

AUSTRALIAN CAPITAL TERRITORY

Public Health Act 1997

INSTRUMENT NO. 187

DETERMINATION OF A CODE OF PRACTICE

Pursuant to Section 133 of the *Public Health Act 1997*, **I, MICHAEL JOHN MOORE**, Minister for Health, Housing and Community Services, do by this instrument, hereby determine that:

1. the Code of Practice at Schedule 1 to be Code of Practice for the operation, management or control of a business, charity or service that is a Health Care Facility for the purposes of the *Public Health Act 1997*;
2. the Explanatory Memorandum at Schedule 2 to be an Explanatory Memorandum to the Code of Practice for the operation, management or control of a business, charity or service that is a Health Care Facility for the purposes of the *Public Health Act 1997*; and
3. the Code of Practice commences 30 days from the day this determination is notified in the Gazette.

DATED this 3rd day of July 2001.

Michael Moore

Minister for Health, Housing and Community Services

SCHEDULE 1

Following is the operation, management or control of a business, charity or service that is a health care facility for the purposes of the *Public Health Act 1997*.



ACT Health Care Facilities

Code of Practice 2001

Department of Health, Housing and Community Care

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INTRODUCTION

The *ACT Health Care Facilities Code of Practice 2001* ('the Code') has been developed to protect the community from the public health risks associated with the operation and management of health care facilities that provide **prescribed medical and dental procedures**. Its objective is to protect and promote health and prevent illness, injury and disability.

The Code should be viewed, as the minimum set of standards required to operate a **health care facility** in the ACT and does not in any way prohibit more stringent and comprehensive requirements being applied to health care facilities.

The main focus of the Code is to encourage and in some cases mandate the use of external systems for improving the organisation and delivery of health services. These systems are ideally characterised by explicit, valid standards, by reliable assessment processes and by complementary mechanisms for implementing improvement.

The Code is an enforceable Code of Practice under the *Public Health Act 1997*. It is an objective of the code to provide the facility operators and the government with an agreed set of minimum standards that may be jointly worked toward. It is not intended that strong enforcement practices be implemented without first consulting with facilities and working together to address problems. In addition to this approach the Act provides extensive administrative mechanisms for facility operators to review the decisions of enforcement officers.

The operator of a **health care facility** is required to hold a Health Care Facility Public Health Licence in order to conduct the business of a **health care facility**. An annual fee will apply to the **Health Care Facility** Public Health Licence.

The Licence is available at two levels and this is reflected in the fee:

- **Type 1 Licence:** The first level will apply to non-accredited facilities and the fee would reflect the cost of auditing the facility and fully administering the code.
- **Type 2 Licence:** The second level will apply to facilities that are accredited with a recognised accreditation system. The fee has been set at a nominal level to reflect the costs of simply administering the licence. Accredited facilities would only need to meet Reporting and Incident Notification Standards (Standards 2, 3 and 6) of the Code to meet the licensing requirements

OBJECTIVES

This Code will provide:

Standards for public reporting of **health care facility** operations to the community.

Procedures for record management and security.

Systems that aim to protect the community from the health risks associated with the operation of health care facilities.

Standards to ensure that emergency procedures are properly installed, maintained and documented in health care facilities.

Systems that ensure incidents of public health significance which occur in health care facilities are reported to the Department of Health, Housing and Community Care for investigation.

Adequate professional supervision of facility operation is maintained while the facility is operating.

Regulatory incentives for the implementation of accredited quality systems.

Minimum standards for the construction and maintenance of the built environment.

APPLICATION

- 1.1 All parts of this Code apply to those **health care facilities** covered by a Type 1 Licence that provide in the course of their regular business **prescribed medical and dental procedures** and/or provide over night patient stays prior to or after receiving medical treatment. (Refer to dictionary for list of **prescribed medical and dental procedures**)
- 1.2 Sections 2, 3 and 6 of this Code apply to **health care facilities** covered by a Type 2 Licence that provide in the course of their regular business **prescribed medical and dental procedures** and/or provide over night patient stays prior to or after receiving medical treatment.

