

Early closure of Smart Identity Card Replacement Centres

The Immigration Department announced today (November 13) that, further to the early closure of the Yuen Long Smart Identity Card Replacement Centre, the remaining eight Smart Identity Card Replacement Centres (SIDCCs) will be closed at 7pm as public transport services and some major traffic lines have been seriously affected. Members of the public who have appointments for today may proceed to the SIDCCs at an earlier time today or on later days for identity card replacements and they need not make another appointment. Before proceeding to the Replacement Centres, applicants are advised to browse the latest Government press release, or to call the Replacement Centres during working hours.

Replacement Centre	Address	Telephone
1. Hong Kong Island Smart Identity Card Replacement Centre	Room 200, 2/F, Shui On Centre, 6-8 Harbour Road, Wan Chai	3521 1688
2. East Kowloon Smart Identity Card Replacement Centre	Unit 1, 2/F, Manulife Financial Centre and Unit 1B, 3/F, Manulife Financial Centre, Tower A, 223-231 Wai Yip Street, Kwun Tong	3150 8288
3. West Kowloon Smart Identity Card Replacement Centre	12/F, Gala Place, 56 Dundas Street, Mong Kok	3520 4100
4. Tsuen Wan Smart Identity Card Replacement Centre	Shop S201, 2/F, Smartland, 50 Texaco Road, Tsuen Wan	3150 8308
5. Sha Tin Smart Identity Card Replacement Centre	Shop G26, G/F & Shop 123, 1/F, Kings Wing Plaza 1, 3 On Kwan Street, Sha Tin	3150 8500
6. Sheung Shui Smart Identity Card Replacement Centre	7/F, Spot, 48 Lung Sum Avenue, Sheung Shui	3150 8600
7. Tuen Mun Smart Identity Card Replacement Centre	Shop L414B, Level 4, Leung King Plaza, Leung King Estate, 31 Tin King Road, Tuen Mun	3150 8668
8. Yuen Long Smart Identity Card Replacement Centre	Shop 50, G/F, Manhattan Plaza, 23 Sai Ching Street, Yuen Long	3150 8618
9. Tseung Kwan O Smart Identity Card Replacement Centre	Shop 20-26, G/F, Corinthia by the Sea, 23 Tong Yin Street, Tseung Kwan O, Sai Kung	3150 8690

LCQ 1: Incident in Prince Edward Station

Following is a question by the Hon Alvin Yeung and a reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (November 13) :

Question:

According to the footage captured by the media, on the night of August 31 this year, some police officers attacked members of the public, who did not put up any resistance, with batons and pepper spray and pointed guns at them on the platforms of MTR Prince Edward Station and inside the train compartments thereat. It has been reported that on that night, the Police evicted journalists and volunteer first-aiders from Prince Edward Station and then, by claiming that there were no injured persons in the station, hindered the entry of ambulancemen of the Fire Services Department (FSD) to the station to perform rescue work, resulting in the delayed treatment of quite a number of injured persons. In this connection, will the Government inform this Council:

(1) between the night of August 31 and the early hours of the following day, of the respective numbers of police officers, firemen, ambulancemen and personnel of other government departments (please specify) who were on duty inside MTR Prince Edward Station and Lai Chi Kok Station, the respective numbers of persons arrested in the Concourse, on Platforms 1 and 2 Level and Platforms 3 and 4 Level inside Prince Edward Station, as well as the respective numbers of injured persons, arrestees and other non-government personnel who were conveyed by a specially arranged train from Prince Edward Station to Lai Chi Kok Station (and provide a breakdown by the exit through which they left), and set out such figures in tables;

(2) of the reasons and the legal basis for the Police evicting journalists and volunteer first-aiders from Prince Edward Station on that night; whether the Government has assessed if the eviction of journalists has infringed upon the freedom of the press enjoyed by Hong Kong residents under Article 27 of the Basic Law; if they have assessed, of the outcome; and

(3) given that despite the Government's repeated denial of the death of any person during the aforesaid confrontations, quite a number of members of the public still suspect that the Police have concealed some information, whether the Government will make public all footage captured on that night by the closed-circuit television cameras at the MTR stations and by police officers' body worn video cameras, so as to allay public concerns?

