Government of **Western Australia**
Department of **Health**
Licensing and Accreditation Regulatory Unit

Licensing Standards

For the Arrangements for Management, Staffing and Equipment

Day Hospital – Class B

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Application – Day Hospital – Class B

Licensing of private hospitals, day hospitals, nursing posts, nursing homes and psychiatric hostels is regulated by the *Private Hospitals and Health Services Act 1927* (the Act). The Act makes provisions for the granting of licences by the Chief Executive Officer, the Director General of Health. The Director General must be satisfied about certain matters before a licence is granted or renewed. One such matter is that the arrangements for management, staffing and equipment are satisfactory.

This document outlines the minimum standards for the arrangements for management, staffing and equipment that must be met by private health facilities licensed to operate as a Day Hospital – Class B.

The *Health Services Act 2016*, Section 8 (1) states a "...**day hospital facility** means premises that are not attached to, or are set apart from, premises mentioned in subsection (4)(a), being premises at which —

(a) persons are provided with a health service determined by the Minister under subsection (2); and

(b) overnight accommodation is not provided;"

Further, Section 3 (2) of the *Health Services (Day Hospital Facility) Determination 2016* defines a day hospital facility as:

(a) a procedure that involves the administration of a general, spinal or epidural anaesthetic;

(b) a procedure performed under sedation, plexus blockade or Biers Block;

(c) a procedure that involves the invasion of a sterile body cavity;

(d) peritoneal dialysis and haemodialysis for the treatment of end stage renal failure;

(e) a psychiatric treatment programme that —

  (i) is for a patient who has a mental illness; and

  (ii) is provided by a multi disciplinary team under the direction and supervision of a psychiatrist; and

  (iii) is a half or full day programme that consists of more than one type of mainstream therapeutic activity.

The types of day hospital outlined above have been categorised into classes, because licensing requirements vary according to the type and acuity of persons treated in the facility. The classes refer to facilities which undertake the following:

Class A any procedure that involves the administration of a general, spinal or epidural anaesthetic.

Class B any procedure performed under sedation, plexus blockade or Biers Block; and any procedure that involves the invasion of a sterile body cavity.

Class C peritoneal dialysis and haemodialysis for the treatment of end stage renal failure.

Class D A psychiatric treatment programme which is

- is for a patient who has a mental illness;
- is provided by a multi-disciplinary team under the direction and supervision of a psychiatrist; and
- is a half or full day programme that consists of more than one type of mainstream therapeutic activity.

The Department of Health Licensing and Accreditation Regulatory Unit (LARU) administers the licensing process and uses the Licensing Standards for the Arrangements for Management, Staffing and Equipment (the Standards) to ensure the licensing requirements are articulated clearly for health facilities and their stakeholders.

The Standards were developed initially in 2003 following broad consultation with stakeholders including representatives of private health care management, staff, patients and families, technical experts and audit consultants.

The Standards were welcomed by the private health industry and have been used successfully in annual inspections in licensed facilities since 2004. They were reviewed in 2006 and after 10 years of effective use, and as a result of changes in the legislative environment, an extensive review began in 2015. After two years of in-depth consultation, including surveys, interviews, presentations and focus groups, revised Standards reflecting the outcome of this consultation have been compiled.

The application of these Standards will be determined by the functionality of the licensed facility, as outlined in the LARU approved Statement of Function. Dispensation may be granted to mandatory items in circumstances where additional time is required in order to achieve compliance with the Standards or where compliance is not practically achievable due to specific circumstances. Dispensations allow for the identification of a risk mitigation strategy which shall be monitored.

These revised Standards, Day Hospital – Class B, are applicable from 1 January 2018.

Glossary of terms

Australian standards – the current version of the relevant standard, as amended from time to time.

Accreditation – assessment to the National Safety and Quality Health Service Standards.

Admitted patient – a patient admitted to hospital.

Adult – a person 18 years or older.

Anxiolysis – refers to the administration of oral benzodiazepines in accordance with manufacturer's guidelines for the purpose of alleviating anxiety associated with interventional or diagnostic procedures. Anxiolysis alone does not constitute sedation for the purposes of this document.

Bed – a unit of accommodation provided for the treatment of a patient which is continuously at their disposal for the duration of their stay. It includes beds, trolleys and chairs but excludes surgical tables, recovery trolleys, delivery beds and cots for unqualified neonates.

