Practical Implication of Private Healthcare Facilities Ordinance

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Hong Kong Dental Association
Regulation of Private Healthcare Facility Consultation Document (2013)
Chapter 6
Standard of Facilities

We propose that the following three regulatory aspects should be included in the regulatory regime for enhancing standard of premises of all regulated PHFs –

(B6) Premises Management – effective premises management hinges on proper management and maintenance of physical assets such as buildings, equipment, power and water supply with a view to ensuring the quality of services provided;

(B7) Physical Conditions – include but not limited to the state of repair, ventilation, lighting, and periodical maintenance of a PHF; and

(B8) Infection Control – PHFs should devise mechanism regarding infection control on diagnosis, treatments, operations and other medical procedures, etc. performed in regulated facilities (for example, documentation procedures to ensure staff have complied with relevant protocols).

Chapter 7
Clinical Quality

Effective monitoring of the quality of clinical practice is essential to improving the quality of medical service, minimising clinical risk and increasing effectiveness in service delivery. We consider the following six regulatory aspects are indispensable in ensuring clinical quality of PHFs:

(C9) Service Delivery and Care Process – we propose prescribing standards on service delivery and care process for compliance of all PHFs;

(C10) Resuscitation and Contingency – we propose hospitals and facilities providing high-risk medical procedures in ambulatory setting should comply with standards on the availability and readiness of essential resuscitation equipment (such as monitoring device and defibrillator) and guidelines as well as contingency planning;
(C11) Standards Specific to Procedures Performed – we propose prescribing standards embracing requirements on the premises, equipment and staffing for high-risk procedures the administration of which is confined to regulated facilities;

(C12) Credentialing of Visiting Doctors – we propose mandatorily requiring hospitals to implement policies in relation to the credentialing of visiting doctors;

(C13) Establishment of Clinical Audit System – we propose mandatorily requiring hospitals to conduct clinical audits (by standing clinical audit committee); and

(C14) Sentinel Events Management – we propose hospitals should establish a comprehensive sentinel events management system to strengthen internal...
Core Standards For Day Procedure Centres

CORE STANDARDS
FOR
DAY PROCEDURE CENTRES

April 2018

Department of Health
Hong Kong Academy of Medicine

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Standard for Medical Clinic
Department of Health

STANDARDS FOR MEDICAL CLINICS

Department of Health

Preface

The draft Standards for Medical Clinic ("Draft Standards") are developed by the Department of Health in consultation with relevant stakeholders, in preparation for the introduction of a new statutory licensing scheme proposed by the Private Healthcare Facilities Bill ("PHF Bill"). The PHF Bill was introduced into the Legislative Council in June 2017 and being scrutinized by the relevant Bills Committee. Upon the enactment of the Bill, the draft Standards will be adopted as a code of practice for clinics as defined by the Bill.

The draft Standards are primarily based on the existing Code of Practice For Clinics Registered Under The Medical Clinics Ordinance (Cap. 343) promulgated by the Department of Health (version January 2010) and relevant provisions of the PHF Bill. Reference was also made to other prevailing local and overseas regulatory and professional standards and guidelines where applicable, with a view to setting out the minimum standards for the safe provision of medical services in a clinic setting. The existing medical clinics registered under Cap. 343, and the Project Steering Committee on Standards for Ambulatory Facilities established by the Department of Health and the Hong Kong Academy of Medicine with the participation of members from major professional associations, universities and private hospitals, were consulted on the draft Standards.

The draft Standards are applicable to all medical and dental clinics to be licensed as "clinic" under the new scheme, and prescribe standards in respect of management, physical conditions, service delivery and other processes, infection control, and risk assessment and management for a clinic. For a facility that is to be licensed as a day procedure centre or a workplace medical procedure(s) as defined by the PHF Bill to be performed, a different set of licensing standards will apply.

The draft Standards are subject to review when necessary. The finalized standards will be promulgated by code of practice, along with other licensing requirements, when the scheme is implemented. For the latest developments in the relevant legislation, please visit the website of the Healthcare Planning and Development Office of the Food and Health Bureau (http://www.hkpha.gov.hk).

Office for Regulation of Private Healthcare Facilities
Department of Health
January 2018
“Legal Requirement
Proper Handling of Drugs by
Dental Professionals”
PPT by Dr Lot Chan
Department of Health

“Proper Handling of Clinical Waste
& Chemical Waste”
PPT by Environmental Protection
Department
Apr 2019
Symposium on Healthcare Facilities Management

Guide to Infection Control in Clinic Setting

Dr Andrew TY Wong
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Centre for Health Protection
Department of Health

7 April 2018

“Guide to Infection Control of Clinic Setting”
(PPT by Dr Andrew TY Wong, Department of Health)
NOTE

The followings are recommendations for reference only.
Five Major Areas

1. Management / Governance
2. Physical Condition
3. Service Delivery and Care Process
4. Infection Control
5. Risk Management and Contingency
Remark

- items specific described in **Draft Standards for Medical Clinics**
- items specific described in **Code of Practice for Day Procedure Centres**

Readers may refer to the “**Guide to Infection Control in Clinic Setting**” issued by Centre for Health Protection of Department of Health (www.chp.gov.hk) for more information.