Reply:

President,

On August 31 this year, a large group of protesters participated in unlawful assemblies in various districts in Hong Kong, Kowloon and the New Territories during which rioters blocked roads, vandalised public property, setting fire, hurled petrol bombs at government buildings at a large scale, assaulted police officers recklessly by bricks and iron poles, and even hurled iron railings and miscellaneous objects onto the tracks of the Mass Transit Railway (MTR), completely disregarding the safety of other passengers.

At about 10.45 pm in Prince Edward Station, a large group of rioters got into arguments with other passengers in the train compartments. As seen on news coverage and online footage, passengers including the elderly were abused, assaulted and attacked by these rioters, who later even sprayed the train with a fire extinguisher, resulting in chaos inside the compartments.

The MTR reported to the Police, and later made announcements requesting passengers to leave the train compartments. Apart from the MTR who reported to the Police, the Police also received 999 reports from members of the public. The Police thus dispatched policemen to Prince Edward Station to stop violent acts and effect arrest against offenders.

The Police were attacked by rioters after entering the station. When police officers arrived at the platforms and entered the compartments, rioters used umbrellas and other objects to attack them. It was necessary for police officers to use appropriate force including batons and pepper spray for arrest and dispersal.

Regarding the incident in Prince Edward Station, as of October 31, the Police arrested a total of 66 persons for alleged offences including "unlawful assembly", "criminal damage" and "possession of offensive weapon". During the operation, the Police seized weapons and gears such as petrol bombs, laser guns, slingshots, steel pellets, helmets and gas masks.

My reply to the various parts of the question is as follows:

(1) In the evening of August 31, the Police sent different units of uniformed and plain-clothes officers into Prince Edward Station to combat violent and illegal acts, arresting 52 people in the Prince Edward Station lobby and on platforms 3 and 4. Seven of the arrested people were escorted by the Police from Prince Edward Station to Kwai Chung Police Station. Later, Prince Edward Station was under siege by protesters. Out of safety and security concerns and after discussing with the MTR Corporation Limited (MTRCL), a special train trip was arranged to send the remaining 45 arrested persons to Lai Chi Kok Station, seven of whom were immediately sent to hospital for treatment after arriving at Lai Chi Kok Station.

During the period from the evening of August 31 to the early hours of September 1, 38 personnel of the Fire Services Department (FSD) were

performing duties at the MTR Prince Edward Station, among which 20 ambulance personnel escorted seven patients from Prince Edward Station to Lai Chi Kok Station. There were another 18 ambulance personnel at the B2 Exit of Lai Chi Kok Station that night who delivered the seven injured arrested persons from Lai Chi Kok Station to Caritas Medical Centre and Princess Margaret Hospital in batches.

(2) According to section 10 of the Police Force Ordinance (Cap. 232), it is the Police's statutory duty to maintain public safety and public order. As such, when unlawful assembly and violent acts occur, the Police must take appropriate actions to restore public peace.

Hong Kong has press freedom and the media's right of reporting, which the Police will strive to facilitate. The Police also have the statutory duty to maintain public safety and public order. Mutual respect and understanding are beneficial to the work of both sides.

Besides, the Police also always make every effort to facilitate all ambulance services, and will not obstruct or delay such services. Furthermore, most police officers have received first aid and basic medical training and are able to provide preliminary treatment for injured persons before ambulance personnel arrive at the scene.

At 10.45 pm, the MTR called the Police for assistance because the train doors could not be closed due to passenger disputes on the train. Subsequently, smouldering was found in the train compartments and a number of Passenger Alarm Devices inside the compartments were activated. The MTRCL, out of safety concerns, activated the evacuation procedures at 10.53 pm, including making appeals through announcement and sending staff to assist passengers in leaving, as well as closing the Prince Edward Station. The Police received the reports from the MTR and members of the public and entered Prince Edward Station. As MTR had closed the MTR Station, and the Police had to handle a large number of arrestees at the scene, with dangerous weapons such as petrol bombs, slingshots seized; due to safety considerations, the Police appealed to all persons at the scene to leave Prince Edward Station as soon as possible.

When the Police were aware that ambulances had been deployed to the scene to assist the injured persons, immediate coordination was arranged with the FSD and the MTRCL for ambulance personnel to enter the MTR Station to provide medical care for the injured persons. As a large group of persons besieged the station and dug out bricks from the pavements, the Police considered the vicinity unsafe after assessment. After discussing with MTR, and out of safety considerations, a special train was arranged to send the ambulance personnel and the injured persons to Lai Chi Kok Station, and then transferred to the Caritas Medical Centre and the Princess Margaret Hospital respectively for treatment.

