

# Long Term Care Covid-19 Commission Mtg.

Meeting with Dr. Terry Lum - Hong Kong  
on Wednesday, November 18, 2020



77 King Street West, Suite 2020  
Toronto, Ontario M5K 1A1

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MEETING OF THE LONG-TERM CARE COVID-19 COMMISSION

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--- Held via Zoom, with all participants attending  
remotely, on the 18th day of November, 2020,  
6:00 p.m. to 7:00 p.m.

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BEFORE:

The Honourable Frank N. Marrocco, Lead Commissioner

Angela Coke, Commissioner

Dr. Jack Kitts, Commissioner

1 PRESENTER:

2

3 Dr. Terry Lum, Henry G Leong Professor in Social Work and Social Administration and

4 Head of the Department of Social Work and Social Administration

5 Associate Director of the Sau Po Centre on Ageing

6 The University of Hong Kong

7

8 PARTICIPANTS:

9

10 Alison Drummond, Assistant Deputy Minister,

11 Long-Term Care Commission Secretariat

12 Ida Bianchi, Counsel, Long-Term Care Commission

13 Secretariat

14 Dr. John Hirdes, Professor and Chair of the Ontario

15 Home Care Research and Knowledge Exchange at the

16 School of Public Health and Health Systems,

17 University of Waterloo

18 Sanjay Bahal, Team Lead for Operations, LTCC

19 Derek Lett, Policy Director, Long-Term Care

20 Commission Secretariat

21 Kate McGrann, Gowling LLP

22

23 ALSO PRESENT:

24

25 Janet Belma, Stenographer/Transcriptionist

1 -- Upon commencing at 6:00 p.m.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 I guess it's good morning, Dr. Lum.

4 TERRY LUM: Good morning.

5 COMMISSIONER FRANK MARROCCO (CHAIR): I

6 should say at the outset, I'm sorry to have got

7 you -- to be bothering you at, what, 6 a.m., but --

8 TERRY LUM: Well, no. It's 7:00 a.m.

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Oh, 7. Well, I don't feel --

11 TERRY LUM: [Indecipherable].

12 COMMISSIONER FRANK MARROCCO (CHAIR): I

13 don't feel so bad, then. I'm Frank Marrocco. I'm

14 the Chair of the Commission. Dr. Jack Kitts is one

15 of the commissioners, and Ms. Angela Coke is the

16 other. The three of us constitute the Commission,

17 so we're all here. And I guess you and Mr. Hirdes

18 are here, so we -- just Mr. Hirdes knows the drill.

19 We have a court reporter here,

20 Janet, whom you can see on the screen, and we do

21 post on our website transcripts of the interviews.

22 And I should say, Doctor, we're very

23 envious of what took place in the way Hong Kong was

24 able to control things, so we're all quite anxious

25 to hear what you have to say, and we're ready when

1 you are.

2 TERRY LUM: So how should I start?

3 From --

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 Sorry?

6 TERRY LUM: No. I mean, how should I

7 start? From where -- what do you want to know

8 most?

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Well, I guess we had a great deal of difficulty

11 controlling infection --

12 TERRY LUM: Okay.

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 -- and the spread of the disease in the long-term

15 care homes that we were running. You did not.

16 TERRY LUM: M-hm.

17 COMMISSIONER FRANK MARROCCO (CHAIR):

18 And we're interested in trying to determine whether

19 there are practices --

20 TERRY LUM: M-hm. Okay.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 -- that we could recommend that would get us

23 closer to your result than the result we had.

24 TERRY LUM: Okay. Okay. Maybe I

25 can --

1                   JOHN HIRDES: I think, Terry --

2                   TERRY LUM: M-hm.

3                   JOHN HIRDES: Terry, one of the key  
4 things that might be helpful from a contextual  
5 point of view is if you begin with Hong Kong's  
6 experience with SARS --

7                   TERRY LUM: I can do that.

8                   JOHN HIRDES: -- and how that informed  
9 the preparedness for COVID-19. I think that's  
10 really one of the key defining features for us.

11                  TERRY LUM: Okay. Okay. Okay. Let me  
12 start with the experience, you know, in 2003 during  
13 the SARS epidemic. So, you know, SARS epidemic,  
14 you know, world-wide infected 8,000 people, but --  
15 and then killed 700 people, but Hong Kong is the  
16 place or the city that affect the most by the  
17 virus. For example, out of the 8,000 people  
18 infected with the SARS, 1,775 were from Hong Kong.

19                  So Hong Kong is a very small, tiny  
20 city, but it can -- it can, kind of, account for  
21 almost 20% of total people infected by SARS. And  
22 then so -- and then for the -- you know, people who  
23 were killed by the virus, 39% of the people killed  
24 by the virus world-wide are in Hong Kong, so you  
25 see how -- how significant it was to Hong Kong.

1                   And then among the people who were  
2                   killed, you know, by the SARS virus, 18% of people  
3                   in Hong Kong killed by the virus are older people,  
4                   65 and older, and out of those older people, 79%  
5                   are nursing home residents.

6                   So you see the number, so we account  
7                   for -- we account for 22% of total infection in the  
8                   world, and that's 39% of total deaths. And then  
9                   among the people who are killed by the virus, who  
10                  were killed by the virus, 18% were older people.

11                  And then amongst the older people who were killed  
12                  by the virus, 79% were nursing home residents.

13                  So nursing residents account for a  
14                  great majority of older people killed by the virus.

15                  So after the epidemic, we looked into the data. We  
16                  found out first one year is 80%, close to 80% of  
17                  all the people killed by virus, they got the virus  
18                  through their connection with hospital.

