



# 守護者



G u a r d i a n o f L i f e



## 新界東 NTEC

感謝醫院全體同事緊守崗位，不論任何職系、前線或管理層，大家上下一心，機動應對急劇變化，不論內外精兒五官，盡皆抵肩挽臂衝鋒。

雅麗氏何妙齡那打素醫院及大埔醫院內科部門主管  
李舜華醫生

## 新界西 NTWC

天水圍醫院是第五波疫情首間新冠定點救治醫院，全賴同事努力配合方能在極短時間內改造醫院。同事一直保持專業，全心全力拯救及照顧患者。關關難過關關過，我們會繼續打好這場仗。

天水圍醫院急症科  
顧問醫生黎靖匡醫生

## 港島西 HKWC

感謝全體同事緊守崗位，走在「抗疫最前線」，就讓我們繼續發揮「大愛仁心」的精神，守護病人，戰勝疫情！

瑪麗醫院副醫院行政總監  
(醫院服務) 徐錫漢醫生

## 港島東 HKEC

很榮幸作為聯網社區老人評估服務醫護的一員，於病床緊絀時走多步為院舍長者服務。衷心感謝院舍職員面對困難和危險依舊留守，勇敢與我們打這場疫戰，整個團隊合作令人鼓舞和感動。

港島東醫院聯網社區老人評估小組  
到訪醫生蔡玉霖醫生

## 九龍東 KEC

我做了20多年急症科醫生，第一次遇見疫情如海嘯式爆發，無論情況多艱辛，急症室上上下下都盡全力照顧每一位病人。

基督教聯合醫院急症科顧問醫生李家慶醫生

「急」著為您  
Patients'  
appreciation video



## 九龍中 KCC

今次疫情，裝修工人、判頭人手緊絀，同事們親身上陣參與改裝病房工作，由買材料、工具，以至病房改造設計、安裝門框、空氣過濾器及測試改造效果等等。能夠為抗疫出一分力，辛苦也是值得的！

伊利沙伯醫院助理院務經理  
(工程組) 謝智東

## 九龍西 KWC

第五波疫情嚴峻，病人和醫護同事都經歷過一段艱難的時間，幸好經過部門主管、前線同事們的努力，現時情況稍為緩和，希望大家繼續努力，終有一日疫情會過去，成為回憶。

瑪嘉烈醫院急症室資深護師張頌儀

# 守護我 守護你 Guardian Angel

今期《協力》說的是一個個守護的故事。

封面圖片拍攝了一個疫情期間同事悉心照顧病人的場面。這個場面並不陌生，但永遠珍貴。第五波新冠疫情下，醫管局全員抗疫，堅守陣地。我們訪問了不同崗位的同事，無論身處何地，面對甚麼困難，他們都慶幸有同事互相扶持。

同事守護病人，彼此間也互相守護。憑著我們的決心、努力和熱情，困難的日子終有完結的一天。

另外，受疫情影響，《協力》三月號與五月號合併出版，多謝一直以來的支持！

This edition of *HASLink* tells you the stories about safeguarding each other.

The cover photo was taken during the epidemic showing the caring of our colleagues to a patient. It is not rare yet always precious. In face of the aggravating situation of the fifth wave of COVID-19, the Hospital Authority has mobilised every staff in the battle against the epidemic. Throughout these challenging times, all colleagues have remained committed to their roles. We speak to colleagues from different disciplines and hear their moving stories. No matter what obstacles they face, they feel blessed to have the unswerving support of their comrades.

You will see colleagues safeguard patients' health as well as their fellow teammates. With our resolve, our endeavour, and our compassion, these difficult days will finally come to an end.

Besides, because of the continuing epidemic, the March issue of *HASLink* has been combined with the May issue. Thanks for your continuous support!



# 第五波海嘯式突襲 分層分流解困

## Multi-tiered Triage and Treatment Strategy to battle a tsunami of COVID-19 cases



室內：行政部僅一個下午已在室外搭建起多個帳篷收容病人。「我覺得疫情打破了同事之間，甚至是部門之間的界限，是我工作10多年未曾見過。」Wendy說。

同為九龍西醫院聯網的醫院亦伸出援手。Gordon說：「在第五波初期，救護車將一批批病人送到明愛急症室，聯網幾間醫院的急症室部門主管二話不說：『我哋幫你頂！』真的很窩心。」

Wendy最感動的是病人的諒解。她將一名婆婆移送到室內時發現其雙手冰冷，她道歉後對方卻說：「姑娘，你不用不好意思，我知道你們已經盡力，多謝！」Wendy哽咽說更有病人家屬主動問她有甚麼可以幫忙，當日雖天氣寒冷，她的心卻是暖烘烘的。

### 治重症為先 定點醫院「拼命一搏」

為達致減死亡、重症及感染，醫管局採取分層分流治療策略，由定點救治醫院或其他公立醫院接收重症或需入院治療的病人；亞博館新冠治療中心及北大嶼山香港感染控制中心接收病情較穩定病人；無明顯病徵或無醫療需要的病人，則會入住社區隔離設施或長者暫託中心；確診者亦可預約到確診個案指定診所求診，或致電醫療查詢支援熱線。

醫管局質素及安全總監鍾健禮醫生形容今次「全民皆兵」，全賴同事不辭勞苦，「例如設立定點救治醫院阻力也不少，大家也是『拼命一搏』找出路。若無前線同事的努力，我們今次一定會『散晒』，幸好措施也逐步見到成效。」

◀ Wendy和Gordon說，部門內不同職級的同事一起出謀獻策，一心只想著病人需要。Wendy and Gordon express their profound thanks to colleagues for doing their utmost irrespective of rank and department, solely for the sake of patients.

### 第五波疫情高峰始於二月，傳播力極強的 Omicron 變異病毒株導致社區出現大量確診病人，公立醫院陷入前所未見的困境。本港單日新增確診宗數由千宗急升至逾萬宗，單日曾有約1,500人於急症室等候入院，其中到明愛醫院求診的長者眾多，部分患者送院時情況已很危急，令醫院飽受壓力。

### 急症室逼爆 抗疫不分部門醫院

明愛醫院急症室部門主管李秉聰醫生（Gordon）及部門運作經理何嘉慧（Wendy）說，最大挑戰是要同時處理新冠和非新冠病人。高峰期時，新冠病人的數目是平日10倍，急症室外空地及停車場盡是病人。為免交叉感染，醫院將非新冠病人轉移到家庭醫學診所，並繼續由急症室同事照顧，而急症室則治理新冠病人；急症室人手因而分成幾批，加上同事因確診或被列為密切接觸者未能上班，令人手非常緊張。

### 「我哋幫你頂！」

二人過去幾個月體會最深的是同事互相補位。由於等候上病房的病人太多，醫院另僻地方作為等候區，不同科的醫護協助巡房；其他科的部門運作經理和同事全副PPE，一句「我哋嚟幫你！」將病人移至



The fifth wave began to peak in February. Hong Kong public hospitals faced an extraordinarily challenging situation with a tsunami of cases in the community triggered by the highly transmissible Omicron variant. The number of confirmed COVID-19 cases surged to over 10,000 a day, while the Accident and Emergency (A&E) Departments had handled up to 1,500 people a day pending for admission. Cases at Caritas Medical Centre (CMC) involved mostly elderly people in a serious condition, placing a heavy burden on its facilities and staff.

### No boundaries in fighting epidemic with overloaded A&E

A&E Chief of Service (COS) of CMC Dr Gordon Lee and A&E Department Operations Manager (DOM) Wendy Ho say the greatest challenge was handling both COVID and non-COVID patients at the same time. At their height, COVID admissions were 10 times higher than on normal days, and patients had to be placed in hospital beds outside the A&E and in the car park. To avoid cross-infection, non-COVID patients were put in the Family Medicine Clinic and continued to be taken care by A&E colleagues, while the A&E treated COVID patients only. A&E colleagues were therefore separated into different teams. Even worse, some were infected or classified as close contacts of infected persons which further tightened the manpower situation very difficult.

### Helping hands from internal and cluster

It was the seamless cooperation of staff that most impressed Gordon and Wendy when throwback to last few months. Because of the sheer number of patients waiting for admission, two areas were converted into holding sites with healthcare staff from other departments making ward rounds. DOMs and colleagues from other specialties in PPE saying “let’s help you” then moved the patients indoors. The Administrative Department set up tents to receive patients in the space in just one afternoon. “The communication broke down the boundaries between departments,” Wendy recalls. “I had never seen anything like this in my 10 years of service.”



Colleagues from other Kowloon West Cluster hospitals also lent a helping hand. “In the early stage of the fifth wave, batches of patient were transferred to CMC by ambulance. COSs from cluster hospitals told us ‘we are here for you’,” Gordon says. Patients were then diverted to other hospitals, so that CMC would take a breath.

Wendy was deeply moved by the attitudes of patients, and fights back tears when she recalls feeling an elderly patient’s freezing hands as she moved her inside. Wendy apologised to her for making her wait but the woman replied, “you don’t need to apologise. You’ve all tried your best. Thank you.” Family members of patients even asked medical staff what they could do to help. The care and love shown by everyone fought the cold, Wendy reflects.

### Prioritising critically-ill patients

The Hospital Authority (HA) adopted a Multi-tiered Triage and Treatment Strategy to achieve the goal of reducing mortality, critical cases and infections. Patients in a critical or serious condition are prioritised for treatment and admitted to designated hospitals or other public hospitals. Meanwhile, patients who are relatively stable will be admitted to Treatment Centre for COVID-19 at AsiaWorld-Expo or North Lantau Hospital Hong Kong Infection Control Centre. Asymptomatic patients or patients without medical need will be admitted to Community Isolation Facilities or holding centres for elderly. Infected persons can book designated clinics for medical consultation, or call the enquiry hotline for medical support.

HA Director of Quality and Safety Dr Chung Kin-lai says the fifth wave required a general mobilisation with every colleague working tirelessly. “Initially, there was resistance to the setting up of designated hospitals but we had to free our hands to find a way to deal with the extreme situation. Without the support of our frontline staff, we could never have done it. Fortunately, we are now gradually seeing results after implementing these measures.”



# 伊院轉型定點救治醫院 靠各科補位

## Concerted team efforts accomplished conversion of QEH to designated COVID-19 hospital

The HA set up designated hospitals in various clusters to concentrate the management of COVID-19 patients since early March. Queen Elizabeth Hospital (QEH) of Kowloon Central Cluster was one of them.

