

**Door-to-door specimen collection for people with impaired mobility
arranged by the former Food and Health Bureau,
Home Affairs Department and Housing Department
in a “restriction-testing declaration” operation
Investigation Report**

On 24 January 2022, this Office received a complaint against the Home Affairs Department (“HAD”) and the Housing Department (“HD”). As revealed in our preliminary inquiry, the former Food and Health Bureau (“FHB”) was also involved and thus was included in the scope of our investigation.

The Complaint

2. The complainant lived with her parents in a public housing estate (“the Estate”). On 22 January 2022, the Government announced that their building (“the Building”) would be cordoned off on the same day, and all residents of the Building were subject to compulsory testing.

3. From the Government’s press conference held on that day, the complainant learned that door-to-door specimen collection would be arranged for people with impaired mobility. As her parents had impaired mobility due to poor health, she requested the service for her parents repeatedly, but HAD staff replied that the service could not be arranged and her parents could submit stool specimen for testing. However, stool specimen bottles were actually for young children’s use only. Consequently, upon the reopening of the Building the next morning, her parents were still awaiting specimen collection at their flat. She subsequently called HD to request the service for her parents, but to no avail. Eventually, the testing contractor collected her parents’ specimens at their flat on 25 January.

4. Against the abovementioned, the complainant complained that:

- (1) the former FHB, HAD and HD had failed to collect specimens for her parents at their flat before the reopening of the Building as committed by the Government at the press conference (Allegation (1)); and
- (2) HAD had wrongly advised her parents to submit stool specimens for testing (Allegation (2)).

Our Findings

Background

5. Pursuant to the Prevention and Control of Disease (Compulsory Testing for Certain Persons) Regulation (Cap. 599J), the Government is empowered to make a “restriction-testing declaration” (“RTD”) to designate the “restricted area” based on risk assessment. People in the area are required to stay at their premises and undergo compulsory testing, and would only be allowed to leave when their testing results are largely ascertained.

6. On 22 January 2022, the Government made an RTD, subjecting four blocks (including the Building) of the Estate to RTD operation¹. The operation at the Building was executed by the North District Office (“NDO”) under HAD. According to the RTD, all persons in the “restricted area” when the declaration took effect should comply with the compulsory testing requirements by having their specimens collected through combined nasal and throat swabs on 22 or 23 January.

7. The Government’s press release issued on the same day (22 January) had the following statement: “The Government has set up temporary specimen collection stations at the ‘restricted area’ and requested persons subject to testing to undergo testing before 1 am tomorrow. Arrangements have been made for persons subject to testing to undergo a nucleic acid test at specimen collection stations where dedicated staff will collect samples through combined nasal and throat swabs. . . . The Government will arrange for door-to-door specimen collection for people with impaired mobility and elderly persons.”

8. On 23 January, the Government completed the RTD operation at the Building at around 9:45 am, and immediately arranged for people who had undergone testing to leave in an orderly manner. The RTD operation ended at around 12 noon on that day. After considering the situation, the then Secretary for Food and Health revoked the RTD.

Response from Health Bureau²

9. The policy bureau or Government department responsible for each RTD

¹ At that time, an RTD had already been made in respect of two other blocks of the Estate and the operation was still in progress. Therefore, RTD operations were being carried out at a total of six blocks.

² After the re-organisation of the Government Secretariat on 1 July 2022, the newly established Health Bureau has taken over this complaint.

operation would coordinate with the Government departments concerned (including the disciplinary forces) to perform duties jointly with testing contractors, etc. Testing contractors would set up mobile specimen collection stations in the “restricted area”. Staff would record the details of the residents who they knew were unable to proceed to the stations for specimen collection due to impaired mobility or other reasons, and would arrange door-to-door specimen collection by testing contractors where necessary.

10. During the fifth wave of the epidemic, the Estate was the first public housing estate to experience a major community outbreak of the Omicron variant. Some testing personnel working in the area were highly worried about the risk of being infected. Faced with the exceptional circumstances then, the Government has to use its limited testing resources prudently and do its utmost to reduce the infection risks of the testing personnel and residents to avoid dragging down its overall anti-epidemic work. Since the ventilation requirements for indoor testing were particularly stringent, not all indoor facilities were suitable for specimen collection. In arranging door-to-door specimen collection by testing contractors, the Government must take into account such factors as the latest number of positive cases in the “restricted area”, the physical condition of the persons subject to testing and the environment of their flats, to ensure that no extra risks would be brought to the persons subject to testing and the staff during the course of door-to-door specimen collection, and prevent abuse of the service, which would affect the residents who have genuine need.

