and no travel history. Health care workers also provided advice on hygiene precautions, such as wearing masks and keeping hands clean, etc., to discharged patients, and there were clear guidelines on the sample collection process and multiple packaging for the samples, thus lowering the risk of infection; and
- (l) he pointed out that the samples had to be sent to the DH for testing before, but the service was now available in hospitals so that the test result could be obtained more quickly. The procedure still took some time as saliva sample had to be collected in the morning.

38. Dr Raymond LAI, Head of Microbiology Department of PWH/Chief Infection Control Officer of the HA, gave the responses as follows:

- (a) he pointed out that Hong Kong was currently tackling the outbreak with a containment strategy by conducting testing and isolation of suspected patients to prevent the spread of the disease in the community, and as such, the HA was actively providing testing services;
- (b) he pointed out that the test was a genetic test and there were laboratories in all the seven hospital clusters, with PWH being responsible for the NTE Cluster and the Public Health Laboratory Centre (PHLC) for the public. As the number of samples handled by the PHLC was larger, it took longer to release the test results. He pointed out that starting from this week, the laboratories in hospital clusters were responsible for samples collected from A&E departments and outpatient clinics of public hospitals, with a view to providing test results within 24 hours, while the PHLC would be responsible for samples collected from inbound passengers at the airport;
- (c) he said that the 15-minute rapid test was less accurate and less sensitive, as it was based on the principle of testing patients' serum antibodies. He said that the rapid test had been tried out in hospital laboratories but its accuracy was low, failing to detect positive samples in genetic tests, and that it was difficult to detect antibodies because they took five to six days to develop after the onset of symptoms;

- (d) he pointed out that at present, genetic testing required the extraction of genes from samples before testing. The genetic test had to be conducted in batches and the process took three to four hours;
- (e) he said that the HA currently had 400 000 reagents and 9% of them had been used. It was expected that 2 000 samples would be tested daily and the reagents would be sufficient for six months' use, and the HA had been procuring reagents. He said that the reagents were highly sensitive and effective in detecting infected patients;
- (f) he said that PWH could test 350 samples per day and was currently handling about 200 samples per day, hence there was still room for increase. He said that five rounds of tests would be conducted each day, and if it was necessary to conduct tests for more than 350 samples, some of the non-emergency services would be suspended to free up manpower;
- (g) after assessment, he stated that the detection performance of the deep throat saliva sample was the same as that of the nasopharyngeal swab sample;
- (h) he said that persons returning from overseas would not be subject to home quarantine only when they were asymptomatic and their family members would not be classified as close contacts, thus making it reasonable for family members to assist in the submission of saliva specimens;
- (i) at present, asymptomatic patients were also required to undergo deep throat saliva testing and about 10% of the confirmed cases were asymptomatic. According to reports and experts, symptomatic patients had a higher transmission risk, higher viral load and higher infectivity;
- (j) he said that three patients at PWH had been treated with Remdesivir and developed constipation and nausea, but there were no other serious side effects;
- (k) he said that PPE standards had not been lowered but adjusted according to worldwide guidelines. He said that the COVID-19 was known to be transmitted through droplets and contact, and health care workers had adopted a higher standard, which was the standard of the Centers for Disease Control and Prevention (CDCP) of the United States for the handling of droplet and airborne transmission, by wearing N95 masks. The earlier WHO standards were based on the Ebola virus and were higher and had been further adjusted for COVID-19;
- (l) he said that there were difficulties in procuring protective materials at present, but the HA would continue to procure them actively;
- (m) he said that the uniforms of health care workers and patients' clothing were handled separately. The staff of the HA visited the laundry every month and the nurses of the Infection Control Unit also visited the laundry every year to ensure satisfactory performance. Protective clothing was worn to prevent contamination and needlestick situations. Clothes were washed in several rounds, including washing in hot water of 75 degree Celsius for 5 minutes to effectively kill viruses and germs;

