



## Delivering a Healthy WA

Licensing Standards and Review Unit

Licensing Standards for the Arrangements for Management,  
Staffing and Equipment

## Private Hospitals



Healthy Workforce • Healthy Hospitals • Healthy Partnerships • Healthy Communities • Healthy Resources • Healthy Leadership

Licensing Standards and Review Unit  
Department of Health  
Third Floor C Block  
189 Royal Street  
East Perth WA 6004

First Published November 2003  
Revised November 2006

*This document is protected by copyright. Copyright resides with the State of Western Australia. Apart from any use permitted by the Copyright Act 1968 (Cth), no part of this document may be published, or reproduced in any material form whatsoever, without the express permission of the Licensing Standards and Review Unit, Department of Health (WA).*



## Table of contents

Glossary of terms		1
Standard one	Governance	2
Standard two	Staffing	4
Standard three	Information management	5
Standard four	Facility function and use of space	6
Standard five	Equipment and infrastructure	7
Standard six	Medications	8
Standard seven	Infection control	9
Standard eight	Perioperative suite	10
Standard nine	Sterile supply	12
Standard ten	Food safety	13
Standard eleven	Laundry	14
Standard twelve	Fire and security	15
Standard thirteen	Facility maintenance	16
Standard fourteen	Intensive care	18
Standard fifteen	Emergency department	19
Bibliography		20

## Application - Private hospital

Licensing Private Hospitals is regulated by the *Hospitals and Health Services Act 1927* (the Act). The Act makes provisions for the granting of licences by the Chief Executive Officer, 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.

The following are the minimum standards for licensed facilities, defined as a Private Hospital under the Act, for reviewing the arrangements for management, staffing and equipment.

During 2001 - 2003 the Healthcare Facilities Standards Reference Committee examined a number of areas pertinent to the licensing of Private Hospitals, including the development of standards for assessing that the arrangements for management, staffing and equipment are satisfactory.

The Standards have been used in annual inspections in private hospitals since 2004. They were reviewed in 2006 and these revised standards are applicable from 1 January 2007.

The application of these Standards is determined by the Statement of Function of the licensed facility.

Definition - Private Hospital - The *Hospitals and Health Service Act 1927*, Part 1 section 2, states:

“private hospital” means a hospital that is not a public hospital

“private non-profit hospital” means a hospital, which is maintained by a religious or charitable organisation and is not carried on for the purpose of private gain

“public hospital” means any hospital that is -

(a) conducted or managed by -

(i) a board constituted under this Act; or

(ii) the Minister under this Act; or

(b) declared to be a public hospital under section 3.

“hospital” means an institution for the reception and treatment of persons suffering from illness or injury, or in need of medical, surgical or dental treatment or assistance, and includes a maternity home or maternity hospital, day hospital facility, nursing home or nursing post.

## Glossary of terms

“Compliance”	to act or provide in accordance with the requirements or recommendations of these guidelines or relevant standards or regulations.
“Critical systems”	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”	hours of hands-on clinical nursing care by registered nurses, nurse practitioners, 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.
“Facility”	the physical aspects of the development, e.g. the buildings.
“Guidelines”	a set of requirements and recommendations, which describes a minimum level of facility provision.
“Minimum”	the least level of provision which is considered safe for a given function. Anything below is considered unsatisfactory.

## Standard one Governance

**Standard** Private Hospital licence holders ensure their facilities meet the requirements of specific health legislation.

### Minimum Criteria

- 1.1 The function of the facility has been defined in a statement that is accessible to all staff, patients and visitors.
- 1.2 Lines of communication, authority and responsibility are set out in an organisational chart.
- 1.3 A Medical Advisory Committee (MAC) oversees standards of medical practice.
- 1.4 Medical practitioners are credentialled through a formal process by a Credentialling Committee. The credentialling includes documentation of clinical privileges.
- 1.5 Demonstrated processes are in place that new technologies, new instruments and new procedures are examined and approved by the relevant authority, [as designated by the MAC and the Proprietor].
- 1.6 There is a designated Director of Nursing/senior registered nurse position responsible for standards of nursing practice in the facility.
- 1.7 Only registered, comprehensive and enrolled nurses, midwives and nurse practitioners (and/or dental nurses, as appropriate) provide direct nursing care.
- 1.8 Processes are in place to ensure that all professionals provide evidence of current registration with the relevant authority.
- 1.9 Written and dated job descriptions are available and provided to staff. Lines of communication, authority and responsibility are set out in the job description.
- 1.10 Policies and procedures are developed, reviewed and updated as required at least every four years and made readily available to staff. Policies and procedures are required on the following functions, as a minimum:
  - patient care;
  - emergency procedure;
  - admission and discharge criteria;
  - medical records;
  - occupational safety and health;
  - infection control;
  - sterilisation process;
  - catering services;
  - laundry services;
  - quality management;
  - staff development and education;

