

原址檢疫的迷思

The myth of on-site quarantine

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麗瑤之家在2022年2月19日出現第一個有新冠病徵的院友，翌日在醫院確診。當時因隔離及醫院床位極為緊張，院友完全無機會進入隔離設施，只能在院舍作為原址隔離或檢疫的處所。最終在2022年2月26日，院舍的46位院友全部受到感染。當中15位院友曾進入醫院，9位在醫院逗留了1至3天不等，他們在測試結果仍然是陽性時，都要返回院舍，所以大部份院友都是在院舍內進行隔離、檢疫甚至治療。筆者試從軟和硬件的配套、員工、院友及院舍管理層多方面探討原址檢疫的利弊：

設施配套

雖然不同的院舍在第五波疫情大爆發前，已進行了不同的通風系統改善措施，但院舍的設計及設施始終不是用以應付高傳染度的疾病，故一旦發現有確診個案都應即時隔離，才能避免疫情大規模擴散，但礙於香港居住環境狹窄，要在院舍做到合適的隔離，實非易事。所以一旦爆疫，基本上很容易「全軍覆沒」，上述的確診數字已引證了這個說法。

因此，首先應盡一切可能將未感染的院友盡快撤離，才是最終減低感染甚至傷亡的不二方法。

軟件配套

除通風系統，員工對防感染的衛生措施的認知便是另一關鍵環節，員工雖有定期接受防感染措施的培訓，但院舍大部份員工始終是未曾接受過防感染專業訓練的人員，在照顧時的防感染措施若不小心有遺漏，便會令措施出現破口。

院友的角度

從院友的角度，他們大部份均不會依照防感染措施，如佩戴口罩、不走到感染區等。在有確診者的地方原址檢疫，無疑是將他們暴露在高風險環境下，只是無辦法中的辦法。與此同時，院友在慣常的生活環境被熟悉他們的人照料，在生活上確能獲得較佳的照顧，這是唯一稍勝醫院或檢疫場所的好處。

On 19 February 2022, Lai Yiu Home found its first resident with symptoms, who was diagnosed with COVID-19 at the hospital on the day after. Due to shortage of quarantine spaces and hospital beds, the resident could not be admitted into quarantine facilities, and so the hostel became an on-site quarantine and community facility. Finally on 26 February 2022, all 46 residents at the hostel were infected. Among them, 15 had been to the hospital and 9 remained in the hospital from 1 to 3 days. They had to return to the hostel while their test results were still positive, which was why most residents quarantined, tested and even received treatment within the hostel. The following is my attempt to analyse the advantages and disadvantages of on-site quarantine from various perspectives such as the infrastructure, staff, residents and management of the hostel:

Infrastructure

Even though our hostels have already underwent various ventilation improvements before the fifth outbreak, their infrastructure is ultimately not designed against highly infectious diseases. That is why when positive cases are discovered, patients ought to be quarantined immediately to prevent a large-scale spread of the pandemic. However, in view of the compact living environment in Hong Kong, it was not an easy feat for the hostel to quarantine appropriately. Hence, once a member is ill, so would the rest of the hostel. This claim can be testified by the above figures.

So the first thing that should be done is to evacuate residents that are not yet infected as soon as possible. That is the only way that will minimise infection or even death.

Software

Apart from ventilation, our staff's awareness on the anti-viral hygiene measures is another key element. Even though our staff has received regular training on virus prevention, most of them have never been professionally trained. If there are unintentional loopholes during their care, our virus prevention measures will be compromised.

From the perspective of residents

From the perspective of residents, most of them do not follow pandemic prevention measures such as wearing a mask and not approaching areas marked for the infected. Adopting on-site quarantine at the hostel where the infected were present will expose our resident to a higher risk, but this was a last resort. Meanwhile, residents were taken care of by familiar faces in an environment that they were used to. Better care is the only advantage of quarantining in a hospital or quarantine facility.