19                  So either they -- you know, they went  
20                  to the hospital for a regular checkup, or they  
21                  come -- have a -- had a procedure in hospital, then  
22                  discharged to a nursing home, and they cleared --  
23                  they -- they bring the virus to -- you know, to the  
24                  nursing home.

25                  And after the, you know, SARS epidemic

1 in 2004, the Hong Kong Government started a -- a  
2 kind of a series of, you know, some reform in  
3 nursing home. The first one is the Government  
4 require all nursing home to have one staff, usually  
5 the nurse -- a nurse to be designated as an  
6 infectious disease control officer in the nursing  
7 home. So this is a designated -- but this is  
8 not additional person. This is just a designated  
9 person, so it is an add-on job to the nurse in  
10 nursing home.

11 Second one is --

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Doctor, can I just stop you for a minute?

14 TERRY LUM: M-hm. Sure.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 The -- this -- the nurse, the infectious disease  
17 control specialist, was there -- was there training  
18 for --

19 TERRY LUM: No.

20 COMMISSIONER FRANK MARROCCO (CHAIR):

21 -- that person?

22 TERRY LUM: Yes. You know, in the same  
23 year, the Department of Health issued a guideline  
24 for infectious disease control in nursing home, and  
25 then they required that designated person to go



1 through the training and answer -- so it is a  
2 required training for that person to go -- and then  
3 after that, that person will be the coordinator for  
4 all infectious disease control in the nursing home.

5 So since 2004, we have one designated  
6 person trained by the Government, usually the  
7 nurse, who coordinate all, you know, infectious  
8 disease control in the whole nursing home. So that  
9 become a practice in Hong Kong.

10 And the second one is because of the  
11 flu season every year, right, so that person, in  
12 fact, kind of, coordinate all, you know, kind of,  
13 infectious disease control procedure during the flu  
14 season since 2004. So they, kind of, having a fire  
15 drill every year, every year, until, you know, 2019  
16 when they have -- they were hit by the -- by the  
17 COVID-19.

18 So for -- from -- you know, for  
19 example, it is quite common that nursing home staff  
20 in Hong Kong know about all kind of, you know,  
21 infectious disease chemical. They know how to  
22 dilute those chemical for killing germ or for just  
23 cleaning. So -- and also, within nursing home,  
24 they usually have about three months of supply of  
25 PPE in stock with the nursing home.

1                   So --

2                   COMMISSIONER FRANK MARROCCO (CHAIR):

3                   Now, is that -- excuse me, Doctor, is that having  
4                   three months' supply of personal protective  
5                   equipment, is that also a regulation? Is that also  
6                   a requirement or a practice?

7                   TERRY LUM: No. It is a practice. It  
8                   is not a requirement, but it is a practice. So --

9                   COMMISSIONER FRANK MARROCCO (CHAIR):

10                  And how -- if I can ask you and I keep -- sorry. I  
11                  presume it's okay if I ask the questions --

12                  TERRY LUM: Oh, definitely it is.  
13                  Definitely.

14                  COMMISSIONER FRANK MARROCCO (CHAIR):

15                  -- as we go along.

16                  TERRY LUM: Okay.

17                  COMMISSIONER FRANK MARROCCO (CHAIR):

18                  How did you arrive at -- how did they -- do you  
19                  know how they arrived at three months?

20                  TERRY LUM: I think just -- I can ask,  
21                  but I don't have the number. I -- so when I talk  
22                  with the nursing home provider about their  
23                  preparedness, most of them told me that they have a  
24                  two to three-month -- most of them have three  
25                  months' supply of PPE, right? I think mainly

1 because, you know, it is quite common practice when  
2 they bring an older person to the hospital, they  
3 will wear face masks, even before the -- before  
4 the, you know, epidemic, particularly during the  
5 flu season because, you know, moving a person in  
6 between hospital and to and from hospital is high  
7 risk for the nursing home because very likely, if  
8 there is any infectious disease germs, any germ  
9 that come -- you know, come, it usually come from  
10 hospital to nursing home.

11 COMMISSIONER FRANK MARROCCO (CHAIR):

12 Okay.

13 TERRY LUM: Okay. So and the  
14 guideline, the infectious disease guideline --

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 Oh, excuse me. Dr. Kitts, the --

17 Commissioner Kitts would like to ask you a  
18 question, Doctor.

19 COMMISSIONER JACK KITTS: Yeah, I just  
20 want to follow up on that because we've been told  
21 by our experts that the entrance into the nursing  
22 homes is a high community spread but brought in by  
23 the staff.

24 TERRY LUM: You mean in Hong Kong?

25 COMMISSIONER JACK KITTS: And that's

1 here in Ontario, Canada. You're saying that it's  
2 not the staff that brings it into the home. It's  
3 the patients who've gone to hospital and come back.

4 TERRY LUM: And this -- in SARS  
5 epidemic, it seems that it is the patient who bring  
6 that -- that germ -- I mean, the virus to nursing  
7 home.

8 COMMISSIONER JACK KITTS: Okay. It's  
9 interesting because here, it's -- we're hearing  
10 it's the staff.

11 TERRY LUM: Yeah, I think we -- yeah.  
12 We -- you know, but in -- in the COVID-19, we have  
13 an outbreak in nursing home in early July. We were  
14 able to contain it rapidly, but our suspicion, at  
15 the time, it was the staff who bring that virus  
16 back to the nursing home. It is a very small  
17 number.

18 COMMISSIONER JACK KITTS: Okay. And do  
19 you have a staffing shortage in your nursing home?

20 TERRY LUM: Yeah, we -- we do. We do,  
21 and we import labour from China too. So the  
22 phenomenon are very similar. For example, we  
23 have -- we have shortage of about 30% of staff, so  
24 we have a lot of -- we have some import the labour  
25 from China, and then we also have people who are

1 serve temporary staff while serving several nursing  
2 home at the same time. So we have exactly the same  
3 phenomenon, but I think our shortage is one of the  
4 worst in the world mainly because, you know, Hong  
5 Kong is aging very rapidly. As we -- our median  
6 age in Hong Kong is already 44, so it's -- and then  
7 we have about 18% of all people who are 65 and  
8 older, so we are, kind of, aging extremely fast, so  
9 we don't have enough staff for pretty much  
10 everything.

