For discussion on
4 April 2022

Legislative Council Panel on Welfare Services

Anti-epidemic Work at Residential Care Homes

Purpose

This paper informs Members of the major initiatives to assist residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities (RCHDs) in coping with the COVID-19 epidemic.

Background

2. In the fifth wave of the epidemic, as at 28 March 2022, there were outbreaks in 785 RCHEs (97.8%) with 36,782 residents and 8,907 staff members infected; and 285 RCHDs (85.1%) with 9,427 residents and 3,360 staff members infected.

3. With the persistently large number of confirmed cases in Hong Kong, quarantine centres and hospital services are under extreme pressure. Some residents of RCHEs / RCHDs who are tested preliminarily positive, positive or classified as close contacts have to stay in residential care homes (RCHs) pending quarantine / isolation / treatment, or stay in RCHs for on-site quarantine / isolation as directed by the Department of Health (DH). There are also residents who have been sent back to RCHs according to the latest discharge criteria of the Hospital Authority (HA). The Social Welfare Department (SWD) has taken various measures in rendering support to RCH residents and staff.

Prevention and Control Measures for RCHs

Vaccination

4. Vaccination is highly effective in protecting against critical cases and death from COVID-19 infection. The Centre for Health Protection, having consulted experts and its Scientific Committees, decided that with effect from 4 March 2022, the vaccination interval between the first dose and second dose of the Sinovac vaccine would be shortened from 28 days to 21 days for residents of RCHEs and RCHDs, whereas that of the BioNTech vaccine would be maintained...
at 21 days. While RCH residents who have recovered from infection previously needed to wait for three months to receive vaccination, they may now be vaccinated four weeks after recovery according to advice of experts.

5. To expeditiously build up protection barriers against the epidemic among RCH residents, the Government has proactively mobilised and arranged more healthcare practitioners to assist in the administration of vaccines in RCHEs and RCHDs, with a view to speeding up vaccination among RCH residents. Since early March 2022, the number of service providers engaged by the Government to arrange outreach vaccination service teams to administer vaccines in RCHs has increased substantially from the initial five medical organisations to 16 medical organisations / healthcare institutions. Among them, there are teams lined up by the healthcare sector with private medical practitioners as the mainstay, as well as public service teams comprising staff from HA and DH. So far, the Government has achieved the first-phase target, namely to administer at least one dose of vaccine to all RCH residents in the territory who are suitable for vaccination before 18 March 2022. Using the total number of RCH residents (including those who have been assessed by doctors as unsuitable for vaccination or those who have refused to get vaccinated) as the basis for calculation, the vaccination rate of residents in RCHEs and RCHDs is 53% and 65% respectively. The Government’s second-phase target is to arrange outreach vaccination service teams lined up by medical organisations / healthcare institutions or visiting medical practitioners to make at least two visits to RCHs on or before 15 April 2022, for administering the second dose and third dose (if applicable) of COVID-19 vaccine to residents, and to arrange vaccination for unvaccinated residents who have recovered from COVID-19 infection, so as to strengthen their protection.

Infection Control Measures

6. SWD has conducted 26 rounds of voluntary testing for staff, residents and service users of RCHEs, RCHDs and nursing homes from July 2020 to March 2022 for early identification and treatment of infected persons. The first three rounds of voluntary testing were mainly targeted at RCH staff, while the fourth and fifth rounds were extended to RCH residents and other service users. Starting from the sixth round of voluntary testing, only RCH residents and other service users are covered as RCH staff have been subject to compulsory testing since the end of November 2020. To further protect the health of RCH residents and staff, the Government regularly conducts compulsory testing exercises for staff of RCHEs and RCHDs, requiring those who have not received two doses of vaccines to undergo nucleic acid tests. The Secretary for Food and Health issued 55 compulsory testing notices under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap 599J) from the end of November 2020 to mid-March 2022. In addition, SWD has distributed free
COVID-19 rapid antigen test (RAT) kits to all RCHEs and RCHDs in the territory for use by staff and residents since February 2022. Staff are required to perform RAT and obtain a negative result daily before attending work in RCHs. RCHs are also required to conduct at least one round of RAT daily for their residents to achieve “early identification, early isolation and early treatment”. Furthermore, SWD has allocated additional time-limited resources to increase the provision of medical consultation service in RCHs by visiting medical practitioners, with a view to giving due treatment to residents as soon as possible, protecting their health and reducing reliance on the public healthcare system.

7. SWD has implemented the Vaccine Pass arrangement in all RCHEs and RCHDs since 24 February 2022. Starting from this date, except for those who can produce COVID-19 Vaccination Medical Exemption Certificates to prove their unsuitability for COVID-19 vaccination due to health reasons, all RCH staff are required to have received at least one dose of COVID-19 vaccine to be eligible for discharging duties in RCHEs, RCHDs or day service units attached to the premises of RCHs, or providing services to RCH residents or users. In addition, SWD has extended the Vaccine Pass arrangement to cover all persons newly admitted to RCHEs and RCHDs for long-term abode (excluding emergency or residential respite services) since 14 March 2022.