- Readers may also refer to government website (www.epd.gov.hk/epd/clinicalwaste/ and www.chp.gov.hk/) for the most updated information and details.

- A list of clinical waste collectors can be downloaded from the website of Environmental Protection Department: [http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1](http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1)

- Readers may refer to the **website of Radiation Board (www.rbhk.org), Radiation Ordinance (Chapter 303B)** for more information.

- Readers may refer to “**Guide to Infection Control in Clinical Setting**” issued by Department of Health for more information

- Item specific described in the Private Healthcare Facilities Ordinance (Cap. 633)
1
Management / Governance
Management / Governance

1.1 LEGAL AND PROFESSIONAL COMPLIANCE TO PRACTISING GENERAL DENTISTRY

1.1.1 General

➢ Business Registration Ordinance (Chapter 310)
➢ Business Registration Certificate clearly displayed in a conspicuous place in the clinic
➢ Inland Revenue Ordinance (Chapter 112)
Management / Governance

1.1 LEGAL AND PROFESSIONAL COMPLIANCE TO PRACTISING GENERAL DENTISTRY

1.1.2 Regulatory

➢ Dentists Registration Ordinance (Chapter 156)
  (N.B. Every registered dentist shall report to the Registrar any change of his registered address or the change of any other address at which he carries on the practice of dentistry for gain within 2 months of such change)

➢ Annual Practising Certificate renewed annually

➢ The Certificate of Registration and Certificate of Licence clearly displayed in a conspicuous place ☠ ✿ [DRO]

➢ Display of sign: “Please feel free to ask your dental surgeon about treatment cost.”

➢ Dangerous Drugs Ordinance (Chapter 134)

➢ Antibiotics Ordinance (Chapter 137)

➢ Pharmacy and Poisons Ordinance (Chapter 138)

➢ Dangerous Goods Ordinance (Chapter 295)

➢ Private Healthcare Facilities Ordinance (Chapter 633)
1.1 LEGAL AND PROFESSIONAL COMPLIANCE TO PRACTISING GENERAL DENTISTRY

1.1.3 Employment
- Employees’ Compensation Ordinance (Chapter 282)
- Mandatory Provident Fund Schemes Ordinance (Chapter 485)
- Employment Ordinance (Chapter 57)
1.1 LEGAL AND PROFESSIONAL COMPLIANCE TO PRACTISING GENERAL DENTISTRY

1.1.4 Health and Safety

➢ Occupational Safety & Health Ordinance (Chapter 509)
➢ Employees’ Compensation Ordinance (Chapter 282)
➢ Waste Disposal Ordinance (Chapter 354)
➢ Boiler and Pressure Vessels Ordinance (Chapter 56) #B
➢ Electricity Ordinance (Chapter 406)
➢ Fire Safety (Commercial Premises) Ordinance (Chapter 502)
➢ Fire Safety (Buildings) Ordinance (Chapter 572)
➢ Radiation Ordinance (Chapter 303)
➢ Buildings Ordinance (Chapter 123)

1.1 LEGAL AND PROFESSIONAL COMPLIANCE TO PRACTISING GENERAL DENTISTRY

1.1.5 Miscellaneous

- Personal Data (Privacy) Ordinance (PDPO) (Chapter 486)
- Copyright Ordinance (Chapter 528)
- Electronic Health Record Sharing System (eHRSS) Ordinance (Chapter 625)
Management / Governance

1.2 ADMINISTRATION

1.2.1 Staff
➢ At least one dental nurse/ surgery assistant present during consultation, treatment and procedure per dentist

1.2.2 Training of Staff
➢ Job orientation programme for new staff with easily assessable Operational manuals and Clinical guidelines
➢ Appropriate ongoing training for staff that is relevant to their duties
➢ Appropriate ongoing training for clinical staff including training in the safe and proper use of equipment present in the clinic
➢ Practice manuals and procedure protocols available and easily accessible for reference
➢ Staff qualification appropriate to the healthcare services they provide with valid registration, practicing certificates and relevant training
Management / Governance

1.2 ADMINISTRATION

1.2.3 Staff Management
➢ Written job descriptions for all staff

1.2.4 Medical Emergency
➢ Formal medical emergency training (e.g. Cardiopulmonary Resuscitation (CPR)) and relevant qualification attainment for all members of the practice team
➢ Ongoing refresher training opportunities for the practice team

1.2.5 Administrative Procedures or Records
➢ Job descriptions for all staff
➢ Practice or clinic manual for staff defining roles and responsibilities
➢ Written policy and procedures for drug management and items requiring attention
Physical Conditions
Physical Conditions

2.1 GENERAL CLINIC FACILITIES

2.1.1 Physical conditions #C
➢ Physical design, size, layout and condition of the clinic are appropriate for the safe and effective delivery of services and the needs of its patients*
➢ All buildings, furniture, furnishings, fittings of the clinic are maintained in good order*
➢ Ventilation, lighting and signage are adequate and appropriate*
➢ Clinic is kept clean and hygienic*
➢ Construction and use of the clinic premises are in compliance with relevant ordinances and regulations of the Laws of Hong Kong*

