

處於疫戰前線 On the frontlines against the pandemic

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盼望

當第一位院友於 2022 年 2 月 14 日傍晚經快速測試呈陽性後，麗瑤成人訓練中心即時安排「圍封」院舍，在場的員工會留下照顧院友，以減低病毒傳播到社區的機會。呈陽的院友則安排送往醫院急症室求診，留在院舍的院友按緊密接觸該院友的程度分開不同區域生活，盡可能遏止病毒在院舍傳播的風險。接著是為留守的員工安排生活所需，跟在外圍負責支援的員工聯絡，以補充所需物資。

憂慮

第一位呈陽的院友到急症室後，陪診的員工傳來消息，因院友沒有病徵，在完成核酸檢測後便被要求回院舍等候結果，雖然多番向醫護反映院舍住了 60 多位院友，都是智障人士，衛生意識不足，未能做好個人保護措施，一旦接回，恐怕病毒有擴散風險。無奈地醫院表示求診的市民太多不能安排住院。唯有硬著頭皮跟家長商量，安排這位院友暫時回家休息，化解了一場可能出現的院舍傳播危機。

震驚

2022 年 2 月 15 日，有另一位院友快速檢測呈陽性。安排院友送往醫院求診，陪診員工表示他們被安排在急症室外的帳幕內等候，急症室十分繁忙，因院友有病徵，醫護初步評估須安排入院，但太多人需在帳幕等待入院安排，一直等了 30 多小時，陪診的員工已更替至第三人，院友病徵卻消退了，醫院再指示院友可返回院舍等候核酸檢測結果。在等候的 30 多小時內，院舍已再新增 20 多位院友快速測試呈陽性，當時因醫院已不勝負荷，要求院舍不要送懷疑感染的院友到急症室，除了因高熱不退的情況外，呈陽的院友都留在院舍內。



院舍期間不停致電政府提供的熱線電話，但熱線電話傳來的錄音是電話線路太繁忙了，請稍後再來電。偶爾接通了電話也只是再複述一遍院舍現時的狀況。當時快速測試結果仍未被視為正式確診的結果，回覆是沒有確診結果是不會啟動任何支援的，然而當時在社區檢測中心進行核酸檢測，通知結果都嚴重滯後，更遑論到醫院覆檢。數十人懷疑染疫可到哪裡進行檢測？

日復日，病倒的院友人數倍增，留守的員工陸續出現病徵，有個別員工因擔心自己被感染而不再願意留下照顧院友。另一方面，員工不停問要留到何時？這狀況要維持到何時？事實上，當時無人可以回答！

Longing

When the first resident tested positive on a rapid antigen test on the evening of 14 February 2022, the hostel was immediately arranged to be "enclosed". To reduce the likelihood of the virus from spreading to the community, staff that were present would stay behind to take care of the residents. Residents who tested positive were sent to the hospital A&E. Those who remained in the hostel were arranged to live in zones according to their degree of close contact with the infected, so as to limit the risk of transmission as much as possible. Afterwards, the everyday needs of our staff who stayed behind at the hostel were taken into consideration. Supporting staff who remained outside were contacted to replenish supplies.

Anxiety

After the first resident who tested positive was sent to the A&E, the accompanying staff reported that because the resident displayed no symptoms after completing the nucleic acid test, she was asked to return to the hostel to wait for

the results. We have repeatedly informed the hospital that the hostel takes care of more than 60 residents with intellectual disabilities who lack hygiene awareness and may fail to take personal precautions. If the resident was brought back, there would be a risk of the pandemic spreading in the hostel. Unfortunately, since there were too many people seeking medical attention, the hospital responded that the resident could not be hospitalised at the moment. Reluctantly, we discussed the matter with the resident's parents and arranged for her to go home temporarily, which resolved the crisis of a possible spread at the hostel.

Shock

Another resident tested positive on a rapid antigen test on 15 February 2022. The resident was sent to the hospital for medical attention. The accompanying colleague recounted that they had to wait in a tent outside of the A&E. The A&E was very busy, but since the resident displayed symptoms, she had to be admitted into the hospital according to initial assessment. Since there were too many people awaiting hospital admission in the tent, it took a total of 30 hours and three colleagues to change shifts to wait for admission. By then, the resident's symptoms had already subsided, so the hospital instructed the residents to return to the hostel to wait for nucleic acid test results. While those 30 hours of waiting, an additional 20 residents were found to be positive through rapid antigen tests in the hostels. Since the hospital was already overwhelmed and hostels were requested not to send suspected cases to the A&E, all residents who tested positive were to remain within the hostel except those with a persistent fever.