8. Apart from the various infection control measures stipulated in the Code of Practice for Residential Care Homes (Elderly Persons) and the Code of Practice for Residential Care Homes (Persons with Disabilities), DH and SWD have respectively issued guidelines recommending RCHs to step up infection control as well as personal and environmental hygiene measures, make suitable arrangements for visitors, residents and staff newly admitted / returning from hospitals, handle suspected or confirmed cases or close contacts, and implement on-site quarantine / isolation arrangement, among other things. At the same time, SWD encourages RCHs to make use of mobile phones and video communication devices to help RCH residents keep in touch with their family members and to enhance communication between the family members and RCH staff. Elderly and rehabilitation service units may apply for the $1 billion Innovation and Technology Fund for Application in Elderly and Rehabilitation (I&T Fund), established in December 2018, to procure, rent and trial use related technology products. While at present only service units receiving subvention or subsidy from SWD are eligible to apply, we plan to extend the I&T Fund to cover private RCHEs and RCHDs, with a view to allowing them to use technology products to alleviate the burden and stress of nursing practitioners and carers, as well as improve the living quality of service users. We expect to invite applications from private RCHEs and RCHDs in the second half of this year.
9. SWD launched a time-limited programme in December 2020, whereby non-governmental organisations (NGOs) providing Visiting Medical Practitioner Service are subsidised to arrange nurses to conduct on-site assessment on infection control measures of private and self-financing RCHs as well as contract RCHs operated by private operators. The programme also seeks to strengthen anti-epidemic knowledge and skills among RCH staff, and arrange technical engineering teams to conduct on-site ventilation assessment for these RCHs and make recommendations on ventilation improvement. Besides, SWD provides special subsidy to NGOs operating subvented or contract RCHs to self-arrange corresponding measures in those RCHs.

10. The Hong Kong Jockey Club Charities Trust disburses a one-off allowance, subject to a capped amount, for RCHs to purchase equipment so as to improve ventilation of RCHs and strengthen support for residents. As there are persistently large number of confirmed cases in Hong Kong, SWD has collaborated with the Trust again since March 2022 in providing specific high-efficiency air purifiers and particulate absorbing filters for RCHs with residents under on-site quarantine / isolation to improve indoor ventilation, with a view to reducing the risks of virus transmission and protecting the health of residents and staff.

“Closed-loop Management” of RCHs

11. To strengthen the protection for RCH staff and hence reduce their risks of getting infected or even infecting other residents, SWD strongly requests RCHs to implement “closed-loop management”, and arranges designated hotels and dedicated vehicles for point-to-point transfer of their staff to and from RCHs, so as to avoid the spread of virus to RCHs. As at 25 March 2022, a total of 539 staff members of more than 100 RCHs agreed to the implementation of “closed-loop management” and have progressively moved into the designated hotels starting from 9 March. They have to stay in the hotels after work and during rest days to ensure effective implementation of anti-epidemic measures.

12. Some RCHs have expressed intention to use adjacent vacant land (such as car parks or front and rear yards) to put up containers for conversion into temporary hostels for RCH staff to rest after work. With the collaboration of the Government and the Construction Industry Council, 32 temporary facilities accommodated in containers have thus far commenced operation.
Anti-epidemic Items

13. SWD has provided masks to RCH staff since 2020 and distributed personal protective equipment (PPE) (e.g. disposable gowns, N95 masks, goggles, shoe covers, gloves) to all RCHEs and RCHDs since February 2022. In addition, SWD has provided five rounds of special allowance to RCHs for the procurement of PPE and sanitising items. Depending on the number of beds, the first two rounds of special allowance were provided at a rate of $5,000 or $3,000, while the third to fifth rounds were provided at a rate of $10,000 or $6,000. To assist RCHs in coping with the fifth wave of the epidemic, SWD announced a number of support measures on 17 February 2022, including disbursing the sixth round special allowance to RCHs. Depending on the number of beds, the allowance is provided at a rate of $28,000, $20,000 or $12,000. An extra special allowance for RCHs under on-site quarantine / isolation is also provided for the procurement of PPE and sanitising items or other anti-epidemic purposes (e.g. procurement of services to maintain their operation).