2.1.2 Reception and Waiting Area
➢ Adequate size and layout to allow free and unhindered access for disabled and wheelchair-assisted patients (Disability Discrimination Ordinance Cap. 487)

#C: According to Disability Discrimination Ordinance, clinics should also consider providing barrier-free access
Physical Conditions

2.1 GENERAL CLINIC FACILITIES

2.1.3 Administration Area and Reception Office
➢ Of a design protecting the occupational safety and health of staff

2.1.4 Treatment Rooms or Surgeries
➢ Adequate space to allow both dentists and assistants to work in a seated position and turn around
➢ High level of hygiene and domestic cleanliness
➢ An overall cross-infection control policy for tidy storage of equipment and material

2.1.5 Service Rooms and Areas within the Practice
➢ Special room or area for instrument preparation and sterilization
➢ Preventive measures for accidental access into a service room by anyone not involved in the procedure
Physical Conditions
Physical Conditions
Physical Conditions

2.2 EQUIPMENT

2.2.1 Equipment maintenance
➢ Necessary and appropriate equipment, which are used as intended for their purposes, in good working order and properly maintained
➢ Records of maintenance and servicing of equipment

2.2.2 Surgeries and Treatment Rooms

2.2.3 Sterilization Facilities
➢ Ultrasonic cleaner
➢ Autoclave (preferably Class B)
➢ Closed storage for sterilized instruments
➢ Routinely monitoring sterilization process by mechanical, chemical and biological indicators

2.2.4 Instruments
➢ Adequate number of the above-mentioned instruments are available to facilitate cross-infection control procedures
➢ Every piece of “non-disposable” instrument is effectively sterilized between uses
Physical Conditions

2.2 EQUIPMENT

2.2.5 Radiography Facilities
➢ Adequate access to intra-oral radiography facilities
➢ Collimated cones for all units

2.2.6 Treatment Aids
➢ High volume suction
Service Delivery And Care Process
Service Delivery And Care Process

3.1 Patient identification
- Written policies and procedures for patient identification and appropriate verification processes to ensure that the correct patient receives the correct information, investigation, procedure or treatment

3.2 Management of Patient Records
- Written policy in place for the creation, management, handling, storage and destruction of healthcare records
- Fully completed records being placed at relevant areas
- Clinical records laid out and completed in logical order and maintained for at least six years, or up to twenty-four years of age for children
- Clearly legible hand-written records using no idiosyncratic abbreviation
- All medical records are accurate, legible and up-to-date. All entries in the record should be dated and signed where appropriate
Service Delivery And Care Process

3.2 Management of Patient Records
- Patient records kept confidential and secured both during and after service hours
- All stored personal data are protected from unauthorized access, alteration or loss
- Staff handling personal data are aware of the provisions of the Personal Data (Privacy) Ordinance (Cap. 486) and have due regard to their responsibilities under that Ordinance
Service Delivery And Care Process

3.3 Contents of Patient Records

- Unique identifier for individual patient
- Patient’s personal details (e.g. name, gender, age, date of birth, current address, occupation, telephone number, etc) management of Personal Data according to principles lay down by PDPO
- Medical history and medical alert for conditions affecting dental care (with updates)
- Dental history and pre-treatment oral conditions
- Record of extra and intra oral examination
- Special investigation(s)
- Treatment plans
- Progress and treatment notes
- Consent to treatment plan and price quotation
- Referral forms
- Sick leave
Service Delivery And Care Process

3.4 Management of Appointment Book
➢ Patients with medical alert highlighted

3.5 Management of Patient Flow
3.6 Procedures for Non-Treatment Aspects of Patient Care
➢ Medical emergency protocol for staff

3.7 Dental Information Materials
3.8 Drug management
➢ Handling and supply of medicines at the clinic are in accordance with the requirements of the relevant legislation in Hong Kong and prevailing guidelines issued by relevant regulatory authorities including but not limited to the Dental Council of Hong Kong
➢ Keep an up-to-date drug formulary. All medicines supplied are registered pharmaceutical products in Hong Kong
➢ Drug procurement documents are kept appropriately for future reference and inspection
➢ All medicines are clearly labelled and stored appropriately
Service Delivery And Care Process

3.8 Drug management
- A system is in place to check the expiry dates of medicines. Expired medicines are not used for dispensing or administration and are disposed properly.
- Medicines are dispensed under the supervision of dentist. Staff responsible for dispensing and administering medicines have received appropriate training.
- A system is in place to monitor the accuracy of dispensing and administration of medicines.

3.9 Patients’ rights
- Written policies and procedures to protect the rights of its patients.
- Right to know the name and post of staff providing services.
- Right to be informed of the investigation, procedure and treatment planned for them, and give informed consent to any investigation, procedure and treatment.
- Measures and facilities to provide for privacy of patients where appropriate.
- Right to access their own health records.
3.10 Charges
➢ Patients are informed of the charges of service whenever practicable.
➢ An up-to-date fee schedule covering major chargeable items, written in both Chinese and English, are readily available for reference.