“The hospital had only two days to prepare for the conversion,” recalls Dr Ho Hiu-fai, Consultant of Accident & Emergency (A&E) Department of QEH. “Such kind of large-scale conversion has never occurred in Hong Kong public hospitals, to my knowledge. Understandably many colleagues were anxious of the change. Nevertheless, there were vast number of COVID-19 patients seeking consultation at QEH A&E. Inadequate in-patient beds resulted in admission block that increased the risk of cross-infection and affected patient care. Conversion was the only way-out.”

The conversion has created around 1,300 dedicated beds for COVID-19 patients at QEH. Multi-levels of beds were categorised for treatment according to patient's clinical condition. Staff from all specialties participated. Patients in critical condition belong to Tier 1. Patients of lesser severity or relatively stable belong to Tier 2 and 3 respectively. Critical patient, after stabilisation, is transferred to lower tier. The arrangement can expedite turnover of hospital beds and ease prolonged waiting times. Multidisciplinary collaboration can be more targeted and strengthened.

Dr Ho (photo below) reckons that objective of the conversion and division of labour was clear. QEH was responsible for receiving COVID-19 patients and Kwong Wah Hospital admitting non-COVID-19 patients. He thanks Fire Services

Department and other clusters for their support in accomplishing the mission. QEH was given the ‘breathing space’, two to three days before the conversion, by diverting and transferring COVID-19 and non-COVID-19 patients away. Lesson was learnt. “We will be able to make better and more efficient arrangement for future anti-epidemic situation.”

醫管局自三月初在不同聯網設立定點救治醫院，集中照顧新冠病人，其中包括九龍中醫院聯網的伊利沙伯醫院。該院急症室顧問醫生何曉輝表示，正式轉型前只有兩天時間籌備，「據我認知，如此大規模轉型在公立醫院從未試過，當時部分同事也有疑慮，但大家知道求診的新冠病人太多，病床又不夠，大量病人擠擁在急症室，易有交叉感染風險及影響病人治療，唯有盡力一試。」

轉型後，伊院共提供約1,300張病床予新冠病人，按病人情況分層治療，並由不同專科的醫護人員照顧。嚴重病人為第一層，中度或相對穩定病人屬第二、第三層，如嚴重病人情況好轉會送去第三層，務求加快病床流轉和縮短病人等候時間，同時加強跨專科協作。

何曉輝（右圖）指，今次行動定位清晰，由伊院接收新冠病人、廣華醫院接收非新冠病人。他又感謝消防處及其他聯網協調，在伊院轉型前兩三天轉送非新冠病人及接收新冠病人，讓伊院「回氣」。他相信汲取今次經驗後，日後抗疫安排可更妥善，籌備時間可縮短。



## 骨科護士陪確診者走最後一段路 Care of patients in their final journey

除了設立新冠定點救治醫院，醫管局早前將公立醫院內大約一半的普通病床，包括復康和急症病床，改為接收新冠病人，其中東區尤德夫人那打素醫院在三月初至四月初將主座9樓全層，包括矯形及創傷外科（骨科）、急症科等五個病房轉作接收新冠病人。

資深護師吳宇媚在東區醫院骨科工作逾26年，由每日照顧肢體受傷及骨折的病人，首次「轉工」照顧新冠病人。她說最深刻是要照顧很多年邁及長期臥床的病人，更要面對年長病人逝世。由於病人是確診者，親屬在病人彌留時未能到床邊握著長輩的手，亦未能在他們耳邊訴說最後一段心底話。「在人生終結前，家人只可以隔著玻璃告別，那種畫面，的確令人心酸。因此我們會盡力安排恩恤探訪，告訴病人有家人正隔著玻璃看望他，也會盡量安慰陪伴家屬，告訴他們逝者安詳地離開，希望家人少一點遺憾。」

As well as setting up designated hospitals, the HA has converted about half of the general beds in public hospitals to admit COVID-19 patients earlier, including rehabilitation and acute beds. In early March to April, Pamela Youde Nethersole Eastern Hospital (PYNEH) converted five wards on the 9th floor of its Main Block into COVID-19 wards, including Orthopaedics & Traumatology (O&T) wards and Emergency Medicine Ward (EMW).

Ng Yu-mei, Advanced Practice Nurse of the Department of O&T, had worked in the same department at PYNEH for more than 26 years. She took care of patients with limb injuries and fractures every day, before finding herself caring for COVID-19 patients in the fifth wave of the epidemic. She shares her most striking experience was to take care of many old and bedbound patients and even witness deaths of elderly patients. Because they were infected, relatives were unable to hold their hands to whisper their final farewells at bedside.

“At the end of their lives, family members could only say goodbye from behind windows. It was a heartbreaking scene,” she recalls. “We try our best to arrange compassionate visits and tell patients that their family were with them just behind the glass window. We also spend more time comforting the family members, telling them that the deceased had left peacefully, and that they should have no regrets.”

## 疫症如馬拉松 接力到終點 “One day we will finish the race together”

Wong Kin-i, Department Operations Manager of the Department of O&T of QEH, recalls how – on the first day of the conversion – one ward received 30 patients within six hours but had only two nurses on the night shift. Their colleagues volunteered to stay up until the early hours of the morning to help out. “The transformation of the hospital was a huge project, which required the transfer of non-COVID-19 patients to other hospitals and the rapid familiarisation of colleagues from different departments with the new workflow,” she says. “For example, the Department of Obstetrics & Gynecology usually takes care of pregnant women and had never received male patients before the conversion, but we all volunteered to fill missing positions for each other. It made me feel that the epidemic is like a marathon. We may not be able to finish the race alone, but when there are people willing to pick up the slack, we will finish the race together one day.”

Dr Helen Chan, Associate Consultant of the Department of Medicine (Infectious Disease), was another key member of the team. She witnessed the patients suffering from waiting for admission in the cold weather for admission outside the A&E Department and appreciated the enthusiasm of colleagues from all departments in caring for the COVID-19 patients. “Even though other departments had no experience in this field, they all worked together to help,” she says. “Colleagues from QEH are definitely loyal companions.”



▲ 吳宇媚（圖示）曾經歷2003年沙士，19年後同一地方再有新一班戰友同行。Ng Yu-mei (circled) has experienced SARS outbreak in 2003, and the camaraderie of PYNEH colleagues in rising to the challenge remained undiminished after 19 years.



伊利沙伯醫院矯形及創傷科部門運作經理黃健儀回想於轉型首日，其中一個病房六小時內接收了30名病人，但夜更只有兩名護士，很多同事都自發留下來幫手直到凌晨，「醫院轉型工程浩大，既要將非新冠病人轉移到其他醫院，各科同事也要快速熟習新工作流程，例如婦產科平日照顧孕婦，轉型前從沒有接收過男病人，但大家義無反顧互相補位，令我覺得疫症就如馬拉松，獨自跑未必跑得完，若中途有人接力，總有一日我們會一起跑完。」

內科感染及傳染病科副顧問醫生陳淑櫻也是這場接力賽的重要一員，她見證急症室外病人在寒冷天氣下等候入院的苦況，所以更感激各科同事積極照顧病人，「其他部門即使沒有相關經驗，也上下一心全力幫忙，伊院同事都是『義氣仔女』！」





# 亞博館設老人區 貼身照顧長者

## Personal care for the elderly in geriatric zone of AWE

隨著疫情發展，位於亞洲國際博覽館的社區治療設施，於三月中轉型為「新冠治療中心（亞博館）」。與第五波初期相比，中心轉型後接收的病人普遍較年長、有更多自身疾病及缺乏自理能力。他們大多需長期臥床或患有慢性病，身體狀況因確診進一步惡化，需更高层次的護理。



新界西醫院聯網社區醫療顧問護師周鳳華（圖）自第四波疫情開始到亞博館工作，今次參與「老人科專區」工作，她憶述：「以往在亞博館的病人都有自理能力、病情較輕，不太需要特別護理。但

今次的長者需貼身護理，例如每兩小時轉一次身，每四小時更換尿片及每天抹身、胃喉餵食等，而且他們未必適應陌生環境，要時刻留意其精神狀態，有些長者甚至去洗手間也會走失。」

她說，今次最深刻是要面對分離，「大家本來沒想過在亞博館會面對生離死別，但有部分長者病情在短時間惡化，送院時已是彌留狀態，與家人的視像會面可能已是最後一次見面。看到這些情景難免感心疼和挫敗，幸好團隊士氣很好，互相叫對方『撐下去』，終會等到疫情完結。」

In view of the epidemic development, the Community Treatment Facility at AsiaWorld-Expo (CTF AWE) was repurposed as the Treatment Centre for COVID-19 (TCC AWE) in mid-March. Compared with the cases handled in the early stage of the fifth wave of the epidemic, patients recently admitted to the TCC AWE are generally older, with more underlying diseases and lacking self-care ability. Majority of them are bedridden or suffered from various chronic diseases, whose health conditions are further worsened by the COVID-19 infection that require higher level of care.

Chao Fung-wah (photo), Nurse Consultant from the Community Care of the New Territories West Cluster, has been working at AWE since the fourth wave and is now one of team members working in geriatric zone. "Patients admitted in the earlier wave did not need much special care, as they were able to take care of themselves and had mostly mild symptoms," says Chao, "in the fifth wave, however, more personalised care is necessary for the elderly patients, including changing their position every two hours, changing diapers every four hours and bed bath daily, as well as tube feeding for the elderly when necessary. What's more, some elderly may have trouble adapting to the unfamiliar environment, and we have to monitor their mental state. Some of them even get lost after going to the toilet, for instance."

It is harsh for Chao and her colleagues to witness patients' separation with their beloved. "We didn't expect to have to deal with patients passing away at AWE, but some elderly patients had their conditions deteriorated rapidly after they were admitted," she reflects, "they would only see their families for the last time in a video meeting. This is heartbreaking but fortunately the morale of our team is very good, and we remind each other to persevere and carry on with our work. We believe the epidemic will finally be over."

### 中港醫護攜手

#### Collaboration with Mainland Medical Support Team

約400名內地援港醫療隊成員於三月底展開於亞博館的支援，與本港醫護團隊一同分擔臨床護理工作，加快整體病人流轉。醫管局經理（護理）林彩霞形容，兩地醫護合作無間，感受到他們非常想幫香港病人，加上內地護士到過不少地方參與抗疫，因此雙方不時交流照顧新冠病人的經驗。

About 400 members of the Mainland Medical Support Team have provided assistance in the treatment of COVID-19 patients at AWE since late March, speeding up the patient flow and easing the burden on local healthcare workers. HA Manager (Nursing) Hayley Lam describes the collaboration smooth between the local staff and the mainland team members, who are very committed to supporting the patients in Hong Kong. The mainland nurses had participated in the anti-epidemic missions in various cities, so both teams would share their experiences in taking care of COVID-19 patients.