- (n) there were a total of 96 negative-pressure beds, of which 56 in the medical ward, 34 in the paediatric ward and 6 in the intensive care unit of the PWH. He said that if there was a shortage of negative-pressure beds, there were other second-line wards available in the hospital. He said that a total of 270 negative-pressure beds were available in the entire NTE Cluster, and the HA was also responsible for centrally coordinating the allocation of beds across the territory;
- (o) he said that Patient Zero had been discharged from the hospital. The duration of stay of each patient was about 2 to 3 weeks. Patients were more infectious in the first week and needed to be quarantined as soon as possible, after which the viral load would gradually decrease;
- (p) at present, more than 100 patients had been discharged from the hospital, and follow-up consultations would be arranged about two weeks after discharge, and the schedule would be adjusted as necessary. He said that there was no relapse for the time being;
- (q) he said that no fibrosis had been detected in the lungs of the recovered patients for the time being, but continued observation was required; and
- (r) he said that the HA would hold regular meetings with representatives of the DH, as well as contingency meetings with the Chief Executive and the Secretary for Food and Health to discuss the arrangements in case of an epidemic. He said that the Central Committee of the HA had held 17 meetings to discuss the arrangements for frontline services.

39. The supplementary responses of Dr Nick CHEUNG were summarised below:

- (a) he said that the HA had activated the designated clinics in 2008 and 2009 for melamine and swine flu respectively, and the activation was not needed for the Middle East Respiratory Syndrome later. He said that the activation of the facilities would depend on the situation, but there was no need to do so in the short term;
- (b) he thanked the public for their donations of protective gears. The protective gear would be made available to frontline medical staff when the specifications had been checked;
- (c) as for video consultation, as it involved caring for the patient, the doctor would need to make diagnosis through observing, listening, questioning and palpating and not all sickness could be diagnosed through video consultation. As for psychiatry, since diagnosis could be made by talking to the patient, video consultation could be used. He said that arrangements such as registration and collection of medication still needed to be considered, and the HA would continue to explore the feasibility of such arrangements; and
- (d) two patients from the Hong Kong Sports Institute, who had been to overseas training, were currently staying at the PWH for treatment.

40. The supplementary responses of Dr Raymond LAI were summarised below:

- (a) he said that IT and back office staff were encouraged to work from home. Non-emergency services had also been suspended on a need basis;
- (b) he said the HA had given clear guidelines on protective gears to frontline staff. Health care workers were required to wear full face shields when performing medical procedures that caused aerosolisation, such as cardiopulmonary resuscitation, first aid, intubation, extraction and bronchoscopy. For general triage work, eye shields would be sufficient;
- (c) he said that the hardware and software of the hospital had been improved after the SARS outbreak. On the hardware side, the number of negative pressure wards in the territory had been increased. In terms of software, staff were required to receive training on infection control every 24 months. The hand hygiene of the staff was also emphasised and he said that according to WHO indicators, the hand hygiene compliance rate of staff in 2019 was 92%. Staff also monitored the cleanliness of the environment inside hospitals to ensure that areas of regular contact were clean. During the construction of the Main Clinical Block and Trauma Centre, more isolation wards had been provided to ensure the adequacy of the facilities;
- (d) he pointed out that it would be difficult for the HA to manufacture its own PPE. He said that in future, emphasis would be placed on locally produced protective gears and the HA would continue to look for resources for this purpose; and
- (e) he said that the donated PPE had to meet the criteria before it could be used by frontline staff. The infection control team would be responsible for reviewing the specifications of the donated equipment before it was approved for use by the frontline staff. If the equipment was not suitable for use by frontline staff, it would be used by other staff working in non-clinical units. Donated food items would also be distributed to staff as far as possible.