Manpower Arrangement and Additional Support for RCHs

14. The Government is aware of the tight manpower supply in many RCHs during the epidemic. In this light, SWD has provided RCHEs and RCHDs with special allowance for manpower support starting from 2020. If any RCH staff member (a) needs to receive treatment because of COVID-19 infection, or (b) is classified as a close contact and thus absent from duty as a result of compulsory quarantine, the RCH concerned can use the allowance to meet the expenses for hiring temporary staff / relief staff or arranging internal deployment of staff to work overtime. In addition, to recognise the extra efforts of RCHE and RCHD staff in taking care of residents during this critical period amid the fifth wave of the epidemic, the Government has decided to grant a special anti-pandemic allowance at a monthly rate of $2,000 per person to all eligible RCHD and RCHE staff for five months from February to June 2022. For RCHs with residents under on-site quarantine / isolation, SWD will provide an extra allowance of $500 per day per person to eligible RCH staff who take care of residents under on-site quarantine / isolation (i.e. working for at least eight hours per day). As for eligible staff working for four hours but less than eight hours, the Government will provide them with an extra allowance of $250 per day per person in recognition of their efforts.
15. Meanwhile, SWD has been recruiting temporary contract care workers both locally and from the Mainland for a period of three months to alleviate the burden on manpower. Upon receiving training on nursing and infection control skills provided by SWD, they will be deployed to take care of residents in holding centres, community isolation facilities, quarantine centres, RCHEs or RCHDs. As at 25 March 2022, SWD recruited about 630 contract care workers from the Mainland, while more than 100 local temporary contract care workers also started working in March.

16. In addition, the Labour Department (LD) has, on a time-limited basis, relaxed certain requirements for RCHEs and RCHDs to import care workers under the Supplementary Labour Scheme (SLS) for three months from 1 March to 31 May 2022. During this period, LD will exempt the care sector from the prerequisite arrangement of undergoing four-week local recruitment under the SLS, flexibly approve the number of care workers to be imported having regard to the needs of RCHs, and suspend circulation of each application to the Labour Advisory Board for views. These seek to expedite the processing of applications to address urgent needs. Subvented and contract RCHs may also apply for importation of care workers in accordance with the same requirements. As at 25 March, LD received a total of 395 applications (involving 2,209 care workers), 312 of which have been approved (involving 1,764 care workers).

Prevention and Control Measures outside RCHs

Transfer for Treatment

17. In collaboration with relevant departments, SWD has set up holding centres for community isolation purposes to receive infected elderly patients with mild symptoms or those under recovery assessed by HA to be suitable for discharge. Since most elderly patients are frail or have chronic diseases, they require care and nursing services by professional organisations commissioned by SWD. HA or the universities or private healthcare organisations commissioned by HA will arrange doctors or nurses to offer medical consultation and support. As at 28 March 2022, the community isolation facilities / holding centres operated by SWD are as follows –

(a) Since 18 February 2022, the 640 beds originally provided for close contacts in RCHs for quarantine purposes at the AsiaWorld-Expo have progressively been converted into a community isolation facility specifically for residents of RCHEs and RCHDs who have been tested positive for COVID-19. The facility has been further expanded since 24 February, with the number of beds increased to 1,018.
(b) Since 20 February, a holding centre providing 144 beds has been set up in the Choi Wing Road Sports Centre to serve the elderly living in RCHEs or in the community.

(c) Since 1 March, a holding centre providing 180 beds has been set up in the Shek Kip Mei Park Sports Centre to serve the elderly living in RCHEs or in the community.

(d) Since 16 March, a holding centre providing 130 beds has been set up in the Harbour Road Sports Centre to serve the elderly living in RCHEs or in the community.

(e) Since 21 March, a holding centre providing about 1200 beds has been set up in the Kai Tak Cruise Terminal to serve the elderly living in RCHEs or in the community. The centre has been commissioned in phases, with about 400 beds provided in the first phase and the remaining 800 or so in operation from 31 March.

(f) Since 23 March, a holding centre providing about 130 beds has been set up in the Tin Shui Wai Sports Centre to serve the elderly living in RCHEs or in the community.

(g) Since 28 March, a holding centre providing 150 beds has been set up in the Tsuen Wan West Sports Centre to serve the elderly living in RCHEs or in the community.

When the need arises, SWD will consider setting up more holding centres in other suitable locations.

18. Apart from allowing infected patients with mild symptoms living in the community or in RCHEs / RCHDs to receive care and nursing in holding centres, the above facilities reduce risks by enabling RCHEs / RCHDs to devote resources to taking care of other uninfected elderly people / persons with disabilities. When doctors confirm that the elderly people / persons with disabilities in the holding centres are fit to leave, SWD will make arrangements to send them back to their original RCHs or the community.
Reverse Isolation

19. With SWD’s implementation of “reverse isolation”, starting from 10 March 2022, uninfected residents in RCHs with infection will be temporarily accommodated in the two recently licensed but yet to be commissioned RCHs in order to protect them from infection. The temporary accommodation normally lasts for 14 days, or until the epidemic situation of their original RCHs is brought under control. As at 25 March, a total of 100 uninfected RCH residents were transferred.

Enhancing RCHs’ Capabilities in Epidemic Fight

20. Meanwhile, in the light of the deficiencies flagged up by the fifth wave of the epidemic, we will seize the time in enhancing RCH’s capabilities in fighting against the epidemic as far as possible to pre-empt emergence of the sixth wave. We have set up an inter-departmental task force led by the Labour and Welfare Bureau to comprehensively examine RCH’s capabilities in fighting against the epidemic and suggest improvement measures. Primary tasks are to examine improvements to RCHs’ ventilation as well as the relevant anti-epidemic guidelines.

Conclusion

21. Members are invited to note the content of this paper.

Labour and Welfare Bureau
Social Welfare Department
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