



New South Wales

Private Health Facilities Regulation 2023

under the

Private Health Facilities Act 2007

[*The following enacting formula will be included if this Regulation is made—*]

Her Excellency the Governor, with the advice of the Executive Council, has made the following Regulation under the *Private Health Facilities Act 2007*.

Minister for Health

Explanatory note

The object of this Regulation is to repeal and remake, with some changes, the *Private Health Facilities Regulation 2017*, which would otherwise be repealed on 1 September 2023 by the *Subordinate Legislation Act 1989*, section 10(2).

This Regulation makes provision about the following—

- (a) classes of private health facilities and the licensing standards that apply to them,
- (b) fees for an application for a private health facility licence and for other purposes,
- (c) the conduct of private health facilities,
- (d) responding to incidents at private health facilities,
- (e) other miscellaneous matters, including—
 - (i) the disclosure of pecuniary interests in private health facilities, and
 - (ii) the display of private health facility licences.

public consultation draft

Private Health Facilities Regulation 2023 [NSW]
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Private Health Facilities Regulation 2023

under the

Private Health Facilities Act 2007

Part 1 Preliminary

1 Name of Regulation

This Regulation is the *Private Health Facilities Regulation 2023*.

2 Commencement

This Regulation commences on the day on which it is published on the NSW legislation website.

Note— This Regulation repeals and replaces the *Private Health Facilities Regulation 2017*, which would otherwise be repealed on 1 September 2023 by the *Subordinate Legislation Act 1989*, section 10(2).

3 Interpretation

The Dictionary in Schedule 4 defines words and phrases used in this Regulation.

Note— The Act and the *Interpretation Act 1987* contain definitions and other provisions that affect the interpretation and application of this Regulation.

4 Definition of “private health facility”

For the Act, section 4(1), definition of *private health facility*, the following services or treatments are prescribed, regardless of whether the person provided with the service or treatment is admitted to a facility—

- (a) anaesthesia,
- (b) cardiac catheterisation,
- (c) chemotherapy,
- (d) cosmetic surgery,
- (e) services or treatments relating to the care of patients injured in accidents, or those suffering from medical or other emergencies, through the provision of reception, resuscitation, medical and surgical treatment and use of life support systems,
- (f) gastrointestinal endoscopy,
- (g) interventional neuroradiology,
- (h) radiotherapy,
- (i) rapid opioid detoxification,
- (j) renal dialysis,
- (k) surgical procedures performed on patients who are administered general, epidural or major regional anaesthetic or sedation resulting in deeper than conscious sedation, other than a surgical procedure carried out by a dentist.

Part 2 Licensing of private health facilities

Division 1 Classes of private health facilities

5 Licensing standards—the Act, ss 5 and 65(3)

- (1) Schedule 1 prescribes licensing standards that apply to all private health facilities.
- (2) Schedule 2 prescribes licensing standards that apply to specified classes of private health facilities.
- (3) The licensee of a private health facility must ensure the facility is conducted in accordance with the licensing standards that apply to the facility.
Maximum penalty—5 penalty units.
- (4) A licensee is not guilty of an offence under subsection (3) if the licensee—
 - (a) was not aware of the circumstances giving rise to the alleged offence, and
 - (b) could not reasonably be expected to have been aware of those circumstances.

6 Classes of private health facilities—the Act, s 10(1)

The classes of private health facilities are as follows—

- (a) ***anaesthesia class private health facility***, being a facility licensed for the treatment of patients who are administered general, epidural or major regional anaesthetic or sedation resulting in deeper than conscious sedation, other than sedation provided in connection with dental procedures,
- (b) ***cardiac catheterisation class private health facility***, being a facility licensed for any procedure involving the passing of a catheter, or other instrument, through a major blood vessel and into the heart for a diagnostic or therapeutic purpose,
- (c) ***cardiac surgery class private health facility***, being a facility licensed for surgery within, or on, the heart,
- (d) ***chemotherapy class private health facility***, being a facility licensed for intravenous treatments using 1 or more cytotoxic agents,
- (e) ***cosmetic surgery class private health facility***, being a facility licensed for cosmetic surgery,
- (f) ***emergency class private health facility***, being a facility licensed for the care of patients injured in accidents, or those suffering from medical or other emergencies, through the provision of reception, resuscitation, medical and surgical treatment and use of life support systems,
- (g) ***gastrointestinal endoscopy class private health facility***, being a facility licensed for the use of a flexible endoscope with an internal lumen for the passage of an instrument to examine the upper or lower gastrointestinal tract,
- (h) ***intensive care (level 1 or level 2) class private health facility***, being a facility licensed for the observation, care and treatment of patients with life threatening or potentially life threatening illnesses, injuries or complications, from which recovery is possible, in a facility that is specially staffed and equipped for that purpose,
- (i) ***interventional neuroradiology class private health facility***, being a facility licensed for the diagnosis and treatment of diseases and conditions of the brain or spinal cord using procedures involving the passing of a catheter or other instrument through the spinal canal, the cranial cavity or through a major blood vessel, to the brain or spine,

- (j) **maternity class private health facility**, being a facility licensed for maternity care, including antenatal care related to childbirth, assistance and care of a mother associated with normal childbirth, surgical intervention in achieving childbirth and assistance and care of a mother admitted to the facility immediately after childbirth,
- (k) **medical class private health facility**, being a facility licensed for the diagnosis or treatment of admitted patients by a procedure or technique not referred to elsewhere in this section, where the patient is admitted overnight,
- (l) **mental health class private health facility**, being a facility licensed for the provision of mental health care to patients admitted overnight,
- (m) **neonatal class private health facility**, being a facility licensed for the provision of care and treatment to a baby under the age of 28 days,
- (n) **paediatric class private health facility**, being a facility licensed for the provision of care and treatment to admitted patients between the age of 28 days and 14 years,
- (o) **radiotherapy class private health facility**, being a facility licensed for treatments involving the use of ionising radiation from a radioactive substance,
- (p) **rapid opioid detoxification class private health facility**, being a facility licensed for the use of 1 or more opioid antagonists, in particular naltrexone or naloxone or a combination of the two, in a person who is physiologically dependent on opioids for the purpose of accelerating opioid withdrawal in the person and rendering the person opioid free,
- (q) **rehabilitation class private health facility**, being a facility licensed for physical rehabilitation, including long-term rehabilitation and specialised physical rehabilitation where the patient is admitted overnight,
- (r) **renal dialysis class private health facility**, being a facility licensed for the provision of haemodialysis,
- (s) **surgical class private health facility**, being a facility licensed for surgical procedures performed on patients who are administered general, epidural or major regional anaesthetic or sedation resulting in deeper than conscious sedation, other than a surgical procedure carried out by a dentist.

Division 2 Fees

7 Application for licence—the Act, s 6

- (1) For the Act, section 6(2)(f), the prescribed fee is \$7,367.
- (2) For the Act, section 6(2)(f), the following particulars and documents are prescribed—
 - (a) for a private health facility operated by a corporation, other than a church or religious organisation—the extract of particulars, within the meaning of the *Corporations Act 2001* of the Commonwealth, for the current year,
 - (b) for a private health facility operated by a church or religious organisation—
 - (i) a certificate of incorporation for the organisation, or
 - (ii) if the church or organisation is incorporated by an Act—a copy of the Act.

8 Request for extension of approval in principle—the Act, s 8

For the Act, section 8(4), the prescribed fee is \$3,754.