41. The views of the Chairman were summarised below:

- (a) he asked whether the number of hospital beds and the number of compartments for storage of dead bodies in mortuaries would be sufficient in the event of a major outbreak of the epidemic;
- (b) he enquired how the programme would be rolled out and evaluated if the Ma On Shan Maternal and Child Health Centre was to be used;
- (c) he would like to know how long specialist out-patient and non-emergency operations would be deferred and what the impact would be on patients;
- (d) he would like to know whether consideration would be given to separating the washing of staff uniforms and patients clothing; and
- (e) he enquired about the assistance and follow-up measures to be taken after the patients had recovered.

42. The responses of Dr Nick CHEUNG were summarised below:

- (a) he said that there was no need to activate the designated clinics at present. He said that the existing measures were sufficient to meet the need;
- (b) he said that only Ear, Nose and Throat (ENT) had taken the initiative to call patients to change the appointment time, and the arrangement was made in accordance with the guidelines set by the Central Coordinating Committee of that specialty, as its medical procedures would cause aerosolisation. For other specialties, patients called to request for change of time for follow-up consultation, and flexibility was exercised. However, it was difficult to change the appointment time to a longer period of time or to standardise the appointment time, as patients needed regular follow-up consultations to monitor their conditions and health care workers were also worried about their conditions. He said that recently, members of the public were more confident to attend follow-up consultations at hospitals;
- (c) he pointed out that it was difficult to confirm the measures to be taken in the event of a major outbreak in the community, but PWH would convert some of its wards into surveillance wards. He said that it was not necessary to use all the negative-pressure beds and other ward facilities at present, and that the HA would closely monitor the development of the epidemic;
- (d) he said that thanks to the preventive measures taken by the public, the current mortality rate was about 1% and the infection rate in Hong Kong was also lower. He said that efforts should be made to intercept the spread of the virus in the community, at the airport, etc., and to quarantine confirmed patients as soon as possible so that they could receive appropriate treatment;
- (e) he said that he needed more information about the arrangement for follow-up consultations, follow-up care of patients, etc. before he could give a response. He said PWH had accepted over thirty patients and more than twenty patients were still hospitalised. Most of them were in stable condition, and only two patients needed to receive treatment in the intensive care unit; and
- (f) he said there were no fatal cases at PWH and no health care workers in Hong Kong were infected for the time being, and the HA would closely monitor the situation.

43. The supplementary responses of Dr Raymond LAI were summarised below:

- (a) he said that as a matter of principle, staff uniforms and patients' clothes should be washed separately. During the washing process, the disinfection process was also up to standard and could kill viruses and germs; and
- (b) he said that the space in mortuaries was tight in early February due to the suspension of coffin production in the Mainland, but the situation had eased at present. There were about 3 000 compartments in Hong Kong for storing patients' bodies, and if there was a shortage of space in hospital mortuaries during the epidemic, the HA would make use of the space in other hospitals or other

public mortuaries in the cluster, and would closely monitor the situation.

44. The views of Mr CHAN Pui-ming were summarised below:

- (a) he would like to know how long it would take to handle personal protective equipment brought or donated by health care workers, which must be examined by the Infection Control Unit before use;
- (b) he said patients were arranged to collect medication from clinics during the period of melamine and swine flu, he enquired about the existing arrangements for chronically ill patients to collect medication;
- (c) he would like to know the number of beds available after the conversion of Ward 11C into a negative pressure ward;
- (d) he enquired whether regular virus tests would be conducted for frontline medical staff or supporting staff to ensure their health; and
- (e) he hoped that after the meeting, the HA would provide global data on the rates of serious illness and mortality by age and sex.