3.11 Complaint handling
➢ Mechanism available for handling all complaints made by patients or persons representing the patients. The mechanism consists of procedures for receiving, investigating, responding to the complainant and documentation, with a specified time frame.
➢ Information about the procedure for making complaints and the process for managing and responding to any complaints.

3.12 Others
4 Infection Control
Infection Control
Infection Control

Guide to Infection Control in Clinic Setting

Dr. Norman LAW Chi-ming
BDS, DGDP, MGDSRCS(Edin), FRACDS, FHKAM(Dental Surgery), FCDH(K(Family Dentistry))

Centre for Health Protection
Department of Health

This document (the Guide) is applicable to ALL dental practitioners in Hong Kong, irrespective the size of the clinics or whether the clinics has exempted from operating with a license under the Private Healthcare Facilities Ordinance

“Guide to Infection Control in Clinic Setting”
(PPT by Dr Norman Law Chi-ming)
Infection Control*

4.1 Infection Control Policy

- A written infection control policy, procedures and guidance outlining the procedure to prevent or reduce the risk of a patient acquiring an infection while at the Facility
- A written infection control policies and procedures on the use of disposable equipment and on the method of control to assure cleaning, disinfection and sterilisation of reusable equipment
- All staff trained in infection control with training recorded and updated regularly
- Guidelines for prevention of accidental exposure to infectious sharps
- Instrument intended for single use are not reused
- Reusable equipment and supplies used in invasive procedure are properly reprocessed by appropriate sterilisation methods
- Sterile equipment and supplies should be stored in a clean and dry area
- All sterilising equipment are regularly inspected and maintained with proper documentation
- System for regular checking of expiry of sterile supplies
### Appendix 5a: Disinfection and Sterilization Methods according to Spaulding’s Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>Examples of Instrument</th>
<th>Level of Processing/Reprocessing</th>
<th>Methods (examples)</th>
</tr>
</thead>
</table>
| Critical Item        | • Surgical instruments<br>• Biopsy instruments<br>• Implants                           | Cleaning followed by:<br>Sterilization<br>
|                      |                                                                                       | Sterilization is a process that completely eliminates or kills all microorganisms & spores<br> | • Steam Sterilization<br>• Hydrogen peroxide gas plasma<br>• >2.4% glutaraldehyde-based formulations, 0.95% glutaraldehyde with 1.64% phenol phenate, 7.5% stabilized hydrogen peroxide, 7.25% hydrogen peroxide with 0.25% peracetic acid, 0.2% peracetic acid, and 0.08% peracetic acid with 1.0% hydrogen peroxide |
| Semi-critical Item   | • Respiratory therapy equipment<br>• Anaesthesia equipment<br>• Tonometer<br>• Ultrasound endovaginal probes: transvaginal/ trans rectal<br>• Cryosurgical probes<br>• Endoscopes<br>• Laryngoscope blades<br>• Proctoscope<br>• Vaginal speculum | Cleaning followed by:<br>High-Level Disinfection<br>High level disinfection eliminates all microorganisms, except for small number of bacterial spores<br>(Steam sterilization is preferred if the items are heat stable.) | • Glutaraldehyde<br>• Hydrogen peroxide solution<br>• Ortho-pthalaldehyde (OPA)<br>• Washer-disinfector that has a high-level disinfection cycle |
| Non-critical Item    | • ECG machines<br>• Oximeters<br>• Bedpans, urinals, commodes<br>• Blood pressure cuffs<br>• Stethoscopes | Cleaning followed by:<br>Low-Level Disinfection (in some cases, cleaning alone is acceptable)<br>Low level disinfection kills most bacteria, some fungi, and inactivates some viruses but it cannot be relied on to kill resistant microorganisms | Alcohol<br>Diluted sodium hypochlorite solution<br>Hydrogen peroxide<br>Washer-disinfector |

Source: “Guide to Infection Control of Clinic Setting” (PPT by Dr Andrew TY Wong, Department of Health)
## Steam sterilization - examples

<table>
<thead>
<tr>
<th>Type of sterilizer</th>
<th>Item</th>
<th>Exposure time at 132°C</th>
<th>Drying time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravity displacement (Type N sterilizer)</td>
<td>Unwrapped nonporous instrument</td>
<td>3 min</td>
<td>0-1 min</td>
</tr>
<tr>
<td>Dynamic-air-removal e.g., prevacuum (Type B / S sterilizer)</td>
<td>Wrapped instruments</td>
<td>4 min</td>
<td>20-30 min</td>
</tr>
</tbody>
</table>

Source: “Guide to Infection Control of Clinic Setting” (PPT by Dr Andrew TY Wong, Department of Health)
Infection Control

4.2 Surgery Setting and Equipment
- Hand hygiene facilities, a hand washing basin or alcohol based hand rub (ABHR), available at the point-of-care and accessible to staff and patients
- “Zoning system” used to delineate clean area, working area and contaminated area
- Dental unit has dental water quality considerations

