

2019

Practical Implication of Private Healthcare Facilities Ordinance

Dr Haston Liu

BDS (HK), DGDP (UK), PDipDS (HK), MGDS RCSEd,

FHKAM (Dental Surgery), FCDSHK (Family Dentistry)

Hong Kong Dental Association



Regulation of Private Healthcare Facility Consultation Document (2013)

Chapter 6 Standard of Facilities

21 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

22 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;

Extract from Regulation of
Private Healthcare Facility
Consultation Document
(2013)

- (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

Extract from Regulation of
Private Healthcare Facility
Consultation Document
(2013)

Notes for Dental Practice Operation in Hong Kong (2019)



Core Standards For Day Procedure Centres

CORE STANDARDS FOR DAY PROCEDURE CENTRES

April 2018



Department of Health



Hong Kong Academy of Medicine

Table of Contents

Table of Contents.....	ii
Preface	1
I. Application of the Core Standards	2
General Principles	2
Risk of Procedures.....	3
Scope of High-risk Anaesthetic Procedures.....	6
Patient's Condition	6
II. Core Standards for Day Procedure Centres	7
1. Management/Governance	7
2. Physical Conditions	8
3. Service Delivery and Care Process	9
4. Infection Control	13
5. Resuscitation and Contingency	14
Annex I Terms of reference.....	16
Annex II Membership list of Project Steering Committee on Standards for Ambulatory Facilities.....	17
Annex III Membership lists of task forces	18
Task Force on Anaesthesia and Sedation	18
Task Force on Surgery	19
Task Force on Endoscopy	20
Task Force on Dental Procedures.....	21
Task Force on Chemotherapy.....	22
Task Force on Haemodialysis	23
Task Force on Interventional Radiology and Lithotripsy	24

Standard for Medical Clinic Department of Health

STANDARDS FOR MEDICAL CLINICS



Department of Health

Preface

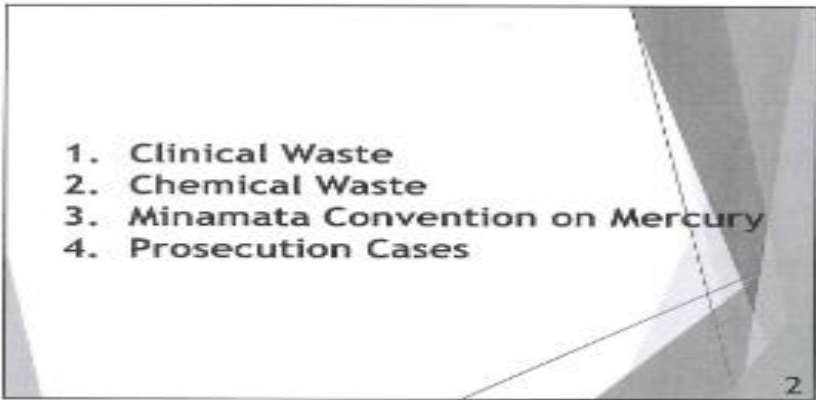
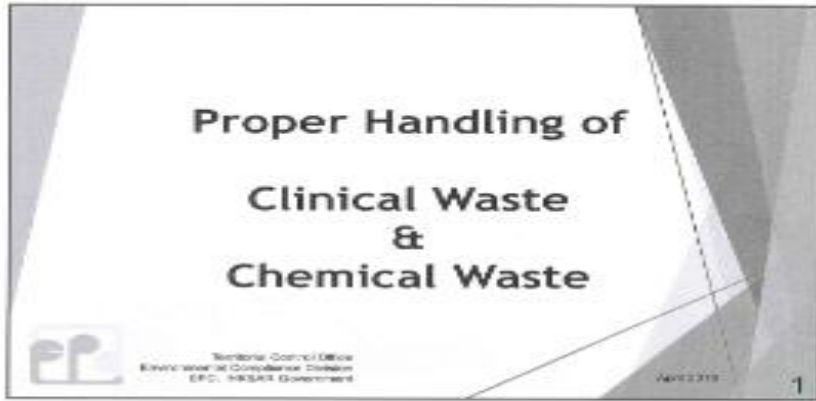
The draft Standards for Medical Clinic ("draft Standards") are developed by the Department of Health, in consultation with relevant stakeholders, in preparation for the introduction of a new statutory licensing scheme proposed by the Private Healthcare Facilities Bill ("PHF Bill"). The PHF Bill was introduced 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 taken from 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 co-opted members from major professional associations, universities and private hospitals, were consulted on the draft Standards.