Bier's block – an intravenous injection of a high dose of local anaesthetic under tourniquet, to produce regional anaesthesia/analgesia to a limb.

Child – a person below 18 years of age.

Compliance – to act or provide in accordance with the requirements or recommendations of these standards or other relevant guidelines or regulations.

Conscious sedation – a medically controlled state of depressed consciousness that accomplishes the following:

- retains the patient's ability to maintain a patent airway independently and continuously
- permits appropriate response by the patient to physical stimulation or verbal command and
- maintains protective reflexes.

Clinical incident – an event or circumstance resulting from healthcare that could have, or did lead to unintended and/or unnecessary harm to a patient/consumer. Clinical incidents include:

- Near-miss incidents – incidents that could have, but did not, cause harm, either by chance or through timely intervention
- Sentinel events – unexpected occurrences involving death or serious physical or psychological injury, or risk thereof.

Credentialling committee – a hospital committee that oversees the credentialling of practitioners. The credentialling process includes authenticating qualifications, documentation of clinical privilege, defining scope of clinical practice and a process for notifying staff of credentialled practitioners.

Critical system – is any emergency system, equipment, electrical service, instrument, device or thing that is required to protect the safety of a person undergoing a medical procedure or in medical care.

Deep sedation – a medically controlled state of depressed consciousness or unconsciousness with the following characteristics:

- the patient is not easily aroused. Sedation may be accompanied by partial or complete loss of protective reflexes, including the ability to maintain a patent airway independently and
- the patient responds purposefully to physical stimulation or verbal command.

Direct nursing care – hours of hands-on clinical nursing care by registered nurses, midwives and enrolled nurses, allocated to provide care to designated patients. Direct nursing care does not include the work of nurse managers, clinical nurse managers, unit managers and other care attendants who do not provide 'hands-on' nursing care, are not included.

Endoscopy – a medical procedure that enables a doctor to observe the inside of the body without performing major surgery.

Enrolled nurse – a nurse registered as an enrolled nurse with the Nursing and Midwifery Board of Australia as regulated by the Australian Health Practitioner Regulation Agency.

Facility – a site and its buildings, building services, fittings, furnishings and equipment.

Guidelines – a set of requirements and recommendations.

Healthcare-associated infection – infections acquired in healthcare facilities that occur as a result of healthcare interventions, arising during or after the time in the healthcare organisation.

Hospital – premises where medical, surgical or dental treatment, or nursing care, is provided for ill or injured persons and at which overnight accommodation may be provided; and a day hospital facility; and a nursing post.

Infant – a baby from two months to one year old.

Medical advisory committee – a group who advise on matters relating to medical practitioners; such as clinical practices, medical or surgical procedures, new medical technologies and policies.

Newborn – an infant from birth to two months of age.

Minimum – the lowest level of provision considered safe for a given function. Anything below this level is considered non-compliant.

Perioperative – the period before, during and after an anaesthetic, surgical or other procedure.

Plexus blockade – anaesthesia produced by the injection of a high dose of local anaesthetic around a major nerve or nerve plexus.

Renal – relating to the kidneys.

Registered nurse – is a nurse who is registered with the Nursing and Midwifery Board of Australia as regulated by the Australian Health Practitioner Regulation Agency.

Schedule 8 medicines – (also known as Controlled Drugs) are substances that should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

Sedation – Sedation for diagnostic, interventional medical and surgical procedures (with or without local anaesthesia) includes the administration by any route or technique of all forms of drugs which result in depression of the central nervous system. The objective of these techniques is to produce a degree of sedation of the patient, without loss of consciousness, so that uncomfortable diagnostic and surgical procedures may be facilitated. The drugs and techniques used should provide a margin of safety, which is wide enough to render loss of consciousness unlikely. Loss of consciousness due to sedation has the same risks as general anaesthesia.

Specified Sterile Body Cavity – cranial, spinal thoracic abdominal and pelvic cavities; includes bladder and uterus.

Standard 1: Governance

Governance systems and processes are in place for the provision of safe and quality patient care.

Mandatory criteria

1.1 The facility is operating in accordance with its licence, including the:

- 1.1.1 name of the licence holder
- 1.1.2 name and address of the facility
- 1.1.3 period of the licence
- 1.1.4 maximum number of patients who may be treated at any one time
- 1.1.5 maximum number of beds
- 1.1.6 classes of patients who may be treated at the facility
- 1.1.7 the number and categories of staff
- 1.1.8 conditions, dispensations or exemptions on the licence (where applicable).