- preventative maintenance;
- administration; and
- employment, including compliance with Working with Children Legislation.

- 1.11 A register of patients is maintained. Details may be located in more than one place, e.g. hard copy/patient records and computer.
- 1.12 Occupational safety and health programs and practices comply with the current legislative requirements.
- 1.13 There are documented and auditable systems of continuous improvement in place.
- 1.14 There is a complaint and grievance management process in place, accessible for all patients, staff and visitors.
- 1.15 There is evidence that Adverse Events are monitored, and a reporting mechanism is utilised.
- 1.16 There are ongoing education and training/staff development programs, which are service specific and meet staff/patient needs.
- 1.17 The current licence certificate is displayed in a public place.

## Standard two      Staffing

**Standard**      Private Hospitals operate with staffing levels that ensure patients' safety and contribute positively to patients' quality of life.

### Minimum Criteria

- 2.1 Staffing arrangements are consistent with conditions outlined in the licence:
  - the number and categories of nursing and other staff, that being 3.5 hours of general nursing care per patient per day of which 2.0 hours shall be provided by a Registered General Nurse, or as stated on the licence certificate;
  - the kinds of nursing and other care provided or available at the facility; and
  - the periods and times at which they are provided or available.
- 2.2 Staffing arrangements for the perioperative suite are in accordance with the Australian College of Operating Room Nurses, ACORN Standards for Perioperative Nursing, 2006 (as amended from time to time).
- 2.3 Staffing arrangements for anaesthesia are in accordance with the Australian and New Zealand College of Anaesthetic Guidelines (as amended from time to time):
  - T1 - Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites.
  - PS8 - The Assistant for Anaesthetist.

Registered Nurses who are trained, experienced and deemed competent by the facility management would not require training in accordance with PS8.
- 2.4 Staffing arrangements for intensive care are in accordance with the Faculty of Intensive Care, Minimum Standards for Intensive Care Units, Review 1C-1, (as amended from time to time).
- 2.5 Staffing arrangements for recovery area are in accordance with the Australian and New Zealand College of Anaesthetic Guidelines - PS4, Recommendations for the Post-Anaesthesia Recovery Room (as amended from time to time).
- 2.6 Staffing arrangements for emergency departments are in accordance with Standard 15.

## Standard three      Information management

**Standard**      Registers of information are accurately maintained according to standards for privacy and confidentiality and meet legislative requirements.

### Minimum Criteria

- 3.1 An accurate medical record is maintained for each patient, sufficiently detailed to allow another medical practitioner or other health professional to assume care of the patient and to facilitate effective continuity and standards of care.
- 3.2 All entries into the medical records pertaining to care of patients should include date, time, name, designation and signature of the person making the entry.
- 3.3 Medical record keeping complies with the facility's medical record policy.
- 3.4 Medical records in use are securely stored to ensure patient confidentiality and to protect against unauthorised persons gaining access to those records.
- 3.5 Medical records in secondary and tertiary storage are securely stored to prevent unauthorised access and to provide protection from fire, vermin and dust.
- 3.6 Patient information must not be released to others without the express written permission of the patient, and their consent must be documented in the patient's notes.
- 3.7 Medical records must be disposed of in a manner, which ensures that the confidentiality of the information contained on the record is maintained.

