

Practice Management Package Appendixes

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APPENDIX A

Details of Permitted Sizes and Measurements of Signboards

I. Signboard

The area of a signboard is taken to be the length multiplied by the breadth of its face, or faces, including all borders.

The areas of any number of visible faces (i.e. can be read from different directions) on the signboards must not in aggregate exceed the permitted maximum size of signboards in that precise location.

Generally permitted

Every registered medical practitioner is permitted to exhibit not more than two signboards on or beside that door which gives immediate and direct access to his surgery. The size of the signboards beside that door must not exceed ten square feet.

Additional signboards permitted

A. For Ground Floor offices with direct access from the pavement

One signboard: The wording of which is visible from the street, exhibited below first floor level.

N. B. For offices in this category, no more than three signboards in total may be exhibited.

B. For offices situated within a building having one public entrance

One signboard: The wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

One signboard: The wording of which is visible from the street, exhibited adjacent to the public entrance to the building.

N.B. For offices in this category no more than four signboards in total may be exhibited.

C. For offices situated within a building having more than one public entrance

One signboard: The wording of which is visible from the street, exhibited at the floor level where the practice is conducted.

Two signboards: The wording of which is visible from the street, exhibited adjacent to a maximum of two public entrances to the building.

N.B. For offices in this category no more than five signboards in total may be exhibited

NOTE:

1. The maximum number of signboards permitted in total includes the number “Generally permitted” plus the number shown under “Additional signboards permitted”.
2. No additional signboard exhibited below First Floor level may exceed ten square feet.
3. No additional signboard exhibited at Mezzanine Floor or First Floor level may exceed thirteen square feet.
4. No additional signboard exhibited at a level above First Floor level may exceed twenty square feet.

II. Directory Boards

Where directory boards are provided in buildings having a number of entrances and lobbies there will be no objection to the use of whatever number of boards are provided. The particulars which may appear on directory boards are those which may appear on signboards. Each entry must conform to the standard size for every other entry on the board.

III. Directory Notices

Directional notices must contain only the name of the registered medical practitioner, the permitted prefix and the room number of his premises. They can be exhibited only inside a building. The numbers which may be exhibited will be left to the discretion of the practitioner, but the guidance given at section 4.2.3.1 of the Code (Professional Code and Conduct for Guidance of Registered Medical Practitioners by Medical Council of Hong Kong November 2000 issue) must be given due consideration.

Directional notices must not exceed one square foot in area and all borders must be included in the calculation.

IV. Notices of Consulting Hours

Every registered medical practitioner is permitted to exhibit one separate notice containing his name and details of his surgery hours provided that this information is not already shown on some other sign. The placement of such a notice is left entirely to the practitioner. However, it is emphasized that only one such notice is permitted and its maximum size, including borders, is limited to two square feet.

Appendix B

Infection control measures (patient triage, PPE)

Patient triage

Triage stations of Out-patient clinics

1. Patients fulfilling the FTOCC criteria – Fever, Travel, Occupational exposure, contact history, and clustering phenomenon should be segregated.
2. Allocate the patient to designated screening area of GOPC according to clinic setting.
3. Inform the suspected patient the risk of transmission and put on surgical mask instantly, if not contraindicated.
4. Advise the accompanying persons to put on appropriate PPE.
5. Inform doctor and nurse, ensure speedy consultation and management.

Personal protective equipment (PPE)

1. There should be sufficient PPE appropriate for the work performed to enable adequate staff protection.
2. Selection of PPE should be based on risk assessment.

Summary of Recommended PPE Usage in Standard Precautions and Transmission-Based Precautions

Precaution		N95 Respirator	Surgical Mask	Goggles/ Face Shield	Gown	Gloves
Standard Precautions			Splashing Procedure	Splashing procedure	Splashing procedure	Touching blood, body fluid, secretion, excretion and contaminated items
Transmission based precaution	Airborne Precautions	Patient care When performing aerosol generating procedures	Place on the patient if transport is necessary			
	Droplet Precautions		Within one meter of patient Place on the patient if transport is necessary			
	Contact Precautions				Substantial contact	Touching infected patient, materials or contaminated items

Detail please take reference to website:

https://www.chp.gov.hk/files/pdf/guide_to_infection_control_in_clinic_setting.pdf

Reference

1. World Health Organization. (2014). Infection prevention and control of epidemic- and pandemic-prone acute respiratory diseases in health care.
2. National Health and Medical Research Council. (2019). Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019).

APPENDIX C

Routine Environmental Cleaning

1. Definition: Routine cleaning refers to regular and conscientious general cleaning and aims to achieve a clean environment.
2. Extraordinary measures do not need to be taken in a general practice environment. Routine cleaning with detergent and water is sufficient for almost all surfaces.
3. Damp wiping of surfaces and damp mopping of smooth floors is the preferred method as dry dusting and sweeping will cause airborne bacteria levels to rise.
4. Cleaning is best accomplished with water, detergents and mechanical action.
5. There should be a documented routine cleaning schedule for use by practice staff and cleaners and if outside contractors are employed, such a schedule should be included in the cleaning contract.
6. A daily cleaning routine should include all bench tops and trolleys, examination and treatment couches, protective eyewear, reusable aprons, sinks, floors, toilets/bathroom, food handling and eating areas.
7. Weekly cleaning should include waiting room and office furniture and waiting room toys. When making up a detergent solution for surface cleaning, strictly adhere to the recommended dilution. All cleaning agents mixed should be discarded at the end of the day. Spray bottles should be emptied at the end of the day, rinsed and left upside down to dry overnight.
8. Buckets, cleaning cloths and mop heads should be stored clean and dry between uses. Sponges do not dry out easily and should not be used.
9. General purpose gloves should be worn when cleaning (protective eye wear and gown as well if there is a risk of splashing).
10. Review the cleaning products (read the labels) available in the practice and try to rationalize them as it is far more cost effective to use one good detergent for all cleaning processes than to spend a lot of money on many similar products. Mild alkaline detergents are preferred over neutral pH detergents in most applications because alkalinity improves the detergent's cleaning efficacy. The product should be in the pH range of 8–10.8.
11. Surfaces should not be left wet as this encourages the growth of microorganisms.

