

# Public Health (Health Care Facility) Code of Practice 2021 (No 1)

Disallowable instrument DI2021–240

made under the

*Public Health Act 1997, s 133 (Codes of Practice)*

---

## 1 Name of instrument

This instrument is the *Public Health (Health Care Facility) Code of Practice 2021 (No 1)*.

## 2 Commencement

This instrument commences six months from the date of notification.

## 3 Determination

I determine the '*Health Care Facility Code of Practice 2021*' at Schedule 1 to be a code of practice in relation to the operation of a health care facility as a declared public health risk activity.

## 4 Revocation

This instrument revokes *Public Health (Code of Practice) Determination 2001 - DI2001-187*.

## 5 Disapplication of Legislation Act, s 47 (3) and (6)

The Legislation Act, s 47 (3) and (6) do not apply to the following documents, as adopted from time to time by Schedule 1:

- a) *The Australasian Health Facility Guidelines.*
- b) *The National Safety and Quality Health Service Standards.*
- c) *The Australian and New Zealand College of Anaesthetists (ANZCA) Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures.*

*Note 1* The above instruments do not need to be notified under the Legislation Act because s 47 (3) and (6) do not apply (see Legislation Act, s 47 (7)).

*Note 2* *The Australasian Health Facility Guidelines* are published by the Australasian Health Infrastructure Alliance. The Guidelines are freely available from <https://healthfacilityguidelines.com.au/>

*Note 3* *The National Safety and Quality Health Service Standards* are published by the Australian Commission on Safety and Quality in health Care. The Standards are freely available from <https://www.safetyandquality.gov.au/>

*Note 4* *The Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures - PS09 (2014)* are published by the Australian and New Zealand College of Anaesthetists. The Guidelines are freely available from <https://www.anzca.edu.au/>

Minister for Health  
Rachel Stephen-Smith  
16 August 2021

**SCHEDULE 1**



# HEALTH CARE FACILITY CODE OF PRACTICE

ACT GOVERNMENT  
HEALTH DIRECTORATE

2021

1. INTRODUCTION.....	5
2. OBJECTIVES.....	5
3. LICENSES .....	5
3.1 LICENCE TYPES .....	6
3.2 PUBLIC HEALTH RISK PROCEDURES .....	6
3.3 PROVISIONS RELATING TO LICENCES .....	6
4. AUDITS AND INSPECTIONS .....	7
5. FACILITY STANDARDS .....	7
SCHEDULE A .....	8
STANDARD 1 - FACILITY AND EQUIPMENT .....	8
STANDARD 2 - CLINICAL CARE AND SAFETY .....	10
STANDARD 3 – INFECTION CONTROL .....	12
STANDARD 4 – QUALITY ASSURANCE .....	13
STANDARD 5 – INCIDENT MANAGEMENT & REPORTING .....	14
STANDARD 6 - SUPPORT SERVICES .....	16

#### Accessibility

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: [www.health.act.gov.au/accessibility](http://www.health.act.gov.au/accessibility)

[www.health.act.gov.au](http://www.health.act.gov.au) | Phone: 132281 | Publication No

© Australian Capital Territory, Canberra 2020

## 1. INTRODUCTION

The ACT Health Care Facilities Code of Practice 2021 (the Code of Practice) aims to protect the community from the public health risks associated with the operation and management of health care facilities that undertake any declared public health risk procedures.

The Code of Practice is an enforceable code of practice under the *Public Health Act 1997*. Participation in the Australian Health Service Safety and Quality Accreditation Scheme and compliance with the National Safety and Quality Health Service Standards (current edition) is required by provisions made under this Code of Practice and the Public Health Act.

A reference within this Code of Practice to another code of practice, guideline, legislation, Australian Standard or other document also refers to any subsequent versions of those documents as amended or published.

## 2. OBJECTIVES

The Code of Practice establishes a minimum set of standards required to operate a health care facility in the ACT. The Code of Practice should not be interpreted in any way that would prohibit a health care facility from voluntarily applying additional safety measures or other systems provided they do not conflict with the requirements of this Code of Practice.

The objectives of this Code of Practice are to:

- protect and promote public health and prevent harm;
- apply the National Safety and Quality Health Service (NSQHS) Standards as they apply to a health care facility;
- provide clear reporting requirements for health care facilities;
- ensure systems are in place to prevent, manage or control healthcare-associated infections and antimicrobial resistance in health care facilities; and
- promote a safe working environment for staff of health care facilities.