## Standard four Facility function and use of space

**Standard** The hospital is functional and safe, meeting the needs of patients as well as community standards.

### Minimum Criteria

- 4.1 The number, size and function of rooms available in the facility are consistent with services to be provided for licensed patient volumes and the delivery of safe patient care.
- 4.2 There are facilities for clean utility functions.
- 4.3 There are facilities for soiled linen storage and dirty utility functions.
- 4.4 Configuration/layout and workflows meet the requirements of all facility operations ensuring separation of “clean” and “dirty” areas.
- 4.5 Storage space is adequate for all equipment, general stores and pharmaceuticals.
- 4.6 There is a reception area, which protects patient confidentiality.
- 4.7 All treatment spaces, bedrooms, and bathrooms/toilets are adequate in size and function:
  - to ensure patient safety;
  - to enable staff to carry out their duties; and
  - to provide privacy for patients.
- 4.8 Call bells (e.g. patient, staff assist, emergency, duress alarms) are provided to all patient and staff-assist areas and are functioning. There are documented guidelines for response.
- 4.9 Oxygen and suction outlets are adjacent to each bed in new hospitals and there is provision for these services in established hospitals.
- 4.10 Portable oxygen and suction cylinders are available for resuscitation purposes and emergency back up. The equipment must be securely stored and restrained.

## Standard five Equipment and infrastructure

**Standard** The facility equipment and infrastructure are appropriately maintained to ensure safety and comfort for patients and staff.

### Minimum Criteria

- 5.1 Equipment is available to support safe practice of the types of surgery/procedures or the operation of the services, i.e.:
  - appropriate for the type of surgery/procedures;
  - adequate in volume;
  - specialist equipment is available; and
  - sufficient number of instruments.
- 5.2 Equipment is clean and maintained in a safe working condition.
- 5.3 Equipment is located and stored in a way that facilitates its effective use.
- 5.4 Staff are trained in the use of the equipment.
- 5.5 A mobile equipped resuscitation trolley is located in the operating suite/recovery, emergency department and in ward areas. The trolley must have the drugs and equipment required to manage a patient collapse or cardio-pulmonary emergency.
- 5.6 If children are admitted to the facility, readily identified paediatric resuscitation equipment must be provided.
- 5.7 The resuscitation trolley must be checked daily, after use, and a checking log kept. A written prescribed contents list must be attached or contained within the trolley.
- 5.8 An emergency call system is in place and functional which permits both the operating suite, recovery areas and other specialty areas to alert each other of an emergency.
- 5.9 A mobile defibrillator must be available to the operating suite (including recovery areas) and wards. This must be checked according to the Department of Health Operational Instruction OP1247/99 “Performance Testing and Maintenance of Defibrillators in all Public Hospitals” (as amended from time to time)” or in accordance with facility policy for automatic defibrillators.

## Standard six Medications

**Standard** Patient medication is managed in accordance with the relevant legislation.

### Minimum Criteria

- 6.1 Medications are prescribed by medical/dental officers and nurse practitioners and signed by clinical staff when the medications are administered.
- 6.2 Verbal medication orders, if required, are documented and signed within 24 hours or in accordance with facility policies by the authorising medical practitioner.
- 6.3 Standing orders are doctor specific, provide clear instructions and are signed and reviewed annually. Processes are documented in the relevant policy.
- 6.4 Medication storage is in compliance with the requirements of legislation and manufacturers recommendations. Schedule 8 drugs shall be stored in a locked medicine cupboard, and the drug refrigerator is locked or in a secure environment.
- 6.5 There is evidence that all drug fridges and freezers are operating at temperatures in accordance with manufacturers' instructions.
- 6.6 Schedule 8 drugs and register are checked to ensure compliance with Poisons Regulations.
- 6.7 Medication acquisition and administration is in compliance with the requirements of legislation and the facility's policies.
- 6.8 There is a process for reporting and reviewing drug errors.

## Standard seven Infection control

**Standard** Infection control practice meets contemporary standards and guidelines.

### Minimum Criteria

- 7.1 An infection control program, which complies with national and state regulations, is established and maintained. The scope and focus of the program addresses risk factors specific to the patient population, nature of the facility and available resources.
- 7.2 There is a qualified person, who has completed a nationally accredited infection control program, delegated to coordinate the infection control program.
- 7.3 There is a committee that has infection control as part of its terms of reference and which monitors outcomes of the infection control program.
- 7.4 The infection control program identifies and documents infection control related policies and procedures at the facility. These include but are not be limited to:
  - standard and additional precautions;
  - hygiene standards;
  - procedural standards;
  - physical environment;
  - sterility of instruments and equipment;
  - processing of re-useable instruments and equipment;
  - instruments and equipment requiring special processing;
  - protection for health care workers;
  - quality management;
  - surveillance; and
  - product review.