4.3 Personal Protection
- Personal protective equipment (PPE) (e.g. gloves, masks, eyewear, and apparel) for at-risk employees in appropriate sizes and materials
- Gloves changed and hands washed between patients

4.4 Limit Contamination
Infection Control

4.5 Before Patient Treatment

➢ Patient medical history updated
➢ Hands hygiene performed

4.6 Instrument Processing

➢ Items not designed to be reused (e.g. saliva ejectors, scalpel blades, needles, local anaesthetic cartridges, sutures, matrix bands, etc) are disposed of after use
➢ All heat stable instruments sterilized with autoclave after use
➢ Handpieces, ultrasonic scaler handpieces, ultrasonic scaler inserts sterilized and 3-in-1 syringe tips changed between patients
➢ Instruments routinely cleaned in an ultrasonic cleaner or thermal washer disinfector
➢ Excess water from pre-cleaned instruments removed before sterilization
➢ Colour-change chemical indicator used in the most inaccessible area of the autoclave in every load
Infection Control

4.6 Instrument Processing
➢ Spore tests performed or biological indicators used periodically to monitor sterilizer efficacy
➢ Date and result of each spore test properly recorded
➢ Autoclave performance monitored and tested regularly
➢ Persons operating autoclaves having the information* properly recorded for each cycle in a log book specifically kept for this purpose
  1. Name of person operating the autoclave with his/her signature
  2. Log-in and log-out time
  3. Specifications of each cycle (i.e. temperature and pressure)

4.7 Surface Asepsis
➢ All clinical contact surfaces barrier-protected or disinfected for each patient (e.g. ultrasonic scaler handle, 3-in-1 syringe, light handle, etc.)
➢ Appropriate surface disinfectant used
➢ All contaminated barriers replaced after treatment
➢ Environmental surfaces routinely cleaned or disinfected at the end of each session
Routine monitoring

- **Mechanical indicators** record cycle time, temperature, and pressure as displayed on the sterilizer gauges for each instrument load; and
- **External chemical indicators** such as autoclave tape are affixed on the outside of each instrument pack to show that the package has been processed through a sterilization cycle. An internal chemical indicator should be placed inside the packs to verify sterilant penetration; and
- **Biological indicators** should be tested at least weekly with spore vials placed at the area least favorable to sterilization (i.e., the area representing the greatest challenge to the biological indicator). This area is normally in the front, bottom section of the sterilizer, near the drain. The results of spore test should be recorded.
- When dynamic air removal sterilizer is used,
  - Appropriate steam penetration test such as Bowie-Dick test or Helix test should be performed before the first processed load of the day.
Infection Control

4.8 Sharps Management
- Needles recapped by one-handed scoop technique, recapping devices or self-sheathing design feature
- Leak proof, puncture-resistant containers used to dispose of contaminated sharps
- Sharps containers colour-coded or identified by the biohazard symbol
- Sharps containers located close to the point of use, i.e. in each operatory
- Sharps containers handled in accordance with government guidelines and by designated companies that deal with clinical waste disposal

4.9 Laboratory Cases
- Laboratory cases (e.g. impressions, stone casts, appliances, prosthesis) disinfected before sending to and after receiving from dental laboratories

4.10 Dental Water Quality
- Dental unit waterlines (DUWL) flushed for a minimum of 2 minutes at the beginning of each day and for 30 seconds between patients.
- Water discharged from contaminated handpieces, ultrasonic scaler and 3-in-1 syringe after use on each patient
Infection Control

4.10 Dental Water Quality

➢ Separate water reservoir system used in dental unit maintained as directed by manufacturer
➢ Sterile irrigation solution used for all surgical procedures

4.11 Waste Disposal

➢ Clinical waste segregated from domestic waste✦
➢ Clinical waste disposed in accordance with government guidelines✧ or handled by specialized companies that deal with clinical waste✧✧
➢ Clinical and chemical wastes are handled properly and safely according to written policies and procedures promulgated by the Environmental Protection Department pursuant to Waste Disposal Ordinance (Cap. 354) ★★★
5 Risk Management and Contingency
Risk Management and Contingency

5.1 OCCUPATIONAL HAZARD CONTROL
- A written risk management policy and safety inspection procedures for identification and assessment of risks and hazards in the Facility and its services

5.1.1 Infection Hazards
- Mandatory sterilization and infection control procedures followed

5.1.2 Radiation Hazards
- Proper licences obtained from HKSAR Radiation Board for installation and use of radiography apparatus
- Radiation monitoring badges and record of use maintained

5.1.3 Mercury Hazards
- Encapsulated amalgam system
- Waste amalgam storage available (e.g. soaked in potassium permanganate)
Risk Management and Contingency

5.1 OCCUPATIONAL HAZARD CONTROL

5.1.4 Sharps Injury Hazards
- Heavy duty rubber gloves used for instrument cleaning
- Suitable containers used for discarding needles and sharps
- Sharps injury policy