1.2 The current licence is displayed for public viewing in the main foyer or reception area of the facility.

1.3 The function of the facility is defined in a statement that is accessible to staff, patients, their families, carers and visitors.

1.4 Hours of operation are posted in a public area.

1.5 Organisation charts and policies identify the lines of communication, authority and responsibility for staff, visiting medical officers or authorised persons.

1.6 A medical advisory committee oversees the standards of medical practice.

1.7 In a facility that is used by more than one medical/dental practitioner, a credentialling committee (separate from the medical advisory committee) oversees the credentialling of medical practitioners. The credentialling process includes authenticating qualifications, documentation of clinical privilege, defining scope of clinical practice and a process for notifying staff of credentialled practitioners. The committee has a documented process for managing and monitoring under-performing practitioners.

1.8 All professionals provide evidence of their current registration with the relevant professional body. A documented process ensures that:

- 1.8.1 all professional groups employed within the facility are identified
- 1.8.2 all registrations are current
- 1.8.3 a policy statement outlines the registration process
- 1.8.4 a current log of registrations is kept and readily available
- 1.8.5 any practice restrictions are identified.

1.8 Written job descriptions are available for all positions, and:

1.8.1 are current

1.8.2 include lines of communication, authority and responsibility

1.8.3 are readily accessible to staff.

1.9 Policies and procedures are developed, reviewed and updated every four years or more often if required. Staff members are made aware of these policies and procedures and are readily able to access them. Policies are monitored for compliance and include, as a minimum:

1.9.1 admission and discharge criteria

1.9.2 patient consent

1.9.3 patient care

1.9.4 medical records (including abbreviations)

1.9.5 emergency procedures / transfer plan

1.9.6 occupational safety and health

1.9.7 infection control

1.9.8 medication safety

1.9.9 sterilisation processes

1.9.10 catering services

1.9.11 laundry services

1.9.12 cleaning services

1.9.13 reporting of adverse events, critical and clinical incidents

1.9.14 preventative maintenance for equipment and facility

1.9.15 quality management (accreditation, reporting, auditing)

1.9.16 complaints and grievance management

1.9.17 staff development and education

1.9.18 employment, including compliance with National Police Clearance and Working with Children legislation.

1.10 Occupational safety and health programs and practices are in place.

1.11 An auditable system of quality and continuous improvement is in place; there is a regular audit schedule, audit results are documented, corrective measures are enacted for under-performance and these measures are monitored.

1.12 A compliment, complaints and grievance management process is in place for patients, their families and carers, visitors and staff.

1.13 A mandatory staff training program, which is service specific to staff and patients' needs, is in place.

1.14 An ongoing staff development and training program, which is service specific and meets staff and patient needs, is in place.

Standard 2: Workforce

The workforce is competent, qualified and sufficient. The organisation has clear roles and responsibilities for the provision of safe, quality patient care.

Mandatory criteria

2.1 Staffing arrangements comply with the licence including the:

- 2.1.1 number and categories of nursing and other staff
- 2.1.2 kinds of nursing and other care provided or available at the facility
- 2.1.3 periods and times at which the services are provided or available.

2.2 A designated Chief Executive (however titled) is employed by the facility and responsible for the governance of the facility.

2.3 A designated Director of Nursing (however titled), or their suitably qualified replacement, is present at the facility at all times. This person:

- 2.3.1 has qualifications approved by the Chief Executive, Director General of Health (i.e. Registered Nurse)
- 2.3.2 is responsible for standards of nursing practice within the facility

2.4 A Medical Director (however titled) is designated to be responsible for the standards of medical practice at the facility.

2.5 The person who administers the sedation must be an anaesthetist or suitably qualified medical practitioner. If the person who administers the sedation also performs the procedure, then an appropriately trained assistant must be present during the procedure to monitor the patient's level of consciousness and cardio pulmonary function. The assistant must be competent in cardio pulmonary resuscitation and a registered or enrolled nurse.

2.6 The operator or a nurse (registered or enrolled) shall supervise patients who have received sedation until deemed fit for discharge by the operator.

2.7 A staff member (receptionist) is available to attend the reception and is present at all times when the facility is in use for scheduled patient care.

Standard 3: Clinical risk

The provision of health care services is provided in a way that reduces clinical risk to patients, staff and visitors.