11 COMMISSIONER JACK KITTS: The other  
12 thing you mentioned a couple of times already is  
13 that the cleanliness or the ability to kill the --

14 TERRY LUM: M-hm.

15 COMMISSIONER JACK KITTS: -- kill any  
16 virus, and did you say you had a special cleanser  
17 that was --

18 TERRY LUM: No. No. It's just  
19 typical, the -- you know, the kill-off, the bleach,  
20 you know, are the ones we use most, but then you  
21 need to know how to dilute it, right?

22 So when you bought the commercial ones,  
23 where -- and then you need to dilute it to 1 to 99  
24 if you just do the direct cleaning, or 1 to 49 when  
25 you try to kill the germ. But someone, kind of,

1 roommates, you know, in the nursing home, likely  
2 there will be germs, so you not just clean up. You  
3 need to disinfect the whole area. Then you need --  
4 you need to use 1 -- 1 to 9 -- 1 to 49 dilution,  
5 right, to kill the germ.

6 So those becoming very common knowledge  
7 within nursing home staff in Hong Kong, and they  
8 know how to do it, how to dilute the chemical.

9 And we also found out every day is  
10 extremely important because what I heard from other  
11 country was that when the virus got into nursing  
12 home, the staff do not know what to do. They don't  
13 know what to expect. They don't know how to do  
14 the -- you know, the control. So they become  
15 worried about their own safety, their lives. So  
16 some of them refused to come to work. Some of  
17 them, you know -- you know that they -- they become  
18 a very, kind of, scary situation.

19 But in Hong Kong, since they have such  
20 knowledge, and they have the chemical -- virus in,  
21 you know, the nursing home, and they also have the  
22 PPE, so I have not heard a single case in Hong Kong  
23 that the staff decided not to go to work.

24 COMMISSIONER JACK KITTS: Wow. Thank  
25 you.

1                   TERRY LUM: Yeah. So let me continue.  
2                   So, you know, early this year in mid -- early -- so  
3                   mid-January, we start heard -- hearing, you know,  
4                   kind of news and concern the news about -- about  
5                   virus outbreak in Wuhan, China, and then the whole  
6                   society immediately, kind of, become extremely  
7                   worried and mainly because of, you know,  
8                   [indecipherable] experience in the SARS epidemic.

9                   And then so -- so even though the China  
10                  at the time was still denial, kind of, what  
11                  happened in -- in Wuhan. So I think we know from  
12                  informal news that something really was -- COVID's  
13                  there. We actually -- our university, in fact, in  
14                  January they sent in teams of experts, some of  
15                  them, you know, [indecipherable] experts to China.

16                  And then when they -- how to say --  
17                  when they come back, the news are really bad. So  
18                  although the -- both the Chinese Government and the  
19                  Hong Kong Government denial, so what's -- what's  
20                  happening. So at that time, we already alert the  
21                  community and then alert the nursing home.

22                  So I -- so the Chinese New Year was in  
23                  late January in Hong Kong, so just before the  
24                  Chinese New Year, the Hong Kong Government, the  
25                  Social Welfare Department issued the first

1 directive, you know, on -- on the operation of  
2 nursing homes and all the community care service as  
3 in -- in Hong Kong. So the directive was first one  
4 is right after the Chinese New Year. They stop all  
5 outside visit, so no one can visit nursing home.

6 Second one is they stopped the --  
7 what -- they stopped the non-essential visit to  
8 hospital. So, for example, for older person with  
9 chronic disease, typically, they need to see a  
10 physician every three months to refill their  
11 medication.

12 So the directive said, okay, you can  
13 refill the medication without seeing a physician.  
14 So this stopped the older people to visit because  
15 the physician in Hong Kong, when they go to see a  
16 physician, usually it is the outpatient clinic  
17 within the hospital.

18 So the Government, the Social Welfare,  
19 you know, they stop all non-essential visit, you  
20 know, of older people to nursing home. So this is  
21 number 2. And at that time, the directive was only  
22 for two -- for two weeks.

23 And that way, at that time in late  
24 January, about 70 something -- let me see -- oh,  
25 yeah. In late January, already 75% of people in



1 Hong Kong -- adults in Hong Kong use face masks to  
2 protect themselves, but, at that time, in late  
3 January, we only have a single-digit cases in Hong  
4 Kong, confirmed cases in Hong Kong.

5 So I think the first COVID-19 confirmed  
6 case is in something like January 20 something, so  
7 it was an imported case from in China, but Hong  
8 Kong was so worried for two reason: One is the  
9 very painful experience during the SARS epidemic.

10 But the second one was that Hong Kong  
11 is right next to China geographically connect that,  
12 and then we -- we are a city of only 7 million  
13 people, but each year, close to 50 million people  
14 travel between Hong Kong and China.

15 So you see the volume, so 50 million  
16 people to enter China every single year for a city  
17 of 7 million. So if there is any epidemic or  
18 outbreak in China, it will come to Hong Kong very  
19 rapidly.

20 And the third one is that  
21 [indecipherable] which is right next to Hong Kong,  
22 so from Hong Kong to Guanto (phonetic), if you are  
23 driving, it only take less than an hour, so it is  
24 the second -- has the second largest outbreak for  
25 the virus, so we are -- we are right next to, you

1 know, the site that has the second largest COVID-19  
2 outbreak in China, so it is why the people in  
3 Hong Kong extremely worried about the situation.

