

Distribution of DPCs in Hong Kong

Territory-wide Survey on Private Healthcare Facilities (2017)

Type of PHFs	Projected No. (%) of PHFs	
Clinic	5 000 (90.9%)	
DPC	500 (9.1%)	
Total	5 500 (100%)	

Note:

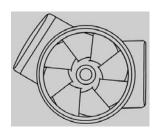
PHFs – Private Healthcare Facilities

DPC - Day Procedure Centre

Observation:

Majority of DPCs are agglomerated in office buildings in central business districts

District	% of DPCs	Regional Total (DPC)	
Central and Western	33.2%	Hong Kong	
Wan Chai	12.0%	Hong Kong Island	
Eastern	0.5%	45.7%	
Southern	0.0%	45.770	
Yau Tsim Mong	43.5%		
Kwun Tong	2.7%	WI	
Sham Shui Po	1.6%	Kowloon 48.9%	
Kowloon City	1.1%	40.970	
Wong Tai Sin	0.0%		
Tsuen Wan	2.2%		
Kwai Tsing	1.1%		
Islands	0.5%		
North	0.5%	New Territories	
Sha Tin	0.5%		
Tai Po	0.5%	5.4%	
Sai Kung	0.0%		
Tuen Mun	0.0%		
Yuen Long	0.0%		
Total	10	0%	



Assessment of DPCs in Commercial Buildings

Healthcare Engineering Assessment on Office-based DPCs with Operating Rooms (2018)

Facility Provisions	Purpose-built Operating Room meeting internationally acceptable standards	General observations for Office-based DPC w/ Operating Room (OR)
Mechanical Ventilation and Air-conditioning (MVAC)	Based on international standard for healthcare facilities e.g. Health Technical Memorandum (HTM,UK), ASHRAE#1(USA)	Office standard
Ventilation for OR (Day-case)	HTM 03-01 : 15 air changes per hour (ACH)#2 ASHRAE 170 : 4 ACH (Outdoor) : 20 ACH (Total)	 Recirculated air purifier with high-efficiency particulate air (HEPA) filter may be installed Fresh air supply < 4 ACH Total air change < 20 ACH
Pressure gradient (Δp) for OR	Positive (relative to OR adjacent area) [HTM & ASHRAE] Nil / Not known	
Backup Power Supply	Backup supply should be available for critical care areas [HTM 06-01]	 Only for FSI backup and public lighting Equipment backup by uninterruptible power supply (UPS) / internal batteries

^{#1} American Society of Heating, Refrigerating and Air-Conditioning Engineers

^{#2} Airflow in volume units per hour divided by the volume of the space on which the air change rate is based in identical units

Assessment of DPCs in Commercial Buildings

Study on Facility Information in Commercial Buildings with DPCs (2019)

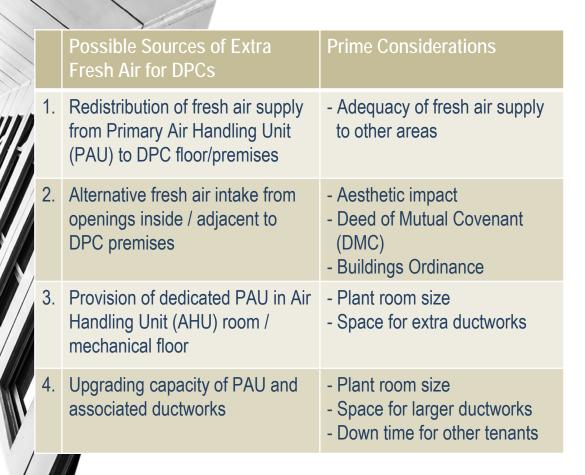
Facility Information of Commercial Buildings with DPCs	Availability (%) *	General Observations from on-site visits
Layout plans / as-built drawings	94.7%	Available and accessible
Data on Mechanical Ventilation and Air-conditioning (MVAC)	84.2%	Normally available in different levels of detail: - Dedicated fresh air supply or mixed w/ recirculated air - Flow rate of Primary / Air Handling Unit only; or - Flow rate of each Variable Air Volume box
Provision for Air Extraction (apart from toilet extraction)	52.6%	Some available via ductwork or exhaust louver
Alterative Source of Fresh Air	78.9%	 Window / curtain wall opening normally available for air intake / exhaust May require permission from property management Stand-alone PAU is occasionally available
Provision of Backup Power for Non- Fire Service Installation	52.6%	Normally absent except for public lightingnon-FSI generator set is occasionally available
Emergency Transfer Measures	100%	Normally pre-arranged for special lift service

^{*} Interim results based on 19 returns from 27 commercial buildings as of November 2019

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Assessment of DPCs in Commercial Buildings