## 3. LICENSES

A person or entity with responsibility for the operation and control of a health care facility may be required to hold a Health Care Facility Licence for that facility. All people responsible for the control, management or operation of a health care facility should take reasonable steps to ensure all staff employed at the facility are aware of their obligations under the Code of Practice.

Fees may be payable on application for a health care facility licence. Further information about licence fees can be found on the Public Health (Fees) Determination schedule, which is available on the ACT Legislation Register.

## 3.1 LICENCE TYPES

For the purposes of the Code of Practice, the following licence types are prescribed:

- (a) Hospital licence
  - A *hospital licence* is required for premises that provide a public health risk procedure or overnight patient care and accommodation for fee, gain or reward, but does not include:
    - i) First-aid or non-emergency care relating to an unforeseen injury or illness.
- (b) Day procedure licence
  - A *day procedure licence* is required for premises that provide a public health risk procedure and does not provide for overnight care or accommodation. A day procedure licence is not required for:
    - i) Facilities that hold a hospital licence;
    - ii) Emergency service vehicles including medical vehicles used for patient transport;  
or
    - iii) First-aid or non-emergency care relating to an unforeseen injury or illness.

## 3.2 PUBLIC HEALTH RISK PROCEDURES

Facilities holding a hospital or day procedure licence are approved to perform one or more public health risk procedures in accordance with their facility licence. Facilities must meet certain conditions as it applies to their facility licence type and the public health risk procedures that the facility is approved to perform.

There are six declared public health risk procedures<sup>1</sup> as it relates to a health care facility. A health care facility may be approved to provide one or more public health risk procedure:

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| 1) Administration of anaesthesia     | 4) Cosmetic procedures            |
| 2) Cardiac catheterisation           | 5) Gastrointestinal endoscopy     |
| 3) Chemotherapy (cytotoxic infusion) | 6) Renal dialysis (haemodialysis) |

## 3.3 PROVISIONS RELATING TO LICENCES

Provisions relating to health care facility licences are governed by Part 3 of the *Public Health Act 1997* (the Act). In accordance with the Act, a person may apply to the Minister for Health for a licence to operate a health care facility.

The Minister (or delegate) may request reasonable information from the applicant to inform a decision about a licence application. In considering an application to operate a health care facility, the Minister may approve or refuse an application, or approve an application subject to specified conditions. Proprietors must observe all parts of this Code of Practice unless exempted in writing by the Minister for Health or delegate.

Penalties may apply for health care facilities that fail to comply with the Code of Practice or licence condition. More information on regulatory requirements for health care facility licence holders is available from [www.health.act.gov.au/hcf](http://www.health.act.gov.au/hcf).

### Review of licencing decisions

If a licence application is refused, or if a licence is granted with conditions different than that applied for, an applicant may request the Minister undertake a review of an unfavourable decision in relation

---

<sup>1</sup> *Public Health Act 1997 (ACT)*, s18. Public Health (Health Care Facility) Activity Declaration 2021 (No 1)

to a licence application. Applications for formal review of a decision may also be submitted by applicants to the ACT Administrative and Civil Tribunal in accordance with the Act.

### 4. AUDITS AND INSPECTIONS

In accordance with the provisions of the Act, the Minister may appoint an authorised officer to undertake audits and inspections of facilities. Authorised officers may enter the facility at any reasonable time for the purposes of undertaking an inspection, including the examination of related records held by the facility.

### 5. FACILITY STANDARDS

- a) The standards set out in Schedule A are prescribed for all health care facilities.
- b) People responsible for the operation of a health care facility must take all reasonable steps to ensure that any activities conducted at the health care facility are delivered and managed in accordance with the Standards set out by Schedule A as they apply to the health care facility.

## SCHEDULE A

The standards set out below are prescribed for all health care facilities irrespective of their scope, size or offering of a declared risk activity.

### STANDARD 1 - FACILITY AND EQUIPMENT

#### Propriety and solvency

- 1.1** The proprietor 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.
- 1.2** The proprietor of a health care facility must be a fit and proper person to operate a health care facility, as well as any other person or entity with controlling interests in the facility.
- 1.3** The proprietor must advise the Minister in writing, as soon as practicable, of any changes in the controlling interest of the corporate body that is licenced to operate a health care facility.