45. The views of Mr Michael YUNG were summarised below:

- (a) he hoped that the HA would provide an electronic version of the briefing to the Secretariat after the meeting for members' electronic record;
- (b) he enquired whether the current testing process was fully mechanised or manual. He said that the Hong Kong Polytechnic University had developed a machine for automated testing and he would like to know the reasons for not introducing the machine;
- (c) after hearing the HA's reply, he said he was even more worried as he was not sure whether the actual situation was as good as what the HA said. He said that the health care workers were worried that the health care system in Hong Kong was overloaded that day, and wanted to request the Government to shut the border by going on strike, but the HA's handling of attendance records had caused panic among the health care workers. He suggested tackling the anti-epidemic issue first, before dealing with the disciplinary issue. He said what health care workers had done was to protect public safety by demanding the Government to implement relevant measures; and
- (d) he opined that there was a need for compulsory quarantine and greater transparency so that the public would know where the quarantine took place, rather than relying on the medical system.

46. The views of Mr SHEK William were summarised below:

- (a) he wanted to know the definition of recovery, and how to determine whether a patient recovered and was suitable to be discharged from hospital;

- (b) he would like to know whether the virus tests were conducted by the PWH or the clinics in the Sha Tin, and whether the local clinics were only responsible for collecting samples; and
- (c) he asked whether protective gear, such as masks, were provided to the supporting staff.

47. The views of Ms WONG Man-huen were summarised below:

- (a) she said that she was even more worried after hearing the HA's response, which in her view failed to demonstrate its determination to fight the epidemic;
- (b) she said the Secretary for Food and Health claimed that the stock of protective clothing was enough for use for three months, but she was aware there the stock was actually only enough for a month, and the HA responded that procurement was underway and some supplies were on the way. In view of the global shortage of protective gear, she would like to know when the HA expected its stock level to reach its target and how it could ensure that the supplies would arrive on time. She also enquired whether consideration would be given to manufacturing the masks themselves or requisitioning locally produced masks;
- (c) she enquired about the estimated time when the negative-pressure beds would be full and how the HA would handle then; and
- (d) she asked how many of the confirmed patients were non-local residents.

48. The views of Mr Ricardo LIAO were summarised below:

- (a) he would like to know what plans were in place to deal with the worst-case scenario when both the isolation ward and general ward of PWH were full; and
- (b) he would like to know whether the HA had sufficient manpower to cope with the epidemic and the related staffing arrangements in the event that frontline medical staff were infected.

49. The responses of Dr Nick CHEUNG were summarised below:

- (a) the health care staff would need to check the patient's records to ascertain the medication the patient was taking, and the doctor might need to communicate with the family and the patient, after which the patient's family would be notified to assist in collecting the medication. He said that health care staff were working hard to arrange and ensure that the patient had sufficient medication;
- (b) he said that more than 20 beds would be provided in Ward 11C;
- (c) he thanked the staff for their commitment to their posts, and that the HA would handle personnel matters in a reasonable manner and follow up the matter in accordance with its human resources policy;

- (d) he pointed out that the global mortality rate of COVID-19 was 3.8% and the mortality rate in Hong Kong was lower. He said that the figures were affected by local preventive measures, diagnostic strategies, the public and health care workers, and the health care system, etc.;
- (e) he said that according to the guidelines, in addition to clinical judgment, patients were required to have two negative viral tests, and the two tests had to be 24 hours apart before they could be transferred to a general ward or discharged;
- (f) he said that adequate equipment such as surgical masks would be provided to the supporting staff; and
- (g) he said that information on the protective gear being procured, such as vessel schedules, delivery dates, etc., was not available for the time being and would be provided to members if such information was available. He said that the HA would follow up on the relevant issues in earnest.

