

CHP reminds public on precautions against heat stroke during very hot weather

The Centre for Health Protection (CHP) of the Department of Health (DH) today (July 15) reminded members of the public, particularly those undertaking outdoor activities, to take heed of necessary measures against heat stroke and sunburn in very hot weather.

"The public should carry and drink plenty of water to prevent dehydration while engaging in outdoor activities," a spokesman for the CHP said.

"Those engaged in strenuous outdoor activities should avoid beverages containing caffeine, such as coffee and tea, as well as alcohol, as they speed up water loss through the urinary system," the spokesman explained.

"Infants and children, the elderly, pregnant women, those with chronic illnesses, such as heart disease or high blood pressure, outdoor/manual workers, and individuals who are overweight are more vulnerable to heat stroke.. They should pay special attention," the spokesman added.

The public should adopt the following precautions:

- Wear loose and light-coloured clothing to reduce heat absorption and facilitate sweat evaporation and heat dissipation;
- Avoid vigorous exercise and prolonged activities like hiking or trekking as heat, sweating and exhaustion can place additional demands on the physique;
- Perform outdoor activities in the morning or the late afternoon, if possible;
- For indoor activities, open all windows, use a fan or use air-conditioning to maintain good ventilation;
- Do not stay inside a parked vehicle; and
- Reschedule work to cooler times of the day if feasible. If working in a hot environment is inevitable, introduce shade in the workplace where practicable. Start work slowly and pick up the pace gradually. Move to a cool area for rest at regular intervals to allow the body to recuperate.

â€‹The public should also note the latest and the forecast Ultraviolet (UV) Index released by the Hong Kong Observatory (HKO). When the UV Index is high (6 or above):

- Minimise direct exposure of the skin and the eyes to sunlight;
- Wear long-sleeved and loose-fitting clothes;

- Wear a wide-brimmed hat or use an umbrella;
- Seek a shaded area or put on UV-blocking sunglasses;
- Apply a broad-spectrum sunscreen lotion of at least sun protection factor (SPF) 15 – ideally higher – and reapply every two hours if you stay out in the sun, or after swimming, sweating or towelling off; and
- While using DEET-containing insect repellents for personal protection against mosquito-borne diseases, apply sunscreen first, then insect repellent.

â€œIf symptoms develop, such as dizziness, headache, nausea, shortness of breath or confusion, rest and seek help immediately, and seek medical advice as soon as possible.

â€œThe public may obtain more information from the DH's Health Education Infoline (2833 0111), [heat stroke](#) page and [UV radiation](#) page; the HKO's Dial-a-Weather (1878 200), latest [weather report and forecast](#), [UV Index](#) and weather information for [hiking and mountaineering](#); and [press releases](#) of the Labour Department on precautions against heat stroke for outdoor workers and their employers when the Very Hot Weather Warning is in force.

Very Hot Weather Warning issued

Attention TV/radio announcers:

Please broadcast the following as soon as possible:

The Hong Kong Observatory has issued the Very Hot Weather Warning.

To prevent heat stroke, avoid prolonged activities outdoors.

If engaged in outdoor work or activities, wear a wide-brimmed hat and light-coloured, loose-fitting clothes. Stay in shaded areas as much as possible.

Drink plenty of water, and avoid beverages containing caffeine or alcohol.

If you feel sick, consult a doctor right away.

Government establishes Primary Healthcare Commission today to continue boosting primary healthcare development

The Government announced today (July 15) the Primary Healthcare Commission (PHC Commission) under the Health Bureau was officially established to succeed the work of the current Primary Healthcare Office (PHO). The Commissioner for Primary Healthcare, Dr Pang Fei-chau, will lead the PHC Commission, taking charge of overseeing the service supply, standard setting, quality assurance and personnel training related to primary healthcare. The PHC Commission will plan primary healthcare services and allocate resources through strategic purchasing with the support of the Strategic Purchasing Office, with a view to strengthening the primary healthcare services as a whole. The Government also established the Primary Healthcare Committee today to assist the PHC Commission to perform its functions and exercise its powers in an effective manner.

Since its establishment in 2019, the PHO has been overseeing and steering the development of primary healthcare services. The Primary Healthcare Blueprint was subsequently released at the end of 2022, setting out concrete recommendations and implementation plans, and outlining a strategic roadmap for the future development of primary healthcare in Hong Kong. It is the Government's goal to make every effort to revamp the healthcare system, shifting the current treatment-oriented, hospital-based structure to a prevention-focused, community-based system, and devote more resources to promote primary healthcare.