In the meantime, the hostel kept calling the government hotline. But we were only able to reach a recording stating that the line was too busy at the moment, and that we should call again later. In the rare occasion when the call did manage to go through, only the current situation of hostels were repeated to us. At that time, the results of the rapid antigen test were still not regarded as an official diagnosis, and so the reply that we received was that we would not be able to receive any support without an official diagnosis. However, when even the results from nucleic acid tests carried out in community testing centers were seriously delayed, re-testing in hospitals was simply unthinkable. Where can a few dozen of suspected cases be tested?

Day after day, the number of infected residents doubled. Staff who stayed behind began to show symptoms. Some staff were unwilling to remain and take care of our residents, in fear that they themselves might get infected as well. Our staff would not stop enquiring how long they would be required to stay. How long would this situation last? In fact, no one had the answer to these questions!

無奈

2022年2月17日，經應變小組商討後，安排未受到感染的21位院友，搬遷到本會一所暫時空置的殘疾人士院舍，期望與時間競賽，可以截斷傳播鏈；不幸的是，他們仍相繼快測呈陽性，相信部份院友在搬遷前已受到感染。這決定是錯是對？事實上，當時無人可以回答！

雖然衛生防護中心曾派員到院舍視察環境及評估院舍是否適合安排原址隔離，答案是不適宜。但現實是社區隔離設施不足，院舍亦沒有確診個案的編號，輪候社區隔離設施的門檻也及不上，只可繼續留在不適合隔離的院舍內，院內所有人都會確診也是必然的結果吧！

轉機

2022年2月24日突然傳來消息，全院可撤離到亞博館社區治療設施，在再三澄清下，雖然亞博只接收院友，這消息如同曙光，終於有合適人手及處所可接替我們照顧院友了！大家即時預備所需的文件、藥物和安排車程，當晚以院車載了大部份院友往亞博，至2022年2月25日上午，合共57位院友在亞博接受社區治療。

Regret

On 17 February 2022, after discussions with the response team, 21 uninfected residents were arranged to be relocated to our hostel for persons with disabilities that was temporarily vacant, in the hope of racing against the clock to cut off the chain of transmission. Unfortunately, this group of residents began to test positive one after the other. We believe that some of them were already infected before relocation. So was that the right or wrong decision? In fact, no one had the answer to these questions!

The Centre for Health Protection sent representatives to inspect the hostel and assess whether it is suitable for on-site quarantine. The answer we have received was that it was unsuitable. The reality was that there were insufficient community quarantine facilities. Without a serial number of confirmed cases, the hostel could not even meet the threshold to get in line for community quarantine facilities. That was why we had to remain in facilities that were unsuitable for quarantine. It was hardly surprising that everyone in the hostel eventually became infected!

Turning point

On 24 February 2022, news arrived that the entire hostel could be evacuated to the AWE Community Treatment Facility. After repeated clarifications, even though the AWE only admitted residents, this news arrived like a lifeline to us. Finally there were appropriate personnel and premise to accommodate our residents! We immediately prepared all the

落幕

隨著院友的離開，留守的員工也需安排出路，社區隔離設施對我們是遙不可及的，仍然呈陽的員工只可選擇回家，或到會方將日間服務單位提供予員工的臨時休息地方；回家擔心會傳染同住的家人，而會方的臨時休息地方有限，部份職員只可等待快測呈陰後租酒店暫居。

再出發

最終當晚留在院舍的61位院友全部受到感染，其中一位在醫院離世。留守的16位員工亦全部確診。院舍在第五波疫情經歷了重創，以院舍現時的环境、設備、人手配置真的可應付原址檢疫嗎？有些專家已預言將會有第六波疫情，我們預備好下次嗎？第五波疫情正在消退之際，亦是我們重整身心，準備再出發的時候，為要走更遠的路。

necessary documents, medicines and arranged transport. That night, most of our residents were transferred to the AWE. By the morning of 25 February 2022, a total of 57 residents were in treatment there.

Epilogue

As our residents departed, staff who stayed behind began to plan their exit. Community quarantine facilities were too far away for us. Staff who still tested positive could only choose to return home, or stay in daytime service units provided by the Society as temporary accommodation. Some worried that they would infect their family members by returning home. Since spaces for temporary accommodation were limited, some staff had to stay in hotels after they got negative rapid antigen test results.

Re-departure

In the end, all 61 residents who remained in the hostel on that night were infected. Among them, one passed away. All 16 staff who remained were infected as well. The hostel was badly hit by the fifth wave of the pandemic. With its current environment, facility and human resources, can we really accommodate on-site quarantine? Experts have predicted a sixth wave of the pandemic. Are we well-prepared for it? As the fifth wave of the pandemic subsides, it is also time for us to readjust and prepare to depart for a longer journey once again.