4           So as I said, by late January, 75% of  
5 Hong Kong adult are already wearing face masks, and  
6 it is also, at that time, against a recommendation  
7 of the Government. So the Government said don't  
8 wear a face mask unless you have symptom. But then  
9 95 -- 75% of people in Hong Kong adult are wearing  
10 face masks. Two weeks later by mid-February, 98%  
11 of all older adult wearing face masks on street  
12 everywhere.

13           So -- so you see that is a change --  
14 that sentiment change rapidly once they have  
15 confirmed the case in Hong Kong, once that news  
16 about COVID-19 become a common knowledge, 98% of  
17 all Hong Kong people are wearing face masks, and is  
18 this is against the Government's recommendation at  
19 the time.

20           And, therefore, nursing home, they  
21 start the -- as I said, they start the procedure of  
22 controlling people in and out for nursing home, so  
23 they also disinfect everything or anything that go  
24 into nursing home. For example, at the past, it is  
25 quite common practice that the family member may

1 bring some meal to eat -- to eat with or to, you  
2 know, to the older -- to the residents. Then they  
3 make a directive that they can still bring, kind  
4 of, a -- they send the food to the nursing home,  
5 but they can -- they can only send food that can be  
6 reheat. So they reheat everything, kill the germ,  
7 before they send the food to the older person.

8 That means the fruits, you know, the  
9 orange, the apple, cannot be -- or banana, they  
10 cannot be sent to nursing home by that time. And  
11 that anyone who tried to -- for example, if you  
12 order something, a delivery, they will ask the  
13 people to drop it off at the front door. They  
14 spray the alcohol, you know, on that -- on the  
15 containers, on any -- the package before they bring  
16 it in.

17 They also disinfect all worker before  
18 they go to work. So any -- if you go to work, you  
19 come to the front door, and then they use a kind of  
20 a spray to spray alcohol on your body, you know, on  
21 your clothing before they allow you to get into  
22 nursing home.

23 And at the same time, in early  
24 February, they stopped the practice of allowing  
25 part-time staff to work in more than one nursing

1 home. So what they did --

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 Oh, so, Doctor, let me just stop you for a minute.

4 So in early February, they prohibited part-time

5 staff from going into the nursing homes --

6 TERRY LUM: No. No. They allow

7 part-time staff, but they convert them into a

8 full-time position --

9 COMMISSIONER FRANK MARROCCO (CHAIR):

10 Right.

11 TERRY LUM: -- so that they don't need

12 to work in more than one nursing home at the same

13 time, so they prohibit them to work in more than

14 one nursing home.

15 So in the past, they may work half-day

16 in one nursing home, another half-day in another

17 one. And the reason they do that was because of

18 the -- they -- they bump up -- they increase the

19 procedure for infectious disease control, so they

20 need more people.

21 COMMISSIONER FRANK MARROCCO (CHAIR):

22 Yes.

23 TERRY LUM: I say, how they -- they,

24 kind of, start the practice that they say -- you

25 know, they hire people full-time, so they convert

1 some part-time position into full-time; and at the  
2 same time, if you work full-time, they do not allow  
3 you to work -- to work in another nursing home.

4 COMMISSIONER FRANK MARROCCO (CHAIR):

5 And I asked this question before: Is this a  
6 practice, or did the Government do this by  
7 directive?

8 TERRY LUM: No. It is a practice.  
9 The -- actually, the Government, I don't think the  
10 Government know -- know too much about -- you know,  
11 about the operation of the nursing home.

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Okay.

14 TERRY LUM: But I think because of the  
15 painful experience that, you know, the nursing  
16 operator, they tried their best to protect  
17 themselves as well as to protect the -- you know,  
18 the resident.

19 You know, during the SARS epidemic,  
20 quite a number of nursing home staff are also  
21 killed by the virus, too, but they get the virus  
22 through the resident, and the resident got the  
23 virus, too, from hospital, and then they get -- so  
24 once the virus get into nursing home, right, it  
25 kill -- it -- it does not discriminate whether you

1 are staff or you are resident.

2 So in the staff epidemic, we have quite  
3 a few nursing staff killed by -- by the virus, so,  
4 I mean, for the operator as well as for the staff,  
5 this is -- this is also a procedure to protect  
6 themselves as well as their family.

7 So I talk with some staff. What they  
8 said was in January, late January, they wear the  
9 face mask with the intention to protect the  
10 residents because they know that they also come  
11 from outside the residence. But then by late --  
12 mid-February, they wear the face mask and even the  
13 PPEs to protect themselves as well as the -- their  
14 family, so they know that -- because they know that  
15 if -- once they get off from job, you know, they go  
16 back to their home, so if they carry the germ, it  
17 will be kind of dangerous to their family too.

18 So it is another reason that we have a  
19 very high compliance of face masks as well as hand  
20 washing, you know, the hand hygiene practice mainly  
21 because people are really worried about the virus.

22 COMMISSIONER FRANK MARROCCO (CHAIR):

23 Did the -- did the -- was there a publication of  
24 the number of infections and that sort of thing?

25 Like, did they make that public?

1                   TERRY LUM: You know, for COVID -- for  
2 COVID-19 or for --

3                   COMMISSIONER FRANK MARROCCO (CHAIR):  
4 For COVID-19, so --

5                   TERRY LUM: Yeah. Oh, yeah. Yeah, we  
6 have a very good checking and very transparent  
7 system. So the Government maintain a website, and  
8 at the website, we caught every single cases and  
9 then the source of the infection and where they  
10 live, so we were even able to follow -- to know  
11 which building. We do not know which unit.