APPENDIX D

“Spills” Protocol

1. A standard precautions policy under which all blood and body fluids are considered potentially infectious should be implemented in all health-care settings.
2. Personal protective equipment should be used, heavy duty gloves are essential, and the use of an apron and protective eyewear may also be indicated.
3. Any blood or body fluid that is split should be dealt with immediately. The area needs to be assessed, and a decision is made as to how the spill is to be removed.

Spills of blood product

- In the general practice setting blood spills are infrequent and usually quite small – less than a few millimeters.
- Spills of this type are best first contained using a blotting action with paper towels to remove all visible contaminants and then cleaned by wiping over with detergent and cool water.
- Spills of larger volumes can be contained by the use of paper towels or granular swimming pool chlorine or absorbent granules. The spill, paper towels/absorbent granules should be placed into a labeled biohazard bag supported in a rigid container. This is followed by cleaning the spill site with 10,000ppm hypochlorite solutions.

Spills of vomitus

- If vomitus is involved, the bulky portion can be picked up between two sheets of cardboard before the use of paper towels or absorbent granules.
- The spill, cardboard sheets, paper towels/absorbent granules is placed into a usual waste bag. This is followed by cleaning the spill site with 1,000ppm hypochlorite solutions.

The area in all instances should be dried before it is used again. This becomes more complex if the spill is on carpet or soft furnishings in the waiting area of the practice in which case the area should be quarantined until dry.

Appendix E

Disinfection

1. Definition: The removal or inactivation of pathogenic microorganisms from inanimate objects or surfaces. Note: The degree of reduction does not meet the requirements of a sterilization process.
2. Disinfection (not a sterilizing process) can be achieved by thermal (hot water) systems and chemical disinfectants.
3. The margin of safety and efficacy of chemical disinfectants able to be used in general practice is very small and so their use should be limited, as detailed below, wherever possible.
4. Sterilization is the preferred process for all reusable instruments and equipment (non-critical, semi-critical, and critical) that can withstand this process regardless of their intended reuse.
5. Pre-cleaning and cleaning **MUST** be performed prior to both thermal and chemical disinfection to reduce the bioburden in order to achieve an effective disinfection process. The cleaning process can be achieved either manually or ultrasonically.
6. If an item cannot be cleaned, it cannot be disinfected.

Thermal (Hot water) disinfection

- Thermal disinfection uses heat and water at temperatures that destroy pathogenic vegetative organisms. When suitable, this is the most efficient and cost-effective method of disinfection. It does not kill all bacterial spores and therefore cannot sterilize instruments.
- Given that thermal disinfection does not achieve sterilization, thermal disinfection can only be used for instruments not intended to penetrate skin, mucous membrane and/or other tissue i.e. low risk (non-critical), and medium risk (semi-critical) items only.
- Thermal disinfection (hot water/pasteurizers) should be used in preference to chemical disinfection.
- For items that are unlikely to contain high numbers of heat-resistant organisms, the following minimum surface temperature–time relationship for thermal disinfection is recommended.
- Instruments should be removed aseptically and placed on a clean or disinfected surface to cool down. At all times avoid any contact between contaminated instruments and the disinfected instruments. (This can be difficult as clean instrument looks the same as one that has been disinfected – sterilization in a package serves to reduce this risk.)

- Careful maintenance and attention to the quality of the water is essential for proper disinfection. Water should be changed daily with clean, distilled, pre-boiled or deionized water.

Surface temperature (°C)	Minimum disinfection time (min)
90	1
80	10
70	100

Chemical disinfection

- Chemical disinfection should only be used when effective thermal disinfection is inappropriate. Sterilization for high-risk (critical) items and thorough, routine cleaning for surfaces and low risk (non-critical) items have largely replaced routine chemical disinfection.
- Chemical disinfection is primarily suitable for medium-risk (semi-critical) items such as thermometers or flexible endoscopes that can be damaged by heat or steam. Chemical disinfectants should not be used for instruments categorized as high-risk (critical).
- Use of disinfectants should be limited to semi-critical items and environmental surfaces.
- For many non-critical items, it has been found that thorough cleaning is at least equally reliable for appropriate infection control compared to soaking in a disinfectant. The use of chemical disinfectants for soaking is problematic because of the risks of contaminating the solution and relying on the chemical rather than thorough cleaning. However, chemical disinfectants do have a place and their correct use will result in lowering of the bio-burden of a surface or item, thus aiding good infection control practices.

Summary of chemical disinfectants

Disinfectants	Properties	Disadvantages
Alcohol	<ul style="list-style-type: none"> • A concentration of 70-90% v/v of alcohol, but not more than 90%, is recommended for use as chemical disinfectant • Reusable earpieces & thermometers that have been thoroughly washed in detergent and dried can be wiped with 70% alcohol and stored dry 	<ul style="list-style-type: none"> • Evaporation may diminish its concentration • No residual action • Inactivated by organic material • May harden rubber and cause deterioration of glues
Glutaraldehyde (Cidex)	<ul style="list-style-type: none"> • Can destroy viruses and bacteria within 4 minutes • Most advisory authorities recommend a 20 – minute soak time for standard situation 	<ul style="list-style-type: none"> • Can cause damage to patient, user, instruments and the environment if proper precautions not instituted
Chlorhexidine	<ul style="list-style-type: none"> • No place in instrument disinfection or storage • Useful as a skin antiseptic 	<ul style="list-style-type: none"> • Contamination by Pseudomonas & other gram –ve organisms is not unusual • Seriously inactivated by many materials including many soaps and detergents
Hypochlorite	<ul style="list-style-type: none"> • Not suitable for instrument disinfection • Useful for cleaning environmental surfaces 	

APPENDIX F

Sterilization

- Definition: A validated process used to render a product free from all forms of viable microorganisms. The nature of microbial death is described by an exponential function and although the probability can be reduced to a very low number, it can never be reduced to zero.
- Sterility can be achieved by steam sterilization under pressure at 121–134°C and by dry heat at 150–160°C, or by large scale systems of ionizing radiation, ethylene-oxide or chemical treatment that are not applicable in office practice.
- A comprehensive sterility assurance program incorporates every aspect of processing including cleaning, packaging, loading the sterilizer, monitoring the sterilization cycle, unloading the sterilizer, storage, distribution and handling to the point of use.