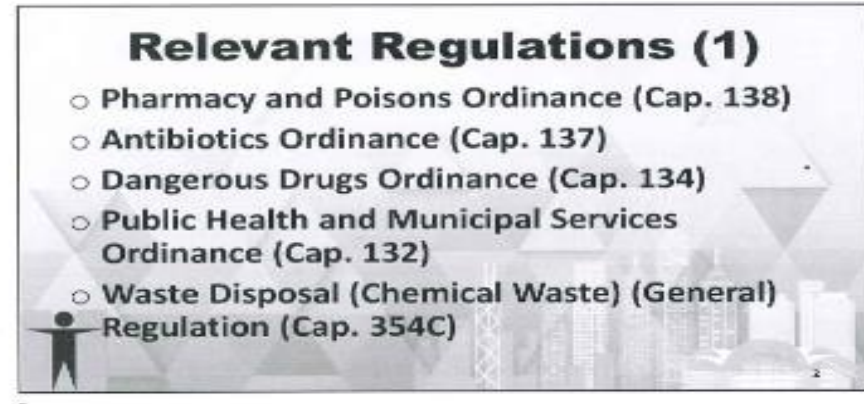
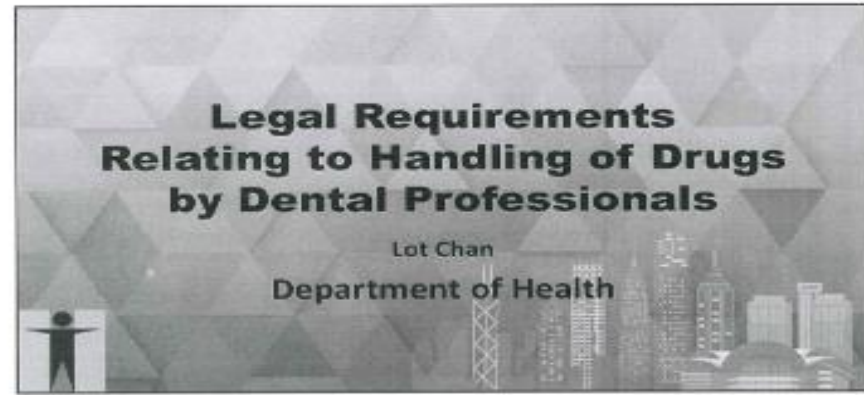
The draft Standards are applicable to all medical and dental clinics to be licensed as "clinic" under the new scheme, and comprise standards in respect of management, physical conditions, service delivery and care process, infection control, and resuscitation and contingency for a clinic. For a facility that is to be licensed as a day procedure centre (i.e. where scheduled medical procedure(s) as defined by the PHF Bill is/are 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 as code of practice, along with other licensing requirements, when the new scheme is implemented. For the latest developments in the legislative review, please visit the website of the Healthcare Planning and Development Office of the Food and Health Bureau (<http://www.hpdo.gov.hk>).