北嶼山醫院感染控制中心在疫情高峰期啟用了10個病房，接收逾600個病人，至二月底安老院舍成重災區，大量來自院舍或於社區等候入院的年長患者轉送至中心治療。有見長者住院後自理能力轉差，中心遂設立復康病房，為新冠患者提供更全面照顧。

「居於院舍的長者出院後尚有護理員照顧，但有些獨居老人病癒後卻步履維艱。如果我們在治好新冠肺炎後隨即安排出院，他們必然很無助，所以我們決定多做一步。」九龍西醫院聯網總行政經理尹志堅醫生說，在疫情最嚴峻時，由於部分醫院的復康病床轉為接收新冠病人，所以安排有復康需要的病人轉院亦非易事。在中心設復康病房，一方面可免卻病人轉院的奔波，亦有助減輕其他醫院負擔。

中心復康病房現設72張病床，提供包括言語治療、物理治療、職業治療、營養管理等服務，並按感染控制指引，劃分不同區域讓確診者及康復者接受治療。尹醫生表示，中心未來會繼續添置復康器材，並根據病人需要調整服務規模。

At the peak of the fifth wave of COVID-19, the North Lantau Hospital Hong Kong Infection Control Centre (HKICC) was operating 10 wards with over 600 patients. By the end of February, homes for the elderly were the hardest hit areas. A large number of residents of homes for the elderly or elderly people waiting for admission in the community were transferred to the HKICC for treatment. Due to the deterioration of the elderly's self-care ability after hospitalisation, the HKICC set up a rehabilitation ward to provide a more comprehensive treatment for patients.

"People living in homes for the elderly are relatively well looked after by caregivers after they are discharged, but some elderly people living alone have difficulty walking after they recover," explains Dr Polk Wan, Cluster Chief Manager of the Kowloon West Cluster. "If we discharged them immediately after treating their COVID-19 symptoms, they would be helpless, so we decided to take this additional step." At the height of the fifth wave, it was not easy to transfer patients to rehabilitation wards in other hospitals as many had been converted into COVID-19 wards, he recalls. Setting up a rehabilitation ward in the HKICC therefore eliminated the need for transfers and reduced the burden on other hospitals.

The rehabilitation ward at the HKICC currently has 72 beds and provides services including speech therapy, physiotherapy, occupational therapy, and nutrition management. Infected and recovered patients are treated in different areas in line with infection control guidelines. Dr Wan says the centre will continue to install additional rehabilitation equipment and adjust the scale of its services in response to patients' needs.

# ICC 增設復康病房 助年長患者重返社區

## New rehab ward in ICC to help elderly patients get back on their feet

尹志堅醫生感激來自不同聯網的醫護同事，以及透過「自選兼職招聘計劃」伸出援手的私家和退休醫生，不分晝夜照顧患者。Dr Wan is grateful to colleagues from different clusters, as well as private and retired doctors from the Locum recruitment, who have helped care day and night for the patients.

中心將多功能房改建成健身室，讓新冠康復者進行復康訓練。The HKICC converted a multi-purpose room into a fitness room for rehabilitation training for COVID-19 patients.





# 後方助力增社區醫療支援

## Backbone support for the community

醫院急症室及住院服務面對巨大的求診壓力，在社區的後方支援尤為重要。醫管局在今年二月起於各區啟動2019冠狀病毒病確診個案指定診所，同時設立熱線支援社區確診病人，當中「護訊鈴」團隊負責檢視確診者名單，主動致電和跟進高風險病人；另一支援熱線(1836115)則接聽確診者來電，按需要轉介醫生提供遙距電話診症服務。另外，「隔離護理觀察系統」則讓在社區的確診病人網上報告嚴重病徵，以提供健康建議。

### 指定診所安排應診情理兼備 Compassionate and reasonable arrangement in DCs for families

香港仔賽馬會普通科門診診所是其中一間指定診所，港島西醫院聯網家庭醫學及基層醫療部部門主管高煒杰醫生稱，之前不少確診者無論症狀輕重都前往急症室，自從有了指定診所，由家庭醫生為輕症病人診治，分擔醫院壓力。「今次要在短時間內啟動指定診所是巨大挑戰，全靠同事仔細籌備，才可令運作順暢。」

他表示求診者中較多長者和小孩，各有不同需要，因此靈活安排十分重要。例如在指定診所運作首日，有兩名兩、三歲的確診幼童由父母帶到診所求診，由於父母沒有確診，按理只有幼童才可進入屬於高風險區域的診症室。「但我們明白小朋友需要家長在旁照顧，於是團隊立刻安排人流較少和位置較遠的診症室，做好戴口罩等感染控制措施，讓確診幼童可在父母陪同下盡快應診、取藥，確保為小朋友提供適切的診治，同時減低其家長受感染的風險。」

Aberdeen Jockey Club General Outpatient Clinic is one of the DCs. Dr **Welchie Ko**, Chief of Service of the Department of Family Medicine and Primary Healthcare in the Hong Kong West Cluster, recalls COVID-19 confirmed cases previously went to A&E departments regardless of the severity of their symptoms. Since the activation of DCs, family doctors are able to provide treatment for confirmed patients with mild symptoms, thus relieving the pressure on hospitals. "It was a big challenge to activate DCs in such a short period of time, but thanks to the thorough planning and preparation by our dedicated colleagues, the operation has been smooth," says Dr Ko.

Flexible arrangements are essential for patients with different needs, especially for elderly and paediatric patients, he explains. For example, on the first day of DC operation, two children aged two to three confirmed with COVID-19 were brought to the clinic by their parents. As the parents had not been infected, only the infected paediatric were supposedly allowed to enter the consultation room, which is classified as high-risk area. "However, we understood that parental care was essential for the children. We therefore immediately arranged a separate room in a less crowded and rather remote area for the whole family," says Dr Ko, "by complying with infection control measures, such as wearing masks properly, the children, accompanied by their parents, were able to receive consultation and collect medication as soon as possible to reduce the risk of infection for the parents while ensuring the children received appropriate treatment."

At a time when A&E departments and in-patient services of hospitals are under immense pressure due to the surge in COVID-19 cases, back-up support in the community is of particular importance. The HA has activated designated clinics for COVID-19 confirmed cases (DCs) in various districts since February as well as hotlines for people who have tested positive. The nursing team from the Patient Support Call Centre reviews the list of confirmed cases and proactively contacts patients in high-risk groups to provide support to them, while an enquiry hotline – 1836115 – provides medical information to confirmed patients and referrals for teleconsultations where needed. Besides, Isolation Care Monitoring System was launched for the confirmed patients to report serious symptoms. The system also provides health advice.

指定診所劃分為高風險的診症區及乾淨的員工區域，員工須穿戴合適防護裝備進入診症區工作。High-risk clinical areas and clean staff areas are clearly defined in DCs where staff will wear appropriate personal protective equipment before proceeding to work in the clinical areas.

高煒杰醫生 ▼  
Dr Welchie Ko



訪問片段  
Interview video

醫管局支援熱線最高峰曾設約200條線，除了圖中位於九龍醫院醫管局進修學院的熱線中心，亦有由多間護士學校以及不同大學的師生提供義務支援的衛星中心。The HA hotline has about 200 phone lines during the peak. In addition to the hotline centre at Hospital Authority Institute of Health Care located at Kowloon Hospital, there are also satellites with the support of student and teacher volunteers from nursing schools and universities.

熱線團隊來自「五湖四海」，瑪嘉烈醫院深切治療部(ICU)資深護師梁慧思二月時正在總辦事處實習，於是加入團隊成為其中一名「接線生」，「頭四波疫情我身處最前線，但今次發現大後方的工作量不會比大前方少，只要幫到更多市民，減少入院，變相可紓緩ICU壓力。我相信只要大家緊守崗位，一波又一波疫情都會過去。」



醫管局護理深造學院護理經理余文傑是醫管局支援熱線1836115首批「接線生」，他說曾有一位伯伯來電，指兒子因確診被送入隔離設施。伯伯當時已出現病徵，惟未有檢測報告。他獨留家中，連兒子的房也不敢入。面對憂心忡忡的伯伯，余文傑盡力安撫，講解隔離的流程，教他清潔及消毒，關心他是否有足夠糧食，「他問我能否吃生果，因為口淡淡。後來他心情放鬆，更問我要不要火龍果！面對在家等候的確診市民，起初同事們以為來電者會滿腹抱怨，但原來他們很理解前線醫護難處，只想有人聆聽他們的憂慮。」另有確診者住在劏房碌架床，擔心傳染家人，余文傑便教他在下格床圍上膠簾作臨時隔離，他笑言曾任職醫院感染控制組對這份工作很有幫助。

◀熱線中心團隊來自不同聯網、不同職系，因此每一更份都會有一位當值主管負責人手協調、指導以及更新資訊，其角色尤為重要。The hotline team is drawn from different disciplines and different clusters. The role of Shift In-charge is particularly important for staff coordination, coaching and resource kit updating.

### 解憂「接線生」 A sympathetic ear for anxious patients

Yu Man-kit, Nursing Manager of HA's Institute of Advanced Nursing Studies, was one of the first operators of the enquiry hotline 1836115. He once received a call from an elderly man. His son got infected and was admitted to isolation facility. He had symptoms of COVID-19 but the testing result was yet to release. He stayed at home alone feeling helpless. He did not even dare to go inside his son's bedroom. Yu Man-kit comforted the anxious old man, told him the logistics of isolation, taught him cleansing and disinfection, and concerned about his meals. "He asked whether he could eat fruits as he had a poor appetite. Then he was relaxed and even asked me if I want a dragon fruit," Yu recalls. "In the face of large amount of infected persons pending for admission, at first, we thought the callers would be ringing up to complain, but in fact they understand the difficulties of frontline staff and just want someone to listen to their worries about having COVID-19." An infected person resided in a sub-divided flat, was afraid to spread the disease to his family members. Yu told him to isolate himself by hanging plastic curtain around the bottom bunk bed. He laughs off his work experience in hospital's infection control team helped a lot.