Steam under pressure (Autoclaves)

- Steam under pressure is the most reliable way of sterilizing cleaned instruments and it is recommended for use in general practice. In general practice, the self-contained bench-top sterilizer is most frequently used.
- Sterilizers work by transferring the latent heat of condensation to the microbes on the surfaces of the instruments. This results in coagulation of the microbe's protein structures.

Types of steam sterilizers

1. Portable: Air removal in this type of sterilizer is by a relatively slow process relying partly on displacement of the air by steam, and partly on mixing of chamber air with steam generated by water boiling within the chamber. Air is gradually removed as the air/steam mixture is continually being released via the chamber drain line back to the sterilizer's internal water reservoir during the air removal phase of operation.
2. Assisted air removal, portable: Air removal in this type of sterilizer is like that described in 1 above but is greatly assisted by several positive steam pressure excursions followed by release of pressure nearly to atmospheric pressure during the air removal phase of operation of the sterilizer.
3. Pre-vacuum, portable: Air removal in this type of sterilizer utilizes one or more vacuum stages together with positive excursion(s) of steam under pressure. The utilization of chamber

pressures below atmospheric pressure, 'vacuum' defines this type of sterilizer as a pre-vacuum steam sterilizer and different approaches to sterilizer design, testing and routine monitoring of machine function become necessary. Currently these include leak rate test, Bowie Dick type air removal test, and air detector function and performance tests.

1. Procedures

Thorough cleaning of instruments → packing of instruments → loading of instruments into the autoclave → sterilization → unloading → storage of sterilized items

2. Packaging of instruments prior to sterilization

- Aim to provide an effective barrier against sources of potential contamination in order to maintain sterility and to permit aseptic removal of the contents of the pack
- Packages and/or wrapped items must be completely dry prior to opening the door, otherwise sterility is compromised (If a wrapped item emerges from the sterilizer wet, it cannot be considered sterile)
- Unpackaged items do not remain sterile and therefore cannot be stored for later use in sterile procedures (even if stored inside the sterilizer) but can be used immediately
- Sharp instruments may perforate the material. Tip protectors which allow exposure to steam are available.
- Instruments should be open and unlocked.
- Mixed packs containing instruments, gauze and a small amount of material for a sterile field are acceptable provided they are validated.
- Hollow items such as bowls and kidney dishes should be packed with the open side against the paper if laminated packaging is used so that steam is not later trapped by the plastic.
- Do not use pins, staples, string or non-adhesive tape to seal packages.
- If using laminated rolls or pouches which require heat sealing the plastic side should be closest to the heat source when being sealed.

3. Loading

- Bench top portable sterilizers that are typically used in general practice eliminate the air inside the chamber by displacing it with steam. The air inside the sterilizer chamber and the load

must be removed by the incoming steam so that the pressure inside the chamber is entirely due to steam. Any residual air will contribute to the total pressure, making the ‘steam’ pressure registered by the gauges inaccurate and thereby compromising the sterilization process. This means that cylinders or boxes with lids that will trap air cannot be sterilized in these sterilizers.

- In sterilizers with a drying cycle, items sealed in laminate (paper/plastic) packaging or pouches must be positioned on their edge to enable air removal and steam penetration. Care needs to be taken when loading the sterilizer that the steam can circulate effectively and that all surfaces are accessible and exposed to the steam. Suitable racks to separate packaging work very well.
- Care must be taken not to overload trays. Ensure adequate space to allow steam circulation. Items should be placed on perforated or mesh trays. ‘Toast’ racks can be used to evenly separate small instrument packs. Items to be sterilized in a sterilizer without a drying cycle must not be wrapped. Bowls, kidney dishes, jugs etc. should be tilted on their edge to allow the steam to displace the air and also to allow drainage of condensate. If drapes are being sterilized, position them on their edge to provide the least resistance for the passage of steam.
- General rules to follow when loading the sterilizer:
 - All items should be neatly packed ensuring adequate space between each item to allow air removal and steam penetration. Items should not be crushed together.
 - The sterilizer should be loaded in a manner that prevents items touching the floor, top or walls of the chamber.
 - Hollow items should be positioned on the edge.

4. Unloading

- **Sterilizers with a drying cycle** – Once the cycle is completed, the contents of the chamber should be removed and visually inspected to ascertain that the load is dry, the packaging is intact and the indicator(s) have changed color. Directly after the sterilizing process, items are vulnerable to recontamination by moisture or improper handling. Hot or warm items must not be placed on a solid surface as this may cause condensate to form. Allow items to cool inside the chamber or on a cooling rack; a mesh cake rack can be used for this purpose. Any items that are dropped, torn, wet, have broken seals or the chemical indicator on the packaging has

not changed color, should be considered as contaminated and reprocessed – that is, they must be re-packaged before sterilization.

- **Sterilizers without a drying cycle** – On completion of the cycle, the door of the sterilizer should be opened, color change of the chemical indicator noted and items allowed to cool. Items should be used as soon as they are cool enough to be handled to reduce the possibility of recontamination. Items sterilized in this way cannot be stored either dry or in the sterilizer or left soaking in an antiseptic ‘bath’ and used later as ‘sterile’.