9 Annual licence fees—the Act, s 14

For the Act, section 14(1), the prescribed fee is—

- (a) for private health facilities of any class that provide for the accommodation of patients admitted for more than 24 hours—the fee determined in accordance with the table to this section, or
- (b) for other private health facilities—\$6,563.

Maximum number of patients that the facility is licensed to accommodate	Fee
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Fewer than 51	\$6,563
51–75	\$8,159
76–100	\$9,755
101–150	\$12,947
151–200	\$14,543
More than 200	\$16,140

10 Transfer of licence—the Act, s 15

For the Act, section 15(3)(b), the prescribed fee is \$4,329.

11 Alterations or extensions to private health facility—the Act, s 16

For the Act, section 16(2)(b), the prescribed fee is \$4,329.

12 Amendment of licence—the Act, s 17

For the Act, section 17(2)(e), the prescribed fee is \$4,329.

13 Application for review of Secretary's decision—the Act, s 24

For the Act, section 24(2)(b), the prescribed fee \$4,329.

Part 3 Conduct of private health facilities

14 Restriction on where cosmetic surgery may be performed—the Act, s 33A

Cosmetic surgery must not be performed at a private health facility unless the private health facility is a cosmetic surgery class private health facility.

15 Qualifications for director of nursing of facility—the Act, s 37

For the Act, section 37(2), the minimum necessary qualifications are—

- (a) 5 years post-basic or post-graduate nursing experience, and
- (b) 1 year administrative experience in a position equivalent to, or more senior than, nursing unit manager in a private health facility or public hospital.

16 Register of patients—the Act, s 38

For the Act, section 38(4), a particular must be entered by a staff member of the private health facility—

- (a) for a particular relating to a patient's admission—at the time the patient is admitted to the facility, and
- (b) for a particular relating to a patient's separation—at the time the patient ceases to be a patient of the facility.

17 Medical advisory committee—the Act, s 39

For the Act, section 39(1), the licensee of a private health facility must appoint to the medical advisory committee for the facility at least 1 medical practitioner who does not have a pecuniary interest in the facility of a kind specified in this Regulation, section 23(1).

Part 4 Response to incidents

18 Reportable incident—the Act, ss 41 and 49H

- (1) For the Act, section 41, definition of *reportable incident*, a reportable incident means an incident of a type set out in Appendix D of the *Incident Management Policy* published in the Government Gazette No 292 on 30 October 2020.
- (2) If a reportable incident occurs in a private health facility, the licensee must notify the Secretary of the incident no later than 2 business days after the day of the incident.
- (3) A serious adverse event review team that is appointed under the Act, section 46 must provide an incident report in accordance with the Act, section 47 no later than 70 days after the day of the incident.

19 Serious adverse event review—the Act, s 41

For the Act, section 41, definition of *serious adverse event review*, the following types of review are prescribed—

- (a) NSW Health Concise Incident Analysis set out in Appendix E of the *Incident Management Policy* published in the Government Gazette No 292 on 30 October 2020,
- (b) NSW Health Comprehensive Incident Analysis set out in Appendix F of the *Incident Management Policy* published in the Government Gazette No 292 on 30 October 2020,
- (c) *Systems Analysis of Clinical Incidents: The London Protocol* published in August 2004 by Imperial College London.

20 Disclosure of assessor advice—the Act, s 45

For the Act, section 45(1)(e), a licensee may disclose advice or information—

- (a) to obtain legal advice, or
- (b) to obtain legal representation, or
- (c) to notify an insurer of an incident and to provide information in relation to an insurance claim.

21 Disclosure of information by incident reviewers—the Act, s 49D

- (1) For the Act, section 49D(d), the information may be divulged or communicated to a committee for the purposes of research or an investigation, being research or an investigation that the committee is authorised to conduct under the *Health Administration Act 1982*, section 23(1).
- (2) In this section—

committee means a council, committee or advisory body appointed under the *Health Administration Act 1982*, section 20 and includes the following—

- (a) the Special Committee Investigating Deaths Under Anaesthesia (SCIDUA),
- (b) the Collaborating Hospitals Audit of Surgical Mortality Committee (CHASM),
- (c) the NSW Maternal and Perinatal Mortality Review Committee.

22 Notification of incidents and exchange of information—the Act, s 49H(g) and (h)

A licensee of a private health facility (the *original licensee*) may notify an incident to, or exchange information with, another licensee, or a relevant health services organisation, if, in the opinion of the original licensee, the notification or exchange of information may assist—

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Part 4 Response to incidents

- (a) the other licensee to exercise a function under the Act, Part 4, or
- (b) the relevant health services organisation to exercise a function under the *Health Administration Act 1982*, Part 2A.

Part 5 Miscellaneous

23 Pecuniary interests in private health facilities—the Act, s 58

- (1) For the Act, section 58(4), the following interests are prescribed as pecuniary interests in a private health facility—
 - (a) a pecuniary interest in the licence to conduct the private health facility, being—
 - (i) an interest as a holder of the licence to conduct the facility, or
 - (ii) an interest in a corporation, other than a public company, that is the licensee of the facility, or
 - (iii) a holding of 5% or more of the issued share capital of a public company that is the licensee of the facility,
 - (b) a pecuniary interest in the premises at which the private health facility is conducted, being—
 - (i) a legal or equitable interest in the premises, or
 - (ii) an interest in a corporation, other than a public company, that has a legal or equitable interest in the premises, or
 - (iii) a holding of 5% or more of the issued share capital of a public company that has a legal or equitable interest in the premises,
 - (c) a pecuniary interest in the services provided to the private health facility, being—
 - (i) an interest in clinical or administrative services provided to the facility, other than an interest in fees from medical or dental services provided to patients of the facility, or
 - (ii) an interest in a corporation, other than a public company, that has an interest in clinical or administrative services provided to the facility, or
 - (iii) a holding of 5% or more of the issued share capital of a public company that has an interest in clinical or administrative services provided to the facility.
- (2) For the Act, section 58(5), a practitioner has a pecuniary interest in a private health facility if a relative of the practitioner has an interest of a kind referred to in subsection (1) in relation to the facility.
- (3) In this section—

relative, of a practitioner, means a spouse, de facto partner, parent, child or sibling of the practitioner.

24 Notification of pecuniary interests—the Act, s 58

- (1) For the Act, section 58(2), if a practitioner has a pecuniary interest in a private health facility, the practitioner must notify a person of the practitioner's interest—
 - (a) by a statement made by the practitioner to the person, and
 - (b) by written notice given by the practitioner to the person, and
 - (c) by a notice displayed at the private health facility, and
 - (d) by a notice displayed in each office or other professional premises of the practitioner.
- (2) The statement or notice must—
 - (a) include the full name of the practitioner to whom the notice relates, and
 - (b) identify the private health facility in which the practitioner has a pecuniary interest, and

- (c) specify the nature and extent of the interest.
- (3) A notice referred to in subsection (1)(c) or (d) must—
 - (a) be at least 2,500cm², and
 - (b) contain text in plain, bold characters that are—
 - (i) at least 1cm high, and
 - (ii) of a colour that contrasts the notice's background, and
 - (c) for a notice referred to in subsection (1)(c)—be displayed conspicuously in—
 - (i) the waiting room, or
 - (ii) every room where the practitioner to whom the notice relates attends to patients or other persons, and
 - (d) for a notice referred to in subsection (1)(d)—be displayed conspicuously.

