Collaborating Centre for Oxford University and CUHK
for Disaster and Medical Humanitarian Response
CCOUC 災害與人道救援研究所

Hong Kong's Emergency and Disaster Response System

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Introduction

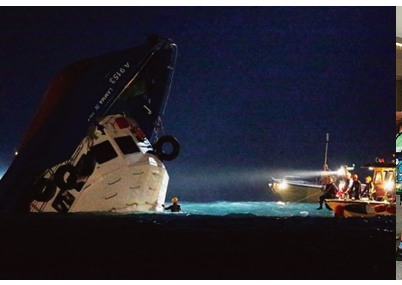
The Hong Kong Jockey Club Disaster Preparedness and Response Institute (HKJC DPRI) aims to establish Hong Kong as a regional and international leader in disaster preparedness and response training, and to promote community resilience. This policy brief, as part of the related research of the HKJC DPRI five-year project, outlines the existing emergency and disaster response system currently operating in the Hong Kong Special Administrative Region (HKSAR). After identifying the gaps, we present recommendations which target to strengthen the response systems, to develop a competent and knowledgeable workforce, and to reduce the loss and suffering that occur during unexpected disasters.

Emergencies and Disasters

Natural disasters such as floods, landslides and storms / cyclones constituted the majority of disasters by frequency in Hong Kong from 1990 to 2014.[1] In 2014, Hong Kong was ranked high in Asia in a study comparing the natural disaster risk of 50 of the world's leading cities.[2] In recent decades Hong Kong has experienced other types of disasters, such as the SARS epidemic (Severe Acute Respiratory Syndrome) in 2003, avian influenza from 1997 onwards, and the Lamma Island ferry collision in 2012, among others. These devastating events had significant health, economic and social impact across the entire community.

KEY MESSAGES

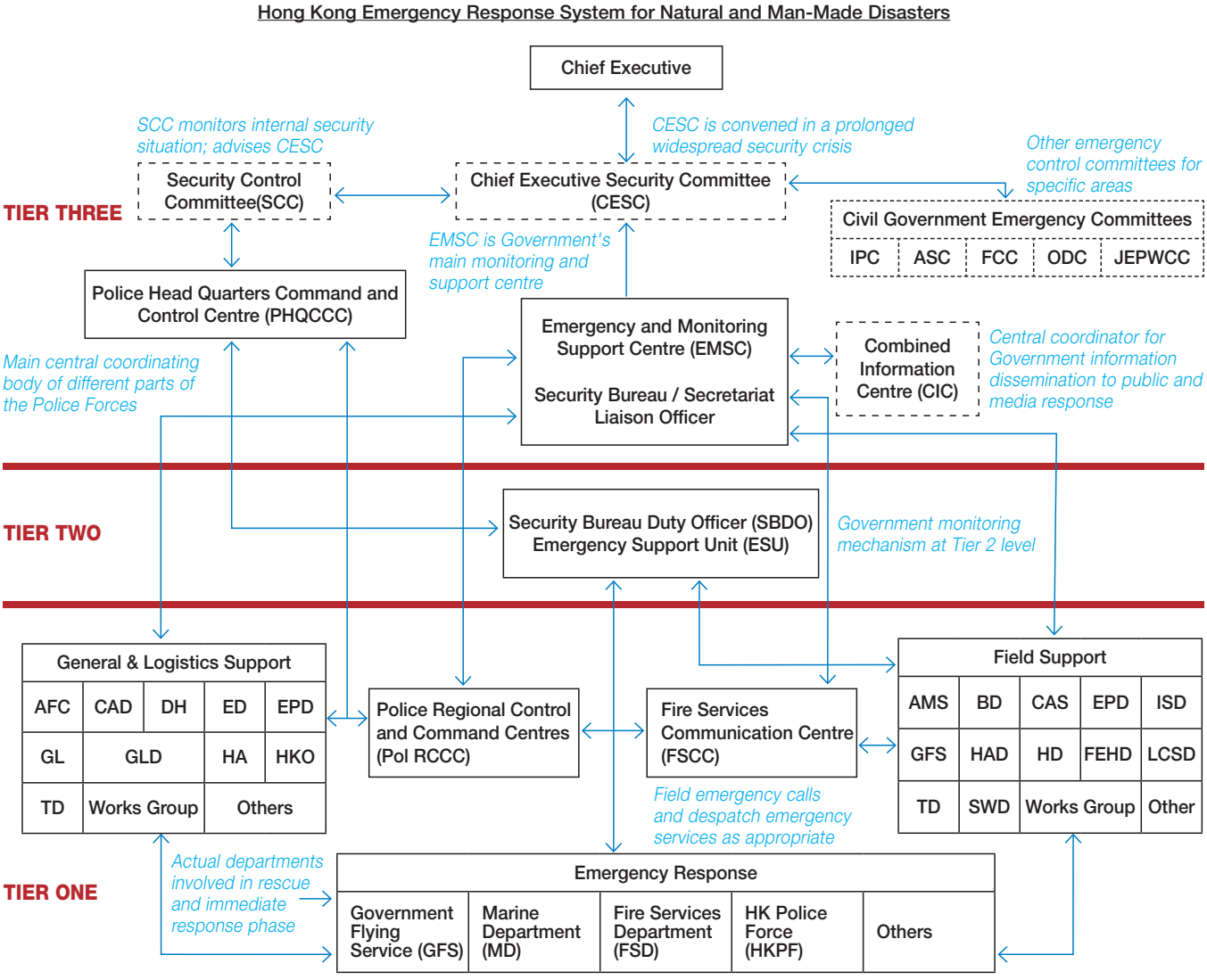
- Hong Kong uses a Three Tier System to initiate a response according to the level of severity of a given emergency; Tier Three is for the most extreme situations.
- Despite past epidemics, there remains a low level of community awareness, participation in basic first-aid training and emergency preparedness.
- Engage relevant stakeholders in contingency planning; equip them with knowledge and skills on disaster preparedness; provide accessible information; organise drills and integrate psycho-social component in service are ways that could strengthen emergency response.