The Government is actively taking forward various initiatives to promote primary healthcare development in accordance with the Blueprint. The Government launched the Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) last November, with a view to establishing a family doctor regime and positioning District Health Centres (DHCs) as a hub in fostering an expansion of the healthcare network at the community level. The CDCC Pilot Scheme has been receiving a positive response since its launch. As at July 11, the number of participants exceeded 49 000, and more than 540 family doctors participated in the scheme, covering 650 service points. In addition, in order to strengthen the role of family doctors in the community healthcare system, starting from early October last year, only doctors enlisted in the Primary Care Directory (PCD) are allowed to enrol in various government-subsidised primary healthcare programmes. Compared to the end of 2022 when the Blueprint was released, the number of doctors enlisted in the PCD increased by more than 40 per cent as at June this year, reflecting the gradual formation of the family doctor network.

The Secretary for Health, Professor Lo Chung-mau, said, "Being the

organisation responsible for the primary healthcare development, the PHC Commission will build on past achievements and continue to make efforts in co-ordinating and managing the primary healthcare services provided by the public and private sectors, setting standards and establishing quality assurance mechanisms in a more comprehensive manner. The PHC Commission will integrate and co-ordinate the primary healthcare services provided by various parties, including the Department of Health (DH), the Hospital Authority (HA), non-governmental organisations and the private healthcare sector. The PHC Commission will also develop new service and management models for fostering the all-round consolidation and promotion of primary healthcare development.

"The DH will continue to maintain its public health functions in planning the overall public health strategy for the city, as well as executing its regulatory and enforcement roles, covering enhancement of the approval and registration mechanism for regulating drugs and medical devices. Meanwhile, the HA will focus on the delivery of public hospital services and the provision of relevant medical and rehabilitation services to the public. Under the policies formulated by the PHC Commission, the HA will focus on providing an essential safety net to the socially disadvantaged, in particular those who lack the means to pay. Such division of work will facilitate the positioning of primary healthcare as the foundation of the pyramid of healthcare services, and the gatekeeping the delivery of specialised secondary and tertiary healthcare services in hospital and healthcare institution settings."

The Government will explore the formulation of new legislation to give the PHC Commission authority and statutory powers such as defining primary healthcare service providers; auditing and monitoring the service quality of relevant personnel; setting relevant service standards applicable to private primary healthcare service providers; and establishing a quality assurance mechanism for primary healthcare services.

Through a more comprehensive, co-ordinated, systematic and quality-assured strategy, the PHC Commission will take forward various key tasks in the following three areas:

(1) Co-ordinating primary healthcare services and enhancing cross-sectoral and inter-organisational co-ordination. The PHC Commission will review the service scope of general out-patient clinics with the HA; discuss with the DH in reorganising the services of Woman Health Centres and Elderly Health Centres; and strengthen the role of DHCs as primary healthcare service hubs and case managers. At the same time, the PHC Commission will plan services and allocate resources through strategic purchasing, and explore the establishment of a community drug formulary and community pharmacy programme;

(2) Setting standards and agreed protocol-driven care pathway to ensure primary healthcare services quality. The PHC Commission will establish a more systematic patient referral mechanism to manage patient referrals in accordance with an agreed protocol-driven care pathway, connect DHCs across

districts, and consolidate and share data through the Electronic Health Record Sharing System (eHealth) as a central platform. In future, eHealth's eReferral function will support primary healthcare service providers to discharge their case management and gatekeeping role through the real-time and secured electronic referral system; and

(3) Reinforcing the training for primary healthcare professionals. The PHC Commission will develop the Primary Care Register (PCR) to cover all primary healthcare professionals, and will set qualification and training requirements for the healthcare professionals enlisted on the PCR to keep improving the quality of primary healthcare services. The PHC Commission will also continue to collaborate with different academic/training institutions to design and provide relevant trainings for primary healthcare professionals, and explore relevant incentives for attracting healthcare professionals to pursue their careers in the primary healthcare field.

In order to assist the PHC Commission in performing its functions and exercising its powers effectively, the Government also set up the Committee today to gather wisdom from the Committee members to advise the PHC Commission from multiple perspectives. Concurrently chaired by the Commissioner for Primary Healthcare, Dr Pang Fei-chau, the Committee comprises ex-officio members and non-official members. The latter covers persons from different professional backgrounds, including professionals from family medicine, Chinese medicine, dentistry and other professional sectors.