(3) Regarding the Prince Edward Station incident on August 31, the Hospital Authority and the FSD have repeatedly clarified in public and clearly confirmed that no one died. The groundless allegations of still saying that

someone had died are sheer fabrications and malicious rumours; the intentions to smear the Police Force and create conflicts in society are ill-willed.

The Police's criminal investigation is actively being undertaken, including reviewing the relevant footage captured by the Police and the footage of the closed-circuit television cameras that night from the MTRCL, etc. Such information may likely be evidence in the criminal trial, and to ensure a fair trial, it is inappropriate to and cannot be disclosed before the trial. The court's trial is open and will be known by members of the public and the media.

Thank you, President.

LCQ15: Hand, foot and mouth disease

Following is a question by the Dr Hon Helena Wong and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 13):

Question:

It has been reported that earlier on, a primary school stated in a notice to the parents that some of its students had contracted the hand, foot and mouth disease (HFMD), and that the Centre for Health Protection (CHP) of the Department of Health had instructed that there was no need for students to wear masks because the disease was not transmitted by respiratory droplets. In response to media enquiries, CHP advised that while wearing masks was not the main measure for preventing the disease, it had not given the said instruction. Furthermore, CHP points out on its website that HFMD is mainly transmitted by contact with an infected person's nose or throat discharges, saliva, etc. In its guidelines distributed to schools, CHP classifies the mode of transmission for HFMD as "contact transmission" instead of "droplet transmission". However, a paediatrician has pointed out that the disease can be transmitted by respiratory droplets (saliva being a type of such droplets), and that wearing masks is one of the precautionary measures. Some members of the public find the relevant information on HFMD confusing. In this connection, will the Government inform this Council:

(1) whether CHP has gained an understanding from the aforesaid primary school on the reasons for the school stating in the notice that CHP had given the aforesaid instruction;

(2) whether CHP will discuss with the medical sector the ways for providing the public with clear guidelines on prevention of HFMD, including the effectiveness of wearing masks in preventing the transmission of HFMD; and

(3) whether CHP has conducted studies on the effectiveness of wearing masks in lowering the infection rate of HFMD; if so, of the outcome; if not, whether it will conduct such studies?

Reply:

President,

Hand, foot and mouth disease (HFMD) is a common disease in children caused by enteroviruses such as coxsackieviruses and enterovirus 71. In Hong Kong, the usual peak season for HFMD is from May to July and a smaller peak may also occur from October to December. Having consulted the Department of Health (DH), reply to the question raised by the Dr Hon Helena Wong is as follows:

On the mode of transmission of HFMD, unlike influenza viruses which mainly spread through droplets when infected persons cough, sneeze or talk, viruses that cause HFMD, despite their presence in droplets from infected persons, mainly spread by contact with an infected person's nose or throat discharges, saliva, fluid from vesicles or stool, or by touching contaminated objects. The incubation period of HFMD is about three to seven days. The disease is most contagious during the first week of the illness and the viruses can be found in stool for weeks. As there is no effective vaccine to prevent HFMD at present, good personal and environmental hygiene are the mainstay of prevention.

Key measures for maintaining good personal hygiene are:

- (1) perform hand hygiene frequently, especially before touching the mouth, nose or eyes, before eating or handling food, after touching blisters, and after using the toilet;
- (2) wash hands with liquid soap and water, and rub for at least 20 seconds. Then rinse with water and dry with a disposable paper towel or hand dryer. If hand washing facilities are not available, or when hands are not visibly soiled, hand hygiene with 70 per cent to 80% per cent alcohol-based handrub is an effective alternative;
- (3) cover mouth and nose with tissue paper when sneezing or coughing. Dispose of soiled tissue paper into a lidded rubbish bin, then wash hands thoroughly;
- (4) use serving chopsticks and spoons at meal time. Do not share food and drinks with others;
- (5) do not share towels and personal items with others;
- (6) avoid close contact (such as kissing and hugging) with infected persons;
- (7) refrain from work or attending school, and seek medical advice when feeling unwell; and
- (8) exclude infected persons from handling food and from providing care to

children, the elderly and immunocompromised people.

