



## Delivering a Healthy WA

Licensing Standards and Review Unit

Licensing Standards for the Arrangements for Management,  
Staffing and Equipment

Nursing post



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

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## Licensing Standards for the Arrangements for Management, Staffing and Equipment



## Application - Nursing post

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 Nursing Post. These are standards that will be applied for assessing the arrangements for management, staffing and equipment.

*The Hospitals and Health Services Act 1927* defines a Nursing Post as “a place at which a nurse is stationed and at which facilities exist for medical attention but which is not normally used for the accommodation of in-patients”.

The Standards have been used in annual inspections in private nursing posts 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.



## Glossary of terms

<b>“Critical systems”</b>	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.
<b>“Egress”</b>	a safe means of escape in the event of an emergency (usually fire).
<b>“Facility”</b>	the physical aspects of the development, e.g. the buildings.
<b>“Guidelines”</b>	a set of requirements and recommendations, which describes a minimum level of facility provision.
<b>“Minimum”</b>	the least level of provision which is considered safe for a given function. Anything below is considered unsatisfactory.



## Standard one                      Governance

**Standard**                      Nursing Post facilities 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 There is a designated senior registered nurse position responsible for standards of nursing practice in the facility.
- 1.4 Only registered, comprehensive and enrolled nurses and nurse practitioners (and/or dental nurses, as appropriate) provide direct nursing care.
- 1.5 Processes are in place to ensure that all professionals provide evidence of current registration with the relevant authority.
- 1.6 Written and dated job descriptions are available and provided to staff. Lines of communication, authority and responsibility are set out in the job description.
- 1.7 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 health and safety;
  - infection control;
  - sterilisation process;
  - catering services;
  - laundry services;
  - quality management;
  - staff development and education;
  - preventative maintenance;
  - employment, including compliance with Working with Children Legislation; and
  - administration.
- 1.8 A register of patients is maintained. Details may be located in more than one place, e.g. hard copy/patient records and computer.
- 1.9 Occupational safety and health programs and practices comply with the current legislative requirements.



- 1.10 There are documented and auditable systems of continuous improvement in place.
- 1.11 There is a complaint and grievance management process in place accessible for all patients, staff and visitors.
- 1.12 There is evidence that Adverse Events are monitored and a reporting mechanism is utilised.
- 1.13 There are ongoing education and training/staff development programs, which are service specific and meet staff/patient needs.
- 1.14 The current Licence certificate is displayed in a public place.





## Standard two      Staffing

**Standard**      Nursing Posts 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 the categories of nursing and other staff,
  - 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.



## 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/dental 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 so as to ensure patients 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 nursing post is functional and safe, meeting the needs of patients as well as community standards.

### Minimum Criteria

- 4.1    The numbers, 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 and ensure 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 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    Portable oxygen and suction cylinders are available for resuscitation purposes and emergency back up. The equipment must be adequately stored and restrained.



## Standard five                      Equipment and infrastructure

**Standard**                      The facility equipment and infrastructure are maintained in a manner that ensures 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    At least one fully equipped resuscitation trolley is available with the drugs and equipment required to manage patient collapse or cardio-pulmonary emergency.
- 5.6    If children are treated in 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 to or contained within the trolley.
- 5.8    Equipment to maintain an airway and intubate patients must be available.
- 5.9    A mobile defibrillator must be available. 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 in accordance with facility policies by the authorising medical/dental practitioners.
- 6.3 Standing orders are doctor/dentist 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, i.e. Schedule 8 drugs in a locked medicine cupboard, and the drug refrigerator is locked or in a secure environment, in accordance with manufacturers recommendations.
- 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 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      Sterile supply

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

### Minimum Criteria

- 8.1    Sterile Supply, either onsite or contracted, must ensure compliance with:
- Onsite - Australian Standard AS 4815, Office-based health care facilities not involved in complex patient procedures and processes - cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of the associated environment (as amended from time to time).
  - Contracted - 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.
- 8.2    Single use items are not to be re-used.
- 8.3    A sterilisation manual/system documenting the facility's policy and procedures has been developed, implemented and available.
- 8.4    Staff training - there is evidence of orientation and in-service training on equipment and procedures.
- 8.5    Records of departmental process and monitoring activities are maintained and are available for review.



## Standard nine      Food safety

**Standard**                      Patients are provided with a nutritious diet that meets their individual needs, whilst meeting FoodSafe regulations.

**Application**                This standard applies where a facility

- provides refreshments and/or meals to patients and/or staff
- stores food or other consumables on the premises.

### Minimum Criteria

- 9.1 Food services, either contracted or on site, conform to food safety legislation.
- 9.2 There is evidence that all staff involved in food handling and storage receive training.
- 9.3 Dedicated hand washing facilities are in close proximity to food handling areas.
- 9.4 All cleaning schedules are displayed and records of cleaning kept.
- 9.5 Designated facilities and 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.
- 9.6 Food is stored in refrigerators in a manner to prevent contamination including the separation of raw and cooked foods.
- 9.7 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.





## Standard ten      Laundry

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

### Minimum Criteria

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



## Standard eleven      Fire and security

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

### Minimum Criteria

- 11.1 Written procedures exist for staff responses in the event of emergencies, such as fire, evacuation of the building, cardiac/respiratory arrest, hold-up, etc.
- 11.2 Fire orders and a simple evacuation plan are displayed for staff and visitors.
- 11.3 Fire drills, equipment training and evacuation procedures are carried out annually for all staff. Records of training dates and attendance are kept.
- 11.4 Fire hydrants and fire exit doors are marked. All fire exits are accessible and allow easy egress.
- 11.5 A generator or battery operates fire exit markers.
- 11.6 Fire equipment is ready for immediate use and tested at least 6 monthly (extinguishers and hose reels).
- 11.7 Flammable rubbish is managed in a way that does not pose a fire risk.
- 11.8 There is a policy on smoking and designated smoking areas.
- 11.9 The smoke alarm detection system is tested in accordance with Fire and Emergency Services 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.
- 11.10 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 twelve      Facility maintenance

**Standard**                      The facility, plant and equipment are appropriately maintained and there is verified documentation.

### Minimum Criteria

- 12.1 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.
- 12.2 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.
- 12.3 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.
- 12.4 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 that biomedical equipment is tested as per manufacturer's recommendations, however a minimum of annual testing must be maintained.
- 12.5 All chemicals and gases are appropriately stored.
- 12.6 Waste management processes comply with regulations and Shire requirements for:
- contaminated medical waste;
  - ordinary waste; and
  - sharp object disposal.



- 12.7 Detergents and chemicals are purchased in ready-to-use containers. All containers are correctly labelled.
- 12.8 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.



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