

## **Department of Health’s handling of request for Isolation Orders/Records Investigation Report**

On 30 March 2022, the Complainant complained to this Office against the Department of Health (“DH”). From 11 to 21 April 2022, the Complainant provided supplementary information.

2. On 8 April 2022, we commenced preliminary inquiry. Upon receipt of the supplementary information provided by the Complainant, we decided to initiate a full investigation into this complaint on 5 May 2022 and received DH’s replies on 15 July and 7 November 2022. We issued the Draft Investigation Report to DH on 16 March 2023 for its comments. We received its response on 2 May 2023 and completed our investigation on 18 May 2023.

### **The Complaint**

3. Allegedly, the Complainant did a nucleic acid test for COVID-19 (“PCR”) in a Community Testing Centre on 3 March 2022 and was confirmed positive on 5 March. She reported to DH online on 7 March. On 16 March, she called the “StayHomeSafe” Hotline (Tel: 1833 019) to make enquiries about her isolation order (“IO”) and a staff (“staff A”) from DH reverted to her on the same day. On 23, 26 and 30 March, the Complainant sent emails to DH. On 26, 27 and 30 March, she called DH’s hotline (Tel: 2125 1122). On 27 March, she downloaded her **first Isolation Record** (“IR”) with an isolation period of **5 to 18 March**. On 1 April, she called 2125 1122 to follow up her case as she considered the isolation dates wrong. On 6 April, another staff (“staff B”) from DH (tel: 2826 3100) called the Complainant regarding her email of 23 March. Staff B obtained the Complainant’s personal details and said she would process the case. On 9 April, the Complainant received an email from the Centre for Health Protection (“CHP”) under DH asking for her personal details again. She replied the next day. She was dissatisfied that DH should have the information but the Department repeatedly asked for her personal details.

4. On 11 April 2022, the Complainant received a phone call (tel: 2463 7144) and an email from a staff (“staff C”) of DH enclosing a **second IR** with an isolation period from **4 to 17 March**. On 13 April, she received an SMS message with a link for her to download her **third IR**, but the contents were wrong again, i.e. the isolation period was from **3 to 16 March**. She found this strange as she thought the matter was resolved as DH had already emailed her a correct IR two days ago and the isolation periods were different on the two IRs. On 14 April, she received a phone call (tel: 2857 3075) from a staff (“staff D”) of the Contact Tracing Office (“CTO”) of DH. Staff D referred to the IR of 27 March (i.e., the first IR) and asked whether the Complainant had asked to amend the date of isolation period. The Complainant found Staff D’s call weird as she was checking with her on something that had already been resolved. Moreover, Staff D’s calculating method of isolation period was different from government

announcements. On 21 April, the Complainant received an SMS message with a link to download **the fourth IR** with an isolation period from **4 to 17 March**.

5. The Complainant was dissatisfied that –
- (1) DH delayed in issuing a correct IO/IR; and
  - (2) DH was extremely unorganised and repeatedly issued IOs/IRs with different isolation periods to the Complainant.

## **Our Investigations**

### ***Established procedures and guidelines to issue IO/IR to people who were tested positive via PCR testing***

6. An IO is a document by which a health officer may place a person under isolation until the health officer considers that person is not infectious. An IR documents that a person, who has been infected with COVID-19, was put under isolation. On 23 February 2022, CHP launched the “Online Submission of Information to Centre for Health Protection for COVID-19 Patients” platform (“CDPI”) ([www.chp.gov.hk/cdpi](http://www.chp.gov.hk/cdpi)) for individuals who have been tested positive by PCR. People who were tested positive by PCR are requested to fill in an electronic form when they receive a message with their test result. People can declare their household contacts and other information through this electronic form, which will be used by CHP for epidemiological investigations and arrangements for admission, isolation and quarantine. Before the launch of CDPI, the above-mentioned tasks were manually processed by CHP. IOs and Quarantine Orders (“QO”) were issued to confirmed cases by post or by hand and took longer time to reach the recipients. After the launch of CDPI<sup>1</sup>, upon receipt of the declaration, CDPI will send an SMS to the mobile telephone numbers provided by the concerned individuals for downloading IOs themselves. Upon the patient’s request, CHP will also issue IO or IR by post or by email.