Mandatory criteria

3.1 Clinical incidents have a documented process that is managed, enacted and reported as prescribed by the Severity Assessment Code, which requires that:

- 3.1.1 the Department of Health Patient Safety Surveillance Unit is notified within seven working days of the incident occurring
- 3.1.2 the Licensing and Accreditation Regulatory Unit is notified within seven working days of the incident occurring
- 3.1.3 where applicable, the Office of the Chief Psychiatrist is notified within seven working days of the incident occurring.

3.2 Critical incidents, such as fire, outbreak of infection, building or structural collapse, serious equipment failure, serious environmental hazard (for example, chemical spill), major security breach, serious criminal acts, power or water failure, have a documented process that is managed, enacted and reported, including notification to the Licensing and Accreditation Regulatory Unit within 48 hours of the incident occurring.

3.3 New technologies and procedures have a documented process that is managed, enacted and reported, to ensure they are examined and approved by the relevant authority within the organisation, including:

- 3.3.1 scope of practice identified
- 3.3.2 relevant policies and procedures
- 3.3.3 a review process
- 3.3.4 infection control product review
- 3.3.5 a process for feedback regarding outcomes.

3.4 The acquisition, prescribing, dispensing, administration and storage of medications have a documented process that is managed, enacted and reported.

3.5 Medications are prescribed by medical practitioners, dentists and/or nurse practitioners and/or other authorised practitioners and signed for by clinical staff when administered.

3.6 Verbal medication orders, if required, are documented and signed by the authorising medical practitioner within 24 hours, or the next business day.

3.7 Schedule 8 medications are stored and administered in accordance with the relevant regulations and documented processes, including:

3.7.1 that they are kept in a locked medication cupboard in a secure clinical area and only accessed by authorised staff

3.7.2 a register of these medications is maintained and audited

3.7.3 a medication key register is kept at the facility

3.7.4 a signature register is kept at the facility of all clinical staff that uses the registers.

3.8 Medication errors and incidents are reviewed and reported in accordance with documented processes, including:

3.8.1 a process for staff feedback regarding outcomes

3.8.2 staff education and training

3.8.3 monitoring of reported medication errors and incidents.

3.9 The temperature of refrigerators and freezers is monitored to ensure that contents such as medicines and vaccines are stored in accordance with manufacturer instructions. There is a documented reporting and response process in place should temperatures fall outside the recommended range.

Standard 4: Infection control

The surveillance, prevention and control of healthcare associated infections are in line with best practice and industry requirements and supported by appropriate systems and processes.

Mandatory criteria

4.1 A qualified staff member or consultant, who has completed a nationally accredited infection control course, is delegated to coordinate the infection control program.

4.2 Infection control programs are in place, with a scope and focus that addresses risk factors specific to the patient population and nature of the facility.

4.3 Infection control policies and procedures are monitored through auditing, and include, as a minimum:

- 4.3.1 standard and transmission based precautions
- 4.3.2 hygiene standards
- 4.3.3 procedural standards
- 4.3.4 physical environment
- 4.3.5 sterility of instruments and equipment
- 4.3.6 reprocessing of re-useable instruments and equipment
- 4.3.7 instruments and equipment requiring special processing
- 4.3.8 protection for health care workers
- 4.3.9 quality management
- 4.3.10 surveillance programme
- 4.3.11 product review.

4.4 An Infection Control Committee (however titled) is in place to monitor outcomes of the infection control programs and audits, and reports to the Hospital Executive Committee (however titled) to ensure compliance and feedback to staff.

Standard 5: Patient care environment, equipment and supplies

The patient care environment, equipment and supplies are managed to maximise safety and quality for patients and staff and are supported by appropriate systems and processes.

Mandatory criteria

5.1 Equipment is available to support the provision of safe and quality health care at the facility, including:

- 5.1.1 appropriate equipment for the type of surgery/procedure
- 5.1.2 a sufficient number of each type of instrument required
- 5.1.3 equipment in accordance with bariatric policy
- 5.1.4 manual handling aids.

5.2 Equipment is located and stored in a way that ensures safe and effective use.

5.3 Equipment is clean and maintained in a safe working condition, including exhibiting a current service sticker, where appropriate.

5.4 Mobile resuscitation trolleys, equipped to manage a patient collapse or cardio-pulmonary emergency.

5.5 Where paediatric services are provided, the mobile resuscitation trolley shall include readily identified paediatric equipment and medications.

