

Handling of a large-scale compulsory quarantine exercise by Department of Health and Civil Aid Service Investigation Report

On 20 May 2021, the complainant complained to this Office against the Department of Health (“DH”).

The Complaint

2. In April 2021, the Government announced that all residents of a building (“the Building”) were placed under compulsory quarantine for 21 days. The complainant said that he and his family were therefore transferred to the Penny’s Bay Quarantine Centre (“PBQC”) for quarantine. On 7 May, the Government adjusted the quarantine requirements, under which residents who tested negative could leave PBQC on 8 May gradually. After the complainant and his family all tested negative, his father was discharged on the night of 8 May, but it was not until the afternoon of 10 May that the complainant and other family members were discharged. In this connection, the complainant and his family made enquiries with PBQC staff and on-duty members of the Civil Aid Service (“CAS”), as well as telephoned DH. PBQC staff replied that “it was probably too busy as a large group of people were to be discharged”. A CAS member told them that they were not allowed to leave because the documents had not been received from DH. A DH staff answering his phone call said that “no vehicle was available”. Their subsequent calls to DH were unanswered.

3. Moreover, the complainant suffered from diarrhoea after eating the food served at PBQC on the morning of 7 May.

4. The complainant alleged there were serious inadequacies on the part of DH in this quarantine exercise. The lack of effective communication between DH and CAS caused unwarranted and prolonged stay of the complainant and some family members at PBQC for more than two days. No reasonable explanation was given by DH. He also raised queries about several issues, including shortage of isolation units at quarantine centres, improper arrangement of compulsory testing for the Building’s residents, suspected food poisoning incidents and lack of WiFi access at PBQC, and some people placed under quarantine leaving their rooms without authorisation.

5. After preliminary inquiry, this Office decided to initiate a full investigation into the complaint against DH. Our scope of investigation was extended to CAS, the department in relation to the auxiliary force responsible for venue management at PBQC.

Our Findings

Response from DH and CAS

Compulsory quarantine involving confirmed COVID-19 cases with mutant strain

6. To prevent and control COVID-19, DH's Centre for Health Protection ("CHP") takes action under the Prevention and Control of Disease Regulation once any preliminarily positive or probable case is reported. If a health officer has reason to believe that a person is a contact, the health officer may, by order in writing, place the person under quarantine. Asymptomatic individuals who are close contacts of confirmed patients should undergo compulsory quarantine at quarantine centres until a health officer considers that they are not infectious.

7. The World Health Organisation reported that the N501Y mutant strain spread more easily and caused more severe disease than the original strain. Since the mutant strain was highly infectious, CHP considered it essential to take prudent preventive measures at that time because residents of all floors and units in the same building of a confirmed patient might have been exposed to the risk of COVID-19 infection via sharing its common facilities. After a preliminarily positive case with the mutant strain was reported on the night of 16 April, the Government immediately exercised the power under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation to make a restriction-testing declaration. CHP also evacuated and placed all asymptomatic residents under compulsory quarantine for 21 days at PBQC, as an integral measure to curb the spread of the mutant strain in the community.

8. In April 2021, a local case with the mutant strain was reported in the Building. The Government immediately exercised the power under the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation to make a restriction-testing declaration involving the Building as a "restricted area", effective from 7 pm on the same day. All persons in the Building are required to stay in their premises and undergo compulsory testing. After testing, all asymptomatic residents of the Building were placed under compulsory quarantine for 21 days at PBQC.

9. CHP continued to review the infection control measures involving confirmed cases with the mutant strain. According to the latest epidemiological findings by that time, there was no evidence of transmission from the patient's household to other units of the same building. Taking into account further analysis of epidemiological data of patients, the infection risk of close contacts, and the test results obtained under relevant compulsory testing orders and restriction-testing declarations, CHP considered that residents living in the same building but not the same unit of confirmed cases should neither be classified as close contacts nor placed under a 21-day compulsory quarantine.