7. When submitting information to CDPI, concerned individuals must carefully verify their personal information, provide a mobile telephone number with SMS services, and take screenshots or print out the submitted information for record. If there are errors or omissions in the personal information during their submission of application, they should send a separate email to [ratp@dh.gov.hk](mailto:ratp@dh.gov.hk) (“RATp”) and provide the reference number, specific details, supplementary documents, etc. to CHP for processing. Due to the large number and complexity of cases, requests for changing details of cases will take longer processing time.

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<sup>1</sup> CDPI has ceased operation on 30 January 2023.

### ***Issuance of IR***

8. For individuals failing to submit their positive result or receiving their IOs through the online platforms, IRs will be issued to them to prove their positive result in COVID-19 upon request. Upon receiving requests, CHP will gather necessary information, namely full name, soft copy of HKID card, mobile phone number, positive date and proof of positive result, through different means including CDPI, the “Declaration System for individuals tested positive for COVID-19 using Rapid Antigen Test” (“the System”), emails, and direct communication via telephone. For cases without sample collection date provided, IRs will be prepared according to the date of receiving positive result. With sufficient information, the validity of personal particulars and proof of positive results provided by the client will be cross checked with the information of various databases, including laboratory results, declaration platforms or direct contact with the client. Upon completion of verification, CHP will input the relevant record into a system (“IR Robot”) for automatic generation of IRs. An SMS will be issued to the individual for downloading IR. For individuals who have requested to receive their IRs through WhatsApp or email, CHP will send IRs to them by their requested method.

### ***Change in the arrangement for issuing IOs***

9. On and before 7 March 2022, CHP would only issue IOs after confirmed cases were admitted to hospital/community isolation facilities (“CIFs”) as the policy then was that all confirmed cases should be admitted in hospitals/CIFs. There was no policy of allowing home isolation at that time. Since February 2022, hospitals could not isolate all confirmed cases given the huge number of cases. All those who could not be allocated isolation beds in hospitals/CIFs were regarded as “persons pending admission”. IOs would specify the isolation place of the cases. Hence, it was impossible to issue IOs for cases pending admission at that time. Subsequently, there was a clear policy direction of home isolation and CHP started issuing IOs to those triaged for home isolation after 7 March 2022.

10. Since the implementation of allowing home isolation of confirmed PCR cases, upon receipt of positive result from the Public Health Laboratory Centre (“PHLC”) of DH, Hospital Authority (“HA”) or private laboratories, CHP will cross check the test result with the information provided by the confirmed person through CDPI. If the positive result matches with the information reported to CDPI, CHP will issue IOs to the confirmed persons through SMS or by mail. Generally, IOs will be issued to the confirmed persons one to two days after the check.

11. For PCR confirmed cases which were not reported to CDPI, CTO will call the concerned individuals and urge or help them to report the positive result for issuance of IOs.

12. To avoid double-counting of positive cases, if a member of the public was tested positive by PCR with result reported to CHP by PHLC, HA or private laboratory,

he/she cannot declare his/her RAT positive result through the System, including RAT positive result obtained before the positive PCR result which had not been reported to the System. He/she should follow the link specified in the SMS for reporting his/her PCR positive result to CDPI.

### ***Method for Calculating the Isolation Period***

13. Theoretically, isolation should begin once the positive result is known to the patient. For PCR, test result is usually not available on the day of testing. The individual usually only knows about the positive result on the day following testing or specimen collection (i.e. Day 1) and starts isolation on that day. For RAT, isolation should begin on the day of testing or specimen collection (i.e. Day 0) as test result is usually available within 15 minutes of the test. Concept-wise, “Day 1” does not mean the actual start date of isolation. For instance, if there was delay in issuing result for PCR test, the individual might only know about their positive result by Day 2 or after.

14. CHP inserted in IR the Clause, “if there is evidence to indicate the date of specimen collection for the above test, then the isolation period should be from the date of specimen collection (Day 0) to Day 14 after specimen collection” to deal with the time lag between the sample collection date and the day receiving positive result. When the sample collection date is not available on laboratory reports, DH can only determine the isolation period by the day receiving positive result unless a proof of sample collection date is given.