5.6 Resuscitation trolleys are ready for use at all times, and:

- 5.6.1 there is evidence of daily trolley checks and checks after use
- 5.6.2 all medication and equipment must be within the “expiry date”
- 5.6.3 a written list of contents must be attached to each trolley
- 5.6.4 practice is demonstrated in policy.

5.7 Defibrillators are ready for use at all times, and a:

- 5.7.1 log is kept of current service and maintenance
- 5.7.2 current service sticker is attached to each machine.

5.8 An emergency call system is in place throughout the facility, call bells are tested and a checking log kept on site, including for:

- 5.8.1 medical emergency, duress, resuscitation
- 5.8.2 fire and emergency.

5.9 Response to emergency calls is governed by established guidelines for attendance.

5.10 Staff are trained in the use of the equipment including:

5.10.1 specific training for speciality areas

5.10.2 mandatory training for the use of manual handling equipment.

5.11 Medical and non-medical supplies are safely stored and monitored, in accordance with documented:

5.11.1 policies and procedures

5.11.2 review processes.

5.12 New instruments and equipment are:

5.12.1 examined and approved by the relevant authority within the organisation

5.12.2 subject to a process for feedback to and from staff.

Standard 6: Information management

Information is captured, managed, stored and maintained in a way that facilitates continuity of care and protects the privacy of patients.

Mandatory criteria

6.1 A designated staff member coordinates information management within the facility.

6.2 Patient confidentiality is protected and managed in accordance with documented processes.

6.3 A current register of patients in the facility is maintained, and includes:

- 6.3.1 full name, date of birth, gender, home address and next of kin
- 6.3.2 date of admission
- 6.3.3 name and address of the medical or other health professional who managed the patient's health care needs immediately prior to admission
- 6.3.4 date and time of discharge from the facility.

6.4 Inpatient data is provided to the Department of Health as specified on the Inpatient Summary Form (HA22).

6.5 Accurate medical records are maintained for each patient and are sufficiently detailed to allow another health professional to assume or support the care of the patient, and to facilitate effective continuity and standards of care. The medical records must include:

- 6.5.1 the patient's procedure
- 6.5.2 the patient's diagnosis
- 6.5.3 the patient care provided
- 6.5.4 date, time, name, designation and signature of persons making the entries.

6.6 Medical record keeping complies with the facility's medical record policy.

6.7 Storage of medical records is effective, ensuring:

- 6.7.1 active medical records are readily accessible to clinical staff
- 6.7.2 active medical records are securely stored to ensure patient confidentiality and to protect against unauthorised persons gaining access to those records
- 6.7.3 storage of archived records (including electronic records) ensures that no access is available to unauthorised persons, including password protection that captures the identity of the person accessing the records
- 6.7.4 protection from fire, vermin and dust.

6.8 Patient information is only released in accordance with the Australian Privacy Principles set out in Schedule 1 to the *Privacy Act 1988* (Cth.) and when this is given it is recorded in the patient's medical record.

6.9 Disposal of medical records occurs in a manner which protects patient confidentiality and complies with regulations.

6.10 If medical records are electronic, an adequate system exists for off-site back-ups to be maintained.

Standard 7: Non-clinical support services

Non-clinical support services, including food, laundry and cleaning / waste management, support the safety and quality of health care services for patients, staff and visitors.

Mandatory criteria

Food and drink

7.1 A designated staff member coordinates the monitoring of all food and drink services provided at the facility.

7.2 Food and drink services, either on site or contracted, comply with the relevant guidelines; where outsourced, food and drink services comply with the service agreement.

7.3 Designated food storage areas include separate storage areas for dry, raw and cooked food.

7.4 No food products, equipment or consumables are stored on the floor.

7.5 All food storage area surfaces are made of an impervious material.

7.6 Equipment is clean and maintained in a safe working condition, including exhibiting a current service sticker.

7.7 Cleaning audits of food and drink preparation areas and equipment are undertaken in compliance with the infection control policy of the facility and associated food regulations.

7.8 Refrigerators and freezers used for storing food products operate at the recommended temperature range, being <5°C and minus 15°C respectively. The refrigerators and freezers are monitored for temperature control on a daily basis. There are policies outlining actions required when temperatures fall outside the recommended temperature range.

7.9 Staff involved in food handling and storage receives relevant training, and certification of completion of training is maintained.

