



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

# Licensing Standards

For the Arrangements for Management,  
Staffing and Equipment

Psychiatric Day Hospital – Class D

**Licensing and Accreditation Regulatory Unit**

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# Application – Psychiatric Day Hospital – Class D

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 Psychiatric Day Hospital – Class D.

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 clearly articulated for health facilities and their stakeholders.

The Licensing Standards were initially developed 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, Psychiatric Day Hospital – Class D, 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.

**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.

**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.

**Clinical incident** – an event or circumstance resulting from health care which 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.

**Credentialing committee** – a hospital committee which oversees the credentialing of practitioners. The credentialing process includes authenticating qualifications, documentation of clinical privilege, defining scope of clinical practice and a process for notifying staff of credentialed practitioners.

**Critical system** – 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.

**Direct nursing care** – hands-on clinical nursing care by registered nurses, midwives and enrolled nurses, allocated to provide care to designated patients. Nursing positions, such as nursing management, clinical nurse managers, unit managers and other care attendants who are not providing ‘hands-on’ nursing care, are not included.

**Electroconvulsive therapy** – a procedure performed under general anaesthesia, in which small electric currents are passed through the brain, intentionally triggering a brief, controlled seizure.

**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 health care 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.

**Mental illness** – has the meaning given in Section 6 (1) of the *Mental Health Act 2016*:

- (1) A person has a mental illness if the person has a condition that —
  - (a) is characterised by a disturbance of thought, mood, volition, perception, orientation or memory; and
  - (b) significantly impairs (temporarily or permanently) the person’s judgment or behaviour.

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

**Multidisciplinary team** – a team of health professionals that includes at least one psychiatrist, one clinical psychologist, one registered mental health nurse, one occupational therapist and one social worker.

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

**Psychiatrist** – a medical practitioner who is a Fellow of the Royal Australian and New Zealand College of Psychiatrists; or a person prescribed by the regulations for *Mental Health Act 2014*

**Renal** – relating to the kidneys.

**Registered nurse** – 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 which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.

# 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 that may be treated at any one time
  - 1.1.5 maximum number of beds
  - 1.1.6 classes of patients that 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 which 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 practitioner, a credentialing committee (separate from the medical advisory committee) oversees the credentialing of medical practitioners. The credentialing process includes authenticating qualifications, documentation of clinical privilege, defining scope of clinical practice and a process for notifying staff of credentialed 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.



- 1.9 Written job descriptions are available for all positions, and:
  - 1.9.1 are current
  - 1.9.2 include lines of communication, authority and responsibility
  - 1.9.3 are readily accessible to staff.
- 1.10 Policies and procedures are developed, reviewed and updated every four years or more often if required. Staff are aware of these policies and procedures and are readily able to access them. Policies are monitored for compliance and include, as a minimum:
  - 1.10.1 admission and discharge criteria
  - 1.10.2 patient consent
  - 1.10.3 patient care
  - 1.10.4 medical records (including abbreviations)
  - 1.10.5 emergency procedures / transfer plan
  - 1.10.6 occupational safety and health
  - 1.10.7 medication safety
  - 1.10.8 catering services
  - 1.10.9 laundry services
  - 1.10.10 cleaning services
  - 1.10.11 reporting of adverse events, critical and clinical incidents
  - 1.10.12 preventative maintenance for equipment and facility
  - 1.10.13 quality management (accreditation, reporting, auditing)
  - 1.10.14 complaints and grievance management
  - 1.10.15 staff development and education
  - 1.10.16 employment, including compliance with National Police Clearance and Working with Children legislation.
- 1.11 Occupational safety and health programs and practices are in place and there is a designated, qualified staff member responsible.
- 1.12 A committee is in place that monitors outcomes of occupational safety and health programs and audits, and reports to the executive to ensure compliance and feedback to staff.
- 1.13 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.
- 1.14 A compliment, complaints and grievance management process is in place for patients, their families and carers, visitors and staff.
- 1.15 A mandatory staff training program, which is service specific to staff and patient needs, is in place.
- 1.16 An ongoing staff development and training program, which is service specific and meets staff and patient's 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 The licence holder demonstrates that:
  - 2.2.1 sufficient numbers of support staff, determined with reference to the numbers and care needs of the patients, are present at the hospital at all times
  - 2.2.2 suitable staffing arrangements are in place in the event of unusual or unexpected events, for example, sufficient staff must be on duty to safely manage an emergency.
- 2.3 A designated Chief Executive (however titled) is employed by the facility and is responsible for the governance of the facility.
- 2.4 A designated Director of Nursing (however titled), or their suitably qualified replacement, is present at the facility at all times. This person:
  - 2.4.1 has qualifications approved by the Chief Executive, Director General of Health (i.e. Registered Nurse)
  - 2.4.2 is responsible for standards of nursing practice within the facility.
- 2.5 A consultant psychiatrist is responsible for the care and treatment of all patients undergoing psychiatric treatment programmes at the facility.
- 2.6 At least one health professional is present while the licensed facility is in use for patient care.
- 2.7 Psychiatric treatment programmes are provided by the multidisciplinary team, under the direction of a psychiatrist. This team includes a:
  - psychiatrist
  - clinical psychologist
  - mental health nurse
  - occupational therapist
  - social worker.
- 2.8 All clinical staff are competent in basic life support.
- 2.9 A staff member is available for the reception of patients 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 who use 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 if temperatures are 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.