50. The responses of Dr Raymond LAI were summarised below:

- (a) he said that there were six compartments in Ward 11C and four beds would be placed in each compartment to ensure that the beds were 2 metres apart. There would also be four negative pressure isolation beds in the ward. A total of 28 beds could be provided in the ward;
- (b) the Infection Control Unit would take no more than 24 hours to approve the donated items and would reply as soon as possible as to whether the donated items were suitable for use;
- (c) he said that the criteria for recovery were the absence of respiratory symptoms, fever and diarrhea, and two nasopharyngeal swabs at 24-hour intervals were negative for the virus. Upon confirmation of the patient's recovery, the HA would inform the DH to update the list;
- (d) he said that virus tests were carried out by the laboratory of the PWH and that the out-patient clinics did not have the equipment and manpower for the tests;
- (e) he said that when the emergency response level was implemented, all persons entering the hospital premises would be required to wear masks, hence surgical masks would be provided for the supporting staff;
- (f) when the negative-pressure wards in PWH were full, beds in the hospital cluster would be used. He said that if all the negative-pressure beds in Hong Kong were full, patients with minor symptoms would need to be quarantined at home and hospitals would only admit patients with severe conditions;
- (g) he said that the suspension of non-emergency services would free up healthcare staff to relieve the pressure on frontline staff; and

- (h) he said that the HA wished to procure locally manufactured masks to ensure a stable supply. He said that while there was a global shortage of protective materials in the epidemic, the HA would still make every effort to procure them, and the protective gears had to meet the specifications before they could be used by health care workers.

51. The Chairman left the meeting to attend to other business, Mr CHAN Pui-ming, the Vice-Chairman, took over the chair of the meeting.

52. The Vice-Chairman sought information on the number of staff members who had been suspended from duty at PWH since February due to disciplinary reasons.

53. Dr Nick CHEUNG responded that he would look into the reasons for staff absenteeism on an individual basis and that the HA was still following up on the matter. He said that the number of absentees notified to the NTE Cluster was 1 294 and the situation of absenteeism and duties was still being followed up and dealt with.

54. The responses of Dr Raymond LAI were summarised below:

- (a) he said the staff absenteeism was yet to be dealt with;
- (b) he said that for the time being, the HA had no plan to conduct regular testing for health care workers. As the number of staff was relatively large but the number of tests that laboratories were capable to perform was limited, priority had to be given to the testing of samples of suspected patients. Staff would be tested if they felt unwell;
- (c) he said that at present, ribonucleic acid (RNA) had to be extracted from samples manually for testing, and the HA was actively procuring automated viral reagents to relieve the manpower pressure and speed up the testing time. He said that he did not have information regarding the rapid test by the Hong Kong Polytechnic University at hand. He also pointed out that the virus testing technology should meet the specified requirements, and the current testing technology was capable of detecting 250 copies of RNA per millilitre of sample. Other technologies would not be used if their performance in sensitivity and speed were not as good as the existing ones; and
- (d) he pointed out that more people had recently returned to Hong Kong from overseas, and the proportion of non-resident patients had increased from about 1% to 10%, with an average of about 5%, between 14 and 22 March.

55. The Vice-Chairman said that the action in early February this year was an industrial action subject to legal protection.

56. The Vice-Chairman said that he had received a provisional motion put forward by Mr Jimmy SHAM. He pointed out that the contents of the motion might not be related to the HA but he hoped that the HA would reflect the motion to the DH or relevant departments.

57. Mr Jimmy SHAM opined that the epidemic had to be tackled from both the “prevention” and “cure” perspectives, with the HA being responsible for the “cure”. If the “prevention” work was not satisfactory, there would be difficulties in treatment. He said members were concerned about how the HA would handle the situation in the event of a major outbreak of the disease. A representative of the HA said that COVID-19 was most infectious one to two weeks after a patient was infected. He pointed out that most of the recent confirmed cases were imported from overseas, and the patients had a history of travelling abroad. He said that even though the DH was not present at the meeting, he still hoped that the HA representatives could assist in conveying the message and the Secretariat could convey the motion to the DH.

58. Mr Jimmy SHAM moved the following provisional motion:

“The Government has introduced “home quarantine” measures to prevent the outbreak of Coronavirus Disease 2019 (Wuhan pneumonia) in Hong Kong. However, the “home quarantine” measures are full of flaws.