7.10 Hand washing practices are applied and monitored, and an audit schedule is in place.

Laundry

7.11 A designated staff member coordinates laundry services.

7.12 Laundry services, either onsite or contracted, comply with Australian/New Zealand Standard – AS/NZS 4146, 'Laundry practice', specifically:

- 7.12.1 management of laundry services
- 7.12.2 laundry transportation system
- 7.12.3 collection, loading, storage and sorting of soiled laundry
- 7.12.4 laundry operation, evaluation, performance indicators
- 7.12.5 storage and packaging of clean laundry.

7.13 Where outsourced, laundry services comply with the service agreement.

7.14 The supply of laundry meets the function and throughput of the facility.

7.15 Transport and storage of laundry is managed in a safe manner and is demonstrated in policy.

7.16 Designated areas for storage of laundry are provided including:

- 7.16.1 clean and soiled laundry are stored in separate areas
- 7.16.2 storage areas are ventilated to minimise air contamination
- 7.16.3 designated laundry drop off / pickup areas are provided.

Cleaning / waste management

7.17 A designated staff member is responsible for coordinating overall cleaning and waste management practices and related staffing.

7.18 The facility is clean and safe at all times for patients, staff and visitors.

7.19 Clinical and related waste is managed in a safe manner.

7.20 Clinical waste carts/bins are securely stored to prevent unauthorised access.

7.21 Collection, storage and sorting of waste materials is conducted in a covered space, which:

- 7.21.1 is maintained at a temperature which helps control odours
- 7.21.2 is vermin and rodent proof
- 7.21.3 has a wash down facility for the waste carts.

7.22 Documented processes are in place to ensure the safe management of:

- 7.22.1 contaminated medical waste
- 7.22.2 waste material generated by the use of chemicals
- 7.22.3 sharp objects disposal.

7.23 Storage and disposal of general waste complies with local council regulations.

Standard 8: Facility design and function

The facility design and function provide a safe and functional environment that meets the needs of patients, staff and visitors.

Mandatory criteria

8.1 The number, size and function of rooms available in the facility are consistent with services to be provided for anticipated patient volumes and the delivery of safe and quality care.

8.2 All treatment spaces, bedrooms, isolation rooms, bathrooms and toilets comply with licensing building guidelines and are adequate in size and function, to ensure that:

- 8.2.1 patient and staff safety is maximised
- 8.2.2 staff are able to fulfil their duties
- 8.2.3 privacy and confidentiality is maintained.

8.3 Configuration, layout and workflows meet the requirements of facility operations ensuring separation of “clean” and “dirty”.

8.4 In addition to patient areas and patient treatment spaces, the facility also provides:

- 8.4.1 a reception area which protects patient confidentiality
- 8.4.2 designated separate clean and dirty utilities
- 8.4.3 designated clean and soiled linen storage
- 8.4.4 separate and sufficient storage areas for equipment and general stores
- 8.4.5 staff toilets, showers and change rooms
- 8.4.6 secure lockers for staff.

8.5 All areas of the facility are used for the intended purpose as agreed in the licensing building approval.

8.6 Compliance is demonstrated for all refurbishments, redevelopments and new builds at the facility in accordance with licensing requirements and documented evidence is available on site.

8.7 Signage and way finding throughout the facility enables safe passage for patients, staff and visitors.

8.8 Parking is made available to accommodate the number and mix of patients, staff and visitors to the facility.

Standard 9: Fire, security and emergency response

Fire, security and emergency response is governed by systems and processes which promote patient, staff and visitor safety.

Mandatory criteria

9.1 Staff are trained to recognise and respond to emergencies, including:

- 9.1.1 fire / smoke
- 9.1.2 medical
- 9.1.3 bomb / arson threat
- 9.1.4 internal
- 9.1.5 personal threat
- 9.1.6 external
- 9.1.7 evacuation.

9.2 Fire orders and up to date evacuation plans are displayed throughout the facility for patients, staff and visitors and are easy to find, interpret and clearly show your location on the plan (for example, “you are here”).

9.3 Fire drills, equipment training and evacuation procedures are carried out annually for all staff and attendance logs and records are kept.

9.4 Exits are available for egress, either at all times, or the door hardware releases on fire alarm or power failure.

9.5 Fire hydrants and fire exit doors are:

- 9.5.1 clearly marked
- 9.5.2 easily accessible
- 9.5.3 free from clutter or equipment.