11. The testing contractor (“the Contractor”) involved in the RTD operation at the Building was engaged by the former FHB. In the Health Bureau (“HKB”)’s understanding, the Contractor had assessed the situation of the Building and considered that although some residents claimed to have impaired mobility, given the upsurge of positive cases in the Estate and without a thorough risk assessment, its testing team might spread the virus to the flats of the residents who had requested door-to-door specimen collection service if such service was provided for them. The infection risks to frontline staff providing the service in high-risk area should not be underestimated as testing personnel getting infected would exacerbate staffing pressure. Therefore, the Contractor suggested that door-to-door specimen collection should be arranged only after obtaining the collected specimens’ testing results of the Building’s residents and ascertaining the specific situations of the residents who had requested the service. The suggestion was accepted by the former FHB, and the responsible department (namely HAD) was aware of the deferral of door-to-door specimen collection work.

12. According to the Government’s press release issued at 10:24 am on 23 January 2022, around 2,300 residents and visitors of the Building had undergone testing in the RTD operation and no positive cases were found. With the consent of the former FHB,

the responsible department completed the RTD operation at around 9:45 am, and immediately arranged for people who had undergone testing to leave in an orderly manner (see **para. 8**). Although a minority of people had yet to undergo testing or their testing results had yet to be obtained, the former FHB had taken into account the overall situation of the “restricted area”, including the overall testing results of the residents and visitors in the “restricted area” mentioned above when deciding that the operation had been completed.

13. In view of the testing results obtained in the RTD operation at the Building and the subsequent risk assessment, the Contractor arranged door-to-door specimen collection for persons in need (including the complainant’s parents) on 25 January 2022 as the Government requested.

Response from HAD

14. HAD was responsible for the RTD operation at four blocks of the Estate. Its Kwai Tsing District Office acted as the coordinator, while each of the four other local District Offices took charge of the RTD operation at one building. The NDO was responsible for the RTD operation at the Building.

15. The major duties of the NDO in the operation included arranging for the testing contractor to set up mobile specimen collection stations, deploying staff to conduct home visits, arranging for persons subject to testing to be tested in an orderly manner, and reopening the building. The NDO’s home visit team recorded the details of those who were unable to proceed to the mobile specimen collection stations for special reasons (e.g. elderly people with impaired mobility or bedridden people), so that it could arrange for door-to-door specimen collection by the Contractor.

16. The RTD operation at the Building commenced at around 8 pm on 22 January 2022. After completing home visits at around 12:30 am the next day, the NDO identified 25 cases in need of door-to-door specimen collection, including the complainant’s parents. The NDO then requested the Contractor to provide the service. But despite repeated negotiations, a supervisor of the Contractor still refused. The supervisor said that he noted that some residents had claimed to have impaired mobility simply because they did not want to go downstairs for testing. He considered that testing personnel collecting specimens at residents’ flats would have infection risk given the high virus transmission rate in the Estate and many infected persons in the Building. Therefore, he requested HD to verify that the 25 cases did have special reasons before collecting specimens at their flats.

17. Since the Contractor was engaged and appointed by the former FHB, the NDO, after repeated refusals by the Contractor, raised the issue with the former FHB and asked it to liaise direct with the Contractor. The supervisor of the Contractor subsequently informed the NDO that the former FHB had accepted their request of not to provide door-to-door service until the cases were verified by HD. The NDO then messaged the former FHB to ascertain whether the Contractor's claim was true or not. The Bureau did not indicate any objection. On 23 January, the Contractor withdrew in the early hours. The NDO relayed the Contractor's request to HD and forwarded the details of the 25 cases to HD for further action. On the afternoon of the same day, the NDO reminded HD staff to follow up on the 25 cases with the Contractor.

18. Since this operation involved several blocks in the Estate with numerous residents subjected to compulsory testing, HAD could not make the Contractor to collect the specimens of the complainant's parents before the RTD operation ended. HAD apologised for this. While the NDO had executed the RTD operation according to established procedures and arrangements, identified 25 cases in need of door-to-door specimen collection during home visits, and repeatedly urged the Contractor to provide the service, the NDO could only forward the details to HD for follow-up action after the Contractor's request was accepted by the former FHB. The Contractor's refusal to provide door-to-door service on the night of the RTD operation was not expected and was beyond the NDO's control. The NDO should not be blamed for the incident.

19. As regards the complainant's allegation that HAD staff wrongly advised her parents to submit stool specimens for testing (see **para. 4(2)**), HAD had reviewed its records and confirmed that the staff concerned was specifically assigned to assist in home visits. Before conducting home visits, HAD had explained to all participating staff members that stool specimen bottles were only for use by young children aged under three, and the NDO subsequently corrected the staff concerned. HAD apologised for the incident and would strengthen the training for assisting staff in future.