1. Household members of confinees can enter and leave the quarantine units freely, and viruses may possibly be transmitted to the community.
2. In view of the cramped living environment in Hong Kong, the “home quarantine” measures will only expose household members of confinees to the risk of infection.
3. There were cases of confinees who were under “home quarantine” leaving the quarantine units without permission in the past, and these cases have revealed the Government’s failure to exercise supervision and the loophole in the anti-epidemic measures.

Motion: The Government should use hotels as quarantine premises instead of residences of confinees in order to plug the loophole in the existing “home quarantine” measures and to alleviate the burden on healthcare workers.”

Mr SHEK William and Mr NG Kam-hung seconded the motion.

59. Mr Michael YUNG said that the Vice-Chairman should first examine whether the provisional motion was in line with the item under discussion at the meeting. In addition, Mr Jimmy SHAM read out his motion and asked if all members agreed to proceed with the motion. He suggested that the Vice-Chairman should confirm the above procedure.

60. The Vice-Chairman said that he had reviewed the provisional motion and hoped that the HA could assist in conveying the message even though the motion might not be relevant to the HA.

61. The Vice-Chairman asked if there was any member who objected to the handling of Mr Jimmy SHAM’s provisional motion. He said that no objection to the handling of the provisional motion had been received. He also asked if any member had any amendment to the motion.

62. Members unanimously passed the provisional motion in paragraph 58.

Issues relating to “Declaration of Household Members under Compulsory Home Quarantine”

63. The Vice-Chairman said that just now Mr WAI Hing-cheung had expressed his views on the completion of the “Declaration of Household Members under Compulsory Home Quarantine”. He enquired about the views of Mr WAI Hing-cheung and other members.

64. The views of Mr Michael YUNG were summarised below:

- (a) it was his understanding that the Chairman agreed to allow members to take the initiative to fill in the declaration form. He said that if it was necessary to declare household members under quarantine, the representatives of the HA had to declare whether they had any contact with confirmed patients and they had been to any high-risk places;
- (b) he declared that he did not have a family member living with him who was subject to compulsory home quarantine;
- (c) he considered that the paper was of little use; and
- (d) he pointed out that the Sha Tin District Office (STDO) and the Secretariat could search for relevant information from the list of persons under compulsory home quarantine and confirmed cases based on the residential addresses declared by members. He considered that the paper was a waste of members’ time.

65. The views of Mr Raymond LI were summarised below:

- (a) he would like to know whether the paper was to make declaration to the HEC’s Chairman, the Vice-Chairman, the Secretariat or the STDO;
- (b) he said that the paper only suggested that members should apply for absence if they declared that they had family members living with them who were subject to compulsory home quarantine, and he considered it meaningless to declare their absence; and
- (c) he enquired about the reasons for issuing the paper in a letter from the STDC instead of STDO if the declaration was not requested by the Chairman, saying that it would cause confusion.

66. The views of Mr Ricardo LIAO were summarised below:

- (a) he said that even if a member had family members who were subject to home quarantine, quarantine did not mean confirmation of the infection, and therefore members should not be labelled and be suggested to be absent from meetings. He considered that this would deprive members of their right to perform their duties as DC Members and was against the expectation of their constituents; and
- (b) he asked whether the Secretariat had exceeded its authority.

67. The views of Mr CHING Cheung-ying were summarised below:

- (a) he understood the intention to protect the safety of attendees after the happening of the incident in the Yuen Long District Council (YLDC);
- (b) he agreed with Mr Michael YUNG's comments about the loopholes in the paper. He suggested that STDO could issue notices to remind members that it would be inappropriate for them to attend meetings under the circumstances mentioned in the paper, but members should not be asked to sign the statement. He said that he had received complaints from members last night about their resentment to the arrangements; and
- (c) just now a member mentioned that it was still safe if the household members of a member were only under quarantine but not confirmed of infection. However, he considered that members were still wary of this. Therefore, the provisional motion moved by Mr Jimmy SHAM on the loophole of household quarantine was unanimously endorsed, and he said that members should also be more vigilant.