9.6 All exit signs are illuminated at all times.

9.7 A generator or battery operates fire exit markers.

9.8 Fire equipment, including extinguishers and hose reels, is ready for immediate use and tested six monthly as evidenced by a current service tag.

9.9 Flammable rubbish is managed in a way that it does not pose a fire risk.

9.10 A smoking policy is readily available to all staff, patients and visitors.

9.11 A functioning smoke alarm detection system is in place is tested in accordance with Australian Standard AS 1851.8 ‘Maintenance of Fire Protection and Alarm Systems, Part 8 – Automatic Fire Detection and Alarm Systems’ (AS 1851.8), and service and maintenance log books are kept.

9.12 Automatic fire detection and alarm systems are functioning and tested in accordance with AS 1851.8, and service and maintenance log books are kept in the fire indicator panel.

9.13 Security processes are managed and enacted to ensure that unauthorised persons do not access or interfere with the operation of the facility to the detriment of patients, staff and visitors.

Standard 10: Facility maintenance

Facility maintenance is managed and maintained to ensure a safe, quality environment for patients, staff and visitors.

Mandatory criteria

10.1 A designated staff member coordinates the management, maintenance and servicing of buildings, systems, plant, equipment, signage and utilities.

10.2 Systems performance, monitoring and improvement processes are in accordance with the relevant codes, guidelines and standards, and evidence is available including:

- 10.2.1 the testing of all critical systems
- 10.2.2 documented back-up contingency plans in case of critical system failure
- 10.2.3 documented operational and maintenance records for each critical system.

10.3 Preventative maintenance of the physical facility and furniture is carried out in accordance with a documented program which demonstrates appropriateness, effectiveness and safety, including:

- 10.3.1 a schedule for planned building services maintenance, upgrade and replacement requirements
- 10.3.2 a log of deferred and/or outstanding building services maintenance, upgrade and replacement requirements
- 10.3.3 current maintenance records for cleaning, servicing, repairs and vermin and insect control.

10.4 Preventative and managed breakdown maintenance of all building services systems, including all mechanical, medical gas, electrical, communication, transportation and hydraulic systems, plant and equipment is carried out in accordance with a documented program which includes onsite:

- 10.4.1 registers of all building services systems, plant and equipment
- 10.4.2 maintenance and operational manuals
- 10.4.3 “As Constructed” (approval to construct) drawings
- 10.4.4 records for all routine and breakdown maintenance conducted.

10.5 Preventative and managed breakdown maintenance of biomedical and surgical equipment is carried out in accordance with a documented program, including:

- 10.5.1 biomedical equipment is tested to manufacturer’s recommendations
- 10.5.2 annual testing as evidenced by a current service tag
- 10.5.3 an onsite register of biomedical and surgical equipment
- 10.5.4 onsite maintenance and operational manuals
- 10.5.5 onsite records of all routine and breakdown maintenance conducted.

10.6 Patient, staff assist, emergency, and duress call bells are provided in all patient areas and include:

10.6.1 onsite schedules and logs for the testing of bells

10.6.2 a documented staff response process.

10.7 Oxygen and suction outlets are available and adjacent to each bed.

10.8 Portable oxygen and suction cylinders are safely stored and restrained and are accessible for resuscitation with readily available emergency backup.

10.9 A back-up generator is readily available in the event of a power failure which is tested regularly as evidenced by onsite service maintenance logs.

10.10 Chemicals, detergents and gases are stored in a safe and secure manner.

Standard 11: Procedure room

The procedure room is governed by systems and processes which promote optimal patient care and a safe environment for patients and staff.

Mandatory criteria

11.1 There is a dedicated senior nurse (however titled) who has completed additional or specialty training in the perioperative area, coordinating all perioperative activities and responsible for monitoring and ensuring compliance.

11.2 A designated person is responsible for monitoring and ensuring compliance with the Australian and New Zealand College of Anaesthetists guidelines, specifically Professional Standards 09 2014 - Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.

11.3 Staffing arrangements comply with the Australian College of Operating Room Nurses standards, and Australian and New Zealand College of Anaesthetists guidelines.

11.4 There are processes in place to ensure supervising medical staff are promptly available when clinical needs arise.

11.5 Perioperative practice complies with the Australian College of Operating Room Nurses standards.

11.6 Policies and procedures reflect the Australian College of Operating Room Nurses standards and include monitoring for compliance.