The tenure of members of the Committee lasts for two years, from today to July 14, 2026. The membership list is as follows:

Chairperson

Commissioner for Primary Healthcare

Non-official members

Dr David Chao Vai-kiong
Dr Kam Pok-man
Dr Lam Ching-choi
Dr Lam Wing-wo
Mr Lawrence Lee Kam-hung
Professor Gabriel Matthew Leung
Dr Sigmund Leung Sai-man
Ms Ellen Li Ka-yan
Dr Donald Li Kwok-tung
Dr Alexander Ng Man-tat
Professor Marco Pang Yiu-chung
Professor Agnes Tiwari Fung-yee
Dr Tse Sut-yee
Professor Ian Wong Chi-kei
Professor Samuel Wong Yeung-shan

Ex-officio members

Deputy Secretary for Health (or representative)
Deputy Director of Health (or representative)
Deputy Secretary for Labour and Welfare/Deputy Director of Social Welfare (or representative)
Deputy Secretary for Home and Youth Affairs (or representative)
Deputy Director of Home Affairs (or representative)
Director (Strategy and Planning), Hospital Authority (or representative)
Chief Manager (Nursing), Hospital Authority (or representative)

For more details on the work of the PHC Commission, members of the public may visit the website (www.healthbureau.gov.hk/phcc).

Mainland University Study Subsidy Scheme open for applications

The Education Bureau (EDB) announced that the Mainland University Study Subsidy Scheme (MUSSS) 2024/25 will be open for applications from eligible Hong Kong students from today (July 15) until September 13.

A spokesman for the EDB said that the MUSSS would benefit Hong Kong students pursuing undergraduate studies in 197 designated Mainland institutions, including 138 institutions participating in the Scheme for Admission of Hong Kong Students to Mainland Higher Education Institutions for the 2024/25 academic year.

Eligible students may apply for a means-tested subsidy (only for those students who have passed the means test) or a non-means-tested subsidy under the MUSSS. The subsidy under the MUSSS is granted on a yearly basis, and the subsidised period covers the normal duration of the undergraduate programme pursued by the student concerned in the designated Mainland institution. Eligible applicants may only receive either a means-tested subsidy or a non-means-tested subsidy in the same academic year. The MUSSS is not subject to any quota. It is envisaged that the MUSSS will benefit most Hong Kong students who pursue undergraduate studies on the Mainland and have different financial needs.

The subsidy will be disbursed based on the distance between the locations of the institutions and Hong Kong, which will be grouped into three categories. Details of the subsidy rates under the different categories will be announced later.

Details of the MUSSS are available on the EDB website (www.edb.gov.hk/musss). Eligible students are required to submit their applications via the MUSSS Electronic Application Platform (musss.edb.gov.hk) or send the completed application forms by post to the EDB on or before

September 13. The EDB is expected to notify applicants of the application results by the first quarter of 2025.

LD reminds employers and employees to take heat stroke preventive measures in times of Heat Stress at Work Warning

As the Heat Stress at Work Warning is now in effect, the Labour Department (LD) reminds employers and employees to take appropriate measures during the effective period of the warning to prevent heat stroke when working in hot weather or hot environments.

Employees who work outdoors or in non-air-conditioned indoor environments face high levels of heat stress and are at a relatively higher risk of heat stroke. Employers should assess the risk factors of heat stress for employees at work and, based on the identified risk factors, take necessary preventive and control measures, including rescheduling work periods, setting up shading covers, providing ventilation and heat dissipation equipment, and reminding employees to replenish water and rest in a timely manner.

The Heat Stress at Work Warning is formulated by the LD based on the Hong Kong Heat Index. There are three levels of the warning: Amber, Red and Black, which help employers and employees better understand the level of heat stress while working outdoors or indoors without air-conditioning systems.

A spokesman for the LD said that when the department issues the Heat Stress at Work Warning, employers must refer to the criteria and recommendations provided in the "[Guidance Notes on Prevention of Heat Stroke at Work](#)" to conduct risk assessments, according to the workloads and other relevant heat stress risk factors, for employees who work outdoors or in non-air-conditioned indoor workplaces. Appropriate rest breaks should be arranged every hour, as far as reasonably practicable, based on various levels of the Heat Stress at Work Warning, to reduce employees' risk of heat stroke.

Employees must also follow instructions to rest on time. Whenever there are any symptoms of heat-related illnesses, such as headache, dizziness, thirst, and nausea, they should rest in a cool and shady place, drink water, and inform employers/supervisors to take appropriate action immediately.

The LD issued the "Guidance Notes on Prevention of Heat Stroke at Work", detailing the various risk factors that should be considered when conducting

heat stress risk assessments and recommending corresponding control measures for identified risk factors for employers' and employees' reference. For the Heat Stress at Work Warning and related guidelines, please refer to the department's thematic webpage:

www.labour.gov.hk/eng/news/prevention_of_heat_stroke_at_work.htm.