#### Facility construction and maintenance

- 1.4** At the time of a health care facility's construction, refurbishment or variation, all areas of a health care facility concerned with patient care must be constructed and furnished in accordance with the current requirements of the *Australasian Health Facility Guidelines*, as published by the Australasian Health Infrastructure Alliance (AHIA) from time to time.

*Note* The *Australasian Health Facility Guidelines* are freely available from [www.healthfacilityguidelines.com.au/](http://www.healthfacilityguidelines.com.au/)

- 1.5** All buildings, furniture, furnishings, fittings and equipment of a health care facility must be maintained in good repair and in operational order as it applies to the facility.

#### **GUIDANCE NOTE – Initial construction or variation to a health care facility**

All premises licenced as a health care facility, including variation to an existing facility, must be approved by the Minister as safe and suitable for its intended purpose. Penalties may apply under the *Public Health Act 1997* for misrepresenting a health care facility licence, operating without a licence, or operating in contravention of a facility licence condition.

Licence holders should notify ACT Health as soon as practicable of their intention to construct, refurbish, or vary a health care facility.

People seeking to construct or vary a health care facility are strongly encouraged to make early contact with the Environment, Planning and Sustainable Development Directorate ([www.planning.act.gov.au/](http://www.planning.act.gov.au/)) and Access Canberra ([www.accesscanberra.act.gov.au/](http://www.accesscanberra.act.gov.au/)) for specific information about the planning and construction of buildings in the ACT.

#### Equipment and stores

- 1.6** The proprietor of a health care facility must take reasonable steps to ensure that facilities, equipment, furnishings and fittings at the health care facility are suitable for the type and level of patient care provided by the facility.
- 1.7** Facilities, equipment, furnishings and fittings provided by the health care facility must be kept in a clean and hygienic condition and maintained in a safe working condition, including exhibiting a current service sticker where appropriate.

**1.8** Health care facilities must have properly maintained and operational back-up contingencies that can maintain essential services or equipment in the event of failure e.g. emergency lighting and back-up power supply to support life-support systems.

**1.9** Health care facilities must be able to demonstrate staff training and competence in the use of the facility equipment including:

- Specific staff training in the use of speciality instruments; and
- Training in the use of manual handling equipment, resuscitation equipment and fire extinguishers.

### **GUIDANCE NOTE – Equipment and Stores**

The patient care environment, equipment and supplies should be managed to maximise safety and quality for patients and staff. These should be supported by appropriate systems and processes to ensure safe storage and effective use.

### **Fire safety and emergency response**

**1.10** A health care facility must have a written fire safety and emergency response policy that outlines the procedures to be adopted in the event of a fire or other emergency (including contingency arrangements for the transfer of patients where necessary).

**1.11** A health care facility must ensure staff of the health care facility are informed of the emergency procedures in place at the commencement of their employment and at regular intervals.

### **Documented policies and procedures**

**1.12** A health care facility must have documented policies and procedures as it relates to the operation of the facility and delivery of patient care. Documented policies and procedures should be made available to employees and contractors and regularly be assessed by the facility for compliance.

**1.13** Without limiting Standard 1.12, a facility should have documented policies and procedures regarding the:

- a) admission and discharge of patients
- b) informed patient consent
- c) collection and storage of clinical records
- d) emergency response procedures
- e) workplace health and safety
- f) infection control and sterilisation
- g) safe storage and use of medicines
- h) catering services (if applicable)
- i) laundry and cleaning services
- j) reporting and investigation of adverse events and clinical incidents
- k) cleaning and maintenance of equipment and buildings
- l) quality management systems e.g. accreditation, reporting, and auditing of systems
- m) complaints and grievance management
- n) staff development and education
- o) escalation and transfer of patients

## Leasing of facility rooms and equipment

- 1.14** The Minister must be notified of any arrangement where a legal entity, not named by a health care facility licence performs a declared public health risk procedure within their licenced premises.

## STANDARD 2 - CLINICAL CARE AND SAFETY

### Professional workforce

**2.1** The proprietor of a health care facility must –

- a) ensure that at all times when patient care is being provided, there are a sufficient number of qualified and experienced staff on duty to carry out the services provided by the facility;
- b) have processes in place to define and monitor the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan;
- c) appoint at least one suitably qualified health or medical professional that has responsibility for the coordination of patient care; and
- d) provide the contact details of the responsible person(s) appointed under Standard 2.1 (c) to the Minister for Health. Information provided to the Minister regarding the appointment of a responsible person should be kept accurate and up-to-date.