員工的經歷

對員工來說，原址檢疫實在是一件超負荷的事情，因染疫的院友身體不適，衍生更多照顧工作，令員工百上加斤。同時，員工不但要在高風險環境長時間工作，甚至即使染疫病倒時，礙於人手短缺問題，仍要堅守崗位，辛苦程度實難用筆墨形容，若不是抱持著信念要守護一群沒有人照顧便無法如常生活的服務對象，實難以堅持。

若有選擇，相信沒有員工想原址檢疫，因為對院友及員工，都是雙輸的安排。若如今次沒有選擇下，對進行原址檢疫有以下建議：

檢疫前

由於員工的衛生防感染措施是非常重要的一環，所以，必須要為員工進行「洗腦式」的防感染訓練，以確保他們既僅保護自己也能守護院友。並且要準備預期所需物資，如請到診醫生為院友處方，準備需要時服用的藥物，及計劃一連串的應變工作流程。

檢疫中

原址檢疫在開始的第一週是最艱難的，員工要適應新運作流程，在院友及員工基本上同時發病的狀況下，對照顧工作及人手均構成巨大壓力。當運作到第二週的中期，才開始穩定下來。所以在第一週要持續檢視運作及人手等安排是非常重要的。

同時，要持續支援正在原址檢疫的院舍及補給物資，尤其是醫療支援，無論員工及院友均有極大需要，如藥物，令院友及員工即使不能到醫院接受治療，也能適時有藥物治療。也可按需要為員工情緒支援，為員工打氣等。

檢疫後

檢討檢疫整個過程的一切安排，包括緊急應變計劃的物資、人手、工作流程等。員工尤其關注上班時間的計算方法、工作時間的長度、調配人手的安排等。檢討後的建議或因單位的差異性有所不同，但支撐這些建議背後的理念卻應該是一樣的，就是要以院友的需要為優先，但疫情期間確是非常時期，也要平衡員工的負荷能力，才能令建議最終有效落實。

反思

經歷無情的病毒，見盡人性光輝與軟弱的一面，深信守護服務使用者乃是服務從業員的天職，也相信人間有情，在危難中若能互相扶持包容，放低一己私利，必能戰勝疫境，重新出發。

Staff's experience

To staff, on-site quarantine is extremely demanding. When a resident falls ill, they will have to handle a lot more care work, which is overwhelming for our staff. Not only did our staff work long hours in a high risk environment, they had to continue working even when they fell ill due to staff shortage. It is difficult to describe in words their hardship. If not for their belief in protecting a group of vulnerable residents who cannot take care of themselves, this would have been impossible.

If given the choice, no staff would have preferred on-site quarantine, because that would have been a lose-lose situation to both our residents and staff. If, similar to this occasion, there are no alternatives, here are a few suggestions to on-site quarantine:

Before the quarantine

Since the virus prevention measures are very important, they must go through thorough virus prevention training to make sure that they know how to protect themselves and our residents. Moreover, anticipated supplies such as obtaining prescriptions from visiting doctors, preparing medicine when it is needed, and a chain of emergency response procedures need to be planned in advance.

During quarantine

It was the hardest during the first week when on-site quarantine began. Staff had to adapt to new work flows. Workload and pressure began to mount when residents and staff were infected simultaneously. It only started to stabilise by the time it reached midweek of the second week. That is why it is of vital importance to continuously review operations and human resources during the first week.

At the same time, hostels that are carrying out on-site quarantine need to be continuously supported. Supplies, particularly medical supplies such as medication are in great demand from our staff and residents. Even though they cannot be treated in hospitals, they can still have access to timely medication. Emotional support can also be offered to staff as needed to enhance morale.

After quarantine

Review procedures adopted during the quarantine, including resources prepared for the emergency response plan, manpower, work flow, etc. Staff are particularly concerned about issues such as how working hours were calculated, the duration of working hours and the arrangement of manpower. Suggestions made after the review may differ due to differences among units. But all of these suggestions were made on the basis of the same belief, which was that the needs of our residents must be placed first. Indeed, the pandemic was unprecedented. In order for our suggestions to be effectively implemented, staff's capacity have to be taken into consideration.

Reflections

The ruthless pandemic has brought to light both the bright and weakness side of humanity. Our staff had demonstrated their commitment to serving. They had also displayed kindness in the face of crisis. If we can support each other and overcome selfishness, we can definitely prevail over the pandemic and start anew.