68. Mr CHEUNG Hing-wa opined that it was difficult to ascertain whether members had contact with suspected patients, given that members had to perform duties in the district even though no members of their families were subject to home quarantine. He asked if it was necessary to know precisely whether members had contact with high-risk persons, whether members needed to set out their daily itinerary in detail for checking. He considered that the paper was not useful.

69. The views of Mr Jimmy SHAM were summarised below:

- (a) as the letter was sent in the name of the STDC, he would like to know whether the letter had been approved by the STDC and whether the Chairmen and Vice-Chairmen of the STDC had been informed beforehand. He considered that the Secretariat should respect the STDC procedurally;
- (b) he thanked the Secretariat for its seriousness in dealing with the epidemic. He understood that the risk of infection was higher if household members were undergoing home quarantine and there was prolonged contact. However, he said that he spent more time in his constituency than at home;
- (c) he said that many residents in Lek Yuen Estate were under compulsory home quarantine, but he did not know their addresses. He enquired whether and how he should make a declaration if he made a home visit to the residence of people undergoing;
- (d) he considered that if the Secretariat's emphasis was on disease prevention, it should assist members in obtaining the residential addresses of people undergoing quarantine and confirmed cases. He said that there was a confirmed case in Tai Wo House, Wo Che Estate, where he and Mr Raymond LI had paid a home visit. As he did not know the residential address of the confirmed case, he was not sure whether he had visited the home of the confirmed case; and

- (e) he considered that the paper was difficult for members and the Secretariat should provide members with information on home quarantine personnel and confirmed patients before members could make declarations.

70. The views of the Vice-Chairman were summarised below:

- (a) he said that he had not received the paper before the meeting and was only aware of it the night before the meeting;
- (b) he said Cap. 599C and Cap. 599E of the Prevention and Control of Disease Ordinance only stipulated that persons concerned had to undergo compulsory home quarantine for 14 days, but whether declaration had to be made if household members were not close contacts;
- (c) he would like to know who had submitted the paper to the Secretariat and whether the Centre for Health Protection and the Food and Health Bureau had been consulted on the arrangements in the paper; and
- (d) he enquired whether the Secretariat could provide a list and information on the names of persons under home quarantine and confirmed cases in the Sha Tin District.

71. Mr Sebastian WONG, Assistant District Officer (Sha Tin) (2) gave a consolidated response as follows:

- (a) he said that the paper was only a measure to enhance hygiene and there was no need for members to be sensitive;
- (b) he pointed out that the paper had made reference to the existing civil service guidelines, under which civil servants were required to report to their departments if their family members living with them were under compulsory home quarantine, and to stay home to work. The paper drew reference from the relevant measures to enhance hygiene and to reduce transmission opportunities;
- (c) he said that the Secretariat consulted the Chairman of the HEC after drafting the letter. The Chairman said that he understood the intent of the measure and would let members know about it first. As such, with the Chairman's consent, the Secretariat had issued the letter;
- (d) he pointed out that the paper was not meant to make it hard for members and members might not fill in the paper if they considered it unnecessary to do so. Even if a member indicated that a household member of him/her was under home quarantine, he/she would not be denied permission to attend the meeting. He said that he would like to take this opportunity to appeal to members to consider refraining from attending the meeting if any of their household members were under home quarantine; and
- (e) he pointed out that the DH provided information on persons under home quarantine and confirmed cases to departments suited for the information. He said that the STDO and the Secretariat did not have the relevant information.

72. The views of Mr Michael YUNG were summarised below:

- (a) he said that the DH had not sent any staff to attend meetings to explain the anti-epidemic arrangements, and it was difficult, as the Assistant District Officer just said, to request the DH to provide the relevant information;
- (b) as the Chairman of the Traffic and Transport Committee (TTC), he said the Secretariat said that the relevant documents were not required for TTC meetings. Before the meeting, he would ask if any of the attendees' household members were under home quarantine, and invite them to raise their hands; and
- (c) he considered that there was a lack of communication and exchange between the District Officer and members. As regards home isolation measures, he said that members had contacted the District Officer through the instant messenger application but the District Officer had not replied. He considered that the current relationship between members and the Assistant District Officer and the Secretariat was tense because the District Officer refused to communicate with members.