5. Sterilization time

- Whenever the sterilizer is used, the operator should ensure that the recommended time at temperature and pressure is maintained.
- The ‘holding time’ does not include the time taken for heating the load to the desired temperature (penetration time). Wrapped items will have a longer penetration time than unwrapped loads and hence a longer sterilization time.
- The penetration time is often preset by manufacturers
- Total processing time = Penetration time + Holding time + Safety factor

Temp (°C)	Pressure			Holding Time (Min) Plus safety factor
	KPa	Psi	bar	
121	103	15	1	15
126	138	20	1.4	10
132	186	27	1.8	4
134	206	30	2	3

(Modified from Australian Standard AS4187)

6. Monitoring of the Sterilization Cycle

- Monitoring of sterilization cycles can be best accomplished by a combination of several distinct methods and recorded in a log.
- Methods of monitoring:
 - (1) Mechanical / physical:
 - Time and temperature monitoring, either manually or by automatic printout or computerised data logger

(2) Chemical indicators:

- Often incorporated on the ready-made pouches and packages for wrapping instruments
- In the form of stripes and shapes that changes colour. Chemical indicators merely provide a visible indicator that the conditions required to achieve sterilisation, such as time temperature and pressure, have been met.

Class 1 – process indicators

Class 4 – multi-parameter indicators

Class 5 – integrating indicators

Class 6 – emulating indicators (cycle verification indicators)

(3) Biological / enzymatic indicators

- Monitor the actual effectiveness of the sterilisation process, which is intended to kill all microbes, including spores. The spores chosen for biologic monitoring must be appropriate for the method of sterilisation being monitored. *Bacillus stearothermophilus* spores are preferred for autoclaves.
- The biological/ enzymatic indicators are placed together with the instruments to be sterilised inside the pack. After the cycle is complete, the spores are then incubated along with an un-sterilized control. Traditionally, commercially prepared biologic indicators require an incubation time of 24 to 48 hours prior to reading. Nowadays, the use of enzymatic indicator of a spore-bound enzyme offer much quicker reading.

7. Frequency of monitoring

- Mechanical and Chemical monitoring are recommended for each cycle of sterilization
- Biologic monitoring is recommended for at least once per week according to the Canadian Guideline.

8. Maintenance of the autoclave

- Routine servicing by practice staff according to manufacturer's instructions,
- Cleaning of the autoclave's trays and racks and regular calibration is needed
- Twelve-monthly servicing and calibration by a qualified technician is necessary and evidence of this maintenance should be retained.

Dry Heat Ovens

- Seldom used in Hong Kong
- Sterilization time:

Temp (°C)	Holding time (Min)
160	60
170	40
180	20

- Monitoring and maintenance are similar to autoclaves.

Appendix G

Private Healthcare Facilities Ordinance

Clinic

- Under the “Private Healthcare Facilities Ordinance” (Cap. 633) (the Ordinance), clinics are premises used by registered medical practitioners or registered dentists to provide private medical services without lodging, and continuous confinement of patients within the facility not exceeding 12 hours.
- The key difference between a clinic and a “Day Procedure Centre” (DPC) is that, apart from providing general clinic services and “Minor Medical Procedures”, “Scheduled Medical Procedures” specified under the Ordinance should not be carried out in a clinic. *

Application for Clinic Licence

- Except for “Small Practice Clinics” (SPCs), all clinics must apply for a license.
- A facility meeting the requirements of an SPC may request a letter of exemption.

The Responsibilities of the Licensee of a Clinic

- The licensee is wholly responsible for the operation of the clinic.
- Ensuring that the clinic complies with the requirements of the Ordinance, licensing conditions and the “Code of Practice for Clinics”;
- Appointing a “Chief Medical Executive” (CME) for the clinic.

The Responsibilities and Requirements of the CME of a Clinic

- The CME is responsible for the day-to-day administration of the clinic.
- The responsibilities of the CME include adoption and implementation of rules, policies and procedures concerning healthcare services provided in the clinic.
- For a clinic with medical practice, the CME must be a registered medical practitioner. If the clinic also provides dental practice, the licensee must also appoint a registered dentist to assist the CME in carrying out the day-to-day administration of the dental practice.
- For a clinic with only dental practice, the CME must be a registered dentist.

Validity Period of a Clinic License

- Under normal circumstances, the license of a clinic is valid for 5 years and the license of a Scheduled Clinic listed in Schedule 6 of the Ordinance is valid for 1 year.

Small Practice Clinic (SPC)

- An SPC is a clinic operated only by registered medical practitioner(s) or by registered dentist(s). Whether they are operated under sole proprietorship, partnership or a company, except for the sole proprietor, partners or directors, no other medical practitioners or dentists serve the clinic.
- To meet the definition of an SPC, the following three conditions must be met:
 1. The number of medical practitioners or dentists
 2. The right to use the premises
 3. The locum arrangement must also be met.

For details, please refer to

https://www.orphf.gov.hk/files/file/clinic_exempt_leaflet_eng.pdf

Request for Letter of Exemption for SPCs

- The operator of SPC may request a letter of exemption from licensing.
- Whether operating an SPC under a sole proprietorship, a partnership or a company, each registered medical practitioner or registered dentist may request **for exemption for up to 3 SPCs at the same time.**
- The operator is required to apply for a license for the 4th and each of the subsequent clinics.
- A “Scheduled Clinic” is required to apply for a license. There is no exemption arrangement.

Table: License requirement for Clinic and Small practice clinics

	Clinics	Small Practice Clinics
1. License	1 license for ≥ 4 clinics	Exempted if ≤ 3 clinics
2. Validity	5 years 1 year for scheduled clinic	N/A
3. Licensee	Yes	No. Operator instead
4. Chief Medical Executive (CME) appointment	Yes	No
5. Need to establish Medical Advisory Committee (MAC)	<i>Yes if ≥ 4 clinics</i>	<i>No</i>

* Minor Medical Procedures” are medical procedures which are not “Scheduled Medical Procedures”. (Please refer to Section 2 of the Ordinance on the interpretation of “Minor Medical Procedures” and Column 3 of Schedule 3 to the Ordinance.)