Key measures for maintaining good environmental hygiene are:

(1) regularly clean and disinfect frequently touched surfaces such as furniture, toys and commonly shared items with 1:99 diluted household bleach (i.e. mixing one part of 5.25 per cent bleach with 99 parts of water), leave for 15 to 30 minutes, rinse with water and wipe dry. For metallic surface, disinfect with 70 per cent alcohol;

(2) use absorbent disposable towels to wipe away obvious contaminants such as respiratory secretions, vomitus or excreta, then disinfect the contaminated surface and neighbouring areas with 1:49 diluted household bleach (i.e. mixing one part of 5.25 per cent bleach with 49 parts of water), leave for 15 to 30 minutes, rinse with water and wipe dry. For metallic surface, disinfect with 70 per cent alcohol; and

(3) avoid group activities when HFMD outbreak occurs in schools or institutions. Meanwhile, schools and institutions should minimise staff movement and arrange for the same group of staff to take care of the same group of students or residents as far as possible.

Generally speaking, upon notification of HFMD outbreaks from schools, the DH's Centre for Health Protection (CHP) will liaise with the schools concerned for epidemiological investigation and advise on necessary infection control measures. Such measures include intensified cleaning and disinfection of frequently touched surfaces (such as furniture, toys, shared items) and obvious contaminants (such as respiratory secretions, vomitus or excreta); avoiding group activities during the HFMD outbreak; and ensuring that staff and students perform hand hygiene frequently, refrain from attending school and seek medical advice when feeling unwell. The CHP had handled the HFMD outbreak of the primary school concerned according to the above established practice.

It should be noted that while viruses that cause HFMD can be present in patients' droplets, droplet transmission is not the major mode of transmission. Hence, wearing masks is generally not regarded as a key measure to prevent HFMD. Nonetheless, under no circumstances would the CHP advise staff or students against wearing masks in schools where HFMD outbreaks occur. The CHP has all along advised schools to adopt a multi-pronged approach in implementing various preventive measures against infectious diseases, by following the [Guidelines on Prevention of Communicable Diseases in Schools/Kindergartens/Kindergartens-cum-Child Care Centres/Child Care Centres](#), which include the proper use of masks, among other things. After the aforementioned primary school issued relevant notice to parents, the CHP had reiterated the health advice on prevention of HFMD to the school.

Besides, when local activity of HFMD increases, the CHP will issue letters to all doctors and schools, urging them to stay vigilant against HFMD infection and providing information on a series of preventive and control measures, among other things. Moreover, the DH disseminates health messages on the prevention of communicable diseases and maintenance of personal and

environmental hygiene, through various means, to the public, institutions, schools, healthcare personnel and stakeholders. The DH will continue to strengthen related publicity and risk communication work. As regards the effectiveness of wearing masks in reducing the infection rate of HFMD, the CHP will keep in view international studies and related recommendations.

LCQ18: Coloured water sprayed by specialised crowd management vehicles

Following is a question by the Hon Chan Chi-chuen and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 13):

Question:

It has been reported that on October 20 this year, the coloured water sprayed by a specialised crowd management vehicle (commonly known as "water cannon vehicle") operated by the Police when dispersing demonstrators hit 10-odd members of the public and reporters outside the entrance of the Kowloon Mosque. Some of them felt unwell (e.g. temporary loss of sight, burning sensation on the skin) and sought medical consultation, but the doctors were unable to prescribe the right treatment as they were unclear about the composition of the coloured water. In this connection, will the Government inform this Council:

(1) whether it knows the number of persons since August 1 this year who sought consultation at public hospitals because their bodies had been stained with the coloured water sprayed by water cannon vehicles and, among them, the number of those admitted to hospitals for treatment;

(2) of the respective names and concentrations of (i) the pigments (ii) the Oleoresin Capsicum jet pack solution, (iii) the adhesives and (iv) other chemicals in the coloured water sprayed by water cannon vehicles; the respective manufacturers and places of origin of such chemicals;

(3) whether it will consider providing all private hospitals, public hospitals and private clinics in Hong Kong with information on the composition of the coloured water as well as the recommended treatment protocols for persons stained with coloured water, so that such persons may receive appropriate treatment; if so, of the details, if not, the reasons for that; and

(4) how persons stained with coloured water can effectively and quickly remove on the spot the coloured water on their bodies in order to alleviate the injuries?

Reply:

President,

The Government appeals to the public to express their demands in a peaceful and rational way, to embody democracy under the principles of tolerance and respect, and to uphold the rule of law by lawful and reasonable means.

