

# LCQ5: Ambulance service of Hong Kong Fire Services Department

Following is a question by the Hon Lai Tung-kwok and a written reply by the Secretary for Security, Mr Tang Ping-keung, in the Legislative Council today (April 27):

Question:

It has been reported that the number of members of the public infected with the Coronavirus Disease 2019 has escalated exponentially since January 2022, putting unprecedented pressure on the ambulance service and ambulancemen/ambulancewomen of the Hong Kong Fire Services Department (FSD), and underlining once again the problem of prolonged shortage of ambulance resources and manpower. In this connection, will the Government inform this Council:

(1) of the following information on the provision of ambulance service by the FSD since January 2022: (i) the average number of ambulance calls received per day, (ii) the maximum number of calls handled by ambulances in a single day (with a breakdown by emergency calls, hospital transfer calls and non-emergency ambulance transfer service), (iii) the average response time of ambulances, (iv) the delay, and (v) the number of cases of failure to meet the performance pledge;

(2) of the number of ambulancemen/ambulancewomen who were absent from work because of having been infected with the disease or classified as close contacts since January 2022, and the average number of days for which they were absent from work;

(3) of the interim measures taken by the FSD to alleviate the delay in the provision of ambulance service and the manpower pressure; and

(4) of the FSD's measures in place to address the problem of prolonged shortage of resources and manpower for ambulance service?

Reply:

President,

Having consulted the Fire Services Department (FSD) and the Food and Health Bureau, the reply to the Member's question is as follows:

(1) The FSD provides emergency ambulance service to residents within Hong Kong. "Emergency calls" of the FSD includes (1) calls from the public, requesting conveyance of patients and casualties from scene of incidents to hospitals for emergency treatment; and (2) calls from hospitals or medical institutions, requesting transfer of patients and casualties assessed by medical personnel as emergent from a hospital or medical institution to another acute hospital or medical institution for emergency treatment or

examination. In respect of "hospital transfer calls", the FSD transfers patients and casualties assessed by medical personnel from a hospital or medical institution to another hospital or medical institution for urgent treatment or examination. The FSD also provides "non-emergency calls" ambulance service on outlying islands.

The Hospital Authority (HA) operates the Non-emergency Ambulance Transfer Service (NEATS), mainly providing point-to-point transport services within Hong Kong for patients with mobility impediment for discharge, transfer, scheduled admission, and follow-up visits to specialist out-patient clinics/geriatric day hospitals.

The ambulances of the FSD are not used for providing the HA's NEATS. Therefore, only the information and figures relevant to the FSD's "emergency calls", "hospital transfer calls" and "non-emergency calls" are provided in the ensuing paragraphs.

From January 1 to April 6, 2022, the information related to the ambulance services provided by the FSD (Note 1) is as follows:

- (i) The FSD received on average of about 2 007 ambulance calls per day.
- (ii) The FSD handled the largest number of ambulance calls on March 10, 2022, with about 2 773 cases, including 2 770 "emergency calls", one "hospital transfer call" and two "non-emergency calls".
- (iii), (iv) and (v) The FSD's performance pledge is to have the arrival of ambulance within 12 minutes of target response time for 92.5 per cent of emergency ambulance calls. Since the outbreak of the epidemic in 2020, apart from attending to a large number of daily emergency ambulance calls, the ambulance personnel of the FSD also provide emergency treatment to confirmed and suspected COVID-19 patients, as well as be responsible for conveying them and relevant close contacts to hospitals/isolation facilities. Under the fifth wave of epidemic, the Department's manpower was very stringent as there was a large number of the FSD personnel who were infected or had to undergo compulsory testing in compliance with the requirements of the compulsory testing notices. In addition, if the ambulance personnel have performed high-risk medical procedures for patients or handled suspected/confirmed COVID-19 patients, the ambulance personnel must return to the ambulance depot to thoroughly disinfect the ambulance, equipment and individuals, and dispose of medical wastes, before responding to the next call, thus affecting the number of ambulances and the response time.

From January 1 to April 6, 2022, the FSD received a total of 182 176 "emergency calls", and 76.25 per cent of the cases were responded to within the 12-minute target response time.

With the recent development of the epidemic, and the ambulance personnel who were earlier confirmed COVID-19 patients or defined as close contacts have gradually returned to work, the situation of emergency ambulance service has improved significantly recently. Taking April as an example (as of April 22), the rate of meeting the target response time by the FSD's emergency

ambulance service is maintained at 92.5 per cent or above on a daily basis.

(2) From January 1 to April 6, 2022, a total of 1 016 ambulance personnel were infected and 1 140 ambulance personnel were classified as close contacts. The average number of days they were absent from work were 10.29 days and 9.54 days respectively.

(3) In response to the large number of emergency ambulance service calls under the fifth wave of the epidemic, in addition to conducting risk assessments and formulating contingency plans, the FSD has also deployed resources flexibly according to actual needs. In this regard, the FSD has activated the Director's Command Post and the Ambulance Command High Command Office to co-ordinate command work, monitor the use of resources, maintain liaison with other government departments, optimise work processes, and formulate contingency plans, so as to maintain the provision of emergency ambulance service to the public as far as possible and convey a large number of non-emergency confirmed patients from residential care homes for the elderly (RCHEs)/premises to community isolation facilities (CIFs).

In respect of resources deployment, the FSD mobilised the Special Support Unit and deployed ambulance officers from the Ambulance Command Headquarters, instructors from the Fire and Ambulance Services Academy (FASA), ambulance personnel from the Community Emergency Preparedness Division, and senior ambulance officers and ambulance officers from various ambulance depots to handle emergency ambulance calls and convey cases related to COVID-19 to meet the significantly increased demand for ambulance services as a result of the severe epidemic.

Moreover, the FSD has engaged qualified retired ambulance personnel to work in hospital transfer fleet with a view to alleviating the pressure on manpower. The Department has also hired passenger vehicles and coaches to form a dedicated fleet, and deploys firemen with First Responder (FR) qualification to serve as drivers or supporting personnel on board to assist in the conveyance of a large number of non-emergency confirmed patients from RCHEs/premises to the CIFs. In addition, the FSD has also arranged firemen with the qualifications of driving fire appliances and the FR to participate in a half-day ambulance driving training course, so that they can be on duty at ambulance depots and drive ambulances on their off-duty days for strengthening the manpower resources on driving ambulances.

Trainees from the FASA were also deployed to take on logistical support by stationing at various ambulance depots and dedicated disinfection centres to handle the heavy workload on ambulance disinfection arising from the conveyance of confirmed patients.

The FSD will continue to closely monitor the development of the epidemic, manpower and service needs, and review and adjust relevant measures in a timely manner according to circumstances.

(4) The FSD will continue to closely monitor the demand for emergency ambulance service and review relevant resources from time to time to meet

operational needs. If necessary, the FSD will seek additional resources through the existing resource allocation mechanism to augment manpower and other resources.

Note 1: The figures are provisional. The FSD generally needs one to two months to consolidate the record and figures to come up with exact figures.