(Refer to dictionary for list of **prescribed medical and dental procedures**)

- 1.3 A **Dental Practitioner** that under-takes **prescribed medical and dental procedures** on their premises must comply with sections 1, 2, 4, 5, 6, 7, 8, 9, 11, 12 and 14 of this Code and will be required to hold a Type 1 licence. (Refer to dictionary for list of **prescribed medical and dental procedures**)
- 1.4 All or part of this Code will also apply to those health care facilities the **Chief Health Officer** declares in writing to be health facilities covered by the provisions of this Code. The declaration for each facility will specify which parts of the Code are to apply.

GENERAL PROVISIONS

- 2.1 The **licensee** of a **health care facility** must ensure that this Code is complied with at all premises operated by the **licensee** where the business of operating a **health care facility** is conducted.
- 2.2 The **licensee** of a **health care facility** must take reasonable steps to ensure that all staff engaged for the business are aware of and comply with this Code.
- 2.3 The **licensee** of a **health care facility** must ensure that solvency of the **facility** is maintained and that contingencies are in place to provide continued patient care in the event of financial difficulty.

REPORTING

- 3.1 The **licensee** of a **health care facility** must produce and make publicly available (at no cost) an annual report on each facility operated by that **licensee**.
- 3.2 A **health care facility** annual report must contain the following information for the previous calendar year:
 - a) the name and location of each **health care facility**;
 - b) the number of professional staff employed at each **health care facility**;
 - c) the number of non-professional staff employed at each **health care facility**;
 - d) the number of patients treated at the facility;
 - e) the number of notifiable incidents (if any) reported to the **Chief Health Officer**;
 - f) performance measures of morbidity and mortality
 - g) the Quality Systems used by the **health care facility** to protect public safety and ensure compliance with this Code;
 - h) any structural changes made to the facility;
 - i) the number and type of records kept by the **health care facility**;

- j) the number and type of complaints received; and
 - k) steps taken to reduce and resolve complaints.
- 3.3 The information outlined in section 3.2 should be viewed as the minimum amount of information required to comply with this Code and does not in any way limit the publication of further information relevant to the operation of a health facility in the annual report.
- 3.4 The **Chief Health Officer** may require a **licensee** to include in an annual report any information concerned with the operation or management of their health care facilities. A request made under this section must be in writing and be issued at least two months prior to the date of publication of the annual report.
- 3.5 Annual reports must be published by 30 September of the financial year after the financial year to which they relate. Those health care facilities that commence operation less than twelve months before 30 June of the annual report year are not required to produce an annual report for that year.

PROTECTIVE SYSTEMS

- 4.1 Health care facilities must have for all **critical systems**, properly maintained and operational back-up contingencies available for immediate implementation in the event of primary equipment failure.
- 4.2 A logbook must be maintained for each **critical system**. All maintenance, operation checks and emergency uses of the equipment must be recorded in the logbook. Logbooks must be kept on site and be available for inspection by an **authorised officer**.
- 4.3 All logbook records must be kept for a minimum of seven (7) years.

INFORMATION MANAGEMENT

- 5.1 The **licensee** of a **health care facility** must keep a record (a **health care record**) of each person admitted for treatment in the facility.
- 5.2 A **health care record** must include the following information:
- (a) the name, age, sex and address of the person admitted;
 - (b) a history of the admitted persons' treatment in the facility, including:
 - (i) the date and time of admission;
 - (ii) any medical condition the person was suffering at the time of admission;
 - (iii) any medical procedures performed on the person while admitted (including the date & time of the procedure);

- (iv) any medications administered to the person (including the date and time of administration);
- (v) any anaesthetic used on the person while admitted (including the date and time of administration);
- (vi) the outcome of any treatment;
- (vii) any adverse events the person experienced while at the facility;
- (viii) the name of the medical practitioner in charge of the patient's care while in the facility;
- (ix) the name of the general practitioner attending the person outside the facility;
- (x) the date and time when the person left the facility;
- (xi) a discharge summary;
- (xii) if the person is transferred to another health care facility the name of that facility, the date and time of transfer;
- (xiii) if the person died; the date, time and cause of death;
- (xiv) if the person was admitted to the facility to deliver a baby, the sex and condition of the baby or babies, as well as the date and time of birth; and
- (xv) a **health care record** of all babies born in the facility that require medical treatment must be kept in accordance with section 5.2 of this code.