The hotline team is made up of colleagues from different disciplines and clusters. **Leung Wai-see**, Advanced Practice Nurse of Intensive Care Unit (ICU) of Princess Margaret Hospital, joined the hotline team during her executive partnership at HA Head Office. "I was in the frontline for the first four waves of COVID-19, but this time I found that the workload in the backline is just as intense as frontline," she reflects. "When we help people in need, we reduce hospital admissions and help the ICU relieve the pressure. I believe as long as we remain steadfast in our fight against COVID-19, we can overcome wave after wave."



# 不讓院舍孤單 外展隊：我們一直都在 Hand-holding support for elderly homes by CGAT

安老院舍成第五波疫情重災區，社區老人評估小組外展隊每日無間斷上門和院舍員工並肩作戰。「曾有院舍只得兩個沒有確診的員工照顧約30、40個老人家，其中一名職員雙眼通紅向我哭說未能召喚救護車安排染疫院友入院，又擔心自己及家人受感染，只好在院舍留宿照顧染疫院友。」瑪嘉烈醫院社康護理服務資深護師孫丹說起來仍然心痛。

外展隊當時先安撫院舍職員情緒，並評估院友身體狀況，提供各項護理程序，再按病人臨床需要安排遙距診症，指導職員監察院友病徵及入院指標。在這嚴峻時刻，外展隊病房經理每天與院舍職員緊密聯繫，並留下電話號碼讓她們能隨時聯絡。「我們即使到凌晨也接聽來電，減輕院舍和醫院的壓力，讓院友得到適切照顧，期望一起打贏這場硬仗。」

明愛醫院內科及老人科顧問醫生梁志承認為，經此一役，外展隊與院舍的關係更緊密。「當時兩款抗病毒口服藥先後到港，為了爭取時間，我們透過院舍向院友家屬介紹藥物並取得同意，讓院友確診後可及時獲處方藥物，加快治療流程。」梁醫生指，年長患者對口服藥反應理想，外展隊未來會繼續與院舍及社區組織合作，為康復院友提供復康治療，並鼓勵長者盡早接種疫苗。

Elderly homes have been hit severely by the fifth wave of COVID-19, and the Community Geriatric Assessment Team (CGAT) has been working closely with the homes on a daily basis to support the elderly.

Suen Dan, Advanced Practice Nurse of Community Nursing Service of Princess Margaret Hospital, recalls how her outreach team dealt with a crisis at one home where there were only two uninfected caregivers to look after around 30 to 40 elderly residents. “One staff came up to me with red eyes and wept, saying they had failed to call for an ambulance to arrange admission for infected residents,” she says. “The staff were worried that they might have been infected and had to stay there for taking care of the residents.”

After soothing the caregiver's emotion, the outreach team immediately assessed the physical condition of the residents, performed nursing care procedures, provided advice on monitoring of clinical parameters and management on deteriorating condition. Teleconsultations were also arranged according to the patients' clinical needs. Under this critical time, Ward Managers of the team get in touch with each elderly home every day and leave telephone numbers to the staff to make enquiry no matter day or night. “We also answer early morning calls to provide support and relieve pressure of the homes and hospitals, and to ensure residents are properly cared. We hope to win this battle together.” Suen explains.

Dr Leung Chi-shing, Consultant of Department of Medicine and Geriatrics of Caritas Medical Centre, believes the relationship between the outreach team and the elderly homes has strengthened since the epidemic began. “In order to prescribe the two oral antiviral drugs to suitable patients as early as possible, we introduced the drug information to the residents' families through the elderly homes and obtained consent so that residents could receive the prescribed drugs after diagnosis, speeding up their treatment,” he says. Elderly patients have responded well to the drug treatment and the outreach team is continuing to work with the homes and community organisations to provide rehabilitation for recovered residents and encourage residents to get vaccinated early.

▲ 外展隊到安老院舍評估院友身體狀況及提供護理。Outreach team members perform onsite assessments and caring procedures to residents of elderly home.



## 新藥及時雨 助減死亡風險 Antiviral drugs open new front in war on COVID-19

第五波疫情嚴峻，兩款新冠口服藥「帕克斯洛維德 (Paxlovid)」及「莫納皮拉韋 (Molnupiravir)」猶如「及時雨」，研究顯示可為年長及有高風險的年輕患者有效減低住院及死亡風險。

醫管局至四月下旬已為逾2.7萬名病人處方兩款新藥。醫管局臨床傳染病治療專責小組主席曾德賢醫生表示，數據顯示患者於發病起五日內用藥，能大幅減低病毒量，尤其是「帕克斯洛維德」，「新冠口服藥可預防重症，是抗疫重要一環。病毒入侵身體會不斷繁殖，到某階段便會引發身體炎症令病情惡化，越早用藥成效越高。」

The fifth wave has been fierce. Two new antiviral oral drugs – Paxlovid and Molnupiravir – became available in Hong Kong in time as studies showed that they can help reduce the risk of hospitalisation and death for elderly people as well as young patients with risk factors.

By late April, the HA had prescribed the drugs to more than 27,000 patients. Dr Owen Tsang, Chairman of the Task Force on Clinical Management on Infection, says patients who took the medication within five days of symptom onset saw a significant reduction in their viral load, particularly those who took Paxlovid. “The new oral drugs can prevent serious illness, which is crucial to the fight against the epidemic,” Dr Tsang explains. “The virus keeps multiplying in the body and, at some point, it will cause inflammation and physical deterioration. Medication should therefore be taken as early as possible.”



## 兒童後遺症不容忽視 Shielding children from long-term illness

瑪嘉烈醫院兒童傳染病科顧問醫生關日華稱，不能輕視兒童染疫，最新發現部分兒童康復後會患上「兒童多系統發炎綜合症」，「之前香港只在第二波出現過一宗，但在第五波，短短兩個多星期已有20多宗，他們均未曾接種疫苗或接種未滿14天，而且沒有長期病史，染疫時症狀輕微，但康復約二至五周後便持續發燒、不同器官有炎症，並有眼膜炎、皮膚出疹、頸淋巴腺腫大等類川崎病表徵，大部分需深切治療。為免出現重症及後遺症，應盡快接種新冠疫苗。」

Children are also at higher risk from the fifth wave of the epidemic as more of them suffer from multisystem inflammatory syndrome (MIS-C) after recovering from the virus, observes Dr Mike Kwan, Consultant of Paediatric Infection Diseases Division of Princess Margaret Hospital.

“There was only one case of MIS-C in the second wave, but in the fifth wave with more than 20 cases in around two weeks,” he explains. “None of the children involved had been fully vaccinated within the previous fortnight, and none had histories of chronic disease. They had mild symptoms at the time of infection, but two to five weeks after recovering, they suffered from persistent fever, inflammation of different organs, and Kawasaki-like symptoms such as conjunctivitis (eye infection), skin rashes and Cervical Lymphadenopathy. Most of them needed intensive care. Therefore, it is essential to receive vaccination as soon as possible to avoid serious illness as well as sequelae after recovery from the virus.”

## 愉快打針 Adding cheer to child jabs

政府於香港兒童醫院設立兒童社區疫苗接種中心，為5至11歲兒童接種復必泰疫苗。接種區擺放了卡通佈置，醫院團隊表示，小朋友怕打針「坐不定」，甚至半小時也未完成接種，因此要有耐性安慰和鼓勵他們，打針後亦可獲貼紙和氣球等作紀念，營造輕鬆氣氛。中心亦設有資訊區及提供小冊子，希望釋除家長對打針的疑慮。

The Government has set up a Children Community Vaccination Centre at the Hong Kong Children's Hospital, which provides BioNTech vaccines to children aged five to 11. Cartoon decorations are used to ease children's anxiety. The team says some of children need more than half an hour to complete the process, therefore, it is necessary to comfort and encourage them with patience. Children will receive souvenirs like stickers and balloons after the shot. The centre has also set up an information area and leaflets are available to address parents' concerns about vaccination.





# 細數經典宣傳 70年捐血大作戰

## Showcase of epic blood donation campaign over the past 70 years

「你有型，我有型，你係唔係我類型？」一首80年代耳熟能詳的廣告歌唱出香港紅十字會輸血服務中心70年來的熱血使命，鼓勵有心人無論甚麼血型，統統加入捐血陣營。中心行政及醫務總監李卓廣醫生回顧多年來的捐血呼籲，團隊在背後絞盡腦汁，全為應對隨時出現的捐血挑戰。

要數經典捐血廣告，不得不提80年代的佳作：「石中能取血，何需向君求」，口號簡潔有力，宣揚血液沒有替代品的重要信息；由歌手葉麗儀主唱的「阿哥捐血、阿姐捐血」宣傳歌更成集體回憶，當中一句「老梁老何同老林都捐血」見證華人社會接受捐血文化的新時代。

這些年的宣傳策略有噱頭、夠貼地，李卓廣形容是套用營商手法：「就像做酒樓，要吸引不同受眾，呼籲健康人士主動抽空支持，當然不乏吃喝玩樂，有新意才能『返客』，使他們號召親友參與。」

### 港督夫人做 KOL

這套方針自1952年本港成立首個捐血服務站已奠下基礎，當時甚至有港督夫人熱心擔任KOL宣揚捐血理念，在報章、電視及戲院亦見鋪天蓋地的廣告。捐血站除了提供汽水茶飲，

更獲商界贊助免費香煙和啤酒。「始終當時捐血者以洋人為主，部分更是大班，要投其所好，像貴賓般招待。」

為擴大捐血群組，中心自70年代走入校園，推動本地年輕人投身「給血聯盟」。李卓廣憶述他讀中學時「一班同學『柴娃娃』到校內流動捐血站，有餅食又有飲品，大家反應很好。」

### 萬聖節送血紅色特飲

推廣活動隨時代發展更添新意，例如在萬聖節，捐血站曾試過提供血紅色特飲及爆谷，並有同事扮鬼製造氣氛。中心「元老」、護士賴佩君於2008年在旺角捐血站見證佳節下的雙倍人龍：「由朝早十點做到凌晨兩點，捐血者平均要等兩、三小時，但大家玩得好開心。」她亦曾與捐血者在除夕倒數、同事在新春扮財神助慶。

她認為，以往活動迴響較大，近年網絡資訊泛濫令宣傳效果減弱，加上正值疫情，血庫存量不足的挑戰陸續有來，希望更多人願意持續捐血，保持本港血液穩定供應。

2022年，香港紅十字會輸血服務中心成立70周年，位於京士柏的總部大樓年初完成翻新，其捐血站亦命名為施彭年紀念總部捐血站。圖為李卓廣醫生。Year 2022 marks the 70th Anniversary of the BTS, meanwhile, the headquarters building at King's Park was renovated earlier this year. It is now named as Sze Pang Nien Memorial Headquarters Donor Centre. The one in the picture is Dr Lee Cheuk-kwong.