10. Accordingly, CHP announced on 7 May 2021 that all people previously placed under compulsory quarantine for residing in the same building of mutant strain cases, including the Building's residents, would be tested again at PBQC and discharged upon receiving a negative result. To ensure that no infectious persons were discharged, persons in the same residential premises and quarantine unit were not allowed to leave until they all tested negative. Those whose test results were indeterminate or unavailable should undergo further testing or await a negative result before leaving; other persons living in the same residential premises and quarantine unit were required

to remain at PBQC pending their test results. If one member of the family tested positive with COVID-19, other family members would be classified as close contacts and subjected to a longer quarantine period.

General arrangement of discharging people from PBQC

11. CAS is responsible for venue management and distribution of necessities and meals at PBQC. DH's medical officers set up a medical post at PBQC, supported by members of the Auxiliary Medical Service, to conduct medical surveillance for people under quarantine and provide basic medical services.

12. People are placed under compulsory quarantine at PBQC according to the period specified on the quarantine order. As per its daily routines, CAS logs on the Quarantine Centre Management System ("QCMS") to print a paper list of people to be discharged in three days, and asks each of them the time they wish to leave PBQC and their mode of transportation. CAS will update the list on the day of their discharge.

13. Meanwhile, PBQC medical post also accesses information from QCMS to arrange testing for people ready to be discharged (generally tested two days before their discharge). Test results are sent to the medical post by QCMS. For people who test negative, medical post staff will prepare their documents, including the proof of stay at PBQC and sick leave certificate, to be handed to them by CAS members.

14. Apart from the data sent by QCMS, CAS also separately opens a paper file for each family admitted to PBQC. After collecting their proofs of stay at PBQC and other documents from the medical post, CAS would check against the information of people under quarantine. Where any error or omission is identified, or the paper files of people ready for discharge include other names not listed as such, CAS would contact the medical post for assistance and follow-up. On the day of discharge, CAS would approach the people under quarantine in advance, advising them to pack their belongings. When they leave, CAS would verify their information again and give them the discharge documents. They can then board the shuttle bus or leave by their own means.

15. PBQC operation involves a large amount of administrative work and manpower arrangement. Generally, CAS duty officers follow the procedures stipulated in the Discharge Guidelines for ordinary people who have completed quarantine to discharge them in an orderly and safe manner. Before carrying out this large-scale operation to discharge people from PBQC, the duty officers had explained the discharge procedures and details to the staff on duty to enhance their understanding of the process.

Large-scale operation to discharge people from PBQC on 7 to 9 May 2021

16. Subsequent to the Government's decision announced on 7 May 2021 (see **para. 10**), DH had to arrange early discharge of more than 2,000 residents, including

around 1,000 residents of the Building, from PBQC between 7 and 9 May. It had to arrange the first batch of residents of another building to leave on the evening of 7 May. Due to the tight timeline and the large number of people involved, DH immediately deployed more manpower. CHP compiled a list of people preliminarily eligible for early discharge, and prepared the documents including their termination of quarantine orders and proofs of stay at PBQC. The name list was sent to CAS members and medical post staff at PBQC by email in parallel.

17. On 7 May, CHP gradually arranged deep throat saliva testing for the Building's residents placed under compulsory quarantine at PBQC, so that they could leave on 8 May after testing negative.

18. As numerous people under quarantine were involved in the large-scale discharge operation on 8 May, the general procedures to discharge people from PBQC were not applicable. DH decided to make special arrangements to avoid omitting any people under quarantine in the testing exercise, which would in turn prolong their stay at PBQC. Under the division of duties, the medical post collected specimens according to the list of people requiring testing and delivered their specimens for laboratory testing. Upon receiving the test results on the next morning, CHP staff checked against the list of people eligible for discharge on that day to verify whether their results were negative. In case any individuals' test results were unavailable or indeterminate, CHP would immediately notify PBQC medical post by email to follow up and conduct testing for those individuals again. The medical post would also issue the termination of quarantine order and proof of stay at PBQC for the people under quarantine whose test results were ascertained, and passed the documents to CAS Central Command Centre ("CASCCC") for arranging discharge. If the list of people eligible for discharge was in order, CASCCC would instruct CAS members to notify the people under quarantine and arrange their discharge.