12                   So Hong Kong all high-rise building.  
13 So we don't know which unit, but we know each  
14 building has a new case. And that's so -- so  
15 another practice that the nursing home staff are  
16 doing is that every single day, they have someone  
17 who scan the Government website to identify the new  
18 [indecipherable] that has a building that has new  
19 infection and confirmed infection, and that they  
20 will -- after, they will check it with the  
21 residential address of their staff.

22                   So if they know, for example, that the  
23 building that the person living has a confirmed  
24 case, they will ask the staff not to come back to  
25 work for three days and to go through the -- the --

1 you know, the virus test before -- and once they --  
2 they ask the person to come back after they tested  
3 negative.

4 So this is another practice that was  
5 going on, so they have -- so this is all voluntary.  
6 It is not -- it is not required by the Government,  
7 but we have a very good checking system. For  
8 example, in Hong Kong, all -- all suspected case  
9 will be reported to the -- to the Government, and  
10 then the Government release it to the public on the  
11 website within 24 hours, and that's how we know the  
12 age of that person. We know the address, not  
13 the -- [indecipherable] but we know at least which  
14 building that person is in. And it is public  
15 domain.

16 For example, I can go onto the -- I can  
17 go to the website. I can check within the area  
18 that I am living which building has a confirmed  
19 case, and then I know that for that -- for that  
20 person, I know the source of the -- of the  
21 infection.

22 So whether it is known case or cases  
23 with no origin, but we keep -- we do very good job  
24 of checking that infection pathway.

25 So the majority of the cases, we were



1 able to know where did they get that virus, and so  
2 we have -- we did extremely good epidemiological,  
3 you know, kind of checking of pretty much  
4 everything in Hong Kong.

5 And also, if there is an outbreak, for  
6 example, in a nursing home, we keep track of how  
7 many people get infected, so we have a detailing  
8 of -- we have detailed information of each  
9 individual gender, age, those kind of information.

10 So everything -- those person who killed by the  
11 virus, we also have very detailed record. That  
12 website is --

13 COMMISSIONER FRANK MARROCCO (CHAIR):

14 Doctor --

15 TERRY LUM: M-hm.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 I just wanted to get a question from  
18 Commissioner Coke.

19 COMMISSIONER ANGELA COKE: I'm just  
20 curious as to how your homes are designed in terms  
21 of how you dealt with things like isolating  
22 patients or cohorting to, you know, limit any  
23 issues.

24 TERRY LUM: Okay. You know, I -- I  
25 work and live in the United States for 18 years, so

1 I know that nursing home in United States very well  
2 too. I don't know -- I know -- I don't know much  
3 about Canada, but if -- I would say if -- we are  
4 much worse than typical nursing home in the United  
5 States mainly because Hong Kong is an extremely  
6 congested area, crowded area.

7 So the nursing home -- there are two  
8 type of nursing home. So the Government that run  
9 the nursing home, we have about each individual, if  
10 I recall right, each individual has about 60 square  
11 metre of -- you know, of space.

12 So if you -- I don't know the situation  
13 in Canada, but for the -- for the private one  
14 nursing home, typically, each individual has about  
15 8 square metre of space, so you see, people are  
16 very -- very congested. Most people do not have  
17 their own room, so they are -- share the room, so  
18 for Government-supplemented nursing home, it can be  
19 four people or eight people share a big room.

20 And, therefore, a private nursing home,  
21 it can be 30 people share a large room. And then  
22 the space between nursing home bed are not that  
23 much. In most nursing home, they don't have a  
24 isolation room, so -- so we do not do any treatment  
25 or isolation pretty much, you know, in -- in

1 nursing home. So there is only in a few  
2 exceptional cases, otherwise typical situation  
3 was -- so, for example, when we have a couple of  
4 older people, resident, get infected, confirmed  
5 infection in nursing home, a typical pathway they  
6 did was to transfer everyone to a special facility  
7 for isolation and quarantine.

8           And then we have several kind of -- how  
9 to say -- facilities that is for -- for -- like --  
10 like, YWCA, you know, like the hostel, so we have  
11 those vacation hostel beside that for people with  
12 disability, so it is -- it is for recreational use  
13 originally, but it is decided for people with  
14 disability. So they are -- it's a busy family  
15 environment.

16           So the Government took over those  
17 facilities, you know, during the COVID-19, and  
18 so -- and they remove all residents in a nursing  
19 home with confirmed case to those facility for  
20 isolation for 14 days; and then after isolation,  
21 they, kind of, bring them back to the -- to the --  
22 to the nursing home.

23           And we -- we -- it seems we have a very  
24 good tracking -- you -- kind of a system. So what  
25 we did see is anyone who are close contact to a

1 confirmed case, will be quarantine in Hong Kong in  
2 a quarantined facility for 14 days. And then we do  
3 not -- typically, we do not allow any quarantine or  
4 isolation within the nursing home.

5 And then for treatment, we do not treat  
6 residents in confirmed case within nursing home, so  
7 we -- we move -- we move everyone from nursing home  
8 confirmed case and put them into isolation ward  
9 with negative air pressure, you know, in the  
10 hospital.

11 So this, you know, because the  
12 infectious -- infectious rate is so high, so I  
13 think if you have one person who confirmed the  
14 person with the virus still stay in the nursing  
15 home, because the worker will be in and out, no  
16 matter how careful, you know, they are working, the  
17 virus will spread out, you know, rapidly within  
18 that nursing home.

19 So we have one -- the first nursing  
20 home outbreak in Hong Kong in late June is -- was a  
21 private nursing home. So from one case to 93%  
22 of -- so from one case in Day 1. In Day 3, it  
23 spread to 33 case, you know, in three days. And  
24 then by the end of the epidemic, after they -- they  
25 isolate everything, 93% of all resident were

1 infected with the virus.