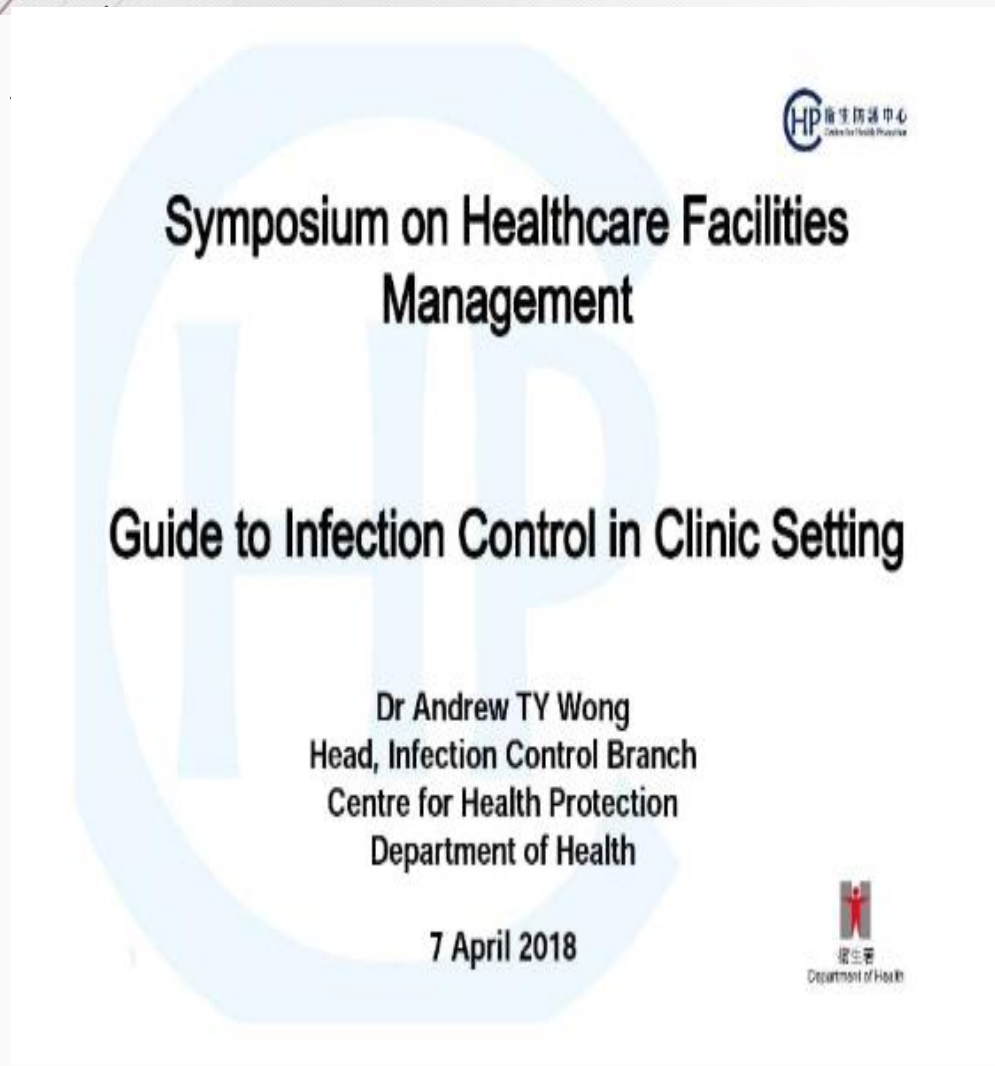
Office for Regulation of Private Healthcare Facilities
Department of Health
January 2018