15. For both PCR and RAT cases, the day following testing or collection of sample is counted as Day 1 of the isolation period. If there is no such testing or collection record, the day on receiving the positive result is counted as Day 1 of the isolation period as result is usually available on the next day following collection specimen. For example,

- (a) For individuals tested positive by PCR with sample collection on 1 June 2022 and receiving result on 2 June 2022, their IO and IR will be as follows:
  - (1) For IO, Day 1 is 2 June 2022 and isolation period will end on 15 June 2022 (Day 14); and
  - (2) For IR retrospectively issued, Day 1 is 2 June 2022 and isolation period will be from 2 June 2022 to 15 June 2022.
- (b) For individuals tested positive by RAT and finishing declaration on 1 June 2022, their IO and IR will be as follows:
  - (1) For IO, Day 1 is 2 June 2022 and isolation period will end on 15 June 2022 (Day 14); and

- (2) For IR retrospectively issued, Day 1 is still 2 June 2022 and isolation period will be from 1 June 2022 (Day 0) to 15 June 2022 (Day 14).

### ***The IR Robot***

16. Before the development of the IR Robot, every single request for IRs would be typed one by one manually and it was not efficient. DH developed the IR Robot in mid-March 2022 to facilitate the processing of the requested records. The limitation of the IR Robot is that information of the individuals gathered from emails or telephone calls cannot be transferred or exported, without manual input, to the IR Robot. Notwithstanding that the IR Robot is not fully automatic, it has enhanced the overall efficiency and accuracy in issuing IRs to the public.

### ***Centralised Database for all COVID-19 confirmed cases***

17. A centralised database, namely the “COVID-19 Case Handling and Information Sharing Portal”, was developed to capture a spectrum of data of the confirmed cases, including personal particulars, test results, the date and time of each key action in case handling and the number of close contacts of confirmed cases, etc. To better manage the progress of numerous requests for IRs, a consolidated masterlist was developed in mid-April 2022 to record relevant information such as names and test positive dates for reference by processing officers. However, the masterlist does not contain all handling details. Even though a case was recorded in the masterlist, extra verification is needed before closing the case to ensure that each request is completely and accurately handled. Moreover, for some confirmed cases, insufficient/wrong personal particulars such as HKID numbers, contact information, etc. were submitted. DH has to contact individuals for clarification and verification of personal particulars, and check whether there is outstanding request for changing of information in IR for each case. In most circumstances, direct contact with enquirers is needed to ensure there is no outstanding request and the data received are accurate.

### ***Notification to the public regarding their IO or IR***

18. To facilitate members of the public to receive their IOs or IRs, CHP has started sending text messages in late March 2022 to individuals who are tested positive by PCR at community testing centres or other laboratories recognised by the Government to provide them with information for the download of their IOs or IRs. CHP has also set up a hotline 2569 5777 to handle request for IR and recovery record QR code. For people who have provided all necessary information to hotline staff, i.e. name, HKID number, positive date, proof of positive record, etc., an IR will be generated to them via SMS.

### *Chronology of Handling of the Complainant's Case*

19. The chronology, based on information provided by the Complainant and DH, is as follows –

	<u>Date-2022</u>	<u>Event</u>
(1)	3 March	The Complainant took a PCR test at a Community Testing Centre.
(2)	5 March	The Complainant received the SMS notification of positive result.
(3)	7 March	The Complainant reported her positive result through CDPI.
(4)	16 March	<p>The Complainant raised a request for IR through “StayHomeSafe” hotline 1833 019 operated by the Home Affairs Department (“HAD”).</p> <p>The responsible officer of HAD tried to forward the call to CHP’s hotline for handling. As CHP’s hotline was engaged, the staff of HAD transferred her request to the voicemail of CHP with relevant information for CHP’s follow up.</p> <p>The request was then sent to the Quarantine Centre Task Force of CHP for follow up.</p>
(5)	23 March	The Complainant sent an email to RATp to request for an IR. In support of her application, the Complainant stated that she did the PCR test at the Government Community Testing Centre on 3 March. She also provided supporting documents, including the SMS notification and a record of submission to CDPI showing that the date of specimen collection was 3 March.
(6)	26 March	<p>The hotline 2125 1122 (managed by 1823) received her further request for IR. The case was referred to CHP for handling.</p> <p>The Complainant also sent an email to RATp to further request for IR.</p>
(7)	27 March	<p>CTO of CHP sent an IR (<b>the first IR</b>) with an isolation period from 5 to 18 March, based on the date of her positive test result, to the Complainant through SMS. The Clause (<b>see paragraph 14 above</b>) was included in the IR.</p> <p>The hotline 2125 1122 received the Complainant’s request for amendment of the isolation period to read as 4 to 17 March and passed her request to CHP on the same day.</p>
(8)	30 March	The Complainant called the hotline 2125 1122 and emailed CHP urging for issuance of amended IR.
(9)	6 April	The request was passed to CTO for further handling.
(10)	9 April	CTO sent an email to invite the Complainant to provide information for the generation of amended IR to further process her request.
(11)	10 April	The Complainant replied to the email by providing her personal