19. With numerous people under quarantine staying in different sections/areas of PBQC at that time, CAS set up six stations at PBQC for the large-scale discharge operation to clear the crowd and speed up the discharge process. CASCCC first deleted the names of those who could not leave in the interim from the list of people eligible for discharge, and set aside their termination of quarantine orders and proofs of stay at PBQC. The revised name list was printed and distributed to each station. CAS members on duty at the stations arranged for people under quarantine to leave according to the printed list. When enquiries were made by people under quarantine and CAS members could not ascertain their eligibility for discharge with the list on hand, their enquiries were referred to CASCCC for further action.

20. Unlike the normal situation where the procedures to discharge people under quarantine is centralised in CASCCC, in this large-scale operation the documents were issued on the same day and numerous people were involved. CAS members could not follow the established procedures (see **para. 14**) to check against the paper files (containing the list of people under quarantine and their family members, their quarantine orders, etc.) before discharging people from PBQC.

Sequence of events regarding the quarantine and discharge of the complainant and his family

21. The complainant and three family members resided in the same unit of the Building. Upon evacuation from the Building, they requested DH to allocate a separate room for each of them. Their request was referred to CAS. The complainant and his family arrived at PBQC on the same day at different times, and were arranged to stay in four different quarantine units.

22. On the evening of 6 May, the medical post exported and printed a list from the database of people under quarantine as classified by the system, according to the date of their admission to PBQC. Medical post staff collected specimens from people under quarantine on the list for testing. On 6 May, the complainant's father was transferred to hospital for observation and treatment at around 1 pm after feeling unwell, and returned to PBQC at around 10:45 pm on the same day. When the medical post exported on the evening of that day the list of people requiring testing, his file was classified as "transferred to hospital" instead of "under quarantine". As such, his data was not in the database of people under quarantine, nor was his name on the list of people requiring testing.

23. On 7 May, the complainant and other family members took a deep throat saliva test with results expected on the following day. However, the complainant's father was not tested on 7 May because he was classified as "transferred to hospital" on 6 May.

24. On the morning of 8 May, CHP received the negative results of the complainant and other family members. No result was obtained for his father who had not taken a deep throat saliva test. As detailed in **paragraphs 10 and 19**, although testing negative, the three family members residing in the same premises (i.e. the complainant and other family members) were not arranged to leave PBQC at that time because the complainant's father had not obtained a negative result. CASCCC deleted the name of those people who could not leave in the interim from the list of people eligible for discharge, including the complainant and his family. Their termination of quarantine orders and proofs of stay at PBQC were also set aside.

25. At noon on 8 May, PBQC medical post arranged a deep throat saliva test for the complainant's father, and a negative result was obtained on the same afternoon. CAS station members received an enquiry about whether the complainant's father could be discharged and made a report to CASCCC. After confirming his test result and eligibility for discharge with the medical post, CASCCC informed CAS station members that he could be arranged to leave. At that time, CAS station members only held a paper list of people eligible for discharge compiled by CASCCC, but not the paper files of people under quarantine. The name list held by CAS station members did not contain any information of the complainant's father and other family members. Upon his discharge on that night, the complainant's father did not ask CAS members about the arrangement to discharge his family. Consequently, at that time CAS station

members were not aware that the complainant and other family members were still at PBQC because his father had not obtained the test result on the morning of 8 May.

26. On 8 and 9 May, CAS members received WhatsApp¹ messages from the complainant and his family about their discharge. However, their case was not referred to CHP for timely follow-up because there was an influx of similar enquiries at that time.

27. On 10 May, CHP received notifications and enquiries about certain residents of the Building placed under quarantine (including the complainant and his family) who were still not discharged. CHP immediately contacted various units and checked its information to verify the identity, infection risk and test result of those who were still staying at PBQC, arranged the issue of relevant documents and informed CAS to make arrangement for their discharge. At around 3 pm on the same day, the complainant and his family were discharged from PBQC.