#### **GUIDANCE NOTE – Workforce**

All health care facilities should maintain a professional workforce at a facility at all times when patient care is being provided. Licence holders should consider the capacity and scope of services offered by the facility in determining how many staff should be present at the facility. A licence holder should be able to demonstrate that sufficient numbers of professional and support staff are available to provide for the care needs of patients and able to respond to any unusual or unexpected events and acute patient deterioration.

The person responsible for the coordination of patient care at a facility is the contact point for ACT Health regarding the provision of patient care, data reporting and distributing licensing information. This person may not necessarily be the licence holder or proprietor.

### Clinical records and patient information

**2.2** A facility must have clinical records created and maintained, in respect of each patient (including each neonate) born, admitted, discharged, or treated at the facility, by the appropriate staff of the facility. As health care records are protected and sensitive, the creation, transfer, storage, access to, and destruction of health records should meet requirements under the *Health Records (Privacy and Access) Act 1997*. The clinical record is to be created on or as soon as practicable after the admission or treatment of the patient to the facility.

**2.3** Without limiting Standard 2.2, a patient’s clinical record is to include the following information:

- a) the patient’s name, age, sex, gender, and residential address;
- b) the name and details of an emergency contact person as nominated by the patient;
- c) relevant patient history prior to admission or treatment, including:

- (i) any medical condition the person was suffering prior to and at the time of admission;
  - (ii) any known allergies and drug sensitivities;
  - (iii) current medication prior to the procedure or admission; and
  - (iv) results of any relevant diagnostic tests completed prior to admission.
- d) a record of the persons' treatment while under care of the facility, including:
- (i) documentation of informed patient consent relating to any medical or surgical procedures;
  - (ii) details of any medical procedures performed on the person while under care of the facility (including the date, time and involved persons);
  - (iii) any medicines administered to the person, and by whom (including the date, time and method of administration);
  - (iv) the outcome of any medical or surgical procedures undertaken;
  - (v) any adverse events the person experienced while under the care of the facility;
  - (vi) the name of the medical practitioner or health professional in charge of the patients' care while in the facility;
  - (vii) the date and time when the person left the care of the facility;
  - (viii) a discharge summary (if required);
  - (ix) if the person is transferred to another health care facility, the name of that facility, reason for transfer, date and time of transfer;
  - (x) if the person died while under care of the facility; the date, time and cause of death; and
  - (xi) if the person gave birth while under care of the facility; the sex and condition of the baby or babies, as well as the date and time of birth.

To remove any doubt, any babies birthed to women under care of the facility should be considered a separate patient for the purposes of creating and maintaining clinical patient records.

**2.4** All health care records must be stored securely and protected against unauthorised persons gaining access to those records.

### Identification of Patients

**2.5** The proprietor of a facility is responsible for ensuring that appropriate procedures are in place to identify patients at all times while the patient is receiving health care or other services at the facility.

#### **GUIDANCE NOTE – Identification of patients**

The National Safety and Quality Health Service (NSQHS) Standards provide strategies and advice on developing a patient identification system for a range of institutions. Licence holders are encouraged to consult the *NSQHS - Communicating for Safety* Standard for advice and information on patient identification systems. Further information on the NSQHS Standards is available from the Australian Commission on Safety and Quality in Health Care [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

## Anaesthesia and sedation

In this section, anaesthesia is the administration of general anaesthesia, major regional anaesthetic block (excluding mandibular blocks), or intravenous sedation.

- 2.6** A health care facility that provides anaesthesia must observe the Australian and New Zealand College of Anaesthetists (ANZCA) *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures*<sup>2</sup>.
- 2.7** Where anaesthesia is provided that results in patient's experiencing deeper than conscious sedation, a registered health professional must be exclusively available to assist the practitioner in administering sedation as required. Persons appointed to exclusively assist practitioners should have undergone specific training or hold a relevant qualification as recommended by the ANZCA *PS08 - Recommendations on the Assistant for the Anaesthetist*.
- 2.8** A health care facility that provides anaesthesia must have documented procedures in place for –
- the monitoring and recovery of patients following administration of anaesthesia medicines; and
  - emergency response procedures for persons in the event of an adverse reaction to anaesthesia.