		particulars for IR and confirming her sample collection date was 3 March.
(12)	11 April	<p>Upon receipt of the complaint to this Office from the Complainant against CHP, CHP called the Complainant to confirm her personal particulars before issuing an amended IR.</p> <p>An IR (<b>the second IR</b>) with amended isolation period, i.e. 4 to 17 March, based on the date of sample collection, was sent to the Complainant through email.</p>
(13)	13 April	Separately, in response to the Complainant's request for amendment of IR forwarded to CTO (items 7-11 of <b>paragraph 19 above</b> ), CTO issued an IR ( <b>the third IR</b> ) to the Complainant with an isolation period from 3 to 16 March.
(14)	14 April	<p>CTO called the Complainant citing the Clause in IR and explaining that the first IR issued on 27 March was still valid.</p> <p>The Complainant repeated her request to amend IR with the isolation period from 4 to 17 March.</p>
(15)	15 April	A request was sent to the IR Robot to issue an IR to the Complainant.
(16)	21 April	The Complainant received <b>the fourth IR</b> with an isolation period from 4 to 17 March.

### ***DH's Response to the Allegations***

20. DH explained that under normal circumstances, CHP should issue IO upon receiving the Complainant's positive result on 5 March 2022. However, due to the upsurge of cases during the fifth wave of COVID-19, at that material time, CHP had not issued IO to her timely. Regarding **the first IR**, DH explained that the staff concerned mistook the day of receiving the positive result i.e., 5 March in this case, as Day 1 for isolation period. The testing centre's report, the Complainant's submission on CDPI as well as the assertion of her email of 23 March showed that the sample was collected on 3 March. Should the officer be mindful of the counting rules as stipulated in **paragraph 15 above**, he or she would have picked the day following collection of the sample, i.e. 4 March, as the commencement date for isolation. DH admitted that the first IR was incorrect insofar as the isolation period is concerned, and for this, DH rendered its apology to the Complainant.

21. DH explained that the Complainant had made various requests through the RATp email, hotlines 2125 1122 and 1833 019. The requests were consolidated and triaged to CTO for handling. According to the established practice, CTO had sent an email to invite the Complainant to submit information for amending her IR on 9 April 2022. Subsequently, staff from CHP called the Complainant on 11 April to ensure that the record tallies with her further request before issuance of **the second IR** to her via email. It was in line with the established procedure (**paragraph 7 above**).

22. On 13 April 2022, **the third IR** was sent to the Complainant with an isolation period from 3 to 16 March. The commencement date of the third IR was erroneous. It indicated misinterpretation of the counting rules for commencement date of isolation on the part of the handling officer. For this, DH offered its apology to the Complainant. On 14 April, CTO called the Complainant to explain the situation stating that the Clause served to provide flexibility for the proper interpretation of the isolation period notwithstanding what had been written on IR. As the Complainant reiterated her request for IR amendment, the CTO officer acceded to her request and issued **the fourth IR**.

23. DH explained that there are various channels that members of the public may put forward their requests for IR to DH. There was no centralised and standardised platform in DH for recording all requests for IR. In this particular case, the CTO staff was tasked to handle the request of the Complainant made to RATp. The handling staff could only access the case details from RATp at that time. The Complainant raised various requests with different isolation periods at different points of time. In view of the urgency of the majority of requests at that time and for the sake of expedience and maximum coverage, handling staff had not manually crossed check with other systems before replying to any request. As IRs affect the daily lives and livelihood of citizens, it is most desirable to issue them at the earliest instance possible. DH considered that by saving the manpower for cross-checking, staff would be spared the extra capacity to meet the urgency of the majority of requests at the apex of the pandemic for the sake of expedience and maximum coverage.