Reference:

Private Healthcare Facilities Ordinance Other information

Small Practice Clinics https://www.orphf.gov.hk/files/file/clinic_exempt_leaflet_eng.pdf

Private Healthcare Facilities Ordinance Clinics

https://www.orphf.gov.hk/files/file/clinic_lic_leaflet_eng.pdf

Appendix H

Telemedicine

Essential step for telemedicine

1. **Utilize a secure platform** (e.g., a platform that requires a password to log in or a phone with step verification identity) for telemedicine consultations.¹

2. **Establish a credible doctor-patient relationship**²
 - a. Doctor and patient should be able to reliably identify each other.³
 - b. An in-person consultation prior to teleconsultation is advisable but not mandatory.⁴
 - c. If a teleconsultation is conducted without a prior in-person consultation, the doctor must take appropriate steps to establish a credible doctor-patient relationship with the patient before practicing telemedicine.⁵
 - d. For mental incapacitated patients or children, it is not advisable to establish a doctor-patient relationship solely by identifying the guardian. Proper identification of the patient is necessary, even if the patient is a minor or lacks the capacity to understand the nature and implications of the proposed treatment or provide informed consent due to reasons such as loss of consciousness, lack of mental capacity, or intelligence.⁶

3. **Obtain (Verbal) consent for telemedicine from the patient**
 - a. Provide proper informed consent by explaining all necessary information regarding the telemedicine interaction to the patient in a clear and understandable manner. This includes how telemedicine works, its limitations and adequacy to meet the desired standard of care, other suitable alternatives available, privacy concerns, the possibility of technological failure including confidentiality breaches, protocols for contact during virtual visits, prescribing policies, and coordinating care with other healthcare professionals.⁷

¹ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 34.

² Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No.15.

³ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No.17.

⁴ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 16.

⁵ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 16.

⁶ Cf The Medical Council of Hong Kong, Questions and Answers to the Ethical Guidelines on Practice of Telemedicine. No. 5.

⁷ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No.23.

- b. If a physical examination is likely to add critical information, the doctor should not proceed until a physical examination can be arranged.⁸

4. Ensure appropriate licensure

- a. A doctor who treats or prescribes through telecommunication systems must ensure that they possess appropriate licensure in all jurisdictions where patients receive their medical services.⁹
- b. If the doctor is only registered as a medical doctor in Hong Kong, they need to ask whether the patient is in Hong Kong. If not, it is necessary to reschedule the consultation for when the patient is in Hong Kong.¹⁰

5. Maintain medical records for telemedicine consultations¹¹

6. Exercise caution regarding drug delivery

Dispensation of dangerous drugs to a patient through a third party, such as a courier, as it may be in breach of the Pharmacy and Poisons Ordinance, Cap. 138, Laws of Hong Kong.¹²

⁸ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 24.

⁹ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 14.

¹⁰ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 14.

¹¹ Cf The Medical Council of Hong Kong, Ethical Guidelines on Practice of Telemedicine, No. 13, 29.

¹² Cf The Medical Council of Hong Kong, Questions and Answers to the Ethical Guidelines on Practice of Telemedicine. No. 11.

Appendix I

Waste Management

2 main types: Clinical waste and General waste.

Clinical waste:

- The clinical waste control scheme is effective in Hong Kong, as under the Waste Disposal Ordinance and the Waste Disposal (Clinical Waste) (General) Regulation, since 1 August 2011.
<http://www.epd.gov.hk/epd/clinicalwaste/nonflash/eindex.html>
- Clinical Waste: from medical premises or laboratory; has the potential to cause disease/ cuts and needle-stick injuries to, people at the workplace, cleaners, waste handlers, and the general public. Examples: discarded sharps, laboratory waste, animal and human tissue, blood, swabs and dressing.
- Examples of major clinical waste producers:
Hospitals, government clinics, nursing homes (including dialysis center)
- Examples of small clinical waste producers:
Private medical and dental clinics, medical laboratories, residential care homes/ elderly homes, universities with medical teaching or research
- Code of practice for major/ small clinical waste producers available:
<http://www.epd.gov.hk/epd/clinicalwaste/nonflash/english/best/practices.html>
 - ♦ Segregation, packaging, labelling:
Leak-proof, yellow/ red containers/ bags for respective types of clinical wastes, label with clinical waste symbol, tag showing the waste producer's name /address/ date of sealing.
 - ♦ Storage:
Well partitioned area or cupboard, warning sign
 - ♦ Collection and transportation:
By waste producers themselves, or through licensed waste collectors. Record keeping: for 12 months from the date of consignment/delivery.
 - ♦ Staff training:
Planning, supervision and training: to prevent danger or injury to staff and public;

prevent nuisance to neighbourhood.

General waste:

- Other than clinical waste defined as above.
- Include: office waste, kitchen waste, urine, faeces, teeth, hair, nails, sanitary napkins, tampons, disposable nappies, used tongue depressors, disposable vaginal speculum, cervical cytology spatulas and non-hazardous pharmacological waste.

APPENDIX J

Needle Stick Injury & Blood/Body Substance Occupational Exposure Management Protocol

The blood and body substances of all people are potential sources of infection regardless of diagnosis or perceived risk.

<i>Types of Accidents</i>
<ul style="list-style-type: none"> • Injury from a needle or sharp that has been in contact with blood or other body substances • Blood or body substance in eyes/nose/mouth • Blood or body substance on non-intact skin

<i>Classification of Exposures</i>	
Percutaneous exposure to blood	<p><i>High risk:</i></p> <ul style="list-style-type: none"> • BOTH exposure to a large volume of blood (e.g. deep injury with a large diameter hollow needle previously in the source patient's vein or artery) AND • Exposure to blood containing high titers of HIV, hepatitis B or hepatitis C <p><i>Low increased risk:</i></p> <ul style="list-style-type: none"> • NEITHER exposure to a large volume of blood • NOR exposure to blood with high titers of HIV, HBV, HCV
Mucous membrane exposure	Exposures to eyes or mouth involving blood, fluid containing visible blood or other potentially infectious fluids
Significant skin exposure	Exposures of non-infectious skin involving blood, fluid containing visible blood or other potentially infectious fluids
Other exposure	Percutaneous, mucous membrane or cutaneous exposures to non-blood-stained urine or saliva