‘Are you my type?’ That familiar catchphrase from an advert music in the 1980s reflects the imagination and ingenuity behind the 70-year mission of the Hong Kong Red Cross Blood Transfusion Service (BTS) to encourage people across the city to give blood. BTS Chief Executive and Medical Director Dr Lee Cheuk-kwong looks back on decades of campaigning and explains how his team constantly comes up with new ideas to meet the evolving challenges of blood donation.

Some of the classic 1980s advertisements formed the backbone of encouraging

blood donation, including one with the simple yet powerful slogan: ‘We can't get blood from a stone. Please give us a little of yours.’

The catchy jingle ‘Brother donates blood, sister donates blood’ performed by Frances Yip Lai-yee is ingrained in Hong Kong’s collective memory, while its lyrics ‘Uncle Leung, Uncle Ho, and Uncle Lam all donated blood’ heralded a change in traditional attitudes to embrace the giving of blood in the Chinese community.

Through the years, the strategies to encourage people to give blood have involved a combination of clever, eye-catching marketing and a down-to-earth approach, which Dr Lee describes as pragmatic and business-like. “Like managing a restaurant, we have to attract a variety of different audiences,” he explains. “To appeal to healthy people to take the time to donate blood, it is always important to treat them as customers and give them treats. If we do that well, they will get their friends and relatives to donate too.”

### Governor's wife was an early influencer

The groundwork for the high-profile approach to blood donation was laid in 1952 when the Hong Kong service

was launched and the wife of the Governor became a trailblazer for today’s social media influencers by publicly encouraging people to give blood.

Numerous adverts were placed in newspapers, on TV, and in cinemas – and, as well as tea and soft drinks,

donors were even given free cigarettes and beer by the corporate sponsors of the day. “Most blood donors were foreigners and some were even taipans, so they had to be treated like VIPs,” Dr Lee explains.

In the 1970s, the BTS reached out to schools

and began encouraging young people to join the Blood Donor Alliance. Dr Lee recalls, “at secondary school, my classmates went to the school’s mobile blood donation station, where they were given snacks and drinks, and their feedback was very positive.”

### Staff delight in the holiday spirit

Promotions have never lacked in creativity. During Halloween, for instance, BTS team members have dressed in costume and handed out gifts of bloody package as special drinks, and popcorn to add to the seasonal atmosphere.

Nurse Karen Lai, a BTS senior staff member, remembers how popular a blood donation day in Mongkok was at Halloween in 2008. There were double the usual number of the donors that day. “From 10 am to 2 am, the average waiting time for donors was two to three hours, but everyone enjoyed it a lot,” she recalls. On another occasion, she celebrated with donors at the centre on New Year eve. Her colleagues also dressed up as the traditional God of Wealth to greet donors giving blood in Lunar New Year.

Donor campaigns made a huge impression in the past but today, an avalanche of competing online information combined with the epidemic has reduced their impact and could lead to challenges in blood supply in future, Karen believes. “I hope more people will continue to donate blood to maintain a healthy, stable supply of blood in Hong Kong,” she says.



萬聖節捐血活動  
Halloween campaign for promoting blood donation



# 血的印記 始於戰後

## The history of blood donation in Hong Kong

**捐**血救人技術始於18世紀。香港最早的捐血記載於二戰，一份報章曾刊登義勇軍總部的捐血呼籲。及至戰後，醫護會先向病人親屬尋求捐助，無親友者或情況緊急才會由「血液銀行」支援。據悉當時若有急需，香港可要求從倫敦運來血液補給，因此血液供應大致充裕。

### 血庫正式成立

直至40、50年代，英國紅十字會派出專家到港協助籌備捐血服務部，選址中環郵政總局大廈三樓，於晚間運作，推動無償捐血。1952年啟用當日，四名海軍軍官率先登記成為首批正式捐血人士。

一個月後，政府乘勢在負責救治意外傷者的兩間醫院——瑪麗醫院及九龍醫院設立血庫，希望增加緊急貯備。服務團隊亦會到軍艦收血，並在港九增設服務站鼓勵市民報名登記，報名表同時可於指定百貨公司索取。紅十字會則在需要時安排專車接送善心人到醫院捐血。

那些年，血液存放在玻璃樽，最多冷凍貯存28至35天，經簡單化驗便直接用於病人身上。隨著時代發展，香港引入塑膠血包，令存放時限增至42天，亦方便實驗室作進一步處理及成分分離。技術及需求演變促使紅十字會在1984年於京士柏興建大樓，建立中央機制完善血庫功能，滿足其他醫院及更多病人的需要。



**D**octors first experimented with blood donation in the 18th century. In Hong Kong, the earliest record of a blood donor appeal was during World War II when a newspaper published an appeal for blood from the headquarters of the Royal Hong Kong Regiment, known as the Volunteers.

Blood transfusion services continued after the war, although healthcare providers would first seek donations from the patient's relatives, while those without relatives or in emergency situations were

supported by blood banks. It was reported that when there was an urgent need for blood, Hong Kong was able to request supplies from London, ensuring the city a stable supply of blood.

### Blood banks go into operation

In the 1940s and 1950s, the British Red Cross sent experts to Hong Kong to create the city's Blood Transfusion Service (BTS), which began taking donations at night from the third floor of the General Post Office building in Central. On the day of its opening in 1952, four naval officers registered as the first batch of blood donor.

A month after its launch, the Government set up blood banks in the two hospitals responsible for treating accident victims – Queen Mary Hospital and Kowloon Hospital – to increase emergency stocks. The BTS team even boarded a visiting warship to collect blood, and set up service centres in Hong Kong and Kowloon to encourage members of the public to donate. Application forms were made available at department stores, and buses were laid on to take donors to hospitals.

In those early days, blood was stored in glass bottles, frozen for a maximum of 28 to 35 days, and then used directly on patients after a simple laboratory test. Later, plastic blood bags were introduced to Hong Kong, increasing the storage time to 42 days and allowing for further processing and separation of components in the laboratory.

The evolution of technology and rising demand prompted the Red Cross to set up a dedicated building in King's Park in 1984 where a central mechanism was established to improve the blood banks' function and meet the needs of hospitals and patients.

◀ 輸血服務團隊到軍艦收血，並將血液存放在玻璃瓶。  
The BTS team boarded a visiting warship to collect blood in glass bottles.



# 捐血趣聞

## Interesting facts about blood donation

### 紀錄保持者是怎樣鍊成的？ Hong Kong's record blood donor

目前本港捐血紀錄保持者已捐血逾700次。一般捐血要相隔約75至105天，但自從有了成分捐血，集中抽取血漿及血小板，捐血者每年最多可捐24次，為血庫提供更可靠支援。

Hong Kong's top blood donor has given blood more than 700 times. Blood donations used to have to be around 75 to 105 days apart but donors can now donate up to 24 times a year with the introduction of apheresis donations for plasma or platelets, providing a steadier stream of support to blood banks.

### 捐血「擋煞」 Give blood to ward off 'bad luck'

捐血習慣也有季節性，農曆年前血庫普遍告急，新年過後便見小陽春。有捐血站職員形容，農曆年不時有人等開門望破血光之災，曾有超齡老伯要求捐血被拒，但家人哀求希望伯伯可以「拈一針」擋煞，經連番安撫才肯離開。

Blood donation is somewhat seasonal in Hong Kong and blood banks are generally short of supplies in the run-up to the Lunar New Year, whereas after the holiday there is a sudden surge in donations. BTS teams say some people queue up for the doors to open after the holiday as they believe donating blood can ward off bad luck in the year ahead. Once an aged donor came for donation and was rejected for over the age limit. His family begged the centre to accept his donation, believing his act would prevent blood being spilled in future. It took staff much gentle persuasion before they would leave.

### 捐血車集體暈浪事件 Motion sickness on board a blood bus

早年捐血車由單層巴士改建，設三張床，捐血者躺臥時其他市民會上落查詢情況，令車子搖搖晃晃，捐血者不時集體呼喊「姑娘我暈車浪」，護士便要為他們量血壓，確保並非捐血後不適。後來捐血車改用較大車型並加設穩定裝置，解決車輛左搖右擺的問題。

A converted single-decker bus with three beds inside was used in the early days of blood donation in Hong Kong, and the vehicle would sometimes sway and shake when people moved around inside it.

Every now and then, blood donors would cry out "I'm feeling car sick", and nurses would check their blood pressure and monitor them until they felt well again. The problem was eliminated when the single-decker bus was retired and replaced by larger vehicles with stabilisation devices.



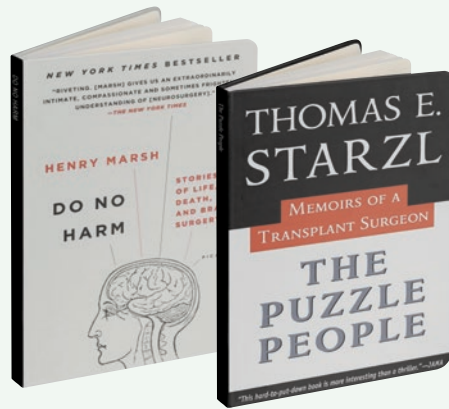
# 以人為本 冀藉經驗 改善住院環境

## Enhancing hospital environment for better healthcare

去年加入醫管局大會的溫文儀擁有40多年測量師經驗，過往規劃興建多個大型公私營房屋發展項目、商廈、宗教場所、文娛及社區設施，他盼藉專業改善現有醫療設施以及協助設計未來落成的醫院，就空間及設備等硬件配套提供意見。「以往覺得興建公屋的滿足感最大，因享受為別人打造安樂窩，現在我更期待協助醫管局營造舒適的治療環境。」

### 設計由使用者角度思考

他提到，醫院項目要考慮的因素繁多，包括感染控制、病人治療流程等，和以往做過的項目截然不同。「起樓開則設計差只是影響盈利，不會出人命，但醫院對人的影響更大，必須更審慎。其中使用者感受是首要，除了病人的需要，我也想諮詢醫護同事們，請他們列出十個該做和不該做的提議，從細節提升用家滿意度。」他希望透過完善現有醫院設施，以及在新醫院加入可持續發展和高科技元素，改善醫院環境並便利同事工作，為病人治療效果帶來正面影響。



溫文儀推薦兩本啟發思考的書籍——*Do No Harm* (Stories of Life, Death and Brain Surgery) 以及 *The Puzzle People: Memoirs of a Transplant Surgeon*。Wan Man-ye recommends two thought-provoking books: *Do No Harm* (Stories of Life, Death and Brain Surgery), and *The Puzzle People: Memoirs of a Transplant Surgeon*.