## Standard eight Perioperative suite

**Standard** Perioperative Suites meet contemporary standards and guidelines.

### Minimum Criteria

- 8.1 The function of the operating suite demonstrates zoning:
- Outer Zone - Health care facility areas up to and including the reception area of the operating suite.
  - Clean Zone - The circulation area used by the staff, once they have changed, and the route taken by patients from the transfer area to the anaesthetic room/operating room.
  - Aseptic Zone - Scrub bay/area, anaesthetic room, preparation room, set-up room, operating room, exit bay.
  - Disposal Zone - The disposal area for waste products and soiled or used equipment and supplies.
- 8.2 Movement of patients, staff and materials/equipment can be demonstrated and show clear lines of delineation between them.
- 8.3 Operating Rooms, Holding Bay, Recovery Room are designated and equipped to safely carry out the designated procedures and maintain patient care and privacy.
- 8.4 Policies and procedures have been developed and are regularly reviewed by an operating suite management team/committee.
- 8.5 Register/s are maintained as follows:
- operations/procedures register;
  - implantable device register (must be a separate register); and
  - laser register.
- 8.6 Details of operations/procedures to be registered include:
- date;
  - patient's name;
  - record number;
  - birth date;
  - sex;
  - procedure performed;
  - names of the surgeon, anaesthetist and nursing personnel involved;
  - start and finish time of the procedure;
  - type of analgesia, anaesthetic or sedation used; and
  - where abbreviations are used, it is consistent with organisation policy on abbreviations.
- 8.7 If lasers are used in the facility, the requirements of AS/NZS 4173:1994 "Guide to the safe use of lasers in health care" (as amended from time to time), and AS/NZS 2211.1:1996 "Laser Safety - equipment classification, requirements and user's guide" (as amended from time to time), are observed.
- 8.8 The storage space ensures all stock and equipment is stored appropriately.

- 8.9 There are processes in place to ensure supervising medical staff are available promptly when clinical needs arise.
- 8.10 Recovery from anaesthesia will take place under supervision in an area designated and equipped for the purpose.
- 8.11 There is a designated person responsible for monitoring and ensuring compliance of the Australian and New Zealand College of Anaesthetists Guidelines (as amended from time to time):
- Technical Standard 1, Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites.
  - Professional Standard 4, Recommendations for the Post-Anaesthesia Recovery Room 2006, or as amended from time to time.
  - Professional Standard 6, Recommendations on the Recording of an Episode of Anaesthesia Care (The Anaesthesia Record) 2001, or as amended from time to time.
  - Professional Standard 9, Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures, 2005, or as amended from time to time.
  - Professional Standard 18, Recommendations on Monitoring during Anaesthesia.

## Standard nine Sterile supply

**Standard** The standard of sterile supply services ensures that current contemporary practice and guidelines are being met.

### Minimum Criteria

- 9.1 Sterile Supply, either onsite or contracted, must ensure compliance with:
  - Australian Standard AS 4187 - Cleaning, disinfecting and sterilising re-useable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities (as amended from time to time).
  - Australian Standard AS 3789.2, Textile for health care facilities and institutions Part 2 Theatre linen and pre packs, (as amended from time to time).
- 9.2 Single use items are not to be re-used.
- 9.3 The sterilisation/disinfection of endoscopes must comply with:
  - Australian Standard - AS 4187, Appendix C (as amended from time to time).
  - GESA/GENSA Guidelines, Infection Control in Endoscopy (as amended from time to time).
  - OP 0706/96 Sterilising of Endoscopic Equipment (as amended from time to time).
- 9.4 A sterilisation manual/system documenting the facility's policy and procedures has been developed and implemented, and is available at the workstation.
- 9.5 A qualified person, who has completed a recognised course in national competencies on sterilisation, is designated to coordinate all sterilisation activities and is responsible for monitoring and ensuring compliance.
- 9.6 Staff training - there is evidence of:
  - orientation and in-service on equipment and procedures; and
  - training for all staff in sterile supply. At least 70 per cent of staff are qualified at national competency levels in sterile supplies training or are undertaking training. All staff in a leading or supervisory role are so qualified.
- 9.7 Records of departmental process and monitoring activities are maintained and are available for review.