- 5.3 All **health care records** must be stored in a secure area of the facility and be protected against unauthorised persons gaining access to those records.
- 5.4 All information kept on a **health care record** must be accurate, legible and complete.
- 5.5 **Health care records** must be retained for minimum of seven (7) years after the closure of the record. In the case of children, **health care records** must be kept for seven (7) years from the date the child reaches the age of eighteen (18).
- 5.6 **Health care records** must be disposed of in a manner that ensures the confidentiality of the information contained on the record is maintained.
- 5.7 General records such as accounts, insurance documents, correspondence and any other records that are not **health care records** must be stored and maintained in accordance with AS 4390.1.

INCIDENT NOTIFICATION

- 6.1 The **licensee** of a **health care facility** must inform an **authorised officer** of any incident that occurs at the facility which:
- (i) results in a major breach of this Code;
 - (ii) may have transmitted a disease to an occupant, staff member or visitor of the facility;

- (iii) places the safety of facility occupants at risk; or
- (iv) may be detrimental to the general health of the community.

To Contact an authorised officer Phone 6205 1700. This phone number provides 24 hour emergency contact to the Department of Health, Housing and Community Care.

- 6.2 An incident notified under section 6.1 must be reported by telephone within one business day of the incident taking place and be followed up with written notification within three business days of the incident taking place.
- 6.3 Any incident notified under section 6.1 and reported under section 6.2 must be accompanied by an outline the action taken by the **licensee** to rectify the incident and prevent any further incidents taking place.

EMERGENCY PROCEDURES

- 7.1 The **licensee** of a **health care facility** must ensure that the facility is supplied with all equipment and instruments necessary to carry out the medical procedures under taken at the facility.
- 7.2 The equipment and instruments referred to in section 7.1 includes instruments and equipment that may be required to attend complications or emergencies that may arise while medical procedures are under taken at the facility.
- 7.3 The **licensee** of a **health care facility** must establish and maintain written emergency procedures for the evacuation and protection of facility occupants.
- 7.4 The emergency procedures referred to in section 7.3 must be tested annually.
- 7.5 The **licensee** of a **health care facility** must ensure staff of the **health care facility** is informed of the emergency procedures in place at the commencement of their employment and at regular intervals there after.

PROFESSIONAL SUPERVISION

- 8.1 A **health care facility** must be staffed by an adequate number of **health care professionals** to ensure that occupant safety and care is maintained while the facility is operating.
- 8.2 The **licensee** of a **health care facility** must maintain a written record of **health care professional** staffing levels and copies of all the **health care professional** 's current registration certificates at the **health care facility**.

QUALITY SYSTEMS

- 9.1 A **health care facility** must use systems of continuous improvement and quality assurance in the management of facility processes and services.

- 9.2 The systems of continuous improvement and quality assurance required in section 9.1 must be documented in a manner that enables auditing by an **authorised officer** or **qualified auditor**.
- 9.3 The **licensee** of a **health care facility** must make every effort to obtain clinical supplies, goods and services from clinical suppliers that use recognised systems of continuous improvement and quality assurance.

NUTRITIONAL ASSESSMENT

- 10.1 The **licensee** of a **health care facility** must ensure that the food provided by the facility is consistent with National Health and Medical Research Council's *Dietary Guidelines for Australians*.
- 10.2 The **licensee** of a **health care facility** must consult a qualified Nutritionist when developing food menus for the occupants of the facility.
- 10.3 The requirements outlined in sections 10.1 and 10.2 in no way override any dietary requirements required or recommended by a **health care professional** attending an occupant of a facility or required because of a persons medical condition or medical treatment.