2 JOHN HIRDES: So there's -- so there's  
3 two contextual pieces that might be helpful to the  
4 Commission about the homes in Hong Kong. One is  
5 that the level of resource intensity or medical  
6 complexity of Hong Kong nursing home residents is  
7 very comparable to what we see in Canadian homes,  
8 so it's a very similar resident population.

9 One of things that's different, Terry,  
10 correct me if I'm wrong, is that in Hong Kong,  
11 there are more multi-person bedrooms than you'll  
12 see in a Canadian context, so they do tend to be  
13 more crowded, and that's why infection can spread  
14 very rapidly because there's many more rooms with  
15 several people sharing a room.

16 Is that right, Terry?

17 TERRY LUM: Exactly.

18 COMMISSIONER JACK KITTS: Can I ask a  
19 question on that? So you said that you did -- you  
20 do a lot of testing and tracking to make sure that  
21 you find where it is. And when you find it, in any  
22 resident or patient, you send -- you isolate them  
23 at the hospital in a negative pressure room?

24 TERRY LUM: M-hm. Yeah.

25 COMMISSIONER JACK KITTS: So --

1                   TERRY LUM: For all -- yeah, for all --  
2 for all confirmed -- for confirm the infection  
3 case, yes.

4                   COMMISSIONER JACK KITTS: Yes. So  
5 you're not isolating anyone in the home. Anybody  
6 who has the positive test is moving out?

7                   TERRY LUM: Yeah. And that all close  
8 contact, we also move to another facility for  
9 quarantine.

10                  COMMISSIONER JACK KITTS: Are they all  
11 hospitals you're moving them to?

12                  TERRY LUM: No. As I say, that they  
13 have some vacation hostel that are equipped, that  
14 they are built for people with disability.

15                  COMMISSIONER JACK KITTS: Oh.

16                  TERRY LUM: So they will move the  
17 people to those hostel for quarantine for 14 days.  
18 And then, until they test negative, tries with --  
19 you know, after 14 days, then they will release  
20 them back to the nursing home.

21                  JOHN HIRDES: So, Commissioner Kitts --

22                  COMMISSIONER FRANK MARROCCO (CHAIR):  
23 So if there are -- sorry. Go ahead.

24                  JOHN HIRDES: Well, I was going to say  
25 for Commissioner Kitts, an important point around

1 the isolation is there's not really that much  
2 feasibility of isolation within the Hong Kong homes  
3 because they are more crowded. It's not like  
4 there's a separate space to take folks. There's --  
5 that's an important difference in terms of the  
6 infrastructure between Hong Kong and Canadian  
7 homes. Sorry for the interruption.

8 COMMISSIONER FRANK MARROCCO (CHAIR):

9 No. No. That's fine. Thank you. That's all  
10 helpful.

11 I just wanted to understand, Doctor,  
12 that when -- if there were eight people in a  
13 room --

14 TERRY LUM: M-hm.

15 COMMISSIONER FRANK MARROCCO (CHAIR):

16 -- and one of them tested positive, all eight  
17 people would be removed from the home to a hostel  
18 or to a place for 14 days and then returned back to  
19 the home only after they test negative twice?

20 TERRY LUM: Exactly. So the infected  
21 person will go to a hospital for treatment and  
22 isolation.

23 COMMISSIONER FRANK MARROCCO (CHAIR):

24 I see, okay.

25 TERRY LUM: The other seven people will

1 be removed to a quarantine centre for quarantine.  
2 There is -- if I -- if I know there is one  
3 exception. So -- so what the procedure, what they  
4 did was, as I say, in some Government nursing homes  
5 or because of some random nursing home run by NGO,  
6 their facility are a little bit better.

7 So in one nursing home which is close  
8 to where I live, it is a -- you know, so the  
9 typical pathway is, once they have a confirmed  
10 case, the Department of Health and then the  
11 Infectious Disease expert from my university, they  
12 will go to visit the nursing home right away, and  
13 then they will do an inspection to decide  
14 whether -- how many people will be removed, that,  
15 you know, from -- from the nursing home or whether  
16 they really need to do that remove because, you  
17 know, we only have two facility that have the  
18 capacity to house people with disability, that mean  
19 a [indecipherable] residents.

20 So for some -- in one case, there is an  
21 outbreak in a Government-funded nursing home, and  
22 then, but the nursing home [indecipherable],  
23 rebuild an environment that quite good, and the  
24 small wards, eight people are quite self-contained.

25 So in that case, they allow the eight



1 people to be isolated within that bed, you know,  
2 their room. And then -- but they have designated  
3 staff only serving those areas.

4 So the situation was if because we  
5 don't have a very, very large number of outbreak,  
6 we were able to tailor-make, you know, some  
7 fine-tuning.

8 So the typical pathway is all close  
9 contact for some of the eight people within the  
10 same room, you remove to the quarantine centre, you  
11 know; and then the sick person will go to the  
12 hospital. Another -- there is another old  
13 Government fund that nursing home that get  
14 infection about, I think, two months ago, and  
15 there, in that case, it is not only the person  
16 who -- who was in the same room. The whole nursing  
17 home people get removed and then put into  
18 quarantine for 14 day.

19 And it was after the expert visit the  
20 home. They make an assessment of the risk of, you  
21 know, infection. So also, they need to look into  
22 the air circulation pathway within the nursing home  
23 because, you know, I think one thing they really  
24 look into is that air exchange, how -- you know,  
25 within the nursing home.

1                   So if that nursing home has very good  
2                   air exchange all the way by design, then they will  
3                   be able to quarantine smaller number of people, the  
4                   close contact within the same nursing room.