# 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.
- 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 There is a first aid kit, equipped to manage a patient collapse or first aid emergency.
- 5.5 Mobile resuscitation trolleys, equipped to manage a patient collapse or cardio-pulmonary emergency, are located in wards and perioperative suites.
- 5.6 Where paediatric services are provided, the mobile resuscitation trolley shall include readily identified paediatric equipment and medications.
- 5.7 Resuscitation trolleys are ready for use at all times, and:
  - 5.7.1 there is evidence of daily trolley checks and checks after use
  - 5.7.2 all medication and equipment must be within the “expiry date”
  - 5.7.3 a written list of contents must be attached to each trolley
  - 5.7.4 practice is demonstrated in policy.
- 5.8 Defibrillators are ready for use at all times, and a:
  - 5.8.1 log is kept of current service and maintenance
  - 5.8.2 current service sticker is attached to each machine.
- 5.9 An emergency call system is in place throughout the facility, call bells are tested and a checking log kept on site, including for:
  - 5.9.1 medical emergency, duress, resuscitation
  - 5.9.2 fire and emergency.
- 5.10 Response to emergency calls is governed by established guidelines for attendance.
- 5.11 Staff are trained in the use of the equipment including:
  - 5.11.1 specific training for speciality areas
  - 5.11.2 mandatory training for the use of manual handling equipment.
- 5.12 Medical and non-medical supplies are safely stored and monitored, in accordance with documented:
  - 5.12.1 policies and procedures
  - 5.12.2 review processes.

# 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, under whose care that patient was immediately prior to admission
  - 6.3.4 date and time of discharge from the facility.
- 6.4 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:
  - 6.4.1 the patient's condition
  - 6.4.2 the patient's diagnosis
  - 6.4.3 a daily account of the patient's care
  - 6.4.4 date, time, name, designation and signature of persons making the entries.
- 6.5 Medical record keeping complies with the facility's medical record policy.
- 6.6 Storage of medical records is effective, ensuring:
  - 6.6.1 active medical records are readily accessible to clinical staff
  - 6.6.2 active medical records are securely stored to ensure patient confidentiality and to protect against unauthorised persons gaining access to those records
  - 6.6.3 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
  - 6.6.4 protection from fire, vermin and dust.
- 6.7 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.
- 6.8 Disposal of medical records occurs in a manner which protects patient confidentiality and complies with regulations.
- 6.9 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  $<5^{\circ}\text{C}$  and minus  $15^{\circ}\text{C}$  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 receive 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 Collection, storage and sorting of waste materials is conducted in a covered space, which:
  - 7.19.1 is maintained at a temperature which helps control odours
  - 7.19.2 is vermin and rodent proof
  - 7.19.3 has a wash down facility for the waste carts.
- 7.20 Documented processes are in place to ensure the safe management of:
  - 7.20.1 contaminated medical waste
  - 7.20.2 sharp objects disposal.
- 7.21 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
  - 8.4.7 staff dining areas.
- 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
  - 10.4.2 annual testing as evidenced by a current service tag.
- 10.5 Patient, staff assist, emergency, and duress call bells are provided in all patient areas and include:
  - 10.5.1 onsite schedules and logs for the testing of bells
  - 10.5.2 a documented staff response process.
- 10.6 Portable oxygen and suction cylinders are safely stored and restrained and are accessible for resuscitation with readily available emergency backup.
- 10.7 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.
- 10.8 Chemicals, detergents and gases are stored in a safe and secure manner.