25 Display of licence—the Act, s 65(2)(a) and (3)

The licensee of a private health facility must ensure at least 1 of the following is displayed conspicuously in the entrance foyer of the facility while the facility is conducted—

- (a) the facility's licence,
- (b) the front page of the facility's licence,
- (c) a full-size copy of the facility's licence.

Maximum penalty—5 penalty units.

26 Notifying Secretary of Council orders—the Act, s 65(2)(d) and (3)

- (1) This section applies if an order is made in relation to the premises of a private health facility under either of the following—
 - (a) the *Environmental Planning and Assessment Act 1979*, section 9.34,
 - (b) the *Local Government Act 1993*, section 124.
- (2) The licensee of the private health facility must, as soon as practicable after being made aware of the making of the order, ensure the Secretary is notified of the making of the order.

Maximum penalty—5 penalty units.

27 Information to be provided by licensees—the Act, s 65(2)(d) and (3)

- (1) The licensee of a private health facility must, for each month, give the Secretary a statistical statement in the form approved by the Secretary.
Maximum penalty—5 penalty units.
- (2) The statement must contain the information required to complete the statement in the approved form and must be given to the Secretary within 14 days after the end of the month to which the information relates.

28 Repeal and savings

- (1) The *Private Health Facilities Regulation 2017* is repealed.
- (2) Any act, matter or thing that, immediately before the repeal of the *Private Health Facilities Regulation 2017*, had effect under that Regulation, is taken to have effect under this Regulation.

Schedule 1 Licensing standards for all private health facilities

section 5(1)

Part 1 Environment

1 Compliance with Australasian Health Facility Guidelines

The design of a private health facility must comply with the *Australasian Health Facility Guidelines*, as in force on the issue of the licence or at a later date specified in the licence, to the extent the Guidelines relate to the health services provided by the facility.

2 Compliance with Building Code of Australia

- (1) A part of a building used as a private health facility must comply with the requirements of the *Building Code of Australia*, as in force on the issue of the licence for the facility or at a later date specified in the licence, in relation to class 9a buildings within the meaning of the Code.
- (2) This section does not apply to part of a private health facility that is only used to provide chemotherapy or renal dialysis to patients who are admitted and discharged on the same day.

3 Maintenance of buildings, facilities and equipment

- (1) Buildings, furniture, furnishings, fittings and equipment of a private health facility must be maintained in good working order.
- (2) Without limiting subsection (1), appropriate maintenance programs, consistent with manufacturer's specifications, must be in place for the following—
 - (a) all warm water systems,
 - (b) all air-conditioning, heating, warming and cooling systems and appliances,
 - (c) all sterilising equipment,
 - (d) all communication, alarm and emergency call systems,
 - (e) all biomedical equipment.

4 Equipment and stores

- (1) Medical, surgical and nursing equipment, appliances and materials that are necessary for the services or treatments performed at a private health facility must be readily available at the facility in quantities appropriate for the safe and effective performance of the services or treatments.
- (2) Without limiting subsection (1), the following equipment must be readily available—
 - (a) resuscitation equipment, for use in advanced life support, that complies with the *Standards for Resuscitation: Clinical Practice and Education* published by the Australian Resuscitation Council and the New Zealand Resuscitation Council in June 2014, to the extent the Standards are relevant to the facility,
 - (b) for a facility that admits paediatric patients—paediatric resuscitation equipment.

5 Communication system

A private health facility must have an electronic communication system in place that enables patients and staff to summon assistance from—

- (a) each bed, recovery trolley and recovery chair in the facility, and
- (b) each patient toilet, shower and bathroom in the facility.

6 Fire safety and emergency response

- (1) A private health facility must have a written fire safety and emergency response policy outlining the procedures to be followed if there is a fire or other emergency, including contingency arrangements for the transfer of patients if necessary.
- (2) The fire safety and emergency response policy must be complied with.
- (3) If there is a fire in a private health facility, as soon as practicable and regardless of whether the fire brigade is called to extinguish the fire, the licensee of the facility must—
 - (a) verbally notify the Secretary of the fire, and
 - (b) send the Secretary written notice of the fire and all relevant details of the circumstances in which the fire occurred.

7 Disaster planning

A private health facility must have a written disaster response policy outlining the procedures to be followed if there is a natural disaster or other emergency affecting the provision of services at the facility.

8 Back-up power supply

A private health facility must have a back-up power supply in place that is capable of maintaining essential services, including the following—

- (a) lighting in all clinical and patient areas of the facility,
- (b) operating theatres,
- (c) life support systems.

9 Waste and hazardous substances

- (1) A private health facility must have a written waste and hazardous substances policy outlining the procedures to be followed in relation to the handling, transport and disposal of waste and hazardous substances generated at the facility.
- (2) Without limiting subsection (1), the policy should prevent or minimise the risk of harm to the health and safety of patients, staff, the public and the environment.
- (3) Waste and hazardous substances generated at a private health facility must be handled, transported and disposed of in accordance with the waste and hazardous substances policy.

10 Food services

If a private health facility provides for the accommodation of patients admitted for more than 24 hours, each patient's personal, nutritional and clinical dietary needs must be assessed and satisfied, including by providing help with feeding, if necessary.

Part 2 Clinical care

11 Staff qualifications and experience

A private health facility must have—

- (a) a sufficient number of qualified and experienced staff on duty at all times to carry out the services or treatments provided by the facility, and

- (b) nursing staff who hold qualifications and experience appropriate for the services or treatments provided by the facility, and
- (c) nursing staff who are trained in the use of the equipment, including resuscitation equipment, provided by the facility.

12 Clinical records for patients

- (1) Clinical records must be created and maintained by the appropriate staff of a private health facility for each patient born or treated at the facility.
- (2) If the licence of a private health facility will be transferred, all clinical records must be made available to the new licensee.
- (3) Before a private health facility ceases to operate—
 - (a) arrangements must be made for the safe keeping of clinical records in accordance with the *Health Records and Information Privacy Act 2002*, and
 - (b) the Secretary must be given details of the arrangements.

13 Infection control

- (1) A private health facility must have a written infection control policy outlining the procedures to be followed to prevent or reduce the risk of a patient acquiring an infection while at the facility.
- (2) Without limiting subsection (1), the infection control policy must provide for staff to receive ongoing education about infection control.
- (3) The infection control policy must be complied with.
- (4) A private facility's decontamination systems and processes for reusable medical devices and clinical equipment must comply with—
 - (a) AS/NZS 4187:2003, *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, or
 - (b) AS/NZS 4187:2014, *Reprocessing of reusable medical devices in health service organizations*.

14 Dispensaries

The following provisions apply to a dispensary conducted at a private health facility—

- (a) the dispensary must be under the control of a pharmacist at all times,
- (b) all dispensing must be personally supervised by a pharmacist,
- (c) if the dispensary is not a pharmacy business within the meaning of the *Health Practitioner Regulation National Law (NSW)*, Schedule 5F—the functions of the dispensary must be limited to providing services only to the private health facility and its patients,
- (d) the services provided by the pharmacist in control of the dispensary must include—
 - (i) providing all medication for patients, whether on prescription or otherwise, in a form that is appropriate, as far as practicable, for direct administration or use, and
 - (ii) providing advice on drug compatibility, possible adverse drug reactions, appropriate doses for different classes of patients and medication policy, and

- (iii) regularly inspecting drug stocks and records to ensure proper storage of medication, proper stock rotation, withdrawal of outdated or unnecessary stock and proper recording of drug use, and
- (iv) establishing and maintaining written policies and procedures for the procurement, preparation, distribution and administration of medication and other therapeutic goods,
- (e) emergency drugs from the dispensary, as set aside by the pharmacist in control of the dispensary, must be made available to staff of the facility for the treatment of patients outside the normal hours of operation of the dispensary.