### GUIDANCE NOTE – Anaesthesia definitions

The ANZCA guideline for *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures* provides definitions of conscious sedation and general anaesthesia. <https://www.anzca.edu.au/resources/professional-documents/guidelines/ps09-guidelines-sedation-analgesia-for-diagnostic>

## STANDARD 3 – INFECTION CONTROL

### Infection control

- 3.1** The licence holder of a health care facility must implement and maintain an Infection Control Management Plan. A qualified staff member, who has professional training and/or experience in infection control and prevention, should be responsible for the coordination of the health care facility's infection control management plan.
- 3.2** Without limiting Standard 3.1, a health care facility's infection control management plan should have consideration to the following as it applies to the facility:
- the surveillance, prevention and control of infection within the facility;
  - recognised infection control standards and transmission-based precautions;
  - hygiene standards;
  - risks posed by the physical environment;
  - sterility of instruments and equipment;
  - reprocessing of re-useable instruments and equipment;

<sup>2</sup> PS09, Australian and New Zealand College of Anaesthetists (ANZCA) *Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures* (2014). <https://www.anzca.edu.au/resources/professional-documents/guidelines/ps09-guidelines-sedation-analgesia-for-diagnostic>

- g) instruments and equipment requiring special processing;
- h) personal protective equipment and training for health care workers;
- i) quality management;
- j) product review; and
- k) pest control.

**3.3** The infection control management plan must be made available for inspection at the request of an authorised public health officer during periods of inspection.

**3.4** The Minister may request a health care facility to review or make changes to their infection control management plan if there is reasonable belief that the request for review or change would prevent or lessen public health risk.

### GUIDANCE NOTE – Infection control

The surveillance, prevention and control of healthcare associated infections should align with best professional practices and industry requirements and supported by appropriate systems and processes.

A health facility's hygiene and infection control policy must consider all probable sources of infection to facility staff, visitors and patients. Health care facilities may wish to consider the [Australian Guidelines for the Prevention and Control of Infection in Healthcare](#)<sup>3</sup>, which provides advice and recommendations about infection control in health care settings. ACT Health will work with licence holders to ensure a facility's infection control policies and programs address risk factors specific to the nature of the facility.

## STANDARD 4 – QUALITY ASSURANCE

### Accreditation

**4.1** A proprietor of a health care facility must:

- a) maintain accreditation under the Australian Health Service safety and Quality Accreditation Scheme in accordance with the National Safety and Quality Health Service (NSQHS) Standards as published by the Australian Commission on Safety and Quality in Health Care under the *National Health Reform Act 2001 (Cwth)* from time to time.

*Note 1* The National Safety and Quality Health Service Standards are freely available from [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

*Note 2* A health care facility holding interim or provisional accreditation to the NSQHS Standards is considered to hold accreditation for the purposes of this Standard.

**4.2** At the request of the Minister, a proprietor must provide evidence of the facility's accreditation to the NSQHS Standards, including any accreditation certificates, testimonials and survey outcomes as issued to the health care facility by an **approved accrediting agency**.

*Note* Information about approved accrediting agencies are available from the Australian Commission on Safety and Quality in Health Care [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

<sup>3</sup> [Australian Guidelines for the Prevention and Control of Infection in Healthcare, Canberra: National Health and Medical Research Council \(2019\)](#).

- 4.3** On written application, the Minister may exempt a health care facility in writing from the requirement to maintain accreditation to the NSQHS Standards if considered in the public interest (Standard 4.1).
- 4.4** If the Minister approves any application submitted under Standard 4.3, the Minister may impose additional standards or qualifications on a health care facility regarding safety, quality services, and/or the delivery of care.

### **GUIDANCE NOTE – Quality Assurance**

The Australian Commission on Safety and Quality in Health Care is responsible for determining the scope of NSQHS Standards that health care facilities are required to meet. It is strongly recommended that health care facilities seek advice from the Australian Commission on Safety and Quality in Health Care or an approved accrediting agency for further information.

## STANDARD 5 – INCIDENT MANAGEMENT & REPORTING

### Quality Systems

- 5.1** A health care facility must have organisation-wide quality system in place for the facility, which has consideration to the following:
- matters concerning clinical practice at the facility;
  - matters concerning the care and safety of patients at the facility; and
  - reviewing and providing feedback to notifiable incidents occurring at the facility.