Response from HD

20. According to records, HAD notified HD via mobile instant messaging application at 2:45 am on 23 January of the Contractor's request for HD to verify whether 25 residents of the Building (including the complainant's parents) had genuine need for door-to-door specimen collection. Although HAD staff should have been able to verify the residents' need for door-to-door specimen collection during home visits and decide independently whether to deploy personnel to provide the service without HD's

confirmation, and HD had no substantive role in the RTD operation at the Building³, HD staff still assisted in verifying the information. In its subsequent reply to HAD at 10:21 am on 23 January, HD confirmed that all the 25 residents did need door-to-door specimen collection.

21. Separately, the complainant called HD on 23 January to request HD to collect her parents' specimens at their flat. Since the staff member who answered her call was aware that the Contractor could not arrange the service at that time, the staff member informed the complainant accordingly. As the RTD in respect of the Building had already been revoked, and HD was not the department in charge of the Building's operation, HD did not take any further action regarding the case of the complainant's parents. In view of the staff's failure to handle the complainant's enquiry properly and to refer the case to HAD, HD would enhance its internal guidelines and communication. HD also considered that inter-departmental communication could be strengthened in future.

Our Observations and Comments

Allegation (1)

22. The RTD operation at the Estate was large-scale involving several blocks. The Government had to conduct a huge number of testing with limited resources and within a short period of time. Given that infection risks to testing personnel undertaking door-to-door specimen collection were higher, their mass infections if any would exacerbate staffing pressure, and the need to prevent abuse of door-to-door service, the former FHB agreed that the service would only be provided after ascertaining the specific conditions of the residents concerned and getting hold of the testing results of other residents. This Office considers this approach pragmatic (see **paras. 10 and 11**).

23. Nevertheless, the Government had already committed on 22 January 2022 to arranging door-to-door specimen collection for people with impaired mobility and the elderly (see **para. 7**). After the Government confirmed on the morning of 23 January that no positive cases were found among the persons who had undergone testing, and HD also confirmed on the same day that all the 25 cases needed door-to-door specimen collection (see **paras. 12 and 20**), the former FHB was bound to urge the Contractor to provide the residents with the service as soon as circumstances permitted. This Office

³ HD was in charge of the RTD operation at two other blocks of the Estate at that time.

considers the Contractor of the former FHB collecting on 25 January (i.e. two days after the completion of the RTD operation at the Building) the specimens of the complainant's parents (see **para. 13**) to have fallen short of public expectation.

24. Moreover, while this Office accepts HAD's explanation that the Contractor's refusal to undertake door-to-door specimen collection during the RTD operation was beyond the NDO's control (see **para. 18**), the NDO, being in charge of the RTD operation, should have informed residents of the latest arrangements. However, after reopening of the Building, neither the former FHB nor the NDO informed the residents pending door-to-door specimen collection of whether they should continue to wait, how long the wait would be, and whether they would have to bear the legal consequences for non-compliance with the compulsory testing order. This should have unavoidably caused anxiety among the residents concerned, and was highly unsatisfactory.

25. As for HD, while HAD asserted that the NDO had reminded HD to follow up on the 25 cases in need of door-to-door specimen collection (see **para. 17**), this Office agrees with HD's view that its role was limited. Although the complainant's parents had not been provided with door-to-door specimen collection service during the RTD operation at the Building, HD should not be blamed for the incident. However, we find inadequacy on the part of the HD staff member for failing to proactively contact HAD or the former FHB for follow up after receiving the complainant's enquiry/request on 23 January (see **para. 21**).

26. Based on the analysis in **paragraphs 22 to 25**, we consider the complaint against the former FHB substantiated. The complaint against HAD and HD is unsubstantiated, but they had other inadequacies.

Allegation (2)

27. HAD confirmed that a staff member assisting in home visits on the day had wrongly advised the complainant's parents that they could submit stool specimens in bottles for testing (see **para. 19**). We, therefore, consider the complaint against HAD substantiated. In any event, HAD subsequently corrected the staff concerned and apologised for the incident.

Conclusion and Recommendations

28. This Office recognises that all the departments involved in this case have been diligent and had to shoulder enormous pressure, given that the large-scale RTD operation had to be completed within a short period of time. We hope that this investigation could assist in their identification of inadequacies and areas for improvement, so that they can operate better in future when encountering similar situations. Based on our findings, we have the following recommendations:

HHB and HAD

- take reference from this case and remind their staff to carry out RTD operations properly, and where necessary, draw up suitable operational guidelines.

HD

- take reference from this case and remind its staff to handle enquiries properly, including referring cases to suitable departments or organisations for follow-up action where necessary.

Office of The Ombudsman

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