1. Following a needle stick injury or other exposure to a body substance:
 - Clean / decontaminate
 - Skin: wash with soap and water
 - Mouth, nose, eyes: rinse well with water or saline.
 - The wound should then be disinfected and appropriately dressed

2. Report on the incident to a medical practitioner or infection control nurse:
 - Time of the incident
 - How the incident happened
 - The kind of sharp object / instrument that caused the injury
 - Amount of the source patient's blood/body fluid on the sharp, or splashed on the staff
 - The personal protective equipment (if any) the staff was using

 - *If the source of the sharp/blood/body fluid is not known, document 'source patient not known'.*
 - *If the incident occurred during a procedure, you must document whether or not, after the injury, any of your blood went into the patient or onto instruments that were then used. If the patient has been exposed to your blood from the injury, then you also have a duty of care for the patient.*

3. Obtain informed written consent from the source patient for testing hepatitis B, hepatitis C and HIV.
 - The source patient's confidentiality must be maintained.
 - Reassure the source patient that he/she is not responsible for the accident and that he/she has not been exposed.
 - Explain to the source patient that you want to do the tests because:
 - Every health care facility follows this protocol after the exposure of a health care worker to blood or body fluids
 - All source patients are asked to be tested, there is no discrimination, and you have a duty of care to the exposed person.

 - *Most patients will agree to a blood test if they are approached in a sensitive manner.*
 - *Ask the source patient if they are prepared for possible psychological and social consequences if their blood test is positive for HIV or hepatitis B or hepatitis C.*

The injured staff and the source patient can be referred to accident & emergency department, or staff clinic (as applicable) for the following procedures:

4. Ask the source patient about at-risk activities, especially in the past 6 months:
 - Unprotected sexual intercourse
 - Sharing needles, or tattoos, or body piercing
 - Sharing razor blades, or sharing toothbrushes

- Another person's blood on his/ her mucous membranes (eyes or mouth or nose)
 - Another person's blood on his/her non-intact skin (cuts, abrasions, dermatitis, eczema, acne, tinea)
 - Previous blood transfusion, especially before 1990 (for hepatitis C)
5. Ask the source patient has he/she ever been told that he/she has HIV or hepatitis B, or hepatitis C. Inform the source patient that, if he/she has had at-risk activities, a blood test might not show it until 3–6 months after the at-risk activity.
 6. Have the source patient's blood tested as soon as possible.
 7. Obtain informed consent from the injured staff for testing hepatitis B, hepatitis C and HIV
 - Verbal consent is considered appropriate
 - These 'baseline' tests establish whether the injured staff has previously acquired an infection from other exposures or at-risk activities.
 - Confidentiality must be maintained
 - The injured staff may choose to have these tests performed at a different clinic or at different hospital's accident & emergency department, or at a STD clinic.
 - Advise the injured staff to practice 'safer sex' (use condoms) until their results, the source patient's results and risk history have been reviewed.
 8. For HIV:
 - if the source patient's HIV results will not be available within 24 hours, AND
 - the source patient is likely to be positive or in the window period, OR
 - it was a high-risk injury from an unknown source**chemoprophylaxis** should be commenced, and then reassessed when test results become available.
 - Otherwise check anti-HIV stat, 3- and 6-months post injury.
 9. For hepatitis B
 - If the injured staff serological status is known:

Status of the injured staff	Action
Documented HBsAg +ve	Counsel on management on HBV carrier status
Documented HBsAg -ve and Anti-HBs +ve	No further action needed

- If the injured staff's serological status is unknown, check HBsAg and Anti-HBs, review at earliest convenience e.g. the next day:

Status of the injured staff	Action	
Anti-HBs –ve; no HBV vaccination before	Source patient HBsAg +ve OR high risk / unknown status	HBIg (0.06 mL/kg) IMI one dose, preferably within 24 hours of exposure (should be within 7 days), AND, at the same time, 1st dose of a full course of HBV vaccine at a different injection site.
	Source patient HBsAg –ve	Full course of HBV vaccine
Anti-HBs –ve; AND non responder / hypo- responder to Hepatitis B vaccination (Anti-HBs <10 after two full courses of HBV vaccinations)	Source patient HBsAg +ve OR high risk / unknown status	HBIg (0.06mL/kg) IMI, 1 st dose as soon as possible (should be within 7 days); 2 nd dose one month later
	Source patient HBsAg –ve	No further action needed

10. For hepatitis C:

- If the injured staff is known anti-HCV positive, refer to medical specialist for early assessment and management.
- Check both HCV RNA and anti-HCV:
 - If HCV RNA is positive and anti-HCV is negative, it indicates acute HCV infection and should be referred to medical specialist early for antiviral treatment.
- If HCV RNA testing not readily available, check anti-HCV immediately and again 6 months post-injury, however, if the source patient is known to be anti-HCV positive or high risk e.g., IV drug use OR high-risk exposure: check anti-HCV immediately, then anti-HCV, HCV RNA, and LFT at 6-8 weeks post-injury.
- The injured staff should be called back early for management if the blood test result was abnormal. Otherwise, can review the results with the injured staff 5 weeks later.
- Repeat anti-HCV 6 testing months post-injury.
- If the source patient is HIV-positive, due to the potential for a suboptimal immune response in HIV-positive victims, further monitoring of anti-HCV status in the injured staff should be conducted 12 months post-injury.

11. If the sharp object / instrument causing the injury had been in rubbish or on the floor, review the injured staff's tetanus vaccination status, offer vaccination (tetanus toxoid) as necessary.
12. The exposed practice worker must be referred for immediate consultation with an infectious disease specialist
 - If the injury is classified as high risk, or
 - If the source patient has had at-risk activities, OR
 - If the source patient has a positive blood test.