The Police have a statutory duty to maintain law and order. When public order and safety are severely threatened by incidents such as illegal road blockage, paralysed traffic, unlawful assemblies and violent charging of police cordon lines, etc., the Police will take appropriate actions after risk assessment to maintain law and order. Specialised Crowd Management Vehicles is an equipment used to disperse crowd, the purpose of which is to stop people from gathering or committing illegal acts.

In consultation with the Security Bureau and the Hospital Authority (HA), my consolidated reply to the question raised by the Hon Chan Chi-chuen is as follows:

According to the Police's information, the colourant used in the specialised crowd management vehicles is non-toxic. It will not cause bodily harm and will not pose risks to public health. When using the specialised crowd management vehicles, the Police may also add in pepper based solution having regard to actual needs in order to stop illegal acts. The main effect of pepper based solution is similar to pepper spray. Exposure to pepper based solution will cause one to have a burning sensation of the skin and discomfort in the eyes. Anyone who is exposed to pepper based solution should leave the scene immediately, and wash thoroughly with large amount of water in a ventilated place, in order not be posed to health risks.

According to the HA, there were cases where people attended the accident and emergency (A&E) departments of the HA due to discomfort after exposure to blue liquid sprayed by specialised crowd management vehicles. Those who were exposed to blue liquid generally experienced mild respiratory and skin irritation, and there was no serious health impact reported. Most of them could be immediately discharged after rinsing and receiving treatment at the A&E departments. Decontamination facilities are available at all 18 A&E departments of the HA for treating patients who have been exposed to biochemical/hazardous substances. Healthcare personnel are also experienced in treating these cases. The HA does not maintain statistics of relevant attendances.

The Police have been sourcing globally for safe and suitable equipment and ammunitions in accordance with the established procedures to meet operational needs. As the procurement details of the equipment used by the Police involve operational deployment, it is inappropriate for disclosure to avoid affecting the Police's operational capability.

The Government reiterates that if the public can express their views in a peaceful and rational manner, the Police do not need to use any force. The Police have been committed to safeguarding the public safety and public order of Hong Kong. We hope that members of the public would understand this.

LCQ16: Health impacts of the chemicals used to disperse crowds

Following is a question by Professor the Hon Joseph Lee and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 13):

Question:

Since June this year, during their operations to disperse demonstrators in various districts, the Police used pepper sprays, fired pepper balls and tear gas rounds, as well as deployed specialised crowd management vehicles (commonly known as "water cannon vehicles") to spray coloured water containing irritants. The Secretary for Food and Health has indicated earlier that the impacts of tear gas on human health are short-term. However, it has been pointed out in an article published recently in the Lancet, a medical journal, that an overseas research study found that among 5 910 people who had been exposed to such chemical irritants, two died and many suffered permanent disabilities. The authors of the article have criticised the Hong Kong Government for neither taking the lead in cleaning the places contaminated by these chemicals nor issuing decontamination guidelines and health advice. In this connection, will the Government inform this Council:

- (1) whether it knows the respective human health risks posed by (i) pepper spray, (ii) tear gas and (iii) coloured water; whether it has monitored continuously the latest reports on the risks posed by such chemicals to physical health and public health; if it has not, of the reasons for that;
- (2) of the number of street cleaning exercises carried out since June this year by the service contractors of the Food and Environmental Hygiene Department for removing the chemicals concerned, with a breakdown by District Council district; the protective gear provided to the frontline workers; whether the Department has monitored if the workers employed by the contractors have removed the chemicals in accordance with the guidelines; whether the Government will take the initiative to assist the persons-in-charge of private places in removing such chemicals;
- (3) given that some members of the public whose bodies had been stained with coloured water went to seek medical treatment but the doctors were unable to prescribe the right treatment because they did not know the composition of

the coloured water, whether the Government will fully make public the composition of the various types of chemicals used by the Police, so that persons exposed to such chemicals may receive appropriate treatment; and

(4) whether it will request the Police not to use such chemicals again in the vicinity of residential areas, schools, residential care homes for the elderly, hospitals, food premises and densely populated areas, so as to avoid causing hazards to the health and lives of members of the public?

Reply:

President,

The Government appeals to the public to express their demands in a peaceful and rational way, to embody democracy under the principles of tolerance and respect, and to uphold the rule of law by lawful and reasonable means.