24. DH explained that since the outbreak of the fifth wave of COVID-19, cumulatively over 1,000 staff from other departments have been redeployed to CHP to perform various tasks including issuance of IRs to persons infected but each staff may only stay for a short period of time (as short as two weeks). Without exception, CHP would provide training and orientation for staff on rules or procedures for issuance of IRs, including counting rules for the commencement of isolation period for PCR and RAT cases. Where possible, CHP would arrange experienced officers to provide on-site training for the new comers. DH noticed that for reasons such as rapid staff turnover and unfamiliarity with anti-pandemic work, some staff had made mistakes at work.

25. DH explained that since the launch of online declaration platforms for COVID-19 confirmed cases, CHP has received more than 1,800,000 applications. Some people were unable to submit their applications successfully due to submission of wrong HKID card numbers and names. Given that over 640,000 written enquiries in relation to the issuance of IRs have been received, CHP has not been able to handle the requests in a timely manner. DH noted that there has been delay in issuing IOs, QOs and IRs and the delay has been attributed to the following:

- (i) members of the public reported their cases on the incorrect platform, such as RAT positive case reported to CDPI;



- (ii) members of the public did not provide necessary information, such as telephone number which could receive SMS messages;
- (iii) members of the public did not submit their cases properly but they believe that they had submitted their cases already. As a result, there are no records of their cases in DH's system; and
- (iv) members of the public did not submit photograph of their HKID card within 24 hours of SMS notification.

26. According to DH's record, it had reissued over 50,000 IRs. In view of the huge number of enquiries/requests received, CHP has redeployed staff from other units to help handle the cases in order to expedite the process. However, all in all, DH considered it not realistic to have the capacity in terms of staff deployment and IT development to cope with the challenges brought by the fifth wave of the COVID-19 pandemic as a whole. The prior experience in handling the first four waves is not applicable to the fifth wave which is totally out of scale and unprecedented. The maximum number of cases received by DH during the fourth wave was 115 per day, while the maximum number of cases received in March 2022 (the peak of the fifth wave) was 70,000 per day, or 600 times of the fourth wave. Coupled with the fact that there was no corresponding increase in staff supply, DH's response to the fifth wave insofar as the issuance of IOs and IRs was concerned would not be without mistakes or omissions.

27. In any event, DH apologised for not being able to handle the Complainant's case in a timely fashion. CHP had arranged additional staff to work overtime to handle all enquiries, including contacting the applicants, verifying their personal information and answering their questions, in an attempt to handle the enquiries as soon as possible. CHP will continue to closely monitor the development of the epidemic, review the situation for further improvement, and make timely contingency measures to fight the epidemic.

28. DH had reminded its staff to check the masterlist of issued IR before handling the case. Once an IR was issued to the individual and the information tallies with their request, DH will close the case to avoid double handling of the case. DH had also instructed its staff to double check the information submitted to the IR Robot to ensure no misinformation is included in IR.

29. To enhance the overall efficiency, a new system (to help sending emails to obtain additional information from those enquirers who have initially submitted insufficient information) was developed in July 2022 to speed up the process of obtaining additional information essential for IR generation and standardise the format of information received from enquirers so that data input to the IR Robot can be facilitated. To minimise typographical mistakes, DH had taken actions to impress upon their staff the importance of accuracy of data input and reminded their staff to seek instructions from senior officers where and when they have doubt on the data.

## **Our Comments**

### ***Complaint Point (1): Delay in issuing a correct IO/IR***

30. DH had explained the reasons for not processing the Complainant's case in a timely fashion, including the change of the entire arrangement and workflow for issuing IOs on and after 7 March 2022 with the implementation of the "home isolation" policy, the upsurge of positive cases at the peak of the fifth wave and the numerous mistakes made by members of the public when declaring their positive cases on CDPI and the System.

31. After the Complainant received her positive test result on 5 March 2022, she promptly reported her case on CDPI on 7 March with the correct and accurate information.