15 Identification of patients

Each patient or neonate at a private health facility must be easily identifiable at all times.

16 Admission policies and procedures

The licensee of a private health facility must seek and consider the advice of the medical advisory committee before making admission policies and procedures for the facility.

17 Separation requirement

Each patient being separated from a private health facility must be given a clear written explanation of recommendations and arrangements that have been made for follow-up care.

18 Patient transfer

- (1) A private health facility must have procedures in place to transfer a patient to another private health facility or a public hospital for care if—
 - (a) the facility is not authorised to provide the care that the patient requires, or
 - (b) if complications arise during the treatment of the patient—the patient requires a higher level of care than the facility provides.
- (2) A patient must not be transferred using supported non-emergency patient transport unless a medical practitioner or registered nurse has certified that the patient—
 - (a) does not require emergency ambulance services, and
 - (b) has a low risk of deterioration during the transfer.

19 Patient records to be transferred with patients

If a patient is transferred from a private health facility to another private health facility or a public hospital for care, a copy of relevant clinical records maintained under this Schedule, section 12(1) must be transferred to the other facility or hospital.

20 Privacy of patients

The privacy of patients of a private health facility must be considered and respected by all staff of the facility.

Part 3 Quality improvement

21 Incident and adverse clinical event management

- (1) The Ministry of Health must be notified if there is an adverse event at a private health facility.

- (2) A private health facility must have a written incident management system outlining the procedures to be followed if there is an incident or adverse event.
- (3) Without limiting subsection (2), the incident management system must provide for the following—
 - (a) identifying incidents and adverse events,
 - (b) notifying appropriate authorities, for example, the Therapeutic Goods Administration and the Health Care Complaints Commission, about incidents and adverse events,
 - (c) investigating incidents and adverse events,
 - (d) managing the outcomes of an investigation referred to in paragraph (c).
- (4) The incident management system must be complied with.
- (5) In this section—

adverse event means an unintended injury to a patient, or a complication caused by the health care management of a patient, that results in—

 - (a) major permanent loss of sensory, motor, physiological or psychological function for the patient, or
 - (b) the death of the patient.

incident means an unplanned event resulting in, or with the potential to cause, injury, damage or loss to a patient.

22 Complaints

- (1) A private health facility must have a written complaints policy outlining the procedures to be followed in managing and responding to complaints.
- (2) Patients, relatives of patients and other carers of patients must be given information about—
 - (a) the procedure for making complaints, and
 - (b) the process for managing and responding to complaints.
- (3) The complaints policy must be complied with.

23 Quality and outcome audits

Regular audits must be conducted—

- (a) to ensure a private health facility complies with statutory requirements and the facility's policies and procedures, and
- (b) to monitor the effectiveness of the facility's policies, procedures, clinical services and patient outcomes.

24 Risk assessment and safety inspections

- (1) A private health facility must have a written risk assessment and safety inspection program outlining the procedures for carrying out risk assessments and safety inspections, including the frequency with which the assessments and inspections should be carried out.
- (2) The risk assessment and safety inspection program must be complied with.

Schedule 2 Licensing standards for classes of private health facilities

section 5(2)

Part 1 Anaesthesia class private health facilities

1 Sedation and anaesthesia

An anaesthesia class private health facility must have the following—

- (a) anaesthetic equipment recommended in the *Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations* published by the Australian and New Zealand College of Anaesthetists in August 2021,
- (b) monitoring equipment recommended in the *Guideline on monitoring during anaesthesia* published by the Australian and New Zealand College of Anaesthetists in April 2017,
- (c) recovery equipment and drugs recommended in the *Position statement on the post-anaesthesia care unit* published by the Australian and New Zealand College of Anaesthetists in April 2020.

2 Staffing

An anaesthesia class private health facility must provide staff to assist an anaesthetist in accordance with the *Position statement on minimum facilities for safe administration of anaesthesia in operating suites and other anaesthetising locations* published by the Australian and New Zealand College of Anaesthetists in August 2021.

Part 2 Cardiac catheterisation class private health facilities

3 Design and construction

A cardiac catheterisation class private health facility must comply with *Guidelines on Support Facilities for Coronary Angiography and Percutaneous Coronary Intervention (PCI)* published by the Cardiac Society of Australia and New Zealand in 2016.

4 Minimum accommodation requirements

A cardiac catheterisation class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

5 Accommodation standards

- (1) A cardiac catheterisation class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A cardiac catheterisation class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of

patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 3 Cardiac surgery class private health facilities

6 Design and construction

A cardiac surgery class private health facility must comply with the *Guidelines for the Establishment of an Adult Cardiac Surgery Unit (CSU)* published by the Australian and New Zealand Society of Cardiac and Thoracic Surgeons in October 2014.

7 Concurrent licensing

A cardiac surgery class private health facility must also be licensed as an intensive care (level 2) class private health facility.

8 Minimum operating requirements

A cardiac surgery class private health facility that carries out open heart surgery must have at least 2 independent operating rooms that are equipped to carry out cardiac surgery class procedures.

9 Minimum accommodation requirements

A cardiac surgery class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

10 Accommodation standards

A cardiac surgery class private health facility must comply with the overnight accommodation standards.

Part 4 Chemotherapy class private health facilities

11 Design and construction

A part of a building used as a chemotherapy class private health facility must comply with the requirements of the *Building Code of Australia*, as in force on the issue of the licence for the facility or at a later date specified in the licence, in relation to class 5 buildings within the meaning of the Code.

12 Conduct of facilities

A chemotherapy class private health facility must have—

- (a) written policies and procedures for—
 - (i) providing information and counselling to patients and their relatives, and
 - (ii) admitting and discharging patients, including continuing care and review, and
 - (iii) managing side effects, and
 - (iv) access to relevant specialists for consultation, and
- (b) a written policy on providing chemotherapy as part of a multidisciplinary approach to patient care, that includes specific provisions for consultation, referral and links to other relevant services for the patient, including radiation oncology, surgical services, clinical haematology, palliative care and clinical support services, and

- (c) sufficient appropriate practitioners for the services provided, including medical oncologists, haematologists, specialist nurses and other relevant specialists for consultation.

13 Antineoplastic drugs

- (1) Antineoplastic drugs administered at a chemotherapy class private health facility must be prepared from a cytotoxic drug cabinet that complies with, and that is in a room that complies with, AS 2252.5:2017, *Controlled environments, Part 5: Cytotoxic drug safety cabinets (CDSC)—Design, construction, installation, testing and use*.
- (2) A chemotherapy class private health facility must ensure the clinical record for each patient who receives an antineoplastic drug includes—
 - (a) a written treatment plan based on the assessment of the patient, and
 - (b) a signed record of the patient’s consent to the treatment, and
 - (c) the details of the antineoplastic drugs, and the dose of the drugs, prescribed for and administered to the patient.
- (3) A chemotherapy class private health facility must comply with the *COSA guidelines for the safe prescribing, dispensing and administration of systemic cancer therapy* published by the Clinical Oncological Society of Australia in April 2018.
- (4) The medical advisory committee of a chemotherapy class private health facility must include a specialist oncologist or a consultant physician trained in oncology when matters relating to antineoplastic drugs are discussed.