References

1. Recommendations on the Postexposure Management and Prophylaxis of Needlestick Injury or Mucosal Contact to HBV, HCV and HIV. Centre for Health Protection. January 2014.
2. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep. 2018 Jan 12;67(1):1-31. doi: 10.15585/mmwr.rr6701a1. PMID: 29939980; PMCID: PMC5837403.
3. Management of Needle stick Injury or Mucosal Contact with blood or Body Fluid. A&E COC Apr 2024
4. Management of Sharp Injury and Mucosal Exposure to Blood and Body Fluid in Health Care Workers. CCIDER Mar 2014
5. Testing of source patients after potential exposure of health care personnel to hepatitis C virus — CDC guidance, United States, 2020* <https://www.cdc.gov/hepatitis-c/media/pdfs/HealthCarePersonnelExposedToHCV-Algorithm.pdf>

APPENDIX K

Handling and Disposal of Sharps

- Safe use and disposal of sharp articles and instruments is necessary to prevent injury and the possible transmission of disease to those who handle discarded materials.
- Sharps includes needles, scalpel blades, ampoules, broken glass, sharp, plastic items and single use punch biopsy equipment.
- Scalpels and needles should be passed in a rigid container or kidney dish if required during procedures if an assistant is used.
- Needles must not be recapped (unless this can be carried out by a safe method with specifically designed equipment), removed from disposable syringes, or broken or bent by hand after use because these manoeuvres can cause skin puncture.

Sharps Container

- All disposable sharp articles and instruments must be placed into an approved disposable sharps container immediately after use or at the end of each procedure.
- Sharp containers are yellow, made from puncture resistant material and show a bio-hazard sign. They should be placed in all areas where sharps are generated.
- Care should be taken in the placement of sharp containers so that children cannot reach them under any circumstances. They must not be located on the floor as children can be injured by putting their hands inside.
- Items must not be forcefully inserted. Otherwise, they may puncture the container.
- Containers should not be filled past the three-quarter level (the red line). Once this level is reached they should be sealed and stored securely prior to disposal.
- Items inadvertently dropped in sharps container should not be retrieved.

Note:

If practice staff finds a sharp that has not been discarded into a sharps container, e.g., a needle or blade on the floor or in a rubbish bag, they must:

- use appropriate care to pick up and correctly dispose of the sharp
- report the incident to the practice manager or principal doctor, describing the type of

sharp and the place it was found. Incidents of incorrect disposal of sharps should be investigated, with the aim of preventing such incidents from recurring.

APPENDIX L

Procedures of Proper Dispensing

Pharmacist or dispenser is advised to follow the “3 checks 5 rights principles” before any drug is going to be dispensed:

1st Check: Checking **BEFORE** taking the medication out from the container

2nd Check: Checking **AFTER** removing the medication from the container

3rd Check: Checking of the medication **against the container** before dispensing

1st Right: Right **PATIENT** — Patient’s name and Drug allergy

2nd Right: Right **DRUG**

3rd Right: Right **DOSE**

4th Right: Right **ROUTE**

5th Right: Right **TIME** — time of administration

Note:

Should pharmacist/dispensers have any doubt during the course of the dispensing procedure, they should withhold drug dispensing until verified by the doctor who writes the prescription.

APPENDIX M

Vaccine Storage

The cold chain is the system of transporting and storing vaccines within the safe temperature range of +2° C to +8° C

The cold chain begins from the time the vaccine is manufactured, moves through to the state or territory vaccine distribution centres and ends when the vaccine is administered

Vaccines must be stored and transported at all times within the recommended temperature range of +2° C to +8° C

Purpose-built vaccine refrigerators (PBVRs) are preferred for vaccine storage in medical clinics. PBVRs have following characteristics:

- **Electronic system to monitor and control the cabinet temperature within a precise range**
- **The air circulation system is built to enable uniform cabinet temperature distribution, and rapid temperature recovery after door opening**
- **Lockable doors**

Domestic refrigerators are not recommended for vaccine storage because:

- Temperature varies significantly every time the door is opened
- Cabinet temperature is easily affected by ambient temperature
- Temperature setting is crude and inaccurate

Management of Cold Chain Problems

Power failure

- Monitor the temperature of the refrigerator. If vaccines are at risk, use alternative storage arrangements.

Cold Chain Breach

1. Immediately isolate the vaccines until you have been in touch with the relevant vaccine manufacturer /drug company
2. Keep vaccines refrigerated between +2 °C & +8 °C and label “DO NOT USE”

3. Do not discard any vaccine until advice has been sought from the vaccine manufacturer or drug company
4. If the affected vaccines were administered, follow up the concerned recipients promptly, and assess the need for revaccination.
5. Take appropriate steps to correct and prevent cold chain breach

Suggested reading:

- VSS 2024/25 Doctors' Guide – Requirements on vaccine storage and handling under VSS. Chapter 6 – Requirements on vaccine storage and handling under VSS. https://www.chp.gov.hk/files/pdf/vssdg_ch6_vaccine_storage_and_handling.pdf

Appendix N Expired Medication Disposal

Recommended reading:

A Guide to Chemical Waste Control Scheme, Environmental Protection Department, Hong Kong, October 2016

https://www.epd.gov.hk/epd/sites/default/files/epd/english/environment/nhk/waste/guide_ref/files/guide_e.pdf