**“Legal Requirement
Proper Handling of Drugs by
Dental Professionals”**
PPT by Dr Lot Chan
Department of Health

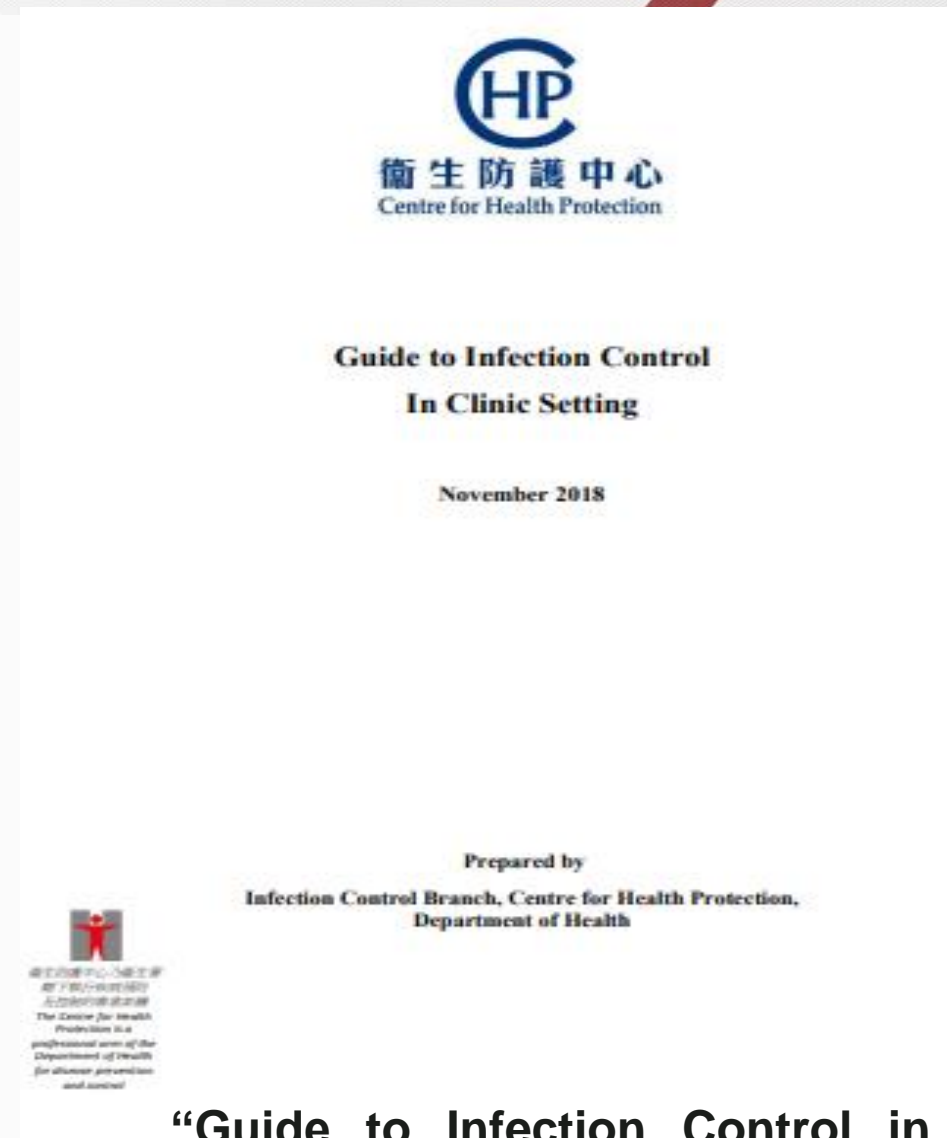


**“Proper Handling of Clinical Waste
& Chemical Waste”**
PPT by Environmental Protection
Department
Apr 2019



“Guide to Infection Control of Clinic Setting”

(PPT by Dr Andrew TY Wong, Department of Health)



“Guide to Infection Control in Clinical Setting”

(Department of Health, Nov 2018)

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
- * 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)

Management / Governance

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)

Management / Governance

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)

#B: Please refer to Labour Department's website for "Code of Practice for Owners of Boiler and Pressure Vessels" (<http://www.labour.gov.hk/eng/news/pdf/CoPOwners.pdf>).

