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GOVERNMENT SECRETARIAT
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HONG KONG

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12 August 2010

Clerk to the Panel on Security
Legislative Council Building
8 Jackson Road
Central
Hong Kong
(Attn: Mr Raymond Lam)

Dear Mr Lam,

**Follow up to the Meeting of Panel on Security
held on 13 April 2010**

In response to Members' request at the meeting of the LegCo Panel on Security held on 13 April 2010, we write to provide supplementary information as follows:

- (a) As regards paragraph 18 of the minutes of meeting, according to the information provided by the International Academies of Emergency Dispatch (IAED), after cross-checking the categorisation of calls under the MPDS with the clinical conditions of patients after their arrival at hospitals, it was revealed that discrepancy (including getting better or worse) was found in only one to two percent of cases. However, the figure does not represent the error of the MPDS because there are many factors influencing the patients' conditions before his/her arrival at the hospital. For instance, the conditions of patients can become better because of the resuscitation performed by the Ambulance crew or the treatment provided on the way to the hospital.

Even for "Response 3" calls, the operator will remind the caller to contact the Fire Services Communication Centre again should

there be any changes to the patients' condition. If the conditions of patients warrant, the operator will stay on line with the caller after an ambulance has been dispatched and offer proper first-aid or time-saving advice.

- (b) As regards paragraph 29, supplementary information was already provided on 4 May 2010.
- (c) As regards paragraph 31, we understand that the Fire Services Department Ambulancemen's Union (FSDAU) supports in principle to prioritise response to ambulance calls according to their degree of urgency. From the medical point of view, the FSDAU's proposal to adopt a two-tier categorisation system is far too simple and deviates from the intention of the MPDS. MPDS aims at making an appropriate dispatch for patient at an appropriate time with appropriate advice before the arrival of ambulances. The MPDS is implemented in a system of no less than three tiers all over the world. According to overseas experience, 20% of calls are serious but non-life-threatening cases (Response 2). If a two-tier categorisation system is adopted, these calls will be classified as either critical/life-threatening cases (Response 1) or non-acute cases (Response 3). When cases of non-life-threatening are treated as life-threatening, valuable ambulance resources cannot be targeted at people in genuine need. On the contrary, if these more serious cases are treated as non-acute ones, patients will not be able to receive earlier treatment. In addition, in the absence of Response 2 calls to serve as a buffer, some people might exaggerate the seriousness of their situation to get speedier service.

According to the FSDAU's proposal, only emergency calls involving airway management will be classified as Response 1. Such calls, which involve cardiac/respiratory arrests, heart diseases (chest pains), unconsciousness, airway obstructions by foreign bodies, allergic reactions (breathing difficulties), shortness of breath (asthma, chronic obstructive pulmonary disease), epilepsy and severe bleeding, are now taken up by first responders (FRs) who will provide patients with basic life support services on scene. In 2009, about 36,212 calls (representing 5.9% of 617,265 emergency calls) were handled by FRs on scene within 6 minutes. In other words, only 5.9% of the calls will fall into Response 1, lower than the 31% we anticipated to be classified into this

category. That means less people will be given treatment at a shorter time. In fact, if MPDS is implemented, all the emergency calls involving airway management will be still taken up by FRs who will provide patients with basic life support services on scene. Afterwards, the patients will be handled by ambulancemen with advanced airway treatment.

- (d) As regards paragraph 34, like many other disciplined services officers, frontline ambulancemen may have their lunch breaks interrupted due to the need to perform life-saving duties. While the Fire Services Department (FSD) has the duty to ensure that emergency ambulance services for the public are maintained at all times, it should also make reasonable lunch arrangements for its ambulance staff. To this end, the FSD will take all possible measures to strike a balance between the provision of emergency ambulance services and welfare of its ambulance staff.

Members passed the motion in connection with the MPDS "That this Panel opposes the three-tier Medical Priority Dispatch System proposed by the Government, insists that the response time target of 12 minutes be adopted as the bottom line, and proposes that a quicker response time target be set by the Government for certain critical cases". We appreciate the concern of the LegCo Members over the proposed response time target under the MPDS. The Administration will carefully consider the views of the LegCo and the public in finalising the details of the MPDS. We will consult the LegCo again when the response time target is determined.

Thank you again for your valuable comments.

Yours sincerely,



(Ms YEUNG Lok Sze, Cherie)
for Secretary for Security