Emergency Response System

In 1996, the HKSAR Government developed and instituted a Three Tier emergency response system to initiate a response according to the level of severity of a given emergency. The severity and scale of the situation is the smallest in Tier One and the most extreme in Tier Three. In each tier stakeholders have assigned roles and responsibilities; a higher level involves higher level of authority. In an extreme situation, committees comprising the Chief Executive and his senior advisors from the Government Secretariat, Security Bureau, Police, commanders and representatives from other Bureaus and Departments (e.g. the Home Affairs Department, Department of Health) will be convened. The Government Bureaus and Departments have a portfolio of contingency plans for specific emergency scenarios that may potentially happen.

The figure shows the Hong Kong Emergency Response System and its associated stakeholders in the event of natural and man-made disasters, according to the Three Tier System.



* Adapted from Emergency Support Unit, Security Bureau, Government Secretariat. The Government of the Hong Kong Special Administrative Region Emergency Response System: emergency response procedures. May 2000. Page 10, Annex 4.1. Encl. (45) in SBCR 1/1866/91 Pt.6.

Emergency Medical Services

In Hong Kong, the medical and health services are provided by both the public and private sectors. As of 2013, there are 27,400 hospital beds in 42 public hospitals and institutions under the Hospital Authority (HA), 3,882 beds in 11 private hospitals, and 115 registered clinics run by private enterprises.[3] Of the 42 public hospitals and institutions, 17 are acute general hospitals with Accident & Emergency Departments (AEDs).[4] The AEDs of these acute hospitals work closely and coordinate with the ambulance services of the Fire Services Department (FSD) on a preset reference quota to facilitate the conveyance of casualties to various hospitals.