5.1.5 Fire Hazards
- Adequate precautions against the risk of fire
- An internal fire and emergency response plan incorporating evacuation procedures
- Floor plan for fire escape posted conspicuously
- Smoke alarms installed
- Fire extinguishers or sprinkler available
- Installation of emergency escape lighting
- Fire evacuation exercise conducted at regular intervals and documented
Risk Management and Contingency

5.1 OCCUPATIONAL HAZARD CONTROL

5.1.6 Eye Protection

- Eye protection provided to all staff
- Eye protection provided to patients while receiving treatment
- Appropriate eye protection provided for patients and staff when curing light or laser is used

5.2 RADIOGRAPHIC PROCEDURES

5.2.1 Administrative Consideration

(A) Registration of Irradiating Apparatus for Dental Radiography

- New irradiating apparatus assessed by the Radiation Board*
- Licence of possessing irradiating apparatus*
- Licence of operating of irradiating apparatus*
- Irradiation apparatus and premises in which the irradiating apparatus is situated having inspected by the Radiation Board*
- Irradiation apparatus operated by qualified personnel only*
Risk Management and Contingency

5.2 RADIOGRAPHIC PROCEDURES

5.2.1 Administrative Consideration

(B) Protocol for Minimizing Radiation Hazard to Patients and Staff

- Personnel radiation monitoring device*
- X-ray room shielding to avoid leakage*
- Exposure and film speed settings available*
- Signage, i.e. impact on pregnancy*

5.2.2 Radiographic Techniques

- Correct exposure and voltage setting used*
- Correct positioning of X-ray tube, patient and film/imaging plate ensured*
Risk Management and Contingency

5.2 RADIOGRAPHIC PROCEDURES

5.2.3 Quality Assurance
(A) Equipment
(B) Techniques

5.2.4 Radiograph Storage and Retrieval
➢ Reliable storage system for extended time period and film retrieval (all modalities including but not limited to conventional and digital imaging) *
Risk Management and Contingency

5.3 MEDICAL EMERGENCY

5.3.1 Risk Management and Contingency (to add logo)

➢ Written policy and procedures for resuscitation of patients taking into account the range of services provided in the clinic

➢ Regular checks on the viability of the resuscitation equipment and emergency medications are conducted and documented

➢ Resuscitation equipment and medication is made ready in accordance to the age of the patients (e.g. paediatric patients)

➢ Policies and procedures in place for emergency transfer of patient to hospital for management of urgent adverse outcome

➢ The facility is equipped with devices for monitoring vital signs of patients, such as blood pressure, oxygen saturation

5.3.2 Prevention

➢ Proper medical history enquiry made for each patient before treatment
Risk Management and Contingency

5.3 MEDICAL EMERGENCY

5.3.5 Emergency Equipment

- Suction apparatus
- Airway
- Resuscitation bag with valve, mask and oxygen connection
- Disposable syringe
- Disposable needle
- Disposable IV cannulae
- Infusion set
- Dressing scissors
- Tourniquet, stethoscope
- Injection swabs
- Adhesive tape
- Automated External Defibrillator (AED)
- Blood Pressure Meter
- Oxygen delivery devices
Risk Management and Contingency

Emergency Equipment
Risk Management and Contingency

5.3 MEDICAL EMERGENCY

5.3.6 Emergency Drug Kit

Emergency medications are stored in a designated and easily accessible area in the facility.

- Oxygen supply with connection
- Adrenaline
- Glyceryl trinitrate
- Glucose
- Glucagon
- Hydrocortisone
- Chlorpheniramine
- Salbutamol
Risk Management and Contingency
# Risk Management and Contingency

## MEDICAL EMERGENCY - Emergency Drug Kit

### BVM (Bag Valve Mask) System

Two common brands are **Laerdal** and **Ambu**. Both brands feature single-use and reusable types.

## Company information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laerdal China Ltd</td>
<td>Unit 2101-2103, 21/F Tower 2, Grand Central Plaza 138 Shatin Rural Committee Road Shatin, NT, Hong Kong</td>
<td>3168 2518</td>
<td>3168 2519</td>
<td><a href="mailto:sales@laerdal.com.hk">sales@laerdal.com.hk</a></td>
</tr>
<tr>
<td>Goodwin Health Care Ltd</td>
<td>Room 1103, Wang Lung Ind. Bldg. 11 Lung Tak Street, Tsuen Wan, H.K.</td>
<td>2408 8838</td>
<td>2408 1329</td>
<td><a href="mailto:hksales@goodwin.com.hk">hksales@goodwin.com.hk</a></td>
</tr>
<tr>
<td>Ultra Care Company Ltd</td>
<td>Unit 8, 7th Floor Eastern Harbour Center 28 Hoi Chak Street, Quarry Bay</td>
<td>2887 5957</td>
<td>2807 0908</td>
<td><a href="mailto:sales@ultra-care.com.hk">sales@ultra-care.com.hk</a></td>
</tr>
<tr>
<td>Ambu</td>
<td>Complex Building, No. C 5th floor, Xiang Yu F.T.Z. Xiamen, 361006 China</td>
<td>+86 592 602 5212</td>
<td>+86 592 602 5390</td>
<td></td>
</tr>
<tr>
<td>Keymax Technology (HK) Limited</td>
<td>Unit 2103, 21/F, Kodak House II 39 Healthy Street East, North Point</td>
<td>3150 8913</td>
<td>3150 8412</td>
<td><a href="mailto:info@keymax.com.hk">info@keymax.com.hk</a></td>
</tr>
</tbody>
</table>