14 Review of certain treatment

- (1) A chemotherapy class private health facility must ensure the prescription or administration of antineoplastic drugs that are outside the scope of normal clinical practices or protocols are regularly and independently reviewed and audited.
- (2) In this section—

independent, in relation to a review or audit, means a review or audit that is conducted by—

 - (a) at least 1 oncologist, and
 - (b) persons who are independent of the treating clinician, whether or not the persons are independent of the facility.

15 Minimum accommodation requirements

- A chemotherapy class private health facility must provide for the accommodation of 1 or more of the following groups of patients—
- (a) patients who are admitted for more than 24 hours,
 - (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
 - (c) patients who are admitted and discharged on the same day.

16 Accommodation standards

- (1) A chemotherapy class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A chemotherapy class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients

who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 5 Cosmetic surgery class private health facilities

17 Application of certain standards

- (1) A cosmetic surgery class private health facility must comply with the standards for anaesthesia class private health facilities set out in this Schedule, Part 1.
- (2) This Schedule, sections 79–83 apply to a cosmetic surgery class private health facility as if a reference in the sections to—
 - (a) a surgical class private health facility were a reference to a cosmetic surgery class private health facility, and
 - (b) a surgical procedure or surgical class procedure were a reference to cosmetic surgery.
- (3) To the extent that a cosmetic surgery class private health facility carries out either of the following procedures, the facility is not required to comply with subsection (1) but must comply with the *Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures* published by the Australian and New Zealand College of Anaesthetists in 2014—
 - (a) fat transfer involving the transfer of more than 500mL of lipoaspirate in a 24-hour period,
 - (b) liposuction involving the removal of more than 500mL of lipoaspirate in a 24-hour period.

Part 6 Emergency class private health facilities

18 Design of emergency area

A part of an emergency class private health facility used to provide emergency treatment must be designed for the reception, assessment, stabilisation, treatment and transfer of patients.

19 Staffing

An emergency class private health facility must—

- (a) have an appropriately qualified and experienced medical practitioner appointed as director of the emergency service, and
- (b) have appropriately qualified specialists available on call at all times, and
- (c) have a sufficient number of appropriately trained and experienced staff on duty at all times, and
- (d) be open to receive patients at all times.

20 Triage of patients

An emergency class private health facility must have arrangements in place for appropriately experienced clinical staff to triage a patient at the time of the patient's arrival.

21 Policies and procedures

An emergency class private health facility must have written policies and procedures for—

- (a) coordinating services with other private health facilities and public hospitals in surrounding areas, and
- (b) integrating emergency services with other clinical and educational programs carried on at the facility, and
- (c) safely moving patients in parts of the facility used to provide emergency class procedures, and
- (d) reviewing care plans for patients.

22 Patient transfer

An emergency class private health facility must have—

- (a) effective communication arrangements with the Ambulance Service of New South Wales, and
- (b) written procedures for the transfer of patients requiring a higher level of care than the facility provides.

23 Clinical records

- (1) An emergency class private health facility must have a clinical record for each patient at the facility.
- (2) Without limiting subsection (1), the clinical record must include the following—
 - (a) the date and time of the patient's arrival,
 - (b) details of the patient's presenting symptoms and condition,
 - (c) the triage category allocated at the time of first assessment,
 - (d) details of significant clinical, laboratory and radiological findings,
 - (e) if the patient is provided with treatment—details of the treatment,
 - (f) if the patient is given follow-up directions—details of the directions,
 - (g) the date and time of the patient's departure,
 - (h) the identity and signature of the attending medical officer.

24 Minimum accommodation requirements

An emergency class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

Part 7 Gastrointestinal endoscopy class private health facilities

25 Compliance with guidelines

A gastrointestinal endoscopy class private health facility must comply with the *Guidelines on sedation and/or analgesia for diagnostic and interventional medical, dental or surgical procedures* published by the Australian and New Zealand College of Anaesthetists in 2014.

26 Disinfection of endoscopes

Endoscopes used at a gastrointestinal endoscopy class private health facility must be disinfected—

- (a) using an automatic endoscope reprocessor or otherwise in accordance with the manufacturer's instructions, and
- (b) in an area, with atmospheric extraction facilities, next to the procedure room where the endoscope will be used.

27 Reprocessing of other equipment

- (1) Instruments and other equipment used at a gastrointestinal endoscopy class private health facility must be decontaminated, cleaned and reprocessed in accordance with—
 - (a) AS/NZS 4187:2003, *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, or
 - (b) AS/NZS 4187:2014, *Reprocessing of reusable medical devices in health services organizations*.
- (2) Without limiting subsection (1), the decontamination, cleaning and reprocessing of equipment and instruments used in the facility must be carried out by a staff member who has appropriate training and experience.

28 Minimum accommodation requirements

A gastrointestinal endoscopy class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

29 Accommodation standards

- (1) A gastrointestinal endoscopy class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A gastrointestinal endoscopy class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 8 Intensive care (level 1 or level 2) class private health facilities

30 Staffing

- (1) An intensive care (level 1 or level 2) class private health facility must have—
 - (a) a medical practitioner with appropriate qualifications appointed as director of the unit, and
 - (b) for an intensive care (level 1) class private health facility—a medical practitioner on duty at the private health facility at all times, with priority for attendance on patients in the unit, and
 - (c) for an intensive care (level 2) class private health facility—a medical practitioner with an appropriate level of experience present in the unit at all times, and
 - (d) sufficient nursing staff on duty at all times, being—
 - (i) a nursing staff to patient ratio of at least 1:1 for critically ill patients, and
 - (ii) for an intensive care (level 2) class private health facility—a nursing staff at least 50% of whom are registered nurses with intensive care certification.

- (2) In this section—
appropriate qualifications, for a medical practitioner, in relation to an intensive care (level 2) class private health facility, means a recognised postgraduate qualification in intensive care.

31 Minimum operating requirements

An intensive care (level 1 or level 2) class private health facility must comply with the requirements of the *Minimum Standards for Intensive Care Units* published by the College of Intensive Care Medicine of Australia and New Zealand in 2010.

32 Minimum accommodation requirements

An intensive care (level 1 or level 2) class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

33 Accommodation standards

An intensive care (level 1 or level 2) class private health facility must comply with the overnight accommodation standards.

Part 9 Interventional neuroradiology class private health facilities

34 Minimum accommodation requirements

An interventional neuroradiology class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

35 Accommodation standards

- (1) An interventional neuroradiology class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) An interventional neuroradiology class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 10 Maternity (level 1 or level 2) class private health facilities

36 Term of pregnancy

- (1) A maternity class private health facility must not admit a patient for maternity class procedures—
 - (a) for a maternity (level 1) class private health facility—before 37 weeks completed gestation, or
 - (b) for a maternity (level 2) class private health facility—before 34 weeks completed gestation.

- (2) However, a maternity (level 2) class private health facility may admit a patient for maternity class procedures before 34 weeks completed gestation, but not before 32 weeks completed gestation, if—
- (a) the facility is also licensed as a neonatal class private health facility, and
 - (b) the facility's licence is subject to a condition to the effect that the facility must have support services, infrastructure and staff with appropriate clinical expertise that, in the Secretary's opinion, are appropriate to provide maternity class procedures to patients who have completed between 32 and 34 weeks gestation, and
 - (c) the facility has a policy that has been developed having regard to *Maternity and Neonatal Service Capability* published by the Ministry of Health on 20 May 2022 and addresses the following—
 - (i) clinical governance, including competence and credentialling and quality and safety processes,
 - (ii) service requirements, including consultation, escalation and transfer and education.