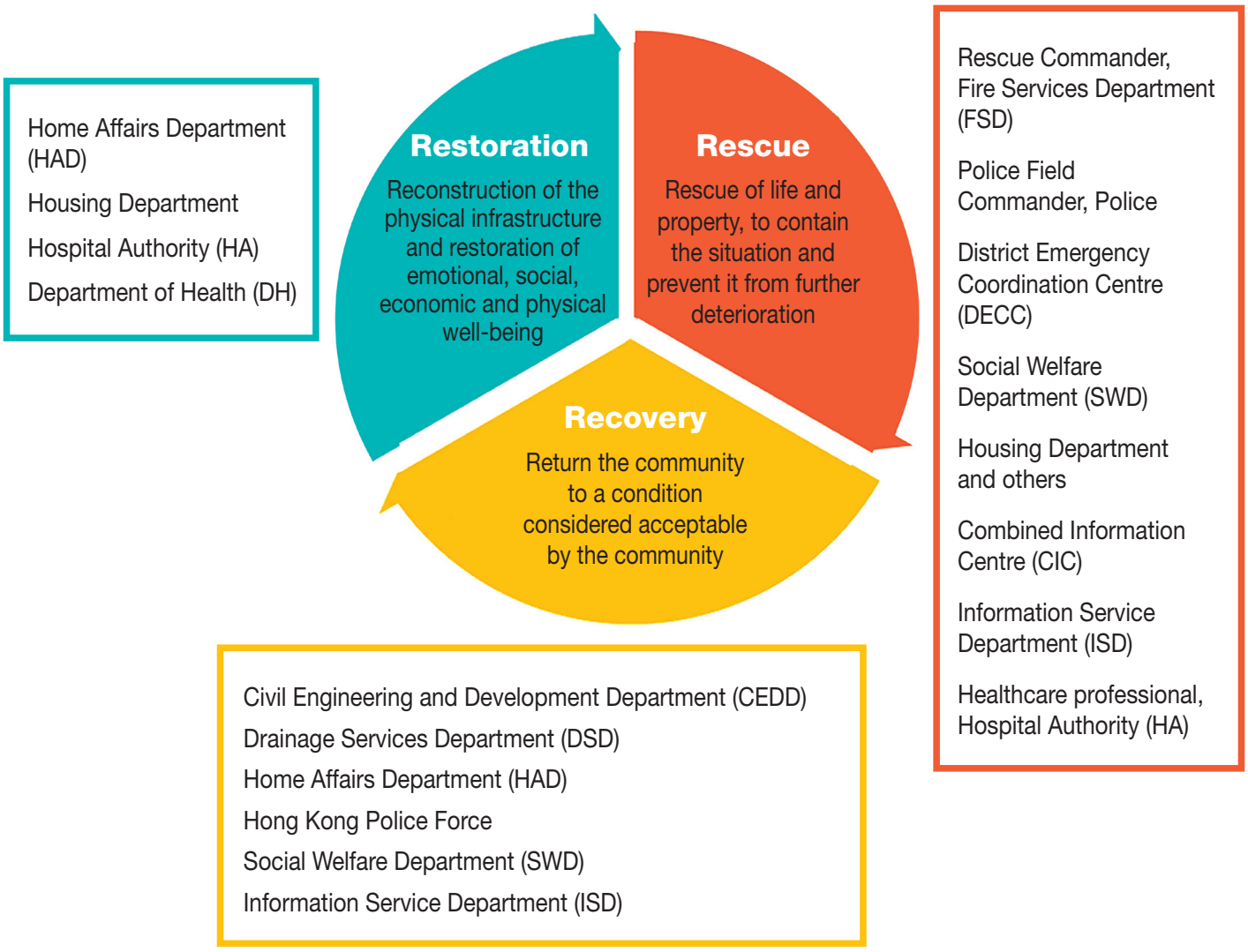
According to the HA Three-tier Emergency Command Structure, the HA Head Office Major Incident Control Centre, which coordinates the HA's overall response to the incident, will deploy Medical Team to the incident scene to provide essential medical treatment and triage to patients according to number and severity of the injury.[5]

Psycho-social Support and Services

With the usual foci on medical and tangible needs, the psychological needs following a disaster may go unattended. In regard to psychosocial services, the HA supports hospitalized disaster survivors and their families through the Disaster Psychosocial Services Teams (DPST) set up in all acute hospitals. The DPST comprised of clinical psychologists, medical social workers, patient relations officers and religion representatives. It provides psychological first aid, acute grief support, psychological assessments and psychological recovery for patients. HA also distribute related psycho-educational resources on its disaster psychological services website. Psychosocial support for healthcare staff at different stages of a disaster is made available by designated staff and staff-volunteers. In addition to HA, Social Welfare Department and NGOs also have psycho-social supports services such as counselling and on-site psychological first aid for disaster victims.


Government Emergency Response Phases

The Government emergency response system is designed to handle the three main phases: rescue, recovery and restoration.[6] The circle shows the purpose to be achieved in each phase and the boxes list the major responders.



