

**立法會**  
**Legislative Council**

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(These minutes have been  
seen by the Administration)

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**Panel on Health Services**

**Subcommittee to monitor the implementation of the recommendations  
of the SARS Expert Committee and  
the Hospital Authority Review Panel on the SARS Outbreak**

**Minutes of meeting  
held on Monday, 17 November 2003 at 8:30 am  
in Conference Room B of the Legislative Council Building**

**Members present** : Hon Cyd HO Sau-lan (Chairman)  
Hon CHAN Yuen-han, JP  
Dr Hon LAW Chi-kwong, JP  
Hon LI Fung-ying, JP  
Hon Michael MAK Kwok-fung  
Dr Hon LO Wing-lok, JP

**Members absent** : Dr Hon David CHU Yu-lin, JP  
Hon Andrew CHENG Kar-foo

**Public Officers attending** : Item I

Mrs Carrie YAU, JP  
Permanent Secretary for Health, Welfare and Food

All items

Mr Thomas YIU, JP  
Deputy Secretary for Health, Welfare and Food

Dr Regina CHING  
Acting Deputy Director of Health

Dr W M KO, JP  
Director (Professional Services and Public Affairs)  
Hospital Authority

Mr Tony CHAN  
Assistant Secretary for Health, Welfare and Food

**Clerk in attendance** : Miss Mary SO  
Chief Assistant Secretary (2) 4

**Staff in attendance** : Ms Amy LEE  
Senior Assistant Secretary (2) 8

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**I. Contingency mechanism to deal with possible resurgence of SARS**  
(LC Paper No. CB(2)339/03-04(01))

Dr LAW Chi-kwong said that it was not clear from the Administration's paper and the booklet "Vigilant & Prepared - Checklist of Measures to Combat SARS" as to how the Government and the Hospital Authority (HA) would operate during emergencies arising from the disease vis-à-vis normal time.

2. Permanent Secretary for Health, Welfare and Food (PSHWF) responded that the Health, Welfare and Food Bureau (HWFB) would be the central co-ordinating body during emergencies arising from SARS. PSHWF pointed out that even for minor outbreaks such as the recent viral gastroenteritis outbreak at the Sacred Heart Cannosian School, HWFB immediately liaised with HA and the Department of Health (DH) to understand the incident. Upon receipt of the incident report, assessment of the situation was made to determine whether normal response mechanism would suffice or whether the emergency response mechanism should be activated. PSHWF further pointed out that where there was an abnormal pattern of infection in the community which might have territory-wide implications, the Secretary for Health, Welfare and Food (SHWF) would immediately convene an urgent meeting to decide on the course of actions to be taken.

3. Director (Professional Services and Public Affairs), HA (Director, HA), said that in view of the vast size of HA, each hospital cluster had high degree of autonomy in determining the operation of the hospitals and services in the cluster. However, in a major disaster situation, there would be a need for strategic command to effect prompt and decisive response. Director, HA pointed out that in normal situation, individual hospital procured its supplies through the Cluster Procurement Team, with the exception of those items which were centrally procured and bulk purchased by HA Head Office (HA) through tender. Deployment of staff across hospitals and departments was the domain of Cluster Chief Executives (CCEs) and Hospital Chief Executives, made normally at the instigation of staff in accordance with the stipulated human resources rules and procedures. However, under a state of "emergency operation mode for disaster" declared by the Chief Executive (CE) of HA, procurement and distribution of supplies that were likely to be in shortage would be centralised. Similarly, staff could be deployed across clusters, hospitals and departments when necessary. Director, HA further pointed out that the management of HA had a tacit understanding with staff receiving training on infection control that the latter was expected to comply with any deployment plan under a state of emergency, unless satisfactory reasons were provided.

4. Dr LAW Chi-kwong was of view that the emergency arrangements highlighted in paragraph 3 should be formalised in writing, to avoid resistance from affected parties. In response, Director HA said that such arrangements were written down in the HA's response plan for infectious disease outbreaks. Director, HA further said that although deployment of supplies and manpower would be centrally determined during a state of emergency, decisions on such would not be made solely by CE. When tier three response was activated, CE would activate the Central Command Committee for the outbreak. Membership included CE, Directors, CCEs and involvement of the relevant experts.