The Police have a statutory duty to maintain law and order. When public order and safety are severely threatened by incidents such as illegal road blockage, paralysed traffic, unlawful assemblies and violent charging of police cordon lines, etc, the Police will take appropriate actions after risk assessment to maintain law and order. Pepper spray, tear gas and Specialised Crowd Management Vehicles (SCMVs) are equipment used to disperse crowd, the purpose of which is to stop people from gathering or committing illegal acts.

In consultation with the Security Bureau, the Department of Health (DH), the Food and Environmental Hygiene Department (FEHD), and the Hospital Authority (HA), consolidated reply to the various parts of the question raised by Professor the Hon Joseph Lee is as follows:

(1) On health effects of tear gas, in consultation with relevant departments and experts, the DH has uploaded health information on tear gas to the website of the Centre for Health Protection (CHP) for general public's reference. Please visit the CHP website (www.chp.gov.hk/en/index.html) > Health Topics > Health and Hygiene > Health Information on Tear Gas for the information. In general, health effects of tear gas depend on a number of factors such as the specific chemical composition of the tear gas, duration and dose of exposure, exposure route, health conditions of the individuals and the physical environment during exposure. Individuals who had been exposed to tear gas with persistent symptoms should promptly consult healthcare professionals.

Symptoms that may generally occur after exposure to pepper spray include a burning sensation of the skin and discomfort in the eyes, etc. These symptoms would usually disappear within a short period of time after the exposure.

According to Police's information, the colourant used in the SCMVs is non-toxic and will not cause bodily harm. When using the SCMVs, Police may also add in pepper based solution having regard to actual needs. The main

effect of pepper based solution is similar to pepper spray. Exposure to pepper based solution will cause one to have a burning sensation of the skin and discomfort in the eyes, but these symptoms would usually disappear after a short period of time.

(2) The personal safety as well as the occupational safety and health of government employees and outsourced workers (including cleansing workers) are of vital importance. The FEHD has issued guidelines to its employees and cleansing service contractors, including reminders and suggestions on personal protective equipment for cleaning residues of tear gas and chemicals from SCMV's. The guidelines stipulate, among others, that cleansing workers should wear masks, rubber gloves, rubber aprons when conducting relevant works, and put on respirators (N95 type or comparable), eye protectors and hats if considered necessary after risk assessment. Cleansing workers should, upon discovery of dangerous goods or chemical waste, report to the FEHD which will then refer the case to relevant departments.

As stipulated in the FEHD's public cleansing service contracts, contractors shall comply with all legislations in relation to contract execution, including the Occupational Safety and Health Ordinance (Cap. 509) and its subsidiary legislations. They are also required to provide their employees with adequate personal protective clothing, equipment and safety training, and make appropriate work arrangements.

The FEHD does not keep the statistics on frequency of street washing conducted for removal of chemicals by its cleansing service contractors.

(3) The colourant used in Police's SCMV's is non-toxic. When using the SCMV's, the Police may also add in pepper based solution having regard to actual needs. The main effect of pepper based solution is similar to pepper spray.

According to the HA, there were cases where people attended the accident and emergency (A&E) departments of the HA due to discomfort after exposure to tear gas or blue liquid sprayed by SCMV's. Those who were exposed to tear gas or blue liquid generally experienced mild respiratory and skin irritation, and there was no serious health impact reported. Most of them could be immediately discharged after rinsing and receiving treatment at the A&E departments. Decontamination facilities are available at all 18 A&E departments of the HA for treating patients who have been exposed to biochemical/hazardous substances. Healthcare personnel are also experienced in treating these cases.

(4) The Government reiterates that if the public can express their views in a peaceful and rational manner, the Police do not need to use any force. Police have been committed to safeguarding the public safety and public order of Hong Kong. We hope that members of the public would understand this.

Police understand the community's concerns about the use of tear gas near residential buildings, and will take into account the safety and interests of the affected people as far as possible when using the tear gas. Before the operation, the Police will, as far as possible, maintain close

contact with the nearby building management offices, commercial tenants and elderly homes through various channels to remind them of Police's possible actions in relation to the demonstration activities so that they can make arrangements accordingly. During the operation, the Police will also appeal to residents in the vicinity to pay attention to the situation through social media and press releases, and to close the windows and stay in a safe place indoors if necessary.