## Distributor(s) in Hong Kong

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laerdal China Ltd</td>
<td>Unit 2101-2103, 21/F Tower 2, Grand Central Plaza 138 Shatin Rural Committee Road Shatin, NT, Hong Kong</td>
<td>3168 2518</td>
<td>3168 2519</td>
<td><a href="mailto:sales@laerdal.com.hk">sales@laerdal.com.hk</a></td>
</tr>
<tr>
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<td><a href="mailto:info@keymax.com.hk">info@keymax.com.hk</a></td>
</tr>
</tbody>
</table>

## Product & Price

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Product</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laerdal China Ltd</td>
<td>Adult silicone resuscitator in carton box, complete with adult and child masks, intake/reservoir valve and reservoir bag</td>
<td>HK$1,380 per set</td>
</tr>
<tr>
<td>Ambu</td>
<td>Bag II Adult disposable resuscitator with mask no. 4</td>
<td>HK$150 per pc</td>
</tr>
</tbody>
</table>

Free delivery for order amount of HK$1,200 or more
<table>
<thead>
<tr>
<th><strong>Usage for reference</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADRENALINE Inj.</strong></td>
<td>1/10,000 (1mg in 10ml) (Preloaded syringes)</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>CARDIAC ARREST</td>
</tr>
</tbody>
</table>
| **ADULT DOSE**          | 1mg according to European Resuscitation Council Guidelines  
N.B. in ventricular fibrillation give 3 x shocks first if defibrillator available  
Repeat dose after each sequence of 3 x shocks and 10 cycles of CPR ventricular fibrillation  
Repeat dose after 10 cycles of CPR in asystole and electro mechanic dissociation |
| **ROUTE**               | Intravenous 1mg or via tracheal tube 2mg |
| **PAEDIATRIC DOSES**    | Should be scaled on a weight basis |
| **ADRENALINE Inj.**     | 1/1000 (1mg in 1ml) |
| **INDICATION**          | SEVERE ANAPHYLACTIC SHOCK  
(eespecially if there is airway compromise or severe bronchospasm) |
| **ADULT DOSE**          | 0.3-0.5mg – repeated after 5-10 minutes if no improvement |
| **ROUTE**               | Subcutaneous or intramuscular (for more severe cases) |
| **PAEDIATRIC DOSES**    | Should be scaled on a weight basis |
| **ATROPINE Inj.**       | 3mg in 30ml (Preloaded syringe) |
| **INDICATION**          | BRADYCARDIA NOT RESPONDING TO SUPINE POSITION  
CARDIAC ARREST WITH ASYSTOLE |
| **ADULT DOSE**          | 1mg for BRADYCARDIA  
3mg for ASYSTOLE |
| **ROUTE**               | INTRAVENOUS |
| **PAEDIATRIC DOSES**    | Should be scaled on a weight basis |
## Risk Management and Contingency

### MEDICAL EMERGENCY - Emergency Drug Kit

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usage for reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASPIRIN Tablets</strong></td>
<td>300mg</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>CHEST PAIN THOUGHT TO BE DUE TO MYOCARDIAL INFARCTION</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>300mg</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Orally</td>
</tr>
<tr>
<td><strong>GLYCERYL TRINITRATE Spray</strong></td>
<td>0.4mg</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>CHEST PAIN THOUGHT TO BE ANGINA</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>0.4mg</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Sublingual spray</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weight basis</td>
</tr>
<tr>
<td><strong>SALBUTAMOL INHALER</strong></td>
<td>BRONCHOSPASM</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>BRONCHOSPASM</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>Continue “puffs” every 2 minutes until condition improves</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>By inhalation</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weight basis</td>
</tr>
</tbody>
</table>
## Risk Management and Contingency

**MEDICAL EMERGENCY - Emergency Drug Kit**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usage for reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MIDAZOLAM Inj.</strong></td>
<td>10mg in 5ml</td>
</tr>
<tr>
<td>(Hypnovel)</td>
<td></td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>NEED FOR SEDATION PROLONGED EPILEPSY (MULTIPLE FITS)</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>2mg increments until desired effect achieved</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Intravenously</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weight basis</td>
</tr>
<tr>
<td><strong>DIAZEPAM Rectube</strong></td>
<td>10mg (suppositories)</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>NEED FOR SEDATION, PROLONGED EPILEPSY (MULTIPLE FITS)</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>1 Rectube. Repeat after 10 minutes in prolonged epilepsy</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Rectally</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weight basis</td>
</tr>
<tr>
<td><strong>GLUCOSE</strong></td>
<td>50g or Sugar Lumps × 4</td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>HYPOGLYCAEMIA IN CONSCIOUS PATIENT ABLE TO SWALLOW SAFELY</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>50g dissolved in 100-200ml water or 4 sugar lumps sucked and chewed</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Orally</td>
</tr>
</tbody>
</table>
# Risk Management and Contingency