5. The Chairman enquired about the strategy which would be adopted by HA for communicating with its staff in the event of an outbreak. The Chairman noted that during the last SARS outbreak, HA mainly relied on posting information on its Intranet. This was far from effective as not all staff had access to HA Intranet.

6. Director HA responded that one of the problems HA had identified during the last SARS outbreak with its staff was over-reliance on the HA Intranet as a communication tool. HA was committed to overcome this weakness by developing new channels of communication. These included the appointment of internal communication co-ordinators at hospital level, the establishment of 24-hour staff help desks during times of crises and displaying up-to-date information

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and important messages about outbreaks of infectious disease and measures for effective infection control through the terminals of HA's clinical management system. HA was also developing plans to strengthen staff groups communication. Apart from the aforesaid, HA would continue its practice of disseminating up-to-date information and important messages about outbreaks of infectious disease and measures for effective infection control through putting up notices and posters in the hospitals and circulating a newsletter, the HASLINK Express, to all staff members via email, in hard copies and through postings on notice boards in hospital compounds. Dr LAW Chi-kwong suggested HA to consider using electronic signboards in the hospitals to disseminate up-to-date information and important messages about outbreaks of infectious disease and measures for effective infection control. Consideration should also be given to using public announcement system in emergency situation.

7. Responding to Dr LAW Chi-kwong's enquiry about communication between a HA hospital and DH, Director, HA said that a Hospital Chief Executive was required to report to HA Head Office (HAHO) and DH in the first instance if any occurrence of abnormal pattern of infection inside the hospital system was detected.

8. Deputy Director of Health (DDH) advised that private hospitals had also been encouraged to notify DH of any occurrence of abnormal pattern of infection inside their hospital system. With the help of doctors' associations, the contact numbers of DH's four regional offices during and after office hours had been provided to all private medical practitioners to enable them to report to DH if they came across any suspicious case.

HA 9. At the request of Dr LAW Chi-kwong, Director HA agreed to provide a written response on how HA would disseminate information to its frontline healthcare staff upon activation of its green, yellow and red alerts after the meeting.

10. Ms LI Fung-ying noted from paragraph 8 of the Administration's paper that in addition to the three-level Response System set out in paragraph 4 of the same paper, relevant government departments would prepare their own departmental contingency plans. In the light of this, Ms LI asked which government departments were required to prepare their own departmental contingency plans and what would these plans entail. Ms LI also noted from paragraph 10 of the Administration's paper that HA had conducted 18 drills so far in the public hospital setting to familiarise staff of its emergency response plans. Ms LI asked what kinds of deficiencies, if any, had been identified from these drills and what percentage of HA staff had participated in them.

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11. PSHWF responded that the government departments required to develop their own contingency plans were those which would have direct involvement in the fight against SARS and other infectious diseases. These included DH, the Social Welfare Department, the Housing Department, the Food and Environmental Hygiene Department, and the Police. As to what areas such contingency plans would cover, PSHWF said that these plans were essentially operational manuals built on the experience gained from the last SARS outbreak. These plans would identify the likely emergency conditions the department might face during an outbreak and set out the responsive actions required to handle these conditions. These contingency plans would be documented, verified and tested. The Health, Welfare and Bureau (HWFB) would provide these departments with guidelines on the core elements to be included in their contingency plans, such as the formulation of a deputising plan on key posts as recommended by the SARS Expert Committee. A telephone hotline would also be set up to answer enquiries. PSHWF further said that HWFB would ensure that the implementation of these plans would be well-coordinated in times of outbreak.

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12. At the request of Mr Michael MAK, PSHWF agreed to make available samples of the departmental contingency plans and other related documents upon request.

13. As regards the drills at public hospitals, Director HA said that these drills were intended to test the ability of staff to cope with outbreaks from two angles. One was to test whether they could follow all the steps and procedures laid down in the HA's contingency plan in times of an unexpected outbreak and the other was to test whether they could follow the same upon the activation of HA's three-tiered alert system, say, a red alert.

14. Responding to the Chairman's enquiry as to whether the drills inside the hospitals had affected normal operation, Director HA said that it was inevitable. However, every effort had been and would continue to be made to see that the impact of the drills on the normal operation of the hospitals would be kept to a minimum and would not pose any health threat to patients. The same approach would be adopted in the event of a real emergency.