Management / Governance

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⚙️

2

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 wheel chair-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

24



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

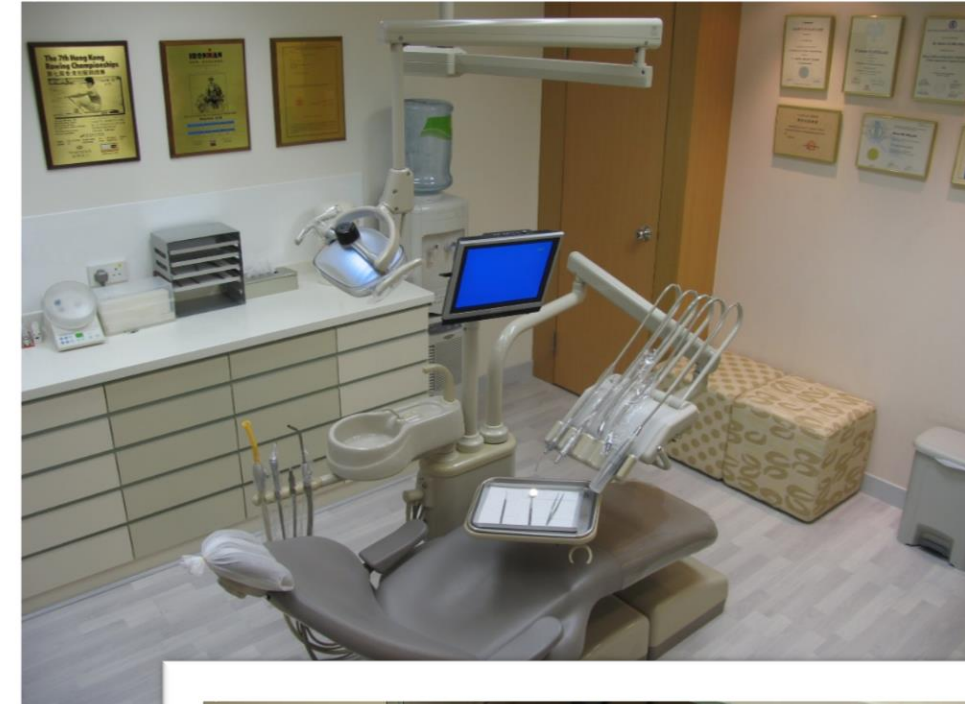
2.2 EQUIPMENT

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[▲]



3

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★⚙

Service Delivery And Care Process

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

36



Infection Control


37

 衛生防護中心
Centre for Health Protection


**Guide to Infection Control
in
Clinic Setting**

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


**Centre for Health Protection
Department of Health**


衛生署
Department of Health

1

 衛生防護中心
Centre for Health Protection

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


衛生署
Department of Health

2

“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 ⭐⚙️▲

Infection Control

Appendix 5a: Disinfection and Sterilization Methods according to Spaulding's Classification

Classification	Examples of Instrument	Level of Processing/Reprocessing	Methods (examples)
Critical Item Enter sterile body cavity or vascular system	<ul style="list-style-type: none"> • Surgical instruments • Biopsy instruments • Implants 	Cleaning followed by: Sterilization <i>Sterilization is a process that completely eliminates or kills all microorganisms & spores</i>	Sterilization <ul style="list-style-type: none"> • Steam Sterilization • Hydrogen peroxide gas plasma • >2.4% glutaraldehyde-based formulations, • 0.95% glutaraldehyde with 1.64% phenol/phenate, • 7.5% stabilized hydrogen peroxide, • 7.35% hydrogen peroxide with 0.23% peracetic acid, • 0.2% peracetic acid, and • 0.08% peracetic acid with 1.0% hydrogen peroxide
Semi-critical Item Contact mucous membranes, or non-intact skin but do not penetrate them	<ul style="list-style-type: none"> • Respiratory therapy equipment • Anaesthesia equipment • Tonometer • Ultrasound endocavity probes: transvaginal/ transrectal • Cryosurgical probes • Endoscopes, • Laryngoscope blades • Proctoscope • Vaginal speculum 	Cleaning followed by: High-Level Disinfection <i>High level disinfection eliminates all microorganisms, except for small number of bacterial spores</i> (Steam sterilization is preferred if the items are heat stable.)	High-Level Disinfection <ul style="list-style-type: none"> • Glutaraldehyde • Hydrogen peroxide solution • Ortho-pathalaldehyde (OPA) • Washer-disinfector that has a high-level disinfection cycle
Noncritical Item Contact intact skin	<ul style="list-style-type: none"> • ECG machines • Oximeters • Bedpans, urinals, commodes • Blood pressure cuffs • Stethoscopes 	Cleaning followed by: Low-Level Disinfection (in some cases, cleaning alone is acceptable) <i>Low level disinfection kills most bacteria, some fungi, and inactivates some viruses but it cannot be relied on to kill resistant microorganisms</i>	Intermediate and Low-Level disinfection <ul style="list-style-type: none"> • Alcohol • Diluted sodium hypochlorite solution • Hydrogen peroxide • Washer-disinfector