## Standard ten Food safety

**Standard** Patients are provided with a nutritious diet that meets their individual needs, whilst meeting Food Standards Code.

### Minimum Criteria

- 10.1 Food services, either contracted or on site, conform to food safety legislation.
- 10.2 There is a designated person responsible for monitoring and ensuring compliance for all food processes.
- 10.3 There is evidence that all staff involved in food handling and storage receive training.
- 10.4 Dedicated hand washing facilities are in close proximity to food handling areas.
- 10.5 All cleaning schedules are displayed and records of cleaning kept.
- 10.6 Designated facilities of the storage for food and other consumables are available. Surfaces, including shelving, and equipment are of an impervious material. Food products and appliances are stored or positioned off the floor.
- 10.7 Food is stored in refrigerators in a manner to prevent contamination including the separation of raw and cooked foods.
- 10.8 There is evidence that all fridges and freezers storing food products are operating at recommended temperature range of <5C and minus 15C. The fridges are monitored for temperature control on a daily basis. There are policies outlining actions required when temperature falls outside the recommended temperature range.
- 10.9 Menu cycles reflect patient requirements, variety of food and the average length of stay (that is, 4-week rotations for aged care/long stay patients).
- 10.10 Meals are served at times similar to those experienced by patients in community and according to Hospitals (Licensing and Conduct of Private Hospitals) Regulations 1987.
- 10.11 A dietitian has input into the development and changes to menus/menu and their rotation and is available for consultation as required.

## Standard eleven      Laundry

**Standard**            The provision of laundry services is in accordance with relevant regulations.

**Minimum Criteria**

- 11.1 Laundry services, either onsite or contracted, conform to the current Australian Standard - AS 4146 (as amended from time to time).
- 11.2 A sufficient supply of linen is available to meet the function and throughput of the facility.

## Standard twelve      Fire and security

**Standard**            The risk of fire is reduced and patient/staff safety is maximised in the event of a fire.

**Minimum Criteria**

- 12.1 Written procedures exist for staff responses in the event of emergencies, such as fire, evacuation of the building, cardiac/respiratory arrest, hold-up, etc.
- 12.2 Fire orders and a simple evacuation plan are displayed for staff and visitors.
- 12.3 Fire drills, equipment training and evacuation procedures are carried out annually for all staff. Records of training dates and attendance are kept.
- 12.4 Fire hydrants and fire exit doors are marked. All fire exits are accessible and allow easy egress.
- 12.5 A generator or battery operates fire exit markers.
- 12.6 Fire equipment is ready for immediate use and tested 6 monthly (extinguishers and hose reels).
- 12.7 Flammable rubbish is managed in a way that does not pose a fire risk.
- 12.8 There is a policy on smoking and designated smoking areas.
- 12.9 The smoke alarm detection system is tested in accordance with Fire and Emergency Service Authority requirements, and records are maintained. Automatic Fire Detection and Alarm Systems, i.e. Fire Panels, are tested by external contractors in accordance with the Australian Standard AS 1851.8 (as amended from time to time). Records of testing are kept in the fire indicator panel or in service manual.
- 12.10 Security measures are in place to ensure all reasonable steps are taken to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of patients, visitors and staff.