28. DH expressed its regret at the inconvenience caused to the complainant's family at PBQC. DH explained that CHP carried out several large-scale evacuation exercises between 17 April and 5 May 2021. On 8 and 9 May, more than 2,000 residents of various buildings placed under quarantine were eligible for discharge, making it the largest operation to discharge people from PBQC in recent years. Challenges to varying degrees, in respect of administrative arrangement, verification of each resident's test result and personal data, and distribution of documents certifying the eligibility for discharge, were encountered and delays were caused. On 31 May and 8 July 2021, the Food and Health Bureau ("FHB") held inter-departmental meetings with relevant departments to comprehensively review and follow up with the feedback and views received from residents regarding this evacuation, quarantine and discharge arrangements, with a view to providing proper care for people under quarantine and preventing the recurrence of similar incidents. The relevant improvement and proposed measures included:

- More infrastructure would be added at PBQC to strengthen communication among relevant departments;
- Closely monitoring and flexibly deploying more manpower and resources to cope with sudden surge of people placed under quarantine;
- For large-scale operations, DH would enhance the COVID-19 cases processing and information (including printing of paper wristbands, lists of passengers transferred to QC by vehicles, termination of quarantine orders, etc.), and collect and verify information by electronic means (e.g. aided by identity card readers). These measures would facilitate data

¹ Upon admission to PBQC, people under quarantine receive a notice with a WhatsApp phone number for contacting CAS and a CAS hotline for their quarantine room. All WhatsApp accounts provided for people under quarantine are managed and checked by CAS members. Where necessary, CAS members will forward the messages received to their supervisors on duty, who will further forward them to the WhatsApp group including medical officers serving at the medical post. The group does not include any CHP staff.

collection, enhance data accuracy, and minimise errors or inconsistency in data input;

- DH was preparing for the development of mobile application to facilitate evacuation exercises. It would allow frontline staff to use a reader to convert the Hong Kong identity cards of people placed under quarantine into text files and input other particulars (such as residential address, telephone number, etc.), and instantly upload their data to a platform as far as permitted by network. CHP and other PBQC service units, including DH's Contact Tracing Office and PBQC task force, CAS and the medical post, can access the same information directly from the electronic platform or QCMS, rather than relying on mobile phones, WhatsApp software and exchange of emails for communication. It would minimise omission of data or wrong transmission, and facilitate the interaction among different units and the process of verifying a large amount of data; and
- DH would purchase more computers and accessories to provide better hardware support. CAS was also preparing to purchase more computers to cope with the situation where a large group of people under quarantine are admitted to or discharged from PBQC within the same day. Each station set up at PBQC would be equipped with computers for staff to instantly access the data of people under quarantine and their family. They can also receive the latest information and instructions from CASCCC immediately, rather than relying on individual CAS members to exchange telephone calls or send WhatsApp messages to the CASCCC group. When data is updated by other departments, CAS station members can obtain comprehensive information in parallel, so that no delay or omission would be caused by the complicated communication process in discharging people under quarantine and their families.

Response to the shortage of quarantine units

29. The complainant queried DH's decision to evacuate all residents of a building despite a shortage of quarantine units at quarantine centres. DH has given the justification for evacuating all residents of a building at that time (see **paras. 7 and 8**). DH indicated that it has closely monitored the occupancy rate of quarantine centres. Where necessary, it would reactivate backup quarantine centres (including Sai Kung Outdoor Recreation Centre, Junior Police Call Permanent Activity Centre and Integrated Youth Training Camp in Pat Heung held for backup purpose at that time). The Government would also consider converting more venues (such as the Heritage Lodge of the Jao Tsung-I Academy, Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp and other venues under the Leisure and Cultural Services Department) into quarantine facilities on a needed basis.

Response to improper arrangement of compulsory testing

30. The complainant alleged that the compulsory testing exercise for the Building was poorly organised, with no staff assisting the residents in maintaining social distancing. DH responded that the Home Affairs Department was the coordinator of that compulsory testing exercise. The exercise commenced at around 7 pm on that day, aiming at screening all people subject to testing for coronavirus as soon as possible. A large group of people (around 950) were tested in this urgent exercise. Crowd control measures were implemented during the compulsory testing exercise, including notifying residents to take the test by batches, property management staff assisting in controlling the elevators, erecting barricades at the ground floor lobby, etc., to disperse the people subject to testing in an orderly manner.

31. DH stated that during the evacuation exercise on that day, CHP notified residents to register at the lobby by batches after confirming the availability of vehicles. This was for minimising the number of residents present at the same place, shortening their waiting time, and transferring them to PBQC quickly. Where the place was found to be overcrowded, the staff on-site would advise residents to keep their distance with the assistance of property management staff. The evacuation exercise commenced at around 7:45 pm on that day, and completed at around 8:45 pm on the following day.