在空餘時間，溫文儀喜歡看書，他笑言自己的興趣是養生，平日閱讀不少醫學書籍學習健康知識，每天亦會服用不同種類的營養補充品。「面對現代五花八門的疾病，我們更應該將養生融入生活，多留意自己身體狀況，避免成『亞健康』一族。」

### 志在成為後盾 扶持前行

測量工作以外，溫文儀花最多心力在青少年服務，30年前成立機構協助有需要的青年人，提供包括深宵外展、短期緊急住宿等服務。他表示年幼時家境貧窮，很明白當中苦處，成立非牟利機構是為了成為年輕人的後盾，即使他們走了歪路或者累了都可以過來喘息一下，重拾生活動力。

他提到，去年加入同樣成立30年的醫管局別具意義，「醫院也是病人的後盾，患者接受治療，歇息喘氣後再以健康身軀走下去。今年為了應對嚴峻的疫情，醫管局見招拆招推出多項措施，我們可以汲取經驗，考慮哪些策略可以長遠應用，進一步完善醫療工作。」



溫文儀（左二）致力推動青年發展，成立機構提供青年服務，並不時舉辦文化活動讓年輕人發揮所長。Wan Man-ye (second left) is committed to youth development and set up a youth organisation, offering them support and putting on cultural events to develop their talents.

In a career spanning more than 40 years as a surveyor, **Wan Man-ye** has planned and built countless large public and private housing developments, commercial buildings, places of worship, and cultural and community facilities. Now, after joining the Hospital Authority (HA) Board last year, he hopes to apply his expertise in the enhancement projects of existing medical facilities and new hospital development by providing advice on the use of spaces as well as hardware facilities. “I used to find the greatest satisfaction in building public housing, because I enjoyed creating comfortable homes for people,” he says. “But now I’m looking forward to assisting the HA in creating a comfortable environment for patients’ treatment.”

### Getting the design right

Health infrastructures are different from Wan Man-ye’s previous work and there are a number of unique factors to consider, such as pollution control and patient flow. “The poor design of a regular building only affects its profitability and doesn’t usually cause any loss of life, but building a hospital has a much greater impact on people so we must be more careful. The first priority is to consider the user’s feelings. In addition to the needs of patients,



疫情前，熱愛旅遊的溫文儀每年至少到日本旅行四次，太太（圖右）更為遊日學習日文。Wan Man-ye (pictured with his wife) used to visit Japan at least four times a year before the epidemic. His wife even learned Japanese for their trips.

I will also seek the advice of healthcare colleagues and ask them to list 10 ‘do’s and don’ts’ to improve user satisfaction,” he reflects, adding that he wants the hospitals to incorporate sustainable elements and hi-tech intelligence to improve life for both staff and patients.

### A commitment to support the journey ahead

Outside work, Wan Man-ye is committed to helping young people in need. He set up a youth organisation 30 years ago to provide young people with services including late-night outreach and short-term emergency accommodation. He says his own experience of growing up in a poor family led him to set the non-profit organisation as a strong backup for young people, so that even if they take a wrong turn or get tired, they can come to catch their breath and regain the motivation to carry on.

Wan Man-ye shares that joining the HA, which was also established for 30 years last year, is particularly meaningful to him. “Hospitals are also the backbone of patients, who receive treatment, take a break and keep going with a healthy body,” he says. “This year, in response to the severe epidemic, the HA has introduced a number of measures, from which we can learn and consider which strategies can be applied in the long run to optimise medical treatment.”

In his spare time, Wan Man-ye likes to read, including books on a medical theme to teach himself more about health. He takes a range of nutritional supplements to keep himself healthy and says “in the face of modern diseases, we should nurture a healthy lifestyle and pay more attention to our health.”



# 承傳家族訓勉 推動醫療持續發展

## Practise greater social responsibility for sustainable healthcare



**信**德集團有限公司執行董事何超濼去年底加入醫管局大會。她多年來打理家族綜合企業，經營業務廣泛，至近年涉足醫療領域才體會到醫院管治同樣多元。她期望能為社會作更大承擔，以承傳父親何鴻燊博士的遺訓——取諸社會，用諸社會。

「以前在外國讀書，並不掌握香港醫療制度，後來參與多間公立醫院的醫院管治委員會才體會『醫院無小事』，不止醫人，還要處理各種問題。」何超濼以當年參與推動廣華醫院重建為例，「要做到分階段原址重建，又要兼顧保育院內法定古蹟。一方面拆樓，旁邊大樓內的同事又要如常上班；要考慮服務搬遷，同時要確保運作水平維持百分百，後來連沉降問題都要處理，可說是史無前例的挑戰。」



何超濼積極推廣太極運動，她早前為李暉武術文化中心喬遷開幕典禮擔任嘉賓。  
Tai Chi enthusiast Maisy officiated at the relocation opening ceremony of Li Fai Martial Arts Cultural Centre earlier.

### 冀為抗疫作更大承擔

疫情多變，何超濼每日關注 430 記者會了解最新發展，「加入醫管局大會後，我可更深入了解政策內容，亦因此想實踐更大的企業責任，例如響應政府對商界的呼籲，協助社會做好疾病防控。」她感謝醫管局員工過去兩年為抗疫付出極大努力，上下一心展現團隊精神。

面對疫情衝擊，她認為各行各業應發掘機遇，因時制宜：「例如本集團旗下雪糕品牌生意受挫，門市便轉型加推家庭裝外賣，大家要趁機做好策略性評估。」套用至醫療服務，則正是推動遙距服務的好時機：「大家習慣保持社交距離，有利整個醫療配套滲入更多智慧元素，透過電子化提升服務準確度及減輕人手壓力。」

### 疫境求變 多元發展

醫管局近年加大應用數據科技，何超濼讚賞 HA Go 實用性高，建議深化功能配合機構可持續發展方針，「可以支援更多醫療範疇，令服務更便捷和普及。其實香港醫療服務物超所值，但我亦理解公眾抱有不同期望，例如輪候時間長的問題。相輔相成下，推動公私營協作亦是重要出路，透過逐步涵蓋更多專科，讓私營資源協助紓緩公院的服務壓力。」

日常工務繁忙，何超濼總會擠出時間練習太極：「堅持了 15 年，可以強身健體和減壓。疫情下常開視像會議，現在連行、企、飲水的機會也少了，更要提醒自己多活動。」重視養生的她亦對中醫藥深感興趣，期望將來可探討中西合璧的醫療路向。

**M**aisy Ho, the Executive Director of Shun Tak Holdings, has brought the experience of a decades-long career in high-level management to her new role in the Hospital Authority (HA) Board since last year. The new member discovers that the challenges in the health sector are as diverse as that in the business sector, while she looks forward to making a greater commitment to the community, adhering to the teachings of her late father Dr Stanley Ho of using resources derived from the community for the good of the community.

“I studied abroad when I was young and I wasn’t familiar with the local medical system,” Maisy explains. “It was until I became a member of hospital governing committees of a number of public hospitals, I learned that no issue is too trivial in the hospitals because they are not only treating patients, but also dealing with various problems.” Maisy has involved in the redevelopment of century-old Kwong Wah Hospital (KWH) – a delicate project that called for the preservation of historic parts of the building and carrying out construction work with minimum disruption to patients and staff. “While demolishing one building, we had to ensure employees working at the building beside were unaffected,” she recalls, “while making service relocations, we had to secure the full operation of the hospital. It was indeed an unprecedented challenge.”

### Contribute to anti-epidemic efforts

As Hong Kong is facing up to an evolving epidemic situation, Maisy used to learn the latest news through the press conference at 4:30 pm every day. “After joining the Board, I get to know more about the policies, which encourages me to practise greater social responsibility,” she says, “for example, when the Government appeals to the commercial sector for support in disease prevention, my business can respond to that.” Taking a position on the HA Board has also led her to more fully appreciate the impressive team spirit and hard work of healthcare staff in fighting the virus over the past two years, she reflects.

Maisy believes businesses should explore opportunities and plan for changing trends and needs brought about by COVID-19. “For instance, the ice cream brand under my corporate was hit by the epidemic,” she says. “The shops have therefore adjusted to sell more family-size products. All of us should grasp the chance to make these strategic assessments.” With this in mind, the healthcare industry should develop more online services, she argues. “People are getting used to maintaining social distance. This helps the whole medical system introduce more elements of technology and intelligence. The smart approach could ultimately enhance service precision and alleviate manpower pressure,” she says.

### Adjusting to an epidemic-altered world

The HA has had wider adoption of information technology in recent years, notably launching the HA Go app – something Maisy believes could be further enhanced. “It can support more aspects and functions to make our services more convenient and friendly,” she says, “I think the medical service in Hong Kong is very low-priced and good value for money, but I also understand the public expectations on different issues, such as long waiting time. In this respect, public-private partnership in more specialties is an important solution, in a way to ease the burden on the public system.”

Outside her busy working schedule, Maisy always makes time to unwind through tai chi. “I have practised it for 15 years, and it helps strengthen my body and ease stress,” she explains. “Because of COVID-19, all our meetings have now moved online. Having consecutive online conferences means that I barely have a chance to walk, stand, or even get a cup of water. So, I am conscious to remind myself to exercise.”

Maisy is also enthusiastic about Chinese medicine and wants to explore the possibilities for integration of Chinese and Western treatment in the future.



何超濼（左一）於 2016 年曾參與推動廣華醫院重建項目。  
Maisy (first left) has involved in the redevelopment of KWH in 2016.



# 居家抗疫動起來 *Let's get active! Anti-epidemic exercise at home*

疫情海嘯式爆發，我們或許容易因恐慌與疾病而被負面情緒籠罩，運動無疑是提升身心免疫力的良藥，惟各種運動場地或因疫情暫停開放，《協力》邀請幾位同事分享如何在家運動，一齊動起來！

Amid the 'tsunami-like' COVID-19 outbreak, sickness and the fear of getting ill have undoubtedly caused much negative emotions in us. Exercise could definitely help boost up our immune system and mental strength, but various sports venues may be temporarily closed owing to the epidemic. *HASLink* invited several colleagues to share how they exercise at home. Let's get active together!