### Notifiable incidents

- 5.2** The following items are considered notifiable incidents for the purposes of this Code:
- the transfer of a patient to another health care facility as a result of an injury sustained at the facility, or iatrogenic condition;
  - any critical incident that might reasonably place facility systems or its occupants including staff, at risk<sup>4</sup>;
  - the unexpected death of any patient under care the facility; and
  - any incident listed under the [Australian Sentinel Events List](#)<sup>5</sup>.

*Note* The Australian Sentinel Events List is published by the Australian Commission on Safety and Quality in Health Care. The list is available from <https://www.safetyandquality.gov.au/>

- 5.3** The proprietor of a health care facility must notify the Chief Health Officer about any notifiable incident as it relates to their health care facility within two business days. A notification to the Chief Health Officer may be made verbally or in writing.
- 5.4** The proprietor of a health care facility must prepare a report for the Chief Health Officer about any incident as described by Standard 5.2 within a reasonable timeframe of the event occurring. Any report prepared for the Chief Health Officer under this section must include:
- details of the incident;

<sup>4</sup> A critical incident includes any event that might reasonably impacts a facility's critical system or places patient safety at risk e.g. flood, fire, building or structural collapse, serious equipment failure or shortage, sustained power or water failure etc.

<sup>5</sup> Australian Sentinel Events List (Version 2), Australian Commission on Safety and Quality in Health Care (2002) <https://www.safetyandquality.gov.au/our-work/indicators/australian-sentinel-events-list/>

- b) details of any action taken in response to the incident;
- c) an assessment of any risks to patients and/or staff;
- d) recommended strategies to mitigate any identified risks;
- e) recommended strategies to reduce or prevent future recurrence of the incident; and
- f) timeframes for the implementation of any recommended strategies following the incident.

### **GUIDANCE NOTE – Incident notification**

Licence holders are encouraged to report all incidents to the Chief Health Officer using the *Health Care Facility Incident Notification Form*. The Incident Notification Form and further information for licence holders about when, why and how an incident must be reported to the Chief Health Officer is available the ACT Health website [www.health.act.gov.au/hcf](http://www.health.act.gov.au/hcf).

### **Preparation of annual reports**

**5.5** The proprietor of a health care facility must produce an annual report on each facility operated by that proprietor. A health care facility annual report must contain the following information for the previous financial year for each health care facility:

- a) the name and location of the facility;
- b) the number of professional staff employed at the facility;
- c) the number of non-professional staff employed at the facility;
- d) the number of patients admitted for treatment at the facility;
- e) the number of notifiable incidents or adverse clinical events (if any) reported to the Chief Health Officer under Standard 5 of this Code;
- f) the number of births and deaths occurring at the facility;
- g) details of the facility's accreditation to the NSQHS Standards; and
- h) the number and nature of complaints received by the facility.

**5.6** Annual reports must be submitted to the Minister by 30 September each year that provide detail for the previous financial year. 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.

*Note* The information outlined by Standard 5.5 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 an annual report.

## STANDARD 6 - SUPPORT SERVICES

### Food services

**6.1** The proprietor of a health care facility hospital licence type, must ensure that the personal, nutritional and clinical dietary needs of each patient are assessed and satisfied, including providing any necessary help to feed patients.

#### **GUIDANCE NOTE – Food services**

If your facility provides an onsite food service, the facility (or food service provider), is likely to require registration as food business and have a food safety supervisor. A food safety program may also need to be prepared under the *Food Act 2001*.

Further information about food safety requirements and business registration is available from the Health Protection Service at [www.health.act.gov.au/businesses/food-safety-regulation](http://www.health.act.gov.au/businesses/food-safety-regulation).

### Security

**6.2** The proprietor of a health care facility must –

- c) take reasonable steps to provide a safe and secure environment for occupants, visitors and staff of the health care facility; and
- d) take all reasonable steps to ensure that unauthorised persons do not access the facility or interfere with the operations of the health care facility to the detriment of occupants, visitors and staff.

### Waste and hazardous substances

**6.3** The proprietor of a health care facility must –

- a) have documented procedures in place for the safe handling, transport and disposal of any general waste, clinical waste and hazardous substances, exiting or entering the health care facility; and
- b) ensure that waste and hazardous substances are handled, transported and disposed of in accordance with the waste and hazardous substances policy and procedures.



**ACT**  
Government

ACT GOVERNMENT  
HEALTH DIRECTORATE

2021