Response to the food quality at PBQC

32. DH explained that CHP outsourced the catering service at PBQC to a supplier. CHP called tenders according to the Government's Stores and Procurement Regulations ("SPR"). The supplier concerned had a track record in providing catering service for quarantine centres since March 2020. It held a food factory licence issued by the Food and Environmental Hygiene Department ("FEHD"), satisfied the tender criteria set by DH and offered the lowest tender price. DH procured catering service from the supplier for PBQC according to the SPR.

33. In response to the suspected food poisoning incidents at PBQC alleged by the complainant and his query of how to prevent the recurrence of similar problem, DH said that CHP was notified on the night of 6 May of abnormality of meals served at PBQC and suspected food poisoning cases involving people under quarantine. Epidemiological investigation was initiated immediately. A total of 45 people under quarantine reported to QC command and medical posts that they were unwell. The medical officers on-site attended to people who needed assistance, including face-to-face consultation, medical check-up and medicine prescription. Among them, five people were transferred to hospital for check-up and returned to PBQC subsequently.

34. Moreover, CHP sought assistance from FEHD's Centre for Food Safety ("CFS"). On 7 May, CFS inspected the supplier's food factory and found it unhygienic, where cooked and hot food was stored at a temperature lower than that required under CFS guidelines. CFS staff also collected food and environmental samples for testing. FEHD subsequently issued verbal warning to the supplier and

instituted prosecution. For prudence's sake, CHP ceased the catering service of the supplier on the night of 7 May and arranged for another supplier to take over immediately. CHP subsequently terminated the contract with the supplier concerned and was in the process of seeking legal advice from the Department of Justice on compensation and contract issues.

35. In the wake of the incidents, DH reviewed the tender criteria, logistic support, meal distribution, etc., to examine how to ensure the hygiene, safety and quality of food. DH subsequently tightened up the qualification screening of suppliers and the required transportation time, and stepped up monitoring food quality on-site. DH also organised food safety seminars for frontline meal deliverers and suppliers to enhance their safety awareness regarding each stage from food production to delivery. After scrutiny and review, DH required suppliers to satisfy certain eligibility and food quality criteria. They should also comply with the following requirements to prevent recurrence of abnormal food incidents as occurred at the PBQC:

- preparing food in compliance with hygienic standards with adequate measures and stringent procedures to prevent contamination;
- packaging meals with appropriate insulated containers;
- using professional insulated containers to keep hot food at above 60°C and chilled food at below 4°C during transportation; and
- completing the transportation within 30 minutes, which was later further shortened to 25 minutes.

36. DH has all along included specific provisions in its outsourcing contracts on the service quality required of contractors. Where a contractor's service quality fails to meet the standards, DH will follow up and take action according to contractual provisions.

Response to allocation of hotel rooms for certain people under compulsory quarantine

37. DH explained that depending on personal circumstances, people placed under quarantine might be allocated to different quarantine centres or quarantine hotels. In making allocation, DH considered a range of factors, including their special needs (such as minors or pregnant women) and medical needs, the distance between their residence and quarantine centres, etc. Except around 30 residents of the Building who were assessed to have special needs and allocated to quarantine hotels, all others were quarantined at PBQC. No residents refused to be quarantined.

Response to lack of WiFi access at PBQC

38. DH explained that the facilities of quarantine centres vary depending on the site's ancillary hardware, and not all quarantine centres are equipped with WiFi. In

planning the construction of PBQC, the Office of the Government Chief Information Officer said that radio base stations would be installed at PBQC; people under quarantine could use mobile data, and there was no need to install WiFi facilities. Before Phases 3 and 4 of PBQC commenced operation, telecommunication service provider had further strengthened the signal reception of its radio base stations.

39. People under quarantine in need of mobile data SIM card could obtain one (with 2GB mobile data, and unlimited data at limited speed thereafter) from PBQC free of charge. They could seek help from PBQC staff if additional SIM cards were needed.

40. To further enhance service, DH has since 7 June 2021 provided SIM cards with higher mobile data usage (50GB) for people under quarantine. FHB and the Architectural Services Department are planning to install more radio base stations at PBQC to increase the efficiency of its mobile communication network. On 14 June, FHB also convened an inter-departmental meeting regarding the network service at PBQC to review and further improve its network facilities.