## 簡易動作逐格看 LEARN THE EASY MOVES STEP BY STEP



## 自選強度 間歇式訓練由你話事

張佩敏 (Winnie) 在基督教聯合醫院任職秘書，以往經常參加瑜伽和跳舞課程，但疫情下活動全被取消，除了體能明顯變差，更不自覺食量大增。Winnie 說：「農曆新年期間，我一家四口竟吃了八盤賀年糕！所以自覺不能再偷懶。」於是她開始在家進行高強度間歇式訓練 (HIIT)。

近年興起的 HIIT，其特點是在短時間內透過「運動與休息」循環相間模式，大幅消耗熱量，達至燃燒脂肪及鍛鍊肌肉等效果。張佩敏作為新手，坦言對 HIIT 最初印象是體能要求高，後來發現門檻比想像中低，加上運動時間短，較易騰出時間練習，現時她仍維持一星期訓練兩三次。

基督教聯合醫院一級物理治療師李建新 (Kinson) 鼓勵同事不要被「高強度」三字嚇怕，可先從中強度 MIIT 入手，根據個人能力逐步升級。他強調，HIIT 的動作安排極具彈性，不一定要選擇指定動作，亦沒有限制總運動時間，最重要是根據年齡和最高心跳率計算目標心率，以調整運動強度。換言之，每個人都可以設計獨一無二的訓練路徑。

## CHOOSE YOUR OWN INTENSITY FOR INTERVAL TRAINING

Winnie Cheung, Personal Secretary of United Christian Hospital (UCH) has been participating in various yoga and dancing courses in the past. But these activities were all suspended in light of the epidemic. Since then, she has not only found her physical ability deteriorating significantly, but also started craving for food. "During Lunar New Year, our family of four ate eight full containers of traditional Chinese New Year puddings! That was when I realised that I can't be sluggish anymore." Therefore, she started doing High Intensity Interval Training (HIIT) at home.



HIIT has been gaining popularity in recent years. It features a 'workout and recovery' mode with only a few minutes per cycle. These exercises help largely burn calories, resulting in fat-burning and muscle-building. As a beginner, Winnie initially assumed that HIIT was of a high demand of physical strength and stamina, but she discovered that it was actually much less demanding. With short bouts of workouts, it is easier for her to set aside some time for training. Now, she still managed to keep a routine of two to three trainings per week.

Kinson Li, Physiotherapist I of UCH encouraged colleagues not to be scared away with the words 'high intensity' but to start with Medium Intensity Interval Training (MIIT) and to level up according to one's ability. Kinson emphasised that HIIT moves can be arranged with great flexibility. It is not necessary to choose specific moves and there is no constraint on the total exercise time. The calculation of target heart rates during workout is more crucial to adjust the intensity of exercise. In other words, everyone can customise their own training paths.

## 教你計出適合自己的運動強度 CALCULATE YOUR OWN SUITABLE EXERCISE INTENSITY



最高心跳率計算公式：220 減年齡

Formula of your maximum heart rate: 220 minus your age

做 HIIT 時，目標心率須達到最高心跳率的 80 至 90%。以 35 歲成人為例，心跳率應維持於 148 至 166 之間。MIIT 的要求則為 55 至 70%，即心跳率維持於 102 至 130 之間，訓練時可調整運動量及休息時間，確保達到適當強度。When performing HIIT, your heart rate has to reach 80 to 90% of its maximum. For example, the heart rate of a 35-year-old adult should be somewhere between 148 to 166. MIIT requires 55 to 70% instead, i.e. heart rate falls between 102 to 130. Adjust your exercise volume and rest interval to ensure an appropriate intensity level.

Kinson 提醒，HIIT 新手應量力而為，如果身體過重應避免做太多跳躍動作，以免雙膝關節負荷過大，可以先試半蹲、膝上壓、空中踏單車等入門動作。運動過後的肌肉最好經過 24 小時以上的休息，再進行下一次訓練，一星期約三至四次。至於心臟病患者或三高人士（糖尿病、高血脂和高血壓）謹記運動前要先做身體檢查，不宜貿然嘗試高強度。

## 新手亂做小心變「傷膝」

「HIIT 的魅力在於它所需時間短，一般不多於 30 分鐘，加上對空間大小、設備工具也沒甚麼要求，只要開始做，運動的益處就跟著來。」由於訓練運動極具彈性，Kinson 亦會在物理治療過程中，教病人以 HIIT 的運動模式，配合較簡易的動作，進行入門版訓練。



## HIIT 的好處

- 提升身體「有氧」和「無氧」運動的能力
- 改善心肺功能
- 提升肌肉量，鍛鍊平衡力
- 提升身體代謝率、有效消耗卡路里
- 提高身體對胰島素的敏感度，幫助控制血糖
- 增強免疫力，保持身體健康
- 減壓

## BENEFITS OF HIIT

- Enhance the ability in performing aerobic and anaerobic exercise
- Strengthen cardiovascular function
- Build muscles and improve balance
- Enhance metabolic rate and burn calories effectively
- Improve the body's sensitivity to insulin and control blood sugar level
- Boost immune system and maintain physical health
- Relieve stress



Winnie 和 Kinson 均認為間歇式訓練省時方便、彈性多變的特點，特別適合生活忙碌的同事。Winnie and Kinson agreed that the time-efficient and flexible HIIT is suitable for colleagues with a busy life.

## BEGINNERS BEWARE NOT TO INJURE YOUR KNEES

"HIIT does not require much time, usually not more than 30 minutes, nor much space and equipment. That's why it becomes so popular. Once you started exercising, the health benefits will follow." Kinson also teaches patients to do HIIT with simple moves during physio training.

## HIIT 入門版短片 VIDEO FOR HIIT BEGINNERS



## HIIT 進階版短片 VIDEO FOR ADVANCED HIIT





**做**運動要合家歡輕鬆之選，戴麟趾康復中心高級職業治療師**陳文泰**推介八段錦，完成一套八式簡單動作只需14分鐘，適合不同年齡人士在家或戶外練習。

職業治療師在精神科、老人科、骨科、內科、痛症及癌症病人身上廣泛應用八段錦作為治療媒介。陳文泰早在15年前因工作需要初嘗八段錦，練習三個月後發現困擾多年的腰背及膝痛竟不藥而癒，因而入坑成發燒友，更考取「教練牌」，多年來授徒數百：「每次上堂我都會提醒病人和同事，記住動作固然重要，但練習時不必過分執著細節對錯，重點是呼吸自然，透過動作引導思緒平靜下來，千萬不要著急。」

**B**aduanjin is recommended by **Edward Chan**, Senior Occupational Therapist from David Trench Rehabilitation Centre, as a family-friendly and easy choice of exercising. It only takes 14 minutes to finish a set of eight simple moves in Baduanjin, making it a suitable exercising for people of different ages to practise at home and outdoor.

Baduanjin has widely been included in occupational therapy for the psychiatric, geriatric, orthopedic, medical, pain and cancer patients. 15 years ago, Edward dabbled in the practice of this Qigong because of work. Three months later, he found that his painful waist, back and knees were cured without medical help and became an enthusiast later on. He even acquired the coaching licence and has taught hundreds of students in years. "In every lesson, I remind patients and my colleagues that memorising the moves is certainly important, but they do not need to cling onto the details obsessively. The focus should be on the control of breath and calming down the mind with movements. Patience is a must."



這套健身氣功亦設坐式，陳文泰認為非常適合文職同事：「利用坐式就可以低調養生，亦可藉腹式呼吸鬆弛神經。」

他強調八段錦較一般伸展運動全面：「例如第七式，手掌移動時雙眼要瞪著拳頭，可以活動眼球之餘亦有助思緒抽離工作。」他笑言習慣下班後練功放鬆心情：「幫自己轉台，由打工仔調整至住家模式，對家庭和諧也有好處。」

他認為八段錦正好象徵一鬆一緊的人生哲學，「有些動作一收緊便隨即放鬆，就像人生不能拉得太緊，太鬆又會躺平，要從中取得平衡。」

This set of Qigong also includes sitting moves. Edward believes that it suits his colleagues with desk jobs. "By practising the sitting moves, they can maintain a health regimen while keeping it low key. They can also relax the mind with diaphragmatic breathing."

He emphasises that Baduanjin is more comprehensive. "Take Move 7 as an example, while the palm is moving, both eyes have to stare at the fist. Besides moving our eyeballs, it also pulls our mind away from work." He admits that he usually practises the Qigong after work to relax. "It is like switching channels for myself, from being at work to being at home. It is good for family harmony too."

Edward believes that Baduanjin showcases a philosophy of life of loosening and tightening. "Some moves relax immediately after tensing up, and it is just like our life, where you cannot be stretched so tightly, and excessive relaxation can make us 'tang ping (lying flat)'. We need to strike a balance."

## 讓八段錦紅起來 MAKING BADUANJIN POPULAR

疫情下，陳文泰與越洋負笈的兒子視像通話時竟也會一起練功：「當然可以的話他會去跑步、健身，但天氣不好或外國有封城政策時，他都會以八段錦伸展筋骨。」

向來被視為長者運動，為何年輕人也樂於投身「八師傅」行列？九十後的瑪麗醫院二級職業治療師**黎楚明**認為，八段錦能訓練人心無雜念，提升專注力，「有時也可按需要選擇個別招式來做，豐儉由人，有點像瑜珈。」他閒時也會與擔任文職的父母一起練功保健，互相提點，相信八段錦有條件變得更普及。

Amidst the epidemic, Edward video calls his son who is studying abroad and they practise the Qigong together. "Surely sometimes he goes out for a run or to the gym, but when the weather is bad or there is a lockdown in the foreign country, he will practise Baduanjin to stretch his muscles."

Baduanjin has always been deemed as an elderly sport so why are teenagers willing to become the master of the sport? **Lai Cho-ming**, a post-90s Occupational Therapist II from Queen Mary Hospital, opines that Baduanjin can rid minds of miscellaneous thoughts and enhance attention. "Sometimes you can do particular moves according to your need, the choice is up to you. It is similar to Yoga." Lai also practises the Qigong with his parents who work in offices for health and offer mutual advice. He believes that Baduanjin has what it takes to be popularised.