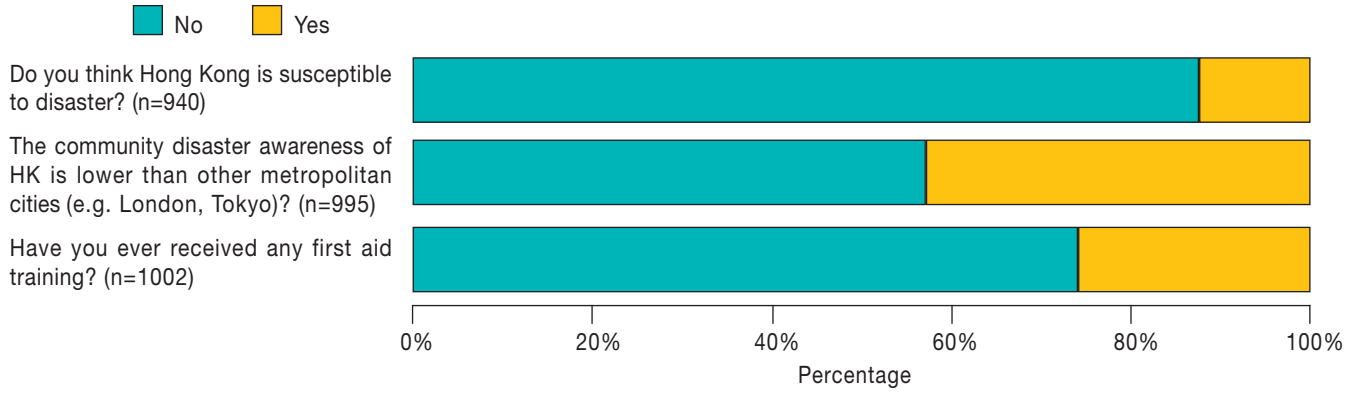
Role of NGOs and Civil Societies

Several international NGOs (iNGOs) branches in Hong Kong have received local funds to undertake work when responding to international appeals for humanitarian aid in disasters. These iNGOS have potential, capacity and experience; and could possibly contribute in local emergency responses. Some examples are the Hong Kong Red Cross, Oxfam Hong Kong, MSF Hong Kong, Salvation Army and World Vision Hong Kong.[7] The Government does not list out the roles and responsibilities of NGOs, community-based organizations, social groups and individuals from civil society in the contingency plans. These groups could contribute and provide frontline relief and support to disaster victims and their families.

Community Awareness and Engagement

A study conducted by CUHK in 2012 showed the majority (82.3%) of the local population did not perceive Hong Kong as a disaster-susceptible city.[8] Infectious disease outbreaks (72.4%), typhoons (12.6%), and fires (7.1%) were ranked by the respondents as the most likely population-based disasters to occur.[8] Despite past experience of infectious diseases epidemics, there remains low levels (26.1%) of participation in basic first-aid training in the community. Among households with at least on member with chronic disease, only 47.1% had enough long-term medication.[8] Enhancing community awareness, knowledge and skills on disaster preparedness remain a critical gap.

General Perception and Individual Level Preparedness toward Disaster



Adapted from Chan EYY, Lee PY, Yue JSK, Liu KSD. Socio-demographic predictors for urban community disaster health risk perception and household-based preparedness in Chinese urban city. Paper presented at: 12th Asia Pacific Conference on Disaster Medicine (APCDM); 17-19 Sept 2014; Tokyo. Japan.

Recommendations

- Acknowledge and **engage** relevant stakeholders, including iNGOs, community-based organisations, private healthcare providers, business sector, schools, civil societies and others, by assigning clearly defined functions in contingency planning.
- Equip specific stakeholder groups, such as educational institutions, healthcare sectors and local businesses, with **knowledge and skills** on disaster preparedness and/ or first aid training to reduce health risk due to disasters.
- Increase transparency and accessibility of easy-to-read **information** to the public and emergency responders, e.g. an information database or web platform hub.
- Strengthen the governance, infra-structure and professional knowledge of healthcare providers with stretchable **capacity** to manage disasters beyond the existing provision.
- Integrate **psychosocial** components to disaster preparedness and response systems, and promote public awareness of and services to address possible psychosocial needs.
- Enhance community **resilience** in disaster preparedness by provide training to the general public and raise awareness of the need to be prepared for possible disasters and emergencies.
- Organise training and **exercise / drills** for relevant stakeholders not limited to those listed in the contingency plans but also ultra-scale disasters; so that parties are clear about their roles, responsibilities and communication channels during an emergency.

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