Response to people under quarantine leaving their rooms without authorisation

41. DH said that PBQC requires all people under quarantine to stay inside and not leave the allocated room unless they need to seek medical attention or in an emergency. Security staff stationed at PBQC monitor the CCTV system from the command post round the clock, and they are also deployed to patrol the entire site of PBQC. Meanwhile, fixed security posts were set up at PBQC to ensure that people under quarantine comply with the quarantine order. Upon detecting any non-compliance or anyone leaving/attempting to leave the allocated room without authorisation, PBQC staff and security staff will issue advice and warning. In case anyone still refuses to comply and cooperate, PBQC staff will seek help from the Police.

42. Between late April and 7 May 2021, CAS members and security staff responsible for management of PBQC issued 29 verbal advices to people leaving their quarantine rooms without authorisation or in breach of the quarantine requirements. Upon advised, they all cooperated and returned to their quarantine rooms immediately. During the same period, security staff monitored the situation from fixed security posts and via the CCTV system. CAS members/security staff were also deployed to patrol designated spots at PBQC to ensure stringent implementation of all quarantine measures.

Our Comments

43. DH has explained in detail the compulsory quarantine exercises involving confirmed cases with the mutant strain, general arrangement for discharging people under quarantine from PBQC, and the large-scale operation to discharge people from PBQC between 7 and 9 May 2021. Based on the events detailed in **paragraphs 22 to 26**, the delay in discharging the complainant, his mother and sister from PBQC was mainly caused by the following reasons:

- When the complainant's father returned to PBQC from the hospital on the night of 6 May, it was past the time the medical post exported the list of people requiring testing on that evening. Consequently, he was not arranged to take a deep throat saliva test on the following day, and family members living with him were not discharged from PBQC even after testing negative;
- When CAS members confirmed that the complainant's father tested negative and was eligible for discharge, they did not check against his paper file or the complete list of people eligible for discharge compiled by CHP. As a result, they did not realise that the complainant with other family members were still at PBQC pending his father's test result;
- After receiving WhatsApp enquiries from the complainant and his family about arrangement for their discharge, CAS members did not refer their enquiries to CHP for follow-up in a timely manner.

44. To ensure that no infectious persons were discharged, DH required that persons in the same residential premises and quarantine unit were allowed to leave only after they all tested negative (see **para. 10**). It was a professional judgement of DH. From an administrative perspective, the delay in discharging the complainant and his family was caused by PBQC medical post's filing procedures for updating the classification of people under quarantine failing to cater for special situations (such as transfer to hospital and return to PBQC within the same day); CAS's negligence in verifying details of live-in family members of people discharged from PBQC, and its delay in referral of enquiries from people under quarantine.

45. This Office is of the view that there was room for improvement on the part of DH and CAS regarding communication, data transmission, and communication with people under quarantine in this operation. Nevertheless, given the large number of people (more than 2,000) eligible for early discharge from PBQC on that occasion, DH and CAS were pressed to complete the heavy workload on a tight schedule (see **para. 28**), and hence could not follow the established discharge procedures (see **paras. 14, 18 and 20**). It was understandable that the circumstances might have caused errors and delays in the service of DH and CAS. DH expressed its regret at the inconvenience caused to the complainant and his family at PBQC. Furthermore, FHB held inter-departmental meetings with relevant departments on 31 May and 8 July 2021 to comprehensively review and follow up the feedback and views received from residents regarding this evacuation, quarantine and discharge exercise. A series of improvement measures have been adopted to prevent recurrence of similar problem, including strengthening the communication among relevant departments, cross-checking of case information and ancillary facilities for case handling (see **para. 28**).

46. DH also responded to each of the other queries raised by the complainant concerning the evacuation exercise of the Building and the management and operation

of PBQC (see **paras. 29–42**). We accept DH’s explanations. In particular, DH and CAS have taken proper action respectively to follow up the quality of meals served at PBQC and the incidents of people under quarantine leaving their rooms without authorisation.

47. In the light of the above, this Office considers the complaint **against DH and CAS partially substantiated**.

Office of The Ombudsman
January 2022