15. Referring to paragraph 9 of the Administration's paper which mentioned that the Administration would continue to fine-tune its contingency measures, Mr Michael MAK asked whether this implied that some areas that needed to be improved had still not been addressed, such as the enhancement of isolation facilities in public hospitals.

16. Director HA advised that about 70% of the some 1 300 new isolation beds would come on stream this month, with the remaining to put into service before

the middle of next year. Although only a portion of the planned new isolation beds would come on stream this year, HA was confident that these new beds, together with the existing ones, would be sufficient to cope with an outbreak, having regard to the contingency plan that had been put in place to ensure a swift and effective response.

17. Dr LO Wing-lok sought more details on the operation of the simplified emergency response command structure that would be put in place when the Alert Level Response was triggered. According to paragraph 4 of the Administration's paper, Alert Level Response would be activated when there was (a) laboratory-confirmed SARS cases outside Hong Kong; or (b) a SARS Alert in Hong Kong.

18. PSHWF responded that HWFB would work closely with HA and DH when the Alert Level Response was activated. Where necessary, HWFB would convene inter-departmental meetings to steer Government actions. HWFB would also notify the Chief Executive and remind all Government departments to maintain vigilance. Director, HA also said that HA staff were required to immediately report to HAHO and DH once the situation, which fell within the definition of a SARS Alert by the World Health Organization, had occurred in their hospitals. Upon receipt of such report, HAHO would henceforth alert HWFB and other hospitals to heighten preparedness and awareness. Director, HA further said that the hospital concerned was required to report to HAHO and DH on a daily basis until the situation, falling under the definition of a SARS Alert, had completely disappeared.

19. Dr LO Wing-lok suggested that SHWF should assume the role of coordinating all Government actions after the Alert Level Response was triggered. Dr LO also suggested renaming "Alert Level Response" to avoid sending a wrong message to the public that there was a confirmed SARS case in Hong Kong. In response, PSHWF said that she had no objection to Dr LO's suggestions. The Administration was prepared to consider referring the three levels of response system as Level 0 Response, Level 1 Response and Level 2 Response should this appeal to the public.

20. Dr LAW Chi-kwong expressed concern that a too carefully drawn up contingency plan would have the negative effect of leaving very little room for staff to meet the challenges of an unknown disease of high infectivity. In his view, it was more important to have a strong command structure in place to combat infectious diseases.

21. PSHWF responded that there was no cause for the concern mentioned by Dr LAW in paragraph 20 above, as all the contingency plans would be fine-tuned in light of the experience of the drills and of the actual operational experience.

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Reference would also be made to the contingency plans to guard against SARS and other infectious diseases from overseas.

22. Dr LO Wing-lok said that during the last SARS outbreak, private medical practitioners had not received any letters or emails from HA to keep them informed of the outbreak. To address such, Dr LO suggested HA to make use of the correspondence list kept by DH to communicate with private practitioners.

23. Director, HA responded that HA had recently reached a consensus with the private sector, including private hospitals and doctors' associations such as the Hong Kong Medical Association, on ways to enhance communication before and during outbreaks. These measures included both sides, namely, HA and the private sector, say, a doctors' association, to appoint designated contact officers to act as the focal liaison points, had been implemented. Notwithstanding this, Director, HA said that HA was willing to consider the suggestion made by Dr LO in paragraph 22 above.

24. DDH supplemented that it was incumbent upon DH to pass any correct and useful information to all healthcare practitioners in the private sector, such as doctors, dentists and Chinese medical practitioners (CMPs). DH would discuss with HA on ways to ensure that the dissemination of information to the private sector was well-coordinated to avoid repetition and overproviding.

25. The Chairman was of the view that other healthcare practitioners such as those practising in alternative medicines should also be kept informed of the outbreak by HA. In response, Director, HA said that there would be difficulty in doing so as, to his understanding, DH only kept and maintained the contact details of registered healthcare practitioners. DDH advised that apart from doctors, nurses and CMPs, DH also had the contact details of other professionals such as chiropractors, pharmacists, radiologists and physiotherapists.