73. The views of Mr CHEUNG Hing-wa were summarised below:

- (a) he said that the STDC had repeatedly invited the DH to attend meetings to explain the anti-epidemic arrangements, but no representative of the DH had attended the meetings so far;
- (b) he considered the paper rudimentary and if it was necessary to ascertain whether members had contact with suspected patients, members should be asked whether they had been to the premises where the confirmed patients lived, instead of whether their household members were under home quarantine; and
- (c) he opined that the Secretariat had not considered the necessity of the paper before issuing it.

74. The views of Mr Jimmy SHAM were summarised below:

- (a) he enquired why only half of the seats in the public gallery were open to the media. He said that STDC of the current term wished to enhance the connection between the public and the STDC, and considered that it would be more appropriate to consult the STDC first on the relevant arrangements; and
- (b) the Assistant District Officer said that reference was made to the current practice adopted by the civil service for the declaration concerned, he asked whether staff of the Secretariat would report the situation to the STDC. He also enquired whether the Secretariat was under the purview of the STDO or the STDC. In addition, he suggested that the Secretariat should submit the declaration to the DC Chairman for the information of the STDC.

75. The views of Mr Raymond LI were summarised below:

- (a) he said that he did not understand why members had to seek answers from other departments when they had queries about the documents issued by the Secretariat. He said that the documents were not requested by members or the DH; and
- (b) he said that he did not mind the STDO asking members to make declarations, but considered that a letter issued with the STDC logo equaled to the views of the Chairman. While the Chairmen of the STDC and the HEC agreed with the anti-epidemic arrangements, he did not understand whether the declaration was made to the Chairman or the STDO.

76. The views of the Vice-Chairman were summarised below;

- (a) he enquired whether reference had been made to the guidelines of the Civil Service Bureau (CSB) in the paper. He said that some members had pointed out irregularities in the paper and would like to reflect them to the relevant departments for handling;
- (b) he would like to know whether the relevant declaration would be recommended to the chairmen of other committees and convenors of working groups; and
- (c) it was noted that the STDO and the Social Welfare Department had lists of persons receiving home quarantine and would provide assistance to these persons. He wondered whether the STDO could provide such information to STDC Members.

77. The responses of Mr Sebastian WONG were summarised below:

- (a) he said that staff members of the Secretariat whose household members were under home quarantine were required to make a declaration to the head of department and apply to work at home;
- (b) he responded to Mr Raymond LI's comment that the need to check with the DH referred to information on persons under home quarantine rather than the contents of the paper;
- (c) he pointed out that the declaration form of the CSB was more detailed and required more details and personal information. Understanding that members might not wish to provide personal information, changes had been made in the drafting of the paper. He said that he would take note of members' views and consider making improvements; and
- (d) he said that the completion of the declaration paper was an enhanced measure in response to the development of the epidemic. As the epidemic progressed, the relevant health measures would be adjusted in various committees.

78. The Vice-Chairman said that he would brief the chairmen of other committees and conveners of working groups and it would be up to them to decide whether to adopt this arrangement.

Applications for Leave of Absence

79. The Vice-Chairman said that the Secretariat had received applications for leave in writing from the following member:

Mr MOK Kam-kwai	Official commitment
Mr SIN Cheuk-nam	”
Mr Chris MAK	”
Dr LAM Kong-kwan	”

80. Members unanimously approved the applications for leave of absence from the above members.

Date of Next Meeting

81. The next meeting was scheduled to be held at 2:30 pm on 5 May 2020 (Tuesday).

82. The meeting was adjourned at 6:39 pm.

Sha Tin District Council Secretariat
STDC 13/15/40

June 2020