11.7 Separate registers are maintained as follows:

- 11.7.1 operations/procedure register
- 11.7.2 implantable device register
- 11.7.3 laser register.

11.8 Operations and procedures are registered, including:

- 11.8.1 date
- 11.8.2 patient name
- 11.8.3 record number
- 11.8.4 birth date
- 11.8.5 sex
- 11.8.6 procedure performed
- 11.8.7 names of the surgeon, anaesthetist and nursing personnel involved
- 11.8.8 start and finish time of the procedure
- 11.8.9 type of anaesthesia or sedation used.

11.9 There is a documented process of patient identification, consent and safety check list.

11.10 Sterilised items used on a patient are logged through use of a tracing system which is documented in the patient medical record, in accordance with Australian/New Zealand Standard – AS/NZS 4187 'Reprocessing of reusable medical devices in health service organisations'.

11.11 If lasers are used in the facility, laser safety is monitored in accordance with Australian/New Zealand Standard – AS/NZS 4173, 'Guide to the safe use of lasers in health care'.

11.12 Patient care equipment and supplies are available to support the safe practice of all procedures and care provided.

11.13 Anaesthetic machines and equipment meet Australian and New Zealand College of Anaesthetists guidelines.

11.14 Designated storage areas are provided for all equipment, ensuring items are not stored in operating rooms or corridors.

11.15 The three zones in the perioperative suite include:

11.15.1 an unrestricted area which has a central control point, to monitor the entrance of patients, personnel, stock and supplies. Limited traffic is permitted in this area and personnel may wear street clothes

11.15.2 a semi–restricted area which provides for storage areas for clean supplies, a pre-operation holding bay, a Post Anaesthetic Care Unit and corridors leading to restricted areas. Traffic is limited to authorised personnel wearing perioperative attire and patient attire is to be worn in these areas

11.15.3 a restricted area which includes the operating and procedure rooms, areas for processing and storing sterile items and the storage of sterile stock. Traffic is limited to authorised personnel and surgical attire is required.

11.16 Procedure rooms, holding bay and recovery room are designated and equipped to safely carry out the nominated procedures and maintain patient care and privacy.

Standard 12: Central sterilising department

Cleaning, disinfecting and sterilising of equipment and instruments and the sterile supply services are managed and maintained according to industry standards and guidelines.

Mandatory criteria

12.1 There is a designated person who has completed a recognised course in national competencies, coordinating all sterilisation activities and responsible for monitoring and ensuring compliance.

12.2 Sterile Supply and storage, either onsite or contracted, must ensure compliance with:

12.2.1 Australian / New Zealand Standard AS/NZS 4815 'Office-based health care facilities not involved in complex patient procedures and processes – Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment' (AS/NZS 4815), or

Australian / New Zealand Standard 4187 'Reprocessing of reusable medical devices in health service organisations', (AS/NZS 4187)

12.2.2 Australian Standard – AS 3789.2 'Textiles for health care facilities and institutions, Part 2: Theatre linen and pre-packs'

12.2.3 Australian Standard – AS 3789.2 'Textiles for health care facilities and institutions, Part 3: Apparel for operating theatre staff'.

12.3 Staffing arrangements, at a minimum, comply with AS/NZS 4187.

12.4 All personnel involved in cleaning, packaging, sterilising and storage of sterile supplies undertake relevant education and training and comply with AS/NZS 4187. There is evidence of:

12.4.1 orientation and in-service training on equipment and procedures

12.4.2 sterilisation reprocessing training for all staff, with all staff in a leading or supervisory role qualified at national competency levels in the management of a central sterilising department and at least 70 per cent of remaining staff qualified or undertaking training

12.4.3 completion of the Gastroenterological Nurses College of Australia competencies including scope cleaning (if appropriate).

12.5 Single use items are not re-used.

12.6 Equipment and supplies are available to support the safe practice of all processes carried out in the central sterilising department.

12.7 Policies and procedures reflect, at a minimum, AS/NZS 4815 or AS/NZS 4187 and include annual audit monitoring for compliance.

12.8 The infection control program for the central sterilising department meets AS/NZS 4187.

12.9 Information management ensures compliance with AS/NZS 4815 or AS/NZS 4187.

12.10 The use of chemicals within the unit is monitored and documented and Material Safety Data Sheets are available.

This document can be made available in alternative formats on request for a person with disability.

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