37 Normal risk pregnancies

A maternity (level 1 or level 2) class private health facility must have support services, infrastructure and staff with appropriate clinical expertise to provide care for normal risk pregnancies, including the following—

- (a) obstetricians, anaesthetists and a paediatrician on call at all times,
- (b) a medical practitioner at the facility at all times,
- (c) experienced midwives on duty at all times,
- (d) established links with clinical nurse consultants or clinical nurse educators in midwifery and neonatal nursing.

38 Additional risk pregnancies

- (1) A maternity (level 1) class private health facility must not admit a maternity patient with an additional risk pregnancy.
- (2) A maternity (level 2) class private health facility must not admit a maternity patient with an additional risk pregnancy unless—
- (a) the medical advisory committee is satisfied that the facility is able to provide appropriate care for the patient, having regard to risk factors relevant to the patient, and
 - (b) the facility has appropriate support services and infrastructure and has staff with clinical expertise relevant to the risk factors of particular patients, including—
 - (i) obstetricians, anaesthetists and a paediatrician on call at all times, and
 - (ii) a medical practitioner at the facility at all times, and
 - (iii) experienced midwives on duty at all times, and
 - (iv) established links with clinical nurse consultants or clinical nurse educators in midwifery and neonatal nursing, and
 - (v) a special care nursery.

39 Accommodation of neonates

A maternity (level 1 or level 2) class private health facility must have accommodation and procedures that are appropriate for managing healthy neonates and neonates with minimal complications.

40 Patient transfer

- (1) A maternity (level 1 and level 2) class private health facility must have procedures in place to transfer patients requiring a higher level of care than the facility provides.
- (2) Without limiting subsection (1), the facility must have procedures in place for the transfer of patients in premature labour.
- (3) Without limiting subsection (1), procedures for the transfer of neonates must provide for the resuscitation and stabilisation of neonates before their transfer.
- (4) The procedures referred to in subsection (1) must be—
 - (a) reviewed at least every 3 years, and
 - (b) submitted to the medical advisory committee for approval.
- (5) In this section—

patient in premature labour means a patient who is in labour but who has not completed the number of weeks gestation required for admission to the private health facility.

41 Birth register

- (1) A maternity (level 1 or level 2) class private health facility must keep a birth register.
- (2) The birth register must contain details of every child born at the facility, including the following details—
 - (a) the mother's full name and clinical record number,
 - (b) the date and time of the child's birth,
 - (c) the sex of the child,
 - (d) whether the child was born alive,
 - (e) the method of delivery,
 - (f) the names of midwives and medical practitioners present at the birth.
- (3) The details of a child's birth must be kept in the birth register for at least 25 years after the child's birth.

42 Minimum accommodation requirements

A maternity (level 1 or level 2) class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

43 Accommodation standards

A maternity (level 1 or level 2) class private health facility must comply with the overnight accommodation standards.

Part 11 Medical class private health facilities

44 Minimum accommodation requirements

A medical class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

45 Accommodation standards

A medical class private health facility must comply with the overnight accommodation standards.

Part 12 Mental health class private health facilities

46 Design and construction

A part of a mental health class private health facility that is used to provide mental health care must be designed to meet the needs of mentally ill and mentally disordered persons, within the meaning of the *Mental Health Act 2007*, with—

- (a) appropriate arrangements for patient safety and protection, and
- (b) areas for observation of patients, and
- (c) accommodation providing personal privacy, consistent with the care being provided.

47 Electro convulsive therapy

A mental health class private health facility at which electro convulsive therapy is administered must—

- (a) have treatment and recovery areas set aside for that purpose, and
- (b) also be licensed as an anaesthesia class private health facility, and
- (c) have procedures in place to ensure compliance with—
 - (i) the *Mental Health Act 2007*, Chapter 4, Part 2, Division 3, and
 - (ii) *Electroconvulsive Therapy: ECT Minimum Standard of Practice in NSW* published by the Ministry of Health in January 2011.

48 Conduct of facilities

(1) A mental health class private health facility must have—

- (a) a written policy on providing psychiatric services, including a statement of the facility's philosophy of service, which must be consistent with the principles for the care and treatment of people with a mental illness or mental disorder, specified in the *Mental Health Act 2007*, section 68, and
- (b) written policies and procedures for—
 - (i) supporting the functions of the Mental Health Review Tribunal constituted under the *Mental Health Act 2007*, and
 - (ii) supporting the functions of official visitors and authorised officers, and
 - (iii) supporting the administration of the *Guardianship Act 1987*, and
 - (iv) managing patients' trust funds, and
- (c) clear written criteria and assessment procedures for admitting inpatients and outpatients to psychiatric programs, and
- (d) a written treatment plan for each patient that—
 - (i) is based on the assessment of the patient, and
 - (ii) provides for the patient's discharge, continuing care and review, and
- (e) access at all times to a psychiatrist, and
- (f) access to a general practitioner and relevant specialists for consultation, and
- (g) sufficient registered nurses with appropriate psychiatric qualifications or experience on duty at all times.

(2) The policies and procedures referred to in subsection (1) must be complied with.

(3) In this section—

authorised officer means an authorised officer appointed under the *Health Services Act 1997*, section 124.

Note— See the *Mental Health Act 2007*, Chapter 5, Part 4.

official visitor means an official visitor appointed under the *Mental Health Act 2007*, Chapter 5, Part 3.

49 Telephone access

A mental health class private health facility must provide at least 1 telephone, on each floor of the facility that is used to provide mental health care, that patients and their next of kin may use for incoming and outgoing calls.

50 Visiting hours

- (1) Patients in a mental health class private health facility must be allowed to receive visitors at any reasonable time.
- (2) However, if necessary for the care of a patient, a medical practitioner or the senior nurse on duty may—
 - (a) restrict the hours for visiting the patient and, if necessary, other patients in the same ward, and
 - (b) restrict the number of persons who may visit the patient at one time.

51 Minimum accommodation requirements

A mental health class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

52 Accommodation standards

A mental health class private health facility must comply with the overnight accommodation standards.

Part 13 Neonatal class private health facilities

53 Accommodation of neonates

A neonatal class private health facility must have appropriate accommodation and procedures to manage healthy neonates, neonates with minimal complications and recovering neonates, including a neonatal intensive care unit.

54 Transfer of neonates

- (1) A neonatal class private health facility must have written procedures for the transfer of neonates requiring a higher level of care than the facility provides.
- (2) Without limiting subsection (1), the procedures must provide for the resuscitation and stabilisation of neonates before their transfer.
- (3) The procedures must be—
 - (a) reviewed at least every 3 years, and
 - (b) submitted to the medical advisory committee for approval.

55 Minimum accommodation requirements

A neonatal class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

56 Accommodation standards

A neonatal class private health facility must comply with the overnight accommodation standards.