## MEDICAL EMERGENCY - Emergency Drug Kit

<table>
<thead>
<tr>
<th>Drug</th>
<th>Usage for reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GLUCAGON Inj.</strong></td>
<td><em>1mg in 1ml</em></td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>HYPOGLYCAEMIA IN SEMI CONSCIOUS OR UNCONSCIOUS PATIENT</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>1mg</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Intravenously or intramuscularly</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weight basis</td>
</tr>
<tr>
<td><strong>HYDROCORTISONE SODIUM SUCCINATE</strong></td>
<td><em>100mg in 2ml</em></td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>SEVERE ANAPHYLAXIS (give adrenaline first)</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>100mg</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Intravenously</td>
</tr>
<tr>
<td><strong>PAEDIATRIC DOSES</strong></td>
<td>Should be scaled on a weighted basis</td>
</tr>
<tr>
<td><strong>CHLORPHENIRAMINE Inj.</strong></td>
<td><em>10mg in 1ml</em></td>
</tr>
<tr>
<td>(Piriton)</td>
<td></td>
</tr>
<tr>
<td><strong>INDICATION</strong></td>
<td>MILD TO MODERATE ANAPHYLAXIS</td>
</tr>
<tr>
<td><strong>ADULT DOSE</strong></td>
<td>10mg</td>
</tr>
<tr>
<td><strong>ROUTE</strong></td>
<td>Intravenously or intramuscularly</td>
</tr>
</tbody>
</table>
## Risk Management and Contingency

### MEDICAL EMERGENCY - Emergency Drug Kit

<table>
<thead>
<tr>
<th>Drug</th>
<th>Supplier</th>
<th>Phone no.</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrenaline <em>Inj.</em></td>
<td>Hong Kong Medical Supplier</td>
<td>2806 3112</td>
<td>HK$85 (10 pcs per box)</td>
</tr>
<tr>
<td></td>
<td>Salesperson: Mr Lun</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mobile: 9349 4816)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Edward Keller</td>
<td>2895 0888</td>
<td>HK$120 (84 pcs per box)</td>
</tr>
<tr>
<td></td>
<td>Salesperson: Mr Raymond Leung</td>
<td></td>
<td>Remark: Buy 3 get 2 free</td>
</tr>
<tr>
<td></td>
<td>(Mobile: 9674 7030)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlorpheniramine <em>Inj.</em></td>
<td>Star Medical</td>
<td>2370 1183</td>
<td>HK$14.5 for one pc</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HK$1,100 for 100 pcs</td>
</tr>
<tr>
<td>Glucagen <em>Inj.</em></td>
<td>Edward Keller</td>
<td>2895 0888</td>
<td>HK$415 per pc</td>
</tr>
<tr>
<td></td>
<td>Salesperson: Mr Leung</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mobile: 8202 2100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrocortisone (Solu-cortef)</td>
<td>Primal Chemical Co Ltd</td>
<td>2343 3313</td>
<td>HK$54 per pc</td>
</tr>
<tr>
<td></td>
<td>Salesperson: Mr Lam</td>
<td></td>
<td>Remark: Buy 10 get 2 free</td>
</tr>
<tr>
<td></td>
<td>(Mobile: 9121 9005)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isosorbide Dinitrate</td>
<td>Hind Wing Co Ltd</td>
<td>2541 0909</td>
<td>HK$40 (100 pcs per box)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>HK$250 (1,000 pcs per box)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Remark: Buy 1 get 1 free</td>
</tr>
<tr>
<td></td>
<td>5mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10mg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam <em>Inj.</em></td>
<td>Edward Keller</td>
<td>2895 0888</td>
<td>10 pcs per box</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10 pcs per box</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 pcs per box</td>
</tr>
<tr>
<td></td>
<td>5mg in 1ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5mg in 5ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>15mg in 3ml</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salbutamol Inhaler</td>
<td>Zuellig</td>
<td>2963 8403</td>
<td>HK$138 per pc</td>
</tr>
<tr>
<td>(available as Ventolin Inhaler)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Salesperson: Ms Ho</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mobile: 9722 9298)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Risk Management and Contingency

5.3 MEDICAL EMERGENCY

5.3.7 Emergency Management

➢ Procedure for signifying an emergency
➢ Procedure for notifying emergency services
➢ Formal log of medical emergencies
➢ May consider setting up emergency protocol with nearby medical clinics

5.3.8 Practice Rehearsal

➢ Regular simulated exercises
➢ Regular maintenance of emergency drugs and equipment
Briefing on the Private Healthcare Facilities Ordinance

DEPARTMENT OF HEALTH
2019

Slides for Briefing on the Private Healthcare Facilities Ordinance on 15 Oct 2019 by Department of Health
THANK YOU
Hong Kong Dental Association