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

Steam sterilization - examples

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

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 disinfectant ▲
- 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▲

Infection Control

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 operator's ♦
- 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

55



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

57



Risk Management and Contingency

Company information	Distributor(s) in Hong Kong	Product & Price
<p>Laerdal China Ltd Unit 2101-2103, 21/F Tower 2, Grand Central Plaza 138 Shatin Rural Committee Road Shatin, NT, Hong Kong Tel: 3168 2518 Fax: 3168 2519 Email: sales@laerdal.com.hk</p>	<p>Goodwin Health Care Ltd Room 1103, Wang Lung Ind. Bldg. 11 Lung Tak Street, Tsuen Wan, H.K. Tel: 2408 8838 Fax: 2408 1329 Email: hksales@goodwin.com.hk Contact person: Mr Joseph Ho</p>	<ul style="list-style-type: none"> - Laerdal Adult silicone resuscitator in carton box, complete with adult and child masks, intake/reservoir valve and reservoir bag (HK\$1,380 per set) - Bag II Adult disposable resuscitator with mask no. 4 (HK\$150 per pc) <p><i>Free delivery for order amount of HK\$1,200 or more</i></p>
<p>Ambu Complex Building, No. C 5th floor, Xiang Yu F.T.Z. Xiamen, 361006 China Tel: +86 592 602 5212 Fax: +86 592 602 5390</p>	<p>Ultra Care Company Ltd Unit 8, 7th Floor Eastern Harbour Center 28 Hoi Chak Street, Quarry Bay Tel: 2887 5957 Fax: 2807 0908 Email: sales@ultra-care.com.hk Contact person: Ms Shirra Au Business area: Emergency Care, Airway Management</p> <p>Keymax Technology (HK) Limited Unit 2103, 21/F, Kodak House II 39 Healthy Street East, North Point Tel: 3150 8913 Fax: 3150 8412 Email: info@keymax.com.hk Contact person: Ms Christine Wong Business areas: Patient Monitoring & Diagnostics</p>	<p>MEDICAL EMERGENCY - Emergency Drug Kit</p> <p><u>BVM (Bag Valve Mask) System</u></p> <p>Two common brands are Laerdal and Ambu. Both brands feature single-use and reusable types</p>

Risk Management and Contingency

MEDICAL EMERGENCY - Emergency Drug Kit

	Usage for reference
ADRENALINE Inj.	<i>1/10,000 (1mg in 10ml) (Preloaded syringes)</i>
INDICATION	CARDIAC ARREST
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.	<i>1/1000 (1mg in 1ml)</i>
INDICATION	SEVERE ANAPHYLACTIC SHOCK (especially 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.	<i>3mg in 30ml (Preloaded syringe)</i>
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