STRUCTURE OF FACILITIES

- 11.1 Health care facilities must be designed and constructed in a manner that provides a safe and comfortable environment consistent with patient and staff needs.
- 11.2 Health care facilities must be fitted with appropriate hand and equipment washing facilities in each area of the facility where medical procedures are carried out.
- 11.3 Health care facilities must be fitted with ablution facilities appropriate to occupant safety and modern hygiene best practice.

SECURITY

- 12.1 The **licensee** of a **health care facility** must provide a safe and secure environment for occupants, visitors and staff of the facility.
- 12.2 The **licensee** of a **health care facility** must take all reasonable steps to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of occupants, visitors and staff.

LAUNDERING

- 13.1 The **licensee** of a **health care facility** must ensure that all linen used in the facility is properly cleaned and laundered in between each use.
- 13.2 Linen cleaned in accordance with *Australian/New Zealand Standard 4146:2000 Laundry Practice* is properly cleaned for the purpose of section 13.1.
- 13.3 Clean linen must be provided to each bed, examination or procedures table for each new patient and at any time if the linen becomes soiled.
- 13.4 Clean linen must be stored and handled in a manner that prevents contamination.

INFECTION CONTROL

- 14.1 The **licensee** of a **health care facility** must ensure that an appropriate **infection control program** is installed and maintained in the facility and that associated documentation is kept to verify adherence to the program.
- 14.2 A recognised peer reviewed and accredited **infection control program** is an appropriate **infection control program** for the purpose of section 14.1.
- 14.3 An appropriate **infection control program** must comply with national guidelines, standards and accreditation requirements and should specify;
 - a) How the program is run,
 - b) What documentation is required,
 - c) Hygiene standards,
 - d) Procedural standards,
 - e) Standards for equipment operating and instrument processing,
 - f) The work environment,
 - g) Education standards (including minimum hours and level of education to be achieved.),
 - h) What infection control outcomes are desired; and
 - i) What interventions (corrective actions) are required.
- 14.3 An appropriate **infection control program** should include, but not be limited to:
 - a) Policies and procedures
 - b) Staff health

- c) Surveillance
- d) Education and training
- e) Processing of re-useable instruments and equipment
- f) Management of clinical and related waste

DICTIONARY

Authorised officer means a Public Health Officer or Authorised Medical Officer appointed under the *Public Health Act 1997*.

Chief Health Officer means the Chief Health Officer appointed under the *Public Health Act 1997*.

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

Dental Practitioner means a person registered to practice dentistry in the ACT by the ACT Dental Board.

Health care facility means a premise upon which **prescribed medical and dental procedures** are carried out and/or a premise in which over night patient stays are provided prior to or after receiving medical treatment.

Health care professional means a person registered with the Chiropractors and Osteopaths Board, Dental Board, Medical Board, Nurses Board, Optometrists Board, Pharmacy Board, Physiotherapists Board, Podiatrists Board or Psychologists Board.

Health care record means a record that conforms to the requirements of section 5.2.

Infection control program means a rigorous set of procedures and cleaning methods that when properly employed reduce the risk of the transmission of infection.

Licensee means a person who holds a public health risk activity license for the operation of a **health care facility** issued under the *Public Health Act 1997*.

Prescribed medical and dental procedures means procedures undertaken for medical or cosmetic reasons by a health care professional that involves;

- (i) the administration of a general, spinal, epidural or major regional block anaesthetic or intravenous sedative for the purpose of performing an elective procedure, but does not include mandibular blocks;
- (ii) endoscopy;
- (iii) dialysis, haemofiltration or haemoperfusion;
- (iv) prolonged intravenous infusion of a single cytotoxic agent or sequential intravenous infusion of more than one cytotoxic agent;
or

(v)cardiac catheterisation.

Qualified auditor means a person employed or contracted by the ACT Department of Health, Housing and Community Care to conduct quality or other systems audits of **health care facilities**.

SCHEDULE 2

Following is the Explanatory Memorandum to the Code of Practice for the operation, management or control of a business, charity or service that is a health care facility for the purposes of the *Public Health Act 1997*.