## 兩招放鬆肩頸上肢 TWO MOVES TO RELAX SHOULDERS, NECK AND UPPER LIMBS

(適合：久坐久站人士，男女老少，運動初哥)  
(Suitable for: those who sit or stand for a long time, people of different ages and genders, sports beginners)



## 小貼士 TIPS

練習時應專注身體是否對稱，可對鏡或看玻璃倒影輔助。當察覺兩邊身體鬆緊有別，可嘗試自我調節，讓緊的肌肉模仿另一邊的鬆弛狀態。

During practice, one should focus on the asymmetrical form of the body. Reflections on mirrors and glass walls can be helpful. When one realises that their body is tighter on one side and more relaxed on the other, they can try to adjust themselves and let the tightened muscles implicate the relaxed status on the other side.





# 一個人的球隊

## A One-man Team

疫情期間球場幾番關閉，但有一類運動卻能無懼疫情，那就是電競。90後的北區醫院配藥員**葉家豪**既是資深球迷，也是足球電競高手，他分享電競樂趣：「踢足球，你需有場地和球友，但一個人任何時候都可以玩《FIFA》，既要懂波，更要思維敏捷、講求極佳的手腦協調能力。」

家豪自少熱愛運動，約10年前開始接觸足球電競，近年更曾多次參加公開賽並獲得獎項，包括去年醫管局首屆電競盃個人賽冠軍。家豪表示，足球電競賽制與一般球賽相若，但需一個人操控整支球隊，「在球場上我擅長踢前鋒，但打電競更注重一眼關七、手腦協調，控制不同崗位互相配合。比賽節奏亦更緊湊，半秒之間足以扭轉賽果，但只要保持冷靜堅持到最後，你也可以反敗為勝，所以每次入波也能帶給我不一樣的成功感。」

### 運動愛好者易上手

疫情前他每星期都會去球場揮灑汗水，但這兩年因多次封場，他與一些隊友反而多了網上對戰，他亦認為在疫情下，大家留家時間大增，玩電子遊戲和看電競比賽也能從抗疫疲勞中放鬆身心。家豪說球類電競較適合本身愛運動的人，而且裝備沒其他電競項目般講究，「你熟悉足球，簡單用一個手掣也可玩得入神入化。」

「以前大家以為電競只是動動手指打機，但其實電競之所以列入體育項目，除了因其重視勝負，更講求鍛鍊臨危不亂、高度專注的毅力。」他笑言自己反應快，對平日配藥工作也有幫助。

▲家豪（左）曾奪足球電競賽第三名。Ka-ho (left) had won the second runner-up in the eSports tournament.

Pitches have been closed several times during the epidemic. However, there is one type of sport which holds no fears — that is eSports. **Yip Ka-ho**, a post-90s dispenser of the North District Hospital (NDH), is a super fan and also an eSports expert in football. “You would need a venue and teammates to play football, but you can play FIFA anytime by yourself. As a eSport player, you would need to think quickly apart from understanding football rules. And it requires excellent coordination between the mind and hands too,” he shares.

Ka-ho, the sports lover since he was very young, has started playing virtual football games around 10 years ago. In recent years, he has participated in multiple public competitions and won awards, including the individual champion in the first HA eSports Championship which was held last year. As described by Ka-ho, the rules of eSports matches are similar to those of regular football matches, but it requires one player to control the whole team. “In the fields, I am good at being a striker. However, in cyber matches, it focuses more on coordination between the mind and the hands, and overseeing the operation of different roles. The matches are more intense, while the results can be altered in just a split second. You may even turn the table if you keep calm and persist until the end. So every goal brings me a different kind of satisfaction,” says Ka-ho.

### EASY TO PICK UP FOR SPORTS LOVERS

Before the epidemic, he would play football on the field every week. Yet since pitches were closed repeatedly within these two years, he has been competing with his teammates more through online matches. Believing that the time people spend staying at home is significantly increased during the epidemic, he considered playing video games and watching eSports competitions as relaxing, which can relieve one from anti-epidemic fatigue. Ka-ho says that ball games in the form of eSports are relatively suitable for those who love sports. The equipment is also not as particular as other eSports games. “If you are familiar with football, a simple gamepad can already perform all the sophisticated tricks,” says Ka-ho.

“In the past, everyone looked on eSports as all about playing video games with just some clicks. However, not only because it addresses victory or defeat could it be classified as a form of sports, it emphasises the training of one’s persistence in being calm and highly concentrated.” And he joked about his quick reaction being helpful to his daily job of medication dispensing.



## 打機久坐 注意伸展 *STRETCHING FOR LONG-TIME GAME PLAYERS*

打機是居家防疫最常見的消遣活動，不少人以為長時間坐著打機受傷風險少，北區醫院一級物理治療師**巫劍聰**則指出，久坐於電腦螢幕面前，再加上打機時高度集中，容易導致肌肉長時間繃緊以及關節僵硬，此時可以立即進行伸展運動；另一常被忽略情況是長時間久坐再突然做運動，對身體負荷更大，正確做法應是逐步增加運動量。巫劍聰稱，電競項目種類繁多，例如鍵盤遊戲易致手腕勞損，而手機、手掣遊戲則要注意拇指筋腱炎症、麻痺；身體感疲倦時亦應適時伸展放鬆肌肉，同時要注意裝備、椅子是否舒適。

Playing video games is one of the most popular leisure when staying at home during the epidemic. Some people may see the risk of harming oneself when playing video games and sitting for a long period of time is limited. **Dennis Mo**, Physiotherapist I of NDH, points out that constantly tightened muscles and stiff joints will result from sitting at the computer all day, especially when one is highly concentrated on playing video games. The burden to one’s body is even larger when he/she engages in exercise suddenly after sitting for hours. And this situation has always been neglected. The correct way should be increasing the amount of physical activity gradually. Dennis Mo comments that there are various types of eSports, some games involving keyboards may lead to wrist strains, while games played with mobiles and gamepads may cause Tenosynovitis and numbness. Therefore, suitable stretching to relax the muscles is needed when you feel tired. Besides, you have to check whether the gear and chair are comfortable to use.

### 手腕伸展 *WAIST STRETCHING*

伸出左手至膊頭水平，手心向天。用右手向內拉緊左手掌，拉緊左手腕屈肌群，數十下，再換另一邊重複動作。

Lift your left hand to the level of your shoulder with the back of your hand facing up. Use your right hand to bend your left palm towards yourself. Wrist flexors of your left hand will be stretched. Count to ten. Repeat the same on the other side.

### 腰腎伸展 *HIP AND WAIST STRETCHING*

坐下並將雙腳放平，屈起右腳，將右腳掌放於左膝外側。上半身保持挺直，緩緩向右轉腰，直至腰臀有拉緊感覺，數十下，再換另一邊重複動作。

Sit down and let your feet rest flat. Bend your right foot and place it to the left of your body. Sit upright. Bend your waist to the right until your waist and hip feels tense. Count to ten. Repeat the same on the other side.

### 伸展三式 *THREE WAYS TO STRETCH*



北區醫院拉筋伸展教學  
Stretching video of NDH

### 肩頸伸展 *NECK AND SHOULDER STRETCHING*

頸側向右面，左手放鬆。右手輕微按住左邊頭頂，讓左膊頭輕微拉扯，數十下，再換另一邊重複動作。

Tilt your head towards your right shoulder, relax your left arm. Press the left top of your head gently with your right hand, pull your left shoulder slightly. Count to ten. Repeat the same on the other side.







# 預防三高好「煮」意

## New cooking ideas to maintain a healthy body

**疫**情下，大家多咗留嚟屋企，造就唔少「疫境」廚神。不過，每日都要構思有「營」又好食嘅菜單真係唔容易㗎。為咗鼓勵市民關注高血壓、高膽固醇同高血糖「三高」問題，仲有建立健康飲食習慣，將軍澳醫院早前舉辦食譜設計比賽，邀請市民度吓預防「三高」嘅食譜，反應熱烈。今次為大家介紹冠軍食譜五彩豆腐蛋，簡單材料就可以完成，各位廚神不妨試吓！

**A**s the epidemic presses on, people are doing a lot more home cooking while staying at home. However, it is not easy to always come up with a nutritious and appetising menu. In order to encourage the public to pay attention to the problem of high blood pressure, high cholesterol and high blood sugar, and to establish healthy eating habits, Tseung Kwan O Hospital held a recipe design competition, inviting the public to design healthy recipes. Here we introduce to you the contest-winning recipe – Tofu Egg Scramble, which can be completed with simple ingredients. Chefs, it's time to try out this new recipe!

### 五彩豆腐蛋 (四人份) Tofu Egg Scramble (4 servings)



#### 材料 Ingredients

硬豆腐 2件	2 pcs of firm tofu
雞蛋 2隻	2 eggs
紅黃椒 各半個	1/2 red and yellow pepper each
紫洋葱 1個	1 purple onion
秋葵 12條	12 okra
小蘆筍 12條	12 thin asparagus
雲耳 12塊	12 black fungus
車厘茄 12粒	12 cherry tomatoes



#### 做法 Method

- 搗碎豆腐後，放入雪櫃半小時，加入鹽、胡椒粉同豆粉調味。  
Smash the tofu and put it in the refrigerator for half an hour. Add salt, pepper and corn flour.
- 切碎紅椒、黃椒、紫洋葱同雲耳，連雞蛋加入豆腐拌勻。  
Add chopped red pepper, yellow pepper, purple onion, black fungus and eggs to the tofu. Stir well.
- 隔水蒸10至15分鐘，以車厘茄、秋葵同小蘆筍做裝飾，按個人口味加入生抽同麻油。  
Steam for 10 to 15 minutes. Garnish with cherry tomatoes, okra and asparagus. Then add soy sauce and sesame oil according to your taste.

#### 調味 Marinade

胡椒粉 半茶匙	1/2 tsp pepper
幼鹽 半茶匙	1/2 tsp salt
豆粉 1湯匙	1 tbsp corn flour
麻油 半茶匙	1/2 tsp sesame oil
生抽 3/4湯匙	3/4 tbsp soy sauce



將軍澳醫院行政總監袁家兒醫生(右二)向評審團致謝。幾位評判包括美食家兼大廚梁文韜先生(右一)就切合主題、營養價值、創意、外觀等要素，為每份作品評分同提供專業意見。Dr Kenny Yuen (second right), Hospital Chief Executive of Tseung Kwan O Hospital thanked the judging panel, who rated the recipes on theme, nutritional value, creativity and presentation, and provided professional advice. Gourmet Chef Hugo Leung was one of the judges (first right).



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