	Usage for reference
ASPIRIN Tablets	300mg
INDICATION	CHEST PAIN THOUGHT TO BE DUE TO MYOCARDIAL INFARCTION
ADULT DOSE	300mg
ROUTE	Orally
GLYCERYL TRINITRATE Spray	0.4mg
INDICATION	CHEST PAIN THOUGHT TO BE ANGINA
ADULT DOSE	0.4mg
ROUTE	Sublingual spray
PAEDIATRIC DOSES	Should be scaled on a weight basis
SALBUTAMOL INHALER	
INDICATION	BRONCHOSPASM
ADULT DOSE	Continue “puffs” every 2 minutes until condition improves
ROUTE	By inhalation
PAEDIATRIC DOSES	Should be scaled on a weight basis

Risk Management and Contingency

MEDICAL EMERGENCY - Emergency Drug Kit

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

Risk Management and Contingency

MEDICAL EMERGENCY - Emergency Drug Kit

	Usage for reference
GLUCAGON <i>Inj.</i>	<i>1mg in 1ml</i>
INDICATION	HYPOGLYCAEMIA IN SEMI CONSCIOUS OR UNCONSCIOUS PATIENT
ADULT DOSE	1mg
ROUTE	Intravenously or intramuscularly
PAEDIATRIC DOSES	Should be scaled on a weight basis
HYDROCORTISONE SODIUM SUCCINATE	<i>100mg in 2ml</i>
INDICATION	SEVERE ANAPHYLAXIS (give adrenaline first)
ADULT DOSE	100mg
ROUTE	Intravenously
PAEDIATRIC DOSES	Should be scaled on a weighted basis
CHLORPHENIRAMINE <i>Inj.</i> (Piriton)	<i>10mg in 1ml</i>
INDICATION	MILD TO MODERATE ANAPHYLAXIS
ADULT DOSE	10mg
ROUTE	Intravenously or intramuscularly

Risk Management and Contingency

MEDICAL EMERGENCY - Emergency Drug Kit

Drug		Supplier	Phone no.	Price
Adrenaline <i>Inj.</i>	1/1000 (1mg in 1ml)	Hong Kong Medical Supplier Salesperson: Mr Lun (Mobile: 9349 4816)	2806 3112	HK\$85 (10 pcs per box)
Aspirin	81mg	Edward Keller Salesperson: Mr Raymond Leung (Mobile: 9674 7030)	2895 0888	HK\$120 (84 pcs per box) Remark: Buy 3 get 2 free
Chlorpheniramine <i>Inj.</i>	10mg in 1ml	Star Medical	2370 1183	HK\$14.5 for one pc HK\$1,100 for 100 pcs
Glucagen <i>Inj.</i>	1mg in 1ml	Edward Keller Salesperson: Mr Leung (Mobile: 8202 2100)	2895 0888	HK\$415 per pc
Hydrocortisone (Solu-cortef)	100mg in 2ml	Primal Chemical Co Ltd Salesperson: Mr Lam (Mobile: 9121 9005)	2343 3313	HK\$54 per pc Remark: Buy 10 get 2 free
Isosorbide Dinitrate	5mg	Hind Wing Co Ltd	2541 0909	HK\$40 (100 pcs per box)
	10mg			HK\$250 (1,000 pcs per box) Remark: Buy 1 get 1 free
Midazolam <i>Inj.</i>	5mg in 1ml	Edward Keller	2895 0888	10 pcs per box
	5mg in 5ml			10 pcs per box
	15mg in 3ml			5 pcs per box
Salbutamol Inhaler (available as <i>Ventolin Inhaler</i>)		Zuellig Salesperson: Ms Ho (Mobile: 9722 9298)	2963 8403	HK\$138 per pc

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**

<https://www.orphf.gov.hk/files/ordinance/Briefing%20on%20the%20Private%20Healthcare%20Facilities%20Ordinance.pdf>



END

THANK YOU

Hong Kong Dental Association