Part 14 Paediatric class private health facilities

57 Admission policy

- (1) A paediatric class private health facility must have a written policy for determining whether a paediatric patient may be admitted to the facility.
- (2) Without limiting subsection (1), the policy must provide for the following—
 - (a) the age of paediatric patients who may be admitted to the facility,
 - (b) the types of procedures that may be performed on, and treatments that may be given to, paediatric patients,
 - (c) the maximum period for which a paediatric patient may be admitted,
 - (d) the maximum number of paediatric patients who may be admitted to the facility at one time,
 - (e) the facilities that are available for the care and treatment of paediatric patients.
- (3) The policy must be—
 - (a) reviewed at least every 3 years, and
 - (b) submitted to the medical advisory committee for approval.

58 Visitor policy

- A paediatric class private health facility must have a written visitor policy that—
- (a) allows a person who has the care of a paediatric patient to access the patient at all times, except while the patient is undergoing surgery, and
 - (b) allows a person who has the care of a paediatric patient to access a patient undergoing surgery while the patient is in pre-anaesthesia or recovery unless, in the opinion of the medical practitioner responsible for the patient's treatment, it would not be in the patient's best interests, and
 - (c) ensures resources are made available to allow a person who has the care of a paediatric patient to remain at the facility during the patient's stay at the facility.

59 Patient transfer

- (1) A paediatric class private health facility must have procedures in place that provide for the transfer of patients who require care or treatment that is not provided by the facility.
- (2) The procedures must be—
 - (a) reviewed at least every 3 years, and
 - (b) submitted to the medical advisory committee for approval.

60 Minimum operating requirements

- While a paediatric patient is admitted to a paediatric class private health facility, the facility must have—
- (a) a paediatric physician available for consultation, and
 - (b) a registered nurse, who has appropriate paediatric experience or qualifications, on duty, and
 - (c) for a paediatric patient less than 12 months of age—microchemistry available for analysis of capillary blood specimens.

61 Minimum accommodation requirements

A paediatric class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

62 Accommodation standards

- (1) A paediatric class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A paediatric class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 15 Radiotherapy class private health facilities

63 Conduct of facilities

A radiotherapy class private health facility must—

- (a) maintain its radiotherapy equipment in good working order and maintain a system for independent dosimetry auditing of linear accelerators, and
- (b) have a written policy on providing radiotherapy services as part of a multidisciplinary approach to patient care, that includes specific provisions for consultation, referral and links to other relevant services for the patient, including medical oncology, surgical services, clinical haematology, palliative care and clinical support services, and
- (c) have sufficient appropriate practitioners for the services provided, including radiation therapists, radiation oncologists, medical physicists and other relevant specialists for consultation.

64 Minimum accommodation requirements

A radiotherapy class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

65 Accommodation standards

- (1) A radiotherapy class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A radiotherapy class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 16 Rapid opioid detoxification class private health facilities

66 Compliance with guidelines

A rapid opioid detoxification class private health facility must comply with the *NSW Clinical Guidelines: Treatment of Opioid Dependence—2018* published by the Ministry of Health in September 2018.

67 Patient transfer

- (1) A rapid opioid detoxification class private health facility must have access to an intensive care (level 1 or level 2) class private health facility or a public hospital to which a patient may be transferred for intensive care in less than 30 minutes.
- (2) A rapid opioid detoxification class private health facility that is not also licensed as an intensive care (level 1 or level 2) class private health facility must have—
 - (a) written procedures in place that provide for the transfer of a patient in less than 30 minutes to an intensive care (level 1 or level 2) class private health facility or a public hospital if the patient requires a higher level of care than the facility provides, and
 - (b) an appropriately equipped vehicle, available while rapid opioid detoxification is carried out, to transfer a patient to an intensive care (level 1 or level 2) class private health facility.

68 Staffing

- (1) A rapid opioid detoxification class private health facility must have—
 - (a) a medical practitioner who has experience in opioid treatment and managing detoxification, including severe withdrawal management, on staff or on call at all times, and
 - (b) a medical practitioner on duty for the 4 hours after an induction procedure is carried out on a patient, and
 - (c) a medical practitioner on duty or on call between 4 hours and 48 hours after an induction procedure is carried out on a patient.
- (2) A rapid opioid detoxification class private health facility must have sufficient nursing staff on duty at all times, including—
 - (a) a nursing staff to patient ratio of at least 1:2 for the 8 hours after an induction procedure is carried out on a patient, and
 - (b) a nursing staff to patient ratio of at least 1:4 between 8 hours and 24 hours after an induction procedure is carried out on a patient.

69 Minimum accommodation requirements

A rapid opioid detoxification class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

70 Accommodation standards

A rapid opioid detoxification class private health facility must comply with the overnight accommodation standards.

Part 17 Rehabilitation class private health facilities

71 Conduct of facilities

A rehabilitation class private health facility must—

- (a) have a written policy on providing rehabilitation services, including—
 - (i) a statement of the facility’s philosophy of service, and
 - (ii) details of links with community-based services to ensure continuity and coordination of patient care, and
- (b) have clear written criteria and assessment procedures for admitting inpatients and outpatients to rehabilitation programs, and
- (c) have a written rehabilitation plan for each patient that—
 - (i) is based on an assessment of the patient, and
 - (ii) states the needs and limitations of the patient and the goals of the rehabilitation plan, and
 - (iii) is prepared by a multidisciplinary team with the active participation of the patient’s family, and
 - (iv) provides for the patient’s discharge, continuing care and review, and
- (d) have procedures for regularly evaluating the progress of a patient against the patient’s rehabilitation plan, and
- (e) have a formal and planned discharge procedure, and
- (f) provide for regular case management meetings, involving the treating medical practitioner and appropriate therapists, to review individual rehabilitation plans, and
- (g) have specialists for consultation, and
- (h) have sufficient appropriate therapists for the services provided, and
- (i) have sufficient registered nurses with appropriate rehabilitation qualifications or experience on duty at all times, and
- (j) if a patient with brain impairment is being treated—have access to the services of a neuropsychologist, and
- (k) if a patient with chronic pain is being treated—have access to the services of a clinical psychologist.

72 Clinical records

The clinical record of a patient in a rehabilitation class private health facility must include the following—

- (a) a clear statement by the treating medical practitioner explaining why the patient is receiving rehabilitation that is consistent with the policies, procedures and plans referred to in section 71,
- (b) a rehabilitation plan based on the assessment of the patient,
- (c) a record of each evaluation of the patient’s progress,
- (d) a discharge plan.

73 Minimum accommodation requirements

A rehabilitation class private health facility must provide for the accommodation of patients who are admitted for more than 24 hours.

74 Accommodation standards

A rehabilitation class private health facility must comply with the overnight accommodation standards.

Part 18 Renal dialysis class private health facilities

75 Design and construction

A part of a building providing renal dialysis class services must comply with the requirements of the *Building Code of Australia*, as in force on the issue of the licence for the facility or at a later date specified in the licence, in relation to class 5 buildings within the meaning of the Code.

76 Minimum accommodation requirements

A renal dialysis class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

77 Accommodation standards

- (1) A renal dialysis class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A renal dialysis class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Part 19 Surgical class private health facilities

78 Concurrent licensing

A surgical class private health facility must also be licensed as an anaesthesia class private health facility.

79 Procedure register

- (1) A surgical class private health facility must keep a procedure register.
- (2) The procedure register must contain details of every surgical procedure carried out at the facility, including the following details—
 - (a) the patient's full name and medical record number,
 - (b) the name of the procedure,
 - (c) the names of surgeons, surgical assistants, anaesthetists and scrub nurses involved in the procedure,
 - (d) the anaesthetic administered,
 - (e) the date, time and place of the procedure.