Admin 26. On closing, the Chairman requested the Administration to provide a paper on the progress made in taking forward recommendation no. 16 of the SARS Expert Committee on surge capacity. DSHWF agreed.

**II. Manpower requirement for combating SARS**  
(LC Paper No. CB(2)339/03-04(02))

27. Members noted the above Administration's paper which set out the manpower requirements of DH and HA in combating SARS.

28. Miss CHAN Yuen-han asked the following questions -

- (a) whether the new posts created by DH and HA to combat SARS and other infectious diseases were permanent or temporary posts; and
- (b) whether the recruitment of such specialists as epidemiologists and virologists by DH was made from overseas.

29. DDH responded that recruitments for epidemiologists and virologists were advertised both locally and overseas. All eligible applicants would be assessed on the same basis, regardless of where they came from. The reason why recruitment for these specialist posts was also made from overseas was because of the limited number of suitable candidates in Hong Kong. The application date for these posts had already expired on 15 November 2003, and DH was presently at work in considering the applications received. As regards Miss CHAN's second question, DDH said that the new staff recruited to combat SARS and other infectious diseases would be required on a long term basis.

30. Miss CHAN Yuen-han asked whether DH had consulted the local medical sector before coming to a view that there were not enough suitable candidates in Hong Kong to take up the specialist posts in DH. The Chairman raised similar question. DDH responded that there was no need to do so, as DH had a good understanding of the supply of healthcare professionals in Hong Kong through its regular liaison with the local medical professional groups/associations.

31. As regards whether the newly created posts to combat SARS and other infectious diseases under HA were permanent ones, Director, HA said that all of them, save the 12 diagnostic radiographer posts, were intended to be permanent ones.

32. Miss CHAN Yuen-han said that one of the weaknesses identified from the last SARS outbreak was the inability of HAHO to deploy staff to cope with the outbreak. Miss CHAN enquired whether this problem had now been addressed.

33. Director HA responded that HA had already incorporated a staff deployment plan in times of outbreak in its contingency plan. Notably, upon the activation of the red alert, deployment of staff would be centralised by HAHO. Moreover, staff had been briefed during training on infection control that they might be required to work in other areas in times of outbreak. Response from staff members was generally positive.

34. Due to time constraint, the Administration agreed to provide a written response to the following issues raised by members for discussion at the next



meeting -

- (a) what were the justifications for the proposed creation of permanent posts, such as the specialist doctors, to combat SARS and other infectious diseases;
- (b) whether there would be any difficulty for recruiting eight to 10 specialists to combat SARS and other infectious diseases;
- (c) whether consideration could be given to providing some form of remuneration to doctors, nurses and other healthcare professionals from the private sector who offered to help out at HA public hospitals during the outbreak; if so, the details concerned;
- (d) whether consideration could be given to designating a body to engage the volunteer sector and non-governmental organisations in providing backup support in times of outbreak; if so, the body concerned;
- (e) what were the numbers and types of frontline healthcare personnel, including contractors' staff, proportionate to their respective total numbers who had received and were receiving basic and ongoing training in infection control;
- (f) in relation to the some 400 contract staff employed to carry out the control measures at various control points, whether any structured training on infection control had been or would be provided to them; if so, which body was responsible for providing such training. What were the duties of these contract staff and their working hours and how many of them were deployed at various control points;
- (g) whether HA could give a guarantee that it would only put those who had received training in infection control to cope with an outbreak, and the measures to ensure such;
- (h) what was the rationale for suspending those services/activities set out in paragraph 6 of the Administration's paper during the outbreak; and
- (i) how would HA and DH go about consulting their respective staff when refining the manpower deployment plan to combat SARS and other infectious diseases.

**III. Date of next meeting**

35. Members agreed to hold the next meeting on 1 December 2003 at 8:30 am to discuss the following -

- (a) Continued discussion on manpower requirement for combating SARS; and
- (b) Progress made by the Government and the Hospital Authority in taking forward recommendation nos. 23-30 and 31-33 of the SARS Expert Committee on communications and surveillance, information and data management respectively.

36. There being no other business, the meeting ended at 10:34 am.

Council Business Division 2  
Legislative Council Secretariat  
23 July 2004