## Standard thirteen Facility maintenance

**Standard** The facility, plant and equipment are maintained and maintenance activities are documented.

### Minimum Criteria

- 13.1 Performance monitoring - Performance monitoring demonstrates appropriateness and effectiveness of systems. Such monitoring includes:
- All critical systems are properly maintained and operational back-up contingencies are available for immediate implementation in the event of primary equipment failure.
  - Records are maintained for each critical system. All maintenance, operation checks and emergency uses of the equipment must be recorded. Records must be kept at the facility and be available for inspection.
  - Testing is carried out, as required, in accordance with manufacturers' recommendations, for electrical, biomedical, gas, and equipment tests, and maintenance schedules are implemented, including calibration. Documentation is available for verification.
- 13.2 Facility - There is a maintenance program of the physical facility and furniture. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- cleaning;
  - servicing;
  - repair/breakdown arrangements;
  - refurbishment;
  - replacement; and
  - vermin and insect control.
- 13.3 Plant - A written maintenance program ensures that routine and preventative maintenance is carried out. This program is maintained and servicing records are available. Such maintenance must include, where relevant:
- plant, e.g. air conditioning system filters, legionella control; and
  - fuses, circuit breakers, earth leakage and other electrical protection systems.
- 13.4 Biomedical and Surgical Equipment - A written maintenance program ensures that routine and preventative maintenance is carried out on all procedural and surgical equipment. This program is maintained and servicing records are available. Such maintenance must include:
- biomedical equipment is tested as per manufacturer's recommendations, however a minimum of annual testing is required; and
  - routine servicing and testing of endoscopes as per manufacturer's recommendations.
- 13.5 All chemicals and gases are appropriately stored.

- 13.6 Waste management processes comply with regulations for:
- contaminated medical waste;
  - ordinary waste; and
  - sharp object disposal.
- 13.7 Detergents and chemicals are purchased in ready-to-use containers. All containers are correctly labelled.
- 13.8 The environment within the organisation is clean and safe for patients, visitors and staff at all times. All cleaning schedules are displayed and cleaning records kept.

## Standard fourteen      Intensive care

**Standard**                      The provision of intensive care services is in accordance with relevant standards and guidelines.

### Minimum Criteria

- 14.1 There is a designated person responsible for monitoring and ensuring compliance of the Faculty of Intensive Care, Minimum Standards for Intensive Care Units (as amended from time to time).
- 14.2 There is demonstrated evidence of monitoring and compliance with these minimum standards.

## Standard fifteen      Emergency department

**Standard**                      The provision of emergency department services is in accordance with relevant standards and guidelines.

### Minimum Criteria

- 15.1 There is a designated person responsible for monitoring and ensuring compliance of the facility standards and appropriate professional standards.
- 15.2 There is demonstrated evidence of monitoring compliance with 15.1.
- 15.3 Staffing
- Medical staff:
- Medical staff shall consist of at least two full-time equivalent medical practitioners who hold the qualification of Fellow of the College of Emergency Medicine.
  - A medical practitioner of at least four years standing shall be dedicated to the department for 24 hours of every day as “lead” doctor.
  - A second medical practitioner shall be available in the hospital at all times.
  - Other suitably experienced medical staff shall be available as required, and a roster of specialist consultants shall be maintained in the department.
  - The emergency department shall not be left without a doctor and/or appropriate nurse staffing in the event of transfers, which require a medical and/or nursing escort.
- Nurse staffing:
- A Registered Nurse at least at SRN 3 with appropriate qualifications shall be designated as nurse manager (however titled) of the department.
  - A Clinical Nurse shall be on duty and responsible for each shift.
  - The Clinical Nurse shall be supported by experienced Registered Nurses, and Enrolled Nurses.
- Other staff:
- Clerical and orderly staff shall be available 24 hours each day and other support staff as appropriate.
- 15.4 Support Services:
- Radiology and pathology/laboratory services shall be available on site and staffed at all times. Appropriate on call arrangements shall be in place to supplement staffing.
- 15.5 Written policies and procedures shall be available within the emergency department and are regularly reviewed by an emergency department management team/committee.
- 15.6 Emergency Department is equipped safely to carry out the designated requirements/ procedures.

## Bibliography

The Association for the Advancement of Medical Instrumentation (AAMI) Standards, 2004, as amended from time to time.

Australian College of Operating Nurses, ACORN Standards for Perioperative Nursing, 2006, as amended from time to time.

Australian and New Zealand College of Anaesthetic Guidelines, T1 - Recommendations on Minimum Facilities for Safe Anaesthesia Practice in Operating Suites, 2000, as amended from time to time.

Australian and New Zealand College of Anaesthetists PS28, Guidelines on Infection Control in Anaesthetics, 2005, as amended from time to time.

Australian and New Zealand College of Anaesthetic Guidelines, Professional Standard 4, Recommendations for the Post-Anaesthesia Recovery Room, 2000, as amended from time to time.

Australian and New Zealand College of Anaesthetic Guidelines, Professional Standard 6, Recommendations on the Recording of an Episode of Anaesthesia Care (The Anaesthesia Record), 2006, as amended from time to time.