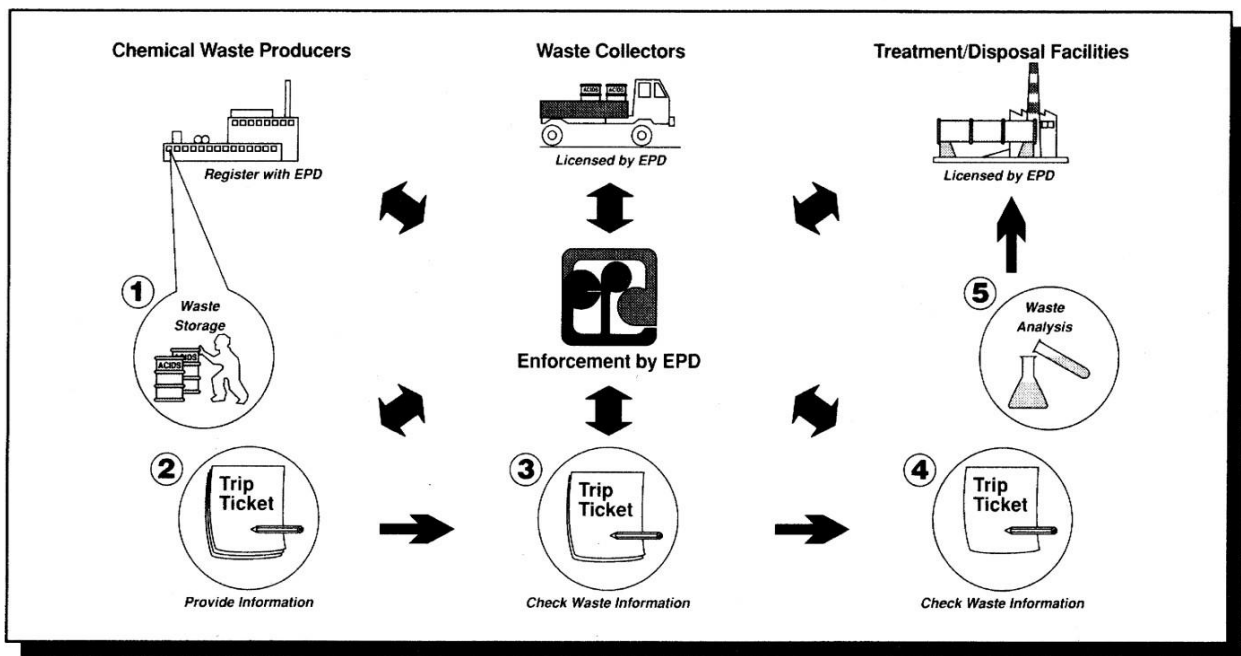


Figure 1 – “Cradle to grave” controls on Chemical waste

CHEMICAL WASTE 化學廢物	
<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <p>符號 Symbol</p> </div> </div>	<p>Chemical name/Common name 化學名稱或普通名稱</p> <p>Waste type and Code 廢物種類及代號</p> <p>Particular Risks 危險情況</p> <p>×</p> <p>×</p> <p>×</p>
<p>Name, address and Telephone No. of Waste producer 廢物產生者姓名、地址及電話</p>	<p>Safety Precautions 安全措施</p> <p>×</p> <p>×</p> <p>×</p>

Figure 2 – Design of Label for Chemical Waste

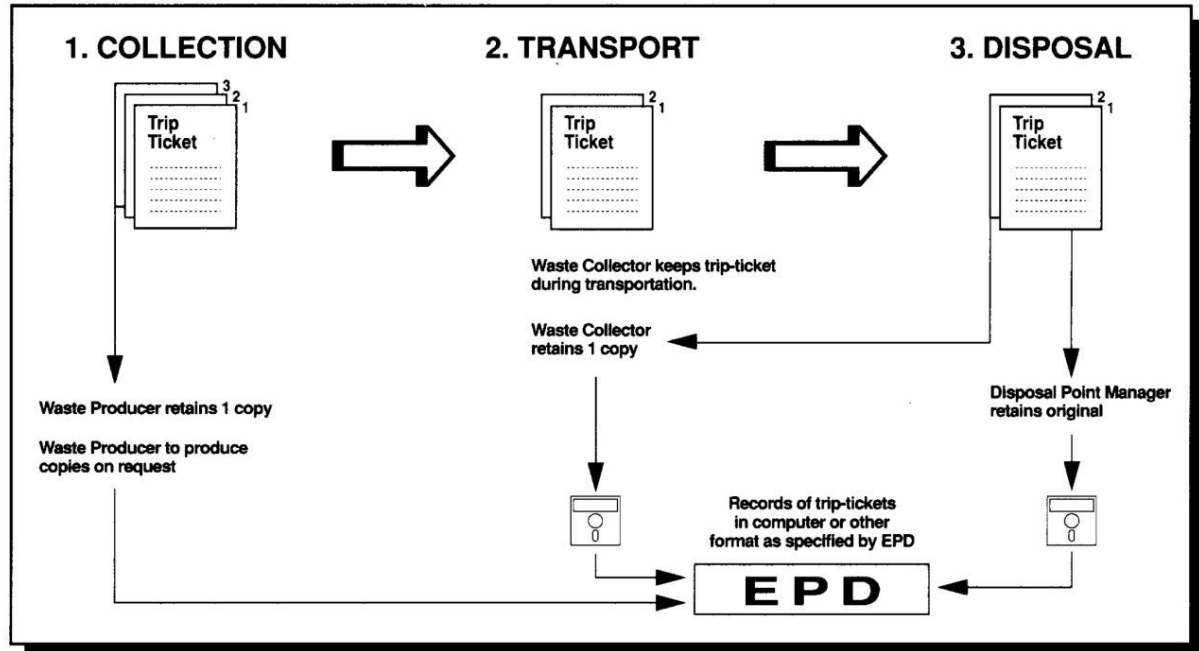


Figure 3 - The Trip-Ticket System for Tracking the Consignment of Chemical Waste

Further reading:

A Guide to the Registration of Chemical Waste Producers, Environmental Protection Department, Hong Kong, October 2016

https://www.epd.gov.hk/epd/sites/default/files/epd/english/environmenti/nhk/waste/guide_ref/files/wpreg_e.pdf

Appendix O

Legal Requirement of Dangerous Drugs Management

Recommended reading:

Hong Kong legislation

Cap. 134A Dangerous Drugs Regulations

3 Requirements with respect to prescriptions

4 Marking of packages and bottles

5 Keeping of register or other records

6 Requirements as to registers

7 Preservation of documents

First Schedule Form of Register

https://www.elegislation.gov.hk/hk/cap134A?xid=ID_1438402701651_002