# Standard 11: Electro Convulsive Therapy Unit

**The Electro Convulsive Therapy Unit is managed in accordance with the standards and guidelines published by the Office of the Chief Psychiatrist and provide a safe and quality environment for patients, visitors and staff.**

## Mandatory criteria

- 11.1 A designated registered nurse, experienced in the administration of electroconvulsive therapy (ECT), is responsible for the management and care of patients. This includes ensuring that:
  - 11.1.1 the ECT machine is checked and is operational before each session
  - 11.1.2 emergency resuscitation equipment is readily available
  - 11.1.3 appropriate emergency drugs are available.
- 11.2 Only a registered psychiatrist administers ECT.
- 11.3 Staffing arrangements for ECT are in accordance with Australian College of Operating Room Nurses Standards and the Chief Psychiatrist's Guidelines for the use of Electroconvulsive Therapy in Western Australia.
- 11.4 Staffing for ECT anaesthesia and equipment are in accordance with the Australian and New Zealand College of Anaesthetists (ANZCA) Guidelines and include:
  - 11.4.1 Technical Standard One – Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites
  - 11.4.2 Technical Standard Two – Recommendations on Minimum Facilities for Safe Anaesthesia Practice Outside the Operating Suite.
- 11.5 Staffing arrangements for ECT recovery are in accordance with the ANZCA Guidelines and include:
  - 11.5.1 Professional Standard 4 – Recommendations for the Post-Anaesthesia Recovery Room.
- 11.6 Staff involved in the provision of ECT are competent in basic life support.
- 11.7 Policies and procedures are developed, reviewed, monitored and updated by an ECT management committee and are readily available to staff. These include:
  - 11.7.1 a psychiatrist who has completed formal training in ECT and has sufficient experience in administering ECT, is responsible for the provision of the facility's ECT program
  - 11.7.2 a designated person is responsible for monitoring and ensuring compliance with the ANZCA guidelines
  - 11.7.3 staff education and training programs are service specific and meet staff/ patient needs
  - 11.7.4 staff are provided with education and training on the legal framework governing the provision of ECT
  - 11.7.5 a designated person is responsible for monitoring and ensures compliance with Australian College of Operating Room Nurses standards.

- 11.8 Information management ensures that:
  - 11.8.1 patients are provided with written and verbal information, to allow them to make an informed consent to undergo ECT
  - 11.8.2 medical records include all details of ECT.
- 11.9 An ECT register is kept and records:
  - 11.9.1 date, start and finish time that ECT was administered
  - 11.9.2 patient's name
  - 11.9.3 medical record number
  - 11.9.4 birth date
  - 11.9.5 gender
  - 11.9.6 procedure performed including bilateral/unilateral, brief pulse, current delivered
  - 11.9.7 name and designation of operator and anaesthetist
  - 11.9.8 name of treating psychiatrist and supervising psychiatrist, if present
  - 11.9.9 name of nursing personnel assisting
  - 11.9.10 type of analgesia, anaesthetic and muscle relaxant used
  - 11.9.11 details of seizure induced including duration recorded on electroencephalogram
  - 11.9.12 name of patient's psychiatrist (and second opinion psychiatrist if required)
  - 11.9.13 treatment number and total number of treatments planned
  - 11.9.14 where abbreviations are used, they are consistent with organisation policy on abbreviations.
- 11.10 The medications available in the ECT suite include as a minimum:
  - 11.10.1 anaesthetic induction agents
  - 11.10.2 muscle relaxants
  - 11.10.3 Dantrolene, Atropine and sterile water
  - 11.10.4 an emergency drug tray containing drugs to deal with psychiatric, cardiac, neurological or respiratory emergencies.
- 11.11 Security measures are in place to ensure that unauthorised persons do not access the ECT unit.
- 11.12 Patient care equipment and supplies are available to support the safe practice of all procedures and care provided. This includes:
  - 11.12.1 an ECT machine, of a type that is registered with the Therapeutic Goods Authority, shall be provided, which has the following as a minimum set of functions:
    - 15.12.1.1 electroencephalogram monitoring
    - 15.12.1.2 a wide range of stimulus settings
  - 11.12.2 at least one fully equipped resuscitation trolley is available with the drugs and equipment required to manage a patient collapse or cardio-pulmonary emergency
  - 11.12.3 when ECT is in use, oxygen and suction is adjacent to each bed/trolley
  - 11.12.4 the emergency call system is functional and permits both the ECT suite and recovery areas to alert an emergency.
- 11.13 ECT unit design and function provides a safe environment that meets the needs of patients and staff.

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