80 Clinical records

- (1) A surgical class private health facility must have a clinical record for each patient at the facility on whom a surgical class procedure is carried out.
- (2) Without limiting subsection (1), a clinical record must include the following—

- (a) if anaesthesia has been administered—the anaesthetic record, which must comply with the *Guideline on the anaesthesia record* published by the Australian and New Zealand College of Anaesthetists in 2020,
- (b) the procedural report for a surgical procedure carried out on the patient, including pre-procedural and post-procedural diagnoses, and a description of the findings, technique used and tissue removed or altered,
- (c) if a patient’s tissue or body fluid is removed—a pathological report on the tissue or body fluid,
- (d) a record of the swab, sponge and instrument count,
- (e) the post-procedural recovery record.

81 Specialist equipment

A surgical class private health facility must have the following equipment available in each room in which a surgical class procedure is carried out—

- (a) adequate equipment and instruments for elective use,
- (b) sterile instrument sets available for emergency procedures.

82 Minimum accommodation requirements

A surgical class private health facility must provide for the accommodation of 1 or more of the following groups of patients—

- (a) patients who are admitted for more than 24 hours,
- (b) patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours,
- (c) patients who are admitted and discharged on the same day.

83 Accommodation standards

- (1) A surgical class private health facility must comply with the overnight accommodation standards if the facility provides for the accommodation of patients who are admitted for more than 24 hours.
- (2) A surgical class private health facility must comply with the extended recovery accommodation standards if the facility provides for the accommodation of patients who are not discharged on the same day that they are admitted, but are admitted for not more than 24 hours.

Schedule 3 Accommodation standards

Dictionary, definitions of “extended recovery accommodation standards” and “overnight accommodation standards”

Part 1 Extended recovery accommodation standards

1 Admission criteria

- (1) A private health facility must have a written policy for determining whether a person may be admitted as a patient of the facility.
- (2) The admission policy must be—
 - (a) reviewed at least every 3 years, and
 - (b) submitted to the medical advisory committee for approval.
- (3) A private health facility must not admit a patient except in accordance with the admission policy.

Part 2 Overnight accommodation standards

2 Compliance with guidelines

A part of a private health facility used to accommodate patients for more than 24 hours must meet the requirements for an inpatient accommodation unit under the *Australasian Health Facility Guidelines*, as in force on the issue of the licence for the facility or on a later date specified in the licence.

Schedule 4 Dictionary

section 3

anaesthesia means the administration of general, epidural or major regional anaesthetic or sedation resulting in deeper than conscious sedation, other than—

- (a) sedation provided in connection with dental procedures, or
- (b) anaesthetic or sedation administered—
 - (i) in diagnostic imaging premises, within the meaning of the *Health Insurance Act 1973* of the Commonwealth, on the premises of a licensed anaesthesia class private health facility, and
 - (ii) to a patient of the private health facility, and
 - (iii) by a registered medical practitioner who is a member of staff of, or accredited to provide health services at, the private health facility.

anaesthesia class private health facility—see section 6(a).

Australasian Health Facility Guidelines means the *Australasian Health Facility Guidelines* endorsed by the Australasian Health Infrastructure Alliance in Australia and New Zealand that commenced on 23 November 2007.

Building Code of Australia has the same meaning as in the *Environmental Planning and Assessment Act 1979*.

cardiac catheterisation means the passing of a catheter, or other instrument, through a major blood vessel and into the heart for a diagnostic or therapeutic purpose.

cardiac catheterisation class private health facility—see section 6(b).

cardiac surgery class private health facility—see section 6(c).

chemotherapy means intravenous treatments using 1 or more cytotoxic agents.

chemotherapy class private health facility—see section 6(d).

class of procedures, in relation to a private health facility, means the services or treatments for which the facility is licensed.

Example—Rapid opioid detoxification class procedures are the services or treatments for which a rapid opioid detoxification class private health facility is licensed—see section 6(p).

Surgical class procedures are the services or treatments for which a surgical class private health facility is licensed—see section 6(s).

cosmetic surgery means the following surgical procedures, however described, other than a dental procedure—

- (a) abdominoplasty, also known as a tummy tuck,
- (b) belt lipectomy,
- (c) brachioplasty, also known as an armlift,
- (d) breast augmentation, revision or reduction, including by fat transfer or for gynecomastia,
- (e) buttock augmentation, revision, reduction or lift, including by fat transfer,
- (f) calf implants,
- (g) facial implants that involve—
 - (i) inserting an implant on the bone, or
 - (ii) surgical exposure to deep tissue,
- (h) fat transfer involving the transfer of more than 500mL of lipoaspirate in a 24-hour period,
- (i) liposuction involving the removal of more than 500mL of lipoaspirate in a 24-hour period,
- (j) mastopexy or mastopexy augmentation,
- (k) necklift,

- (l) pectoral implants,
- (m) penis augmentation,
- (n) rhinoplasty, other than revision rhinoplasty,
- (o) superficial musculoaponeurotic system facelift, also known as SMAS facelift,
- (p) vaginoplasty, labiaplasty or hymenoplasty,
- (q) another surgical procedure that—
 - (i) is intended to change a person’s appearance or body for cosmetic purposes, and
 - (ii) involves anaesthesia, including a Bier block.

cosmetic surgery class private health facility—see section 6(e).

emergency class private health facility—see section 6(f).

extended recovery accommodation standards means the standards set out in Schedule 3, Part 1.

gastrointestinal endoscopy means the use of a flexible endoscope with an internal lumen for the passage of an instrument to examine the upper or lower gastrointestinal tract.

gastrointestinal endoscopy class private health facility—see section 6(g).

intensive care (level 1 or level 2) class private health facility—see section 6(h).

interventional neuroradiology means using techniques to guide catheters or other instruments around the arteries or veins in the head, neck or spine to diagnose and treat diseases of the central nervous system, head, neck or spine.

interventional neuroradiology class private health facility—see section 6(i).

maternity class private health facility—see section 6(j).

medical advisory committee, for a private health facility, means the medical advisory committee appointed for the facility under the Act, section 39.

medical class private health facility—see section 6(k).

mental health class private health facility—see section 6(l).

neonatal class private health facility—see section 6(m).

overnight accommodation standards means the standards set out in Schedule 3, Part 2.

paediatric class private health facility—see section 6(n).

radiotherapy class private health facility—see section 6(o).

rapid opioid detoxification means the use of 1 or more opioid antagonists, in particular naltrexone or naloxone or a combination of the two, in a person who is physiologically dependent on opioids for the purpose of accelerating opioid withdrawal in the person and rendering the person opioid-free.

rapid opioid detoxification class private health facility—see section 6(p).

rehabilitation class private health facility—see section 6(q).

relevant health services organisation has the same meaning as in the *Health Administration Act 1982*, Part 2A.

renal dialysis class private health facility—see section 6(r).

revision rhinoplasty means a rhinoplasty performed on a patient at least 12 months after an initial rhinoplasty is performed on the patient if—

- (a) the procedure requires only a local anaesthetic to be administered, and
- (b) the procedure does not involve bony structures or turbinates, and
- (c) if a nasal airway is obstructed—the obstruction is minor and can be corrected by removing mucous membrane or cartilage, and
- (d) the patient has an adequate amount of skin available to perform the procedure.

surgical class private health facility—see section 6(s).

the Act means the *Private Health Facilities Act 2007*.