Australian and New Zealand College of Anaesthetic Guidelines, Professional Standard 9, Guidelines on Conscious Sedation for Diagnostic, Interventional Medical and Surgical Procedures, 2005, as amended from time to time.

Australian and New Zealand College of Anaesthetic Guidelines, Professional Standard 18, Recommendations on Monitoring during Anaesthesia, 2006, as amended from time to time.

Australian and New Zealand Food Standards Code, 2006.

Australian Standard AS 1851 - Maintenance of Fire Protection Systems and Equipment, 2005, as amended from time to time.

Australian Standard AS 1851.8 - Supplement 1 - Maintenance of Fire Protection Equipment, Automatic Fire Detection and Alarm Systems - System Certificates and Maintenance Records, Maintenance of Fire Protection Equipment, 1990, as amended from time to time.

Australian Standard AS 2211.1 - Safety of Laser products. Part 1. Equipment classification requirements and users' guide, 2004, as amended from time to time.

Australian Standard AS 2828 - Hospital Medical Records 1985, as amended from time to time.

Australian Standard AS 3666. 3 - Air handling and water systems of buildings - microbial control Part 3: Performance based maintenance of cooling water systems, 2000, as amended from time to time.

Australian Standard AS 3789.2 - Textile for health care facilities and institutions, Part 2 Theatre Linen and pre packs, 1991, as amended from time to time.

Australian Standard AS 4146 - Laundry Practice, 2000, as amended from time to time.

Australian Standard AS 4173 Guide to the Safe Use of Lasers in Health Care, 2004, as amended from time to time.

Australian Standards AS 4815 - Office Based Health Care Facilities not involved in complex Patient Procedures and Processes of - Cleaning, Disinfecting and Sterilising Reusable Medical and Surgical Instruments and Equipment, and Maintenance of the Associated Environment, 2001, as amended from time to time.

Australian Standard AS 4187 - Cleaning disinfecting and sterilising re-usable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities, 2003, as amended from time to time.

Care for Australians with Renal Impairment (CARI) Guidelines, 2004, as amended from time to time.

Disability Services Act 1993, as amended from time to time.

General Disposal Authority for Financial and Accounting Records, Rd 95061, State Records Office of Western Australia, 1995, as amended from time to time.

Guidelines for Infection Control in Non-Teaching Health Care Establishments, Health Department of WA, 1998, as amended from time to time.

Health (Food Hygiene) Regulations 1993, as amended from time to time.

Hospitals and Health Services Act 1927, as amended from time to time.

Hospitals (Licensing and Conduct of Private Hospitals) Regulations 1987, as amended from time to time.

Infection Control in Endoscopy Guidelines, 2nd Edition, Gastroenterology Society of Australia, Gastroenterology Nurses College of Australia Inc., 2003, as amended from time to time.

Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting. Australian Government, Department of Health and Ageing, 2004, as amended from time to time.

Infection Control in the Health Care Setting, NHMRC, 1996, as amended from time to time.

Infection Control Standards, Australian Infection Control Association, 2006, as amended from time to time.

Minimum Standards for Intensive Care Units, Joint Faculty of Intensive Care Medicine, 2003, as amended from time to time.

Occasional Paper /2 - Patient Information Retention and Disposal Schedule, Version 2, 2000, as amended from time to time.

Occupational Safety and Health Act, 1984 as amended from time to time.





Occupational Safety and Health Regulations 1996, as amended from time to time.

OP 0706/96 *Sterilising of Endoscopic Equipment*. Department of Health WA, 1996, as amended from time to time.

OP 1247/99 *“Performance Testing and Maintenance of Defibrillators in all Public Hospitals”* Department of Health WA, 1999, as amended from time to time.

Poisons Act 1964 (WA), as amended from time to time.

Poisons Regulations 1965 (WA), as amended from time to time.

Privacy Act 1998 (Commonwealth), as amended from time to time.

Private Hospital Guidelines, Guidelines for the Construction, Establishment and Maintenance of Private Hospital, Health Department of WA, 1999, as amended from time to time.

Standards for the Establishment and Private Sector Emergency Departments, Health Department of WA, 1997, as amended from time to time.

Working with Children (Criminal Record Checking) Act 2004 - Working With Children Checks, as amended from time to time.