32. However, DH spent 35 days to issue a correct IR (the second IR) to the Complainant. While we appreciate the heavy workload and immense pressure facing DH at that time, we consider the delay substantial and undesirable. The delay not only caused inconvenience to the Complainant but also generated additional and unnecessary workload for the Department.

33. We note that DH had subsequently created a centralised masterlist in mid-April 2022 for cross checking of information, and a new system in July 2022 for sending emails to speed up the process for and increase the accuracy of IR generation (**paragraphs 16, 17 and 29 above**) in response to the challenges brought about by the fifth wave. While these systems were useful, regrettably they came into operation only after the Complainant's case. We urge DH to conduct a review on the internal workflow and procedure of issuing isolation-related documents with a view to improving the overall operational efficiency.

34. In view of the above, we consider Complaint Point (1) **substantiated**.

### ***Complaint Point (2): Unorganised and Repeatedly issued IRs with different isolation periods***

35. The Complainant received a total of four IRs with three different isolation periods because two staff responsible for issuing IOs/IRs counted the commencement date of isolation period wrongly and there was no centralised database available at the time for them to cross check before replying to the Complainant's repeated requests for amendment of IR. For documents with legal effect, we consider the mistakes quite unacceptable. We note that DH was facing significant difficulties in March 2022 due to the upsurge of cases. We also note that staff from other departments had been redeployed for around two weeks to assist DH to issue IRs to the public (**paragraph 24 above**). DH admitted that the rapid staff turnover, the differences in background, ability and experience of the staff, their unfamiliarity with anti-pandemic work and the

continually heavy workload in the fifth wave of COVID-19 might have contributed to making those mistakes on IRs for the Complainant. To prevent recurring of similar incidents, we consider it important for DH to provide sufficient training and readily available Frequently Asked Questions (“FAQ”) to the newly deployed staff, especially for those who are responsible for issuing legal documents such as IOs, QOs and IRs and for answering public enquiries.

36. In addition, we note a lot of manual operation was still needed to handle the requests for IOs, QOs and IRs from emails or telephone calls (**paragraph 16 above**). While we understand that complete accuracy is not possible if manual operation is involved, taking into consideration the large workload and high pressure faced by handling officers especially at times of policy change, we urge DH to arrange adequate cross checking to ensure data accuracy.

37. As can be seen from **paragraph 19(12-16) above**, CTO was unaware of CHP’s action in issuing the correct IR to the Complainant and that the matter had already been resolved before the issuing of the third IR. This shows a lack of coordination among different units of the Department.

38. We note that DH had later reminded its staff to check the masterlist before issuing IR and the case would be closed once IR was issued. DH had also taken actions to minimise typographical mistakes by reminding the staff to seek instructions from senior officers where and when they have doubt on the data.

39. We note DH’s view that it was unrealistic for it to have the capacity in terms of staff employment and IT development to cope with the fifth wave of the pandemic (**paragraph 26 above**) and that it had decided to issue IR quickly at the expense of cross-checking to ensure accuracy (**paragraph 23 above**). We urge DH to learn from the experience of this pandemic and try to devise workflows and IT systems which are much more scalable and versatile to cope with future unprecedented challenges.

40. In view of the above, we consider Complaint Point (2) **substantiated**.

## **Conclusion**

41. Overall, the complaint against DH by the Complainant is **substantiated**.

42. While we note that, in view of the latest pandemic situation, the Government has stopped issuing IOs and QOs, we also note that the Chief Executive has committed that the Government would review and consolidate experience gained so as to ensure that the Government could tackle new challenges. In this connection, The Ombudsman suggests that DH –

- (1) To review the internal workflow and streamline the procedure of issuing IOs, QOs and IRs as well as devise more scalable and versatile systems (**paragraphs 33 and 39 above**);

- (2) To note the importance of sufficient staff training and readily available FAQs to facilitate the issuance of IOs, QOs and IRs and for answering public enquiries (**paragraph 35 above**); and
- (3) To note the importance of cross-checking of the data input to the IR Robot for minimising human error (**paragraph 36 above**).

so as to consolidate experience gained in this case for reference in future.

**Office of The Ombudsman**  
**May 2023**

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