5                   But if the air exchange is not yet --  
6                   you know, the ventilation is not that good, so some  
7                   old -- the old nursing home, their ventilation  
8                   system is not that good, then they will remove  
9                   the -- all the residents, you know, into the  
10                  quarantine centre.

11                  COMMISSIONER FRANK MARROCCO (CHAIR):

12                  M-m. M-hm.

13                  TERRY LUM: And the way now, because of  
14                  the outbreak, the Government also -- also, kind of,  
15                  designate nursing home staff as the high-risk, you  
16                  know, career or high-risk job. So that means the  
17                  Government will do regular testing for them. So  
18                  the Government will free of charge.

19                  So I think I forgot that frequency, but  
20                  something like every several weeks, they will do a  
21                  virus test right now by the Government free of  
22                  charge for all of the nursing home staff.

23                  COMMISSIONER JACK KITTS: You spoke  
24                  about the inspections or the inspectors. Are they  
25                  Government inspectors? And if so, do they inspect

1 both the Government homes and the private homes?

2 TERRY LUM: So, yeah, there are two  
3 type of inspection, right? One is the regular --  
4 once they got the license, I say, nursing home,  
5 they need to comply -- there is a regulation that  
6 they need to comply the environment, the safety,  
7 the hygiene, the fire, you know, the  
8 [indecipherable]. So those are regular, you know,  
9 inspection. So they do it once a year, and they go  
10 to both private and Government-run nursing home.

11 But what I referred to is not the  
12 regular, kind of, inspection. It was after the  
13 outbreak. Then right after the outbreak, once  
14 they -- they have one confirmed or suspected case,  
15 the Government and the infectious disease expert  
16 will send a team to the nursing home to take a  
17 close look of the physical environment to, you know  
18 -- they usually do a rapid test within the nursing  
19 home too.

20 And then they identify, as much as  
21 possible, all the resident with virus and send them  
22 to hospital, and then they need to make a decision  
23 whether to -- how many people will be sent to the  
24 quarantine centre. So we can be -- need to ask the  
25 people who share the same room, so maybe eight

1 people or four people, but it can be as many as  
2 100% of all -- all resident and staff.

3 So in some occasion, what they did was  
4 they sent all resident to the quarantine centre.  
5 They sent all staff to another quarantine centre  
6 for quarantine, and if they have another team of  
7 staff who serve the residents in the -- in the --  
8 you know, in the quarantine centre. So --

9 COMMISSIONER JACK KITTS: Did you say  
10 that you had rapid testing in January and February?

11 TERRY LUM: No, sir. We don't. We  
12 don't. Rapid testing only started in July. In  
13 July, it's not -- it's still a rather small scale.  
14 We only started large scale testing last month.

15 COMMISSIONER JACK KITTS: Okay. Thank  
16 you.

17 TERRY LUM: Let me see what else. I  
18 think that pretty much summarize what we did. I  
19 mean, I want to -- sorry. To be about the  
20 emotional side, as I said, Hong Kong people are  
21 extremely -- how you say -- alert or sensitive to  
22 the COVID-19 for several reasons. One is, as I  
23 say, we were -- we were affected disproportionately  
24 during the SARS epidemic.

25 The second one is there are several

1 episodes in Hong Kong that, for example, we have  
2 several physician killed by SARS virus during the  
3 2003. And those -- some of them actually are  
4 people who volunteer to go into the isolation ward.

5 So -- so that become a very painful  
6 experience for most people, you know, because when  
7 you saw your young people, physician and nurse, who  
8 volunteer to go into the isolation ward to serve,  
9 and then later, they get infection. And then no  
10 matter what we did, you know -- you know that they  
11 cannot survive. But I think those pictures still  
12 in the mind of most people in Hong Kong.

13 So as I say, so we have -- at the very  
14 early on, we already fail to support the physician,  
15 to support the nurse the best way we  
16 [indecipherable] and then to -- to isolate them.

17 So it is why very [indecipherable]  
18 today, the emotion, kind of, of people wearing face  
19 masks not only to protect themselves, but they know  
20 that they cannot let the healthcare system to  
21 collapse.

22 COMMISSIONER JACK KITTS: Based on  
23 that, you know, the debate in SARS about aerosol  
24 versus droplet, did you have that debate? Or did  
25 you -- did you start with the N59 masks right from

1 from the --

2 TERRY LUM: No. No. We start with  
3 surgical mask.

4 COMMISSIONER JACK KITTS: Okay.

5 TERRY LUM: Yeah. You know, another  
6 episode, interesting -- you may want to know this:  
7 Since there is a shortage of mask and PPE in  
8 February and March, so Hong Kong is no exception.  
9 So we have a rate of close to 98% of all adult are  
10 wearing face mask, so you know how much mask will  
11 be consumed every single day, right?

12 And then -- so Hong Kong has a big  
13 shortage of face mask in February and March, but  
14 the good thing was, as I said, the nursing home has  
15 three months' supply of PPE right within nursing  
16 home.

17 So but by March, they are -- the  
18 nursing operator are extremely worried, so they try  
19 their best, try to, you know, order mask but  
20 without success.

21 So by early April, their stock will  
22 come to very three -- you know, within a week or  
23 two, they will be out. But at that time, the  
24 Government was able to make a very big order of  
25 face mask and PPE. I don't know from where, but

1 they successfully, kind of, secure a very large  
2 order of face --  
3           So by early April, those face masks  
4 arrive Hong Kong. So the Government distribute the  
5 face mask and the PPE to all nursing home  
6 regardless of whether they're a private home, or  
7 profit, or public-owned. So they all get a share  
8 of face masks, so that become extremely important  
9 for the nursing home; otherwise, I think we will --  
10 the system will start to collapse by mid-April --  
11 mid-April if we don't have the -- kind of a -- the  
12 start of face mask and PPE to come in.