Possible arrangements for getting extra fresh air

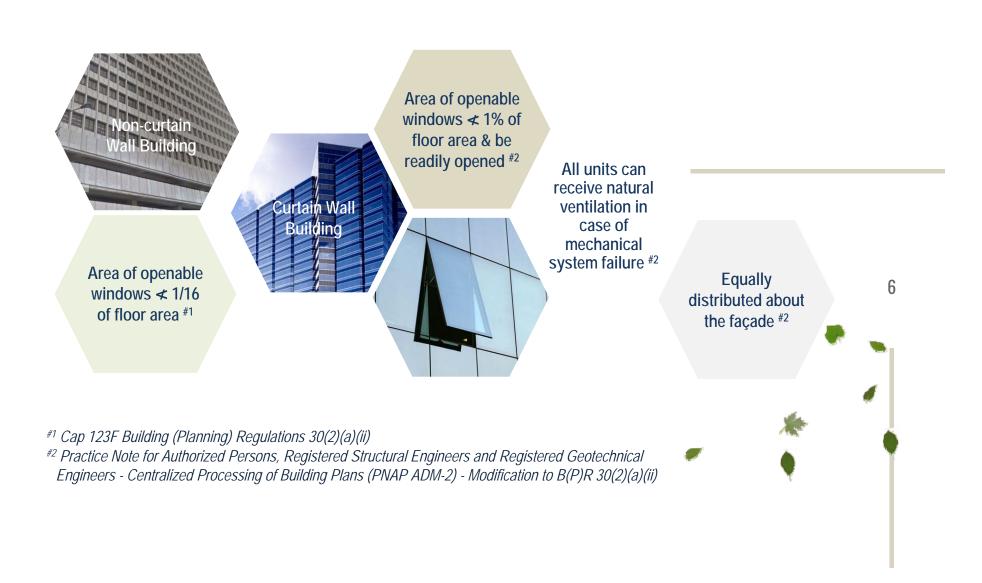


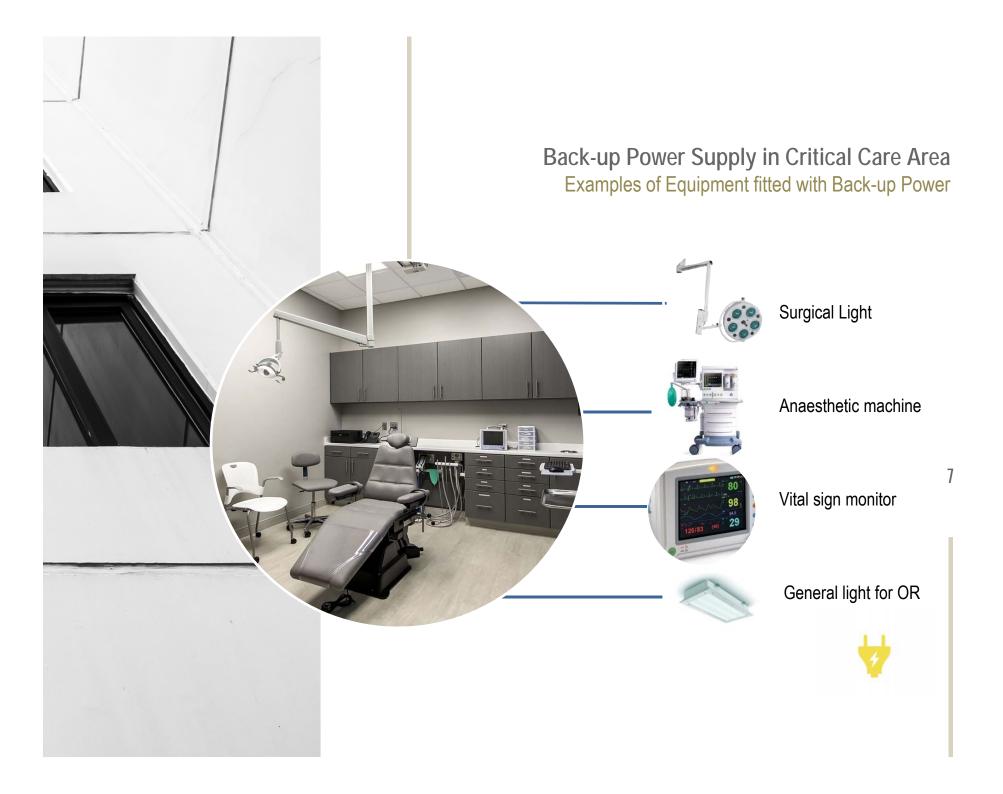
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Fresh Air Supply for DPCs in Commercial Buildings

Natural Ventilation Requirements for Non-domestic Buildings (Office)





Input from engineering/building professional & property/facility manager of commercial building

Setting up a new DPC with OR / retrofitting an extant OR

Check information on:

- updated floor plan(s) of the building
- as-built drawings of building services
- size and height of tenant unit / each floor
- normal electricity available to tenant unit/each floor
- emergency transfer of tenants' clientele by ambulanceman (e.g. lift service)

Consider and advise means for:

- supplying conditioned air and fresh air
- getting extra fresh air supply if necessary (e.g. space for standalone PAU or window / louvre to open air)
- removal of exhaust gas (e.g. waste anaesthetic gases)



Setting Up an OR with Internationally Acceptable Standards Collaboration by Stakeholders



Useful reference materials



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https://www.orphf.gov.hk/en/whats_new/events/sharing_session_on_healthcare_engineering_and_infection_control_in_clinic_settings#