13           So right now, after that, the Hong Kong  
14 start to set up their own -- our own factory to  
15 produce face masks. So right now, we are almost  
16 able to produce face mask to support -- you know,  
17 to support Hong Kong, but it was only by something  
18 like June or July when order for [indecipherable]  
19 start to function that we -- that we are able to --  
20 to supply most of our need.

21           But in April, that -- that purchase  
22 become extremely important to maintain the system  
23 in the COVID.

24           COMMISSIONER FRANK MARROCCO (CHAIR):  
25 All right.

1 COMMISSIONER JACK KITTS: Thank you.

2 COMMISSIONER FRANK MARROCCO (CHAIR):

3 And I take it, Doctor, it was a -- it was apparent  
4 right from the beginning that maintaining a supply  
5 of personal protective equipment was very  
6 important, so the manufacturing of it in Hong Kong,  
7 the planning for that must have started right away?

8 TERRY LUM: Yes. I mean, yes, because  
9 Hong Kong pretty much has no manufacturing.

10 COMMISSIONER FRANK MARROCCO (CHAIR):  
11 It's too expensive.

12 TERRY LUM: Yes. Yeah, we are a  
13 commercial -- we are a financial centre, and we  
14 don't have -- we don't have that factory. We don't  
15 have the machine.

16 So started from February, we have  
17 people, kind of, only around the world trying to  
18 purchase a machine to Hong Kong. So they went to  
19 Taiwan. They purchase something like several  
20 assembly lines already from Taiwan. At that time,  
21 Taiwan still allow those export, you know, to  
22 Hong Kong. And then they have people go to Taiwan  
23 and China purchase the raw material.

24 But then later in March, it become  
25 impossible. No country allow those machine to, you



1 know, go out of their own country.

2 And then the Hong Kong Government, at  
3 that time, if I know they went to China, per se,  
4 the Chinese Government to allow several assembly  
5 lines to come to Hong Kong. And then the  
6 Government also set up funding for private sector,  
7 you know, to subsidize private sector to set up the  
8 assembly.

9 So the -- each assembly line, the  
10 Government will subsidize, say, for a million  
11 dollar, and then the Government also said they will  
12 purchase -- they guarantee purchase a certain  
13 number of face masks from each assembly line. And  
14 then the price they pay is higher than the  
15 manufacturing. It is almost -- I think it's almost  
16 more than double that typical -- the cost of  
17 manufacturing before the COVID-19.

18 So it become an incentive for some  
19 people to hold deals of the manufacturer face masks  
20 in Hong Kong.

21 Also, some NGO, they also set up their  
22 own assembly line, so they do it, not from Monday,  
23 but they do -- because they know that the -- if  
24 they [indecipherable] extra population, you have  
25 difficulty to have access to the face mask, and

1 then so they don't know the -- how long the  
2 shortage will last.

3           So several NG -- large NGO also set up  
4 their own manufacturing line -- assembly line, and  
5 then they purchased those very old machines. They  
6 can only -- you -- the factory are only willing to  
7 sell their very outdated machine to Hong Kong at  
8 that time. So -- but they still purchased those  
9 outdated machine and ship them to Hong Kong. We  
10 put them together and do it in a very  
11 inefficient -- because they are old machine, right,  
12 inefficient way, but still they're able to produce  
13 face masks in a critical time when we need face  
14 masks.

15           So if I'm correct, those NGO will  
16 retire their system by the end of December because  
17 we already have some high -- high  
18 [indecipherable] -- or high-efficient assembly line  
19 set up by the private sector now in Hong Kong.

20           COMMISSIONER FRANK MARROCCO (CHAIR):

21 Well, Doctor, I don't think we have any more  
22 questions, and thank you. Thank you --

23           TERRY LUM: For sure.

24           COMMISSIONER FRANK MARROCCO (CHAIR):

25 -- very much. This has been extremely informative

1 for us and very, very helpful, and thank you for  
2 taking the time.

3 TERRY LUM: No problem. My pleasure.

4 So hopefully this information will be a little bit  
5 helpful, you know, for your side.

6 COMMISSIONER FRANK MARROCCO (CHAIR):

7 It will be. We thank you. And we hope to -- hope  
8 to see the end of this as soon as we can.

9 TERRY LUM: Yes, definitely. Yes, my  
10 son, actually, is in Toronto, so he is still at  
11 U of Toronto, mechanical engineering.

12 COMMISSIONER FRANK MARROCCO (CHAIR):

13 Oh, yeah.

14 TERRY LUM: I pay attention to what  
15 happens in Toronto every single day.

16 COMMISSIONER FRANK MARROCCO (CHAIR):

17 Well, you tell him, as a result of this, he's got  
18 at least two friends, myself and Commissioner Coke  
19 in Toronto; and he has one friend in Ottawa,  
20 Dr. Kitts, so he's not -- thank you very much,  
21 Doctor.

22 TERRY LUM: I will tell him, though.

23 Okay. Okay. Thank you very much.

24 COMMISSIONER FRANK MARROCCO (CHAIR):

25 You do that.

1 TERRY LUM: Bye-bye. Okay. Bye-bye.

2 JOHN HIRDES: Thanks a lot, Terry.

3 COMMISSIONER ANGELA COKE: Thank you.

4 JOHN HIRDES: Thank you, everyone.

5 -- Adjourned at 6:45 p.m.

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REPORTER'S CERTIFICATE

I, JANET BELMA, CSR, Certified

Shorthand Reporter, certify:

That the foregoing proceedings were  
taken before me at the time and place therein set  
forth;

That all remarks made at the time  
were recorded stenographically by me and were  
thereafter transcribed;

That the foregoing is a true and  
correct transcript of my shorthand notes so taken.

Dated this 19th day of November, 2020.



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