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| Non-Emergency Patient Transport Licence Application:Review of Requirements for New/Renewal/Reissue |

# Form 13: Review of Requirements

## Executive Summary

This form was developed for Non-Emergency Patient Transport Service Providers in response to the suite of documents required to be provided electronically to inform assessment against the statutory requirements of the *Ambulance Service Act 1982* (the Act) and its Regulations, in preparation for a licence to provide a Non-Emergency Patient Transport Service or for renewal, or re-issue on variation, of such a licence.

For further enquires contact the Regulation Unit on 03 6166 3856 or at NEPT@health.tas.gov.au.

# Service Information Provided

| **No** | **Criteria** | **Information** | **Comments** | **Status**(requirements met/not met) |
| --- | --- | --- | --- | --- |
| 1 | Full name of applicant/licensee |  |  |  |
| 2 | Statutory declaration that proposed licensee is a fit and proper person  |  |  |  |
| 3 | Conviction check |  |  |  |
| 4 | Contact details of key contact person for the application and position |  |  |  |
| 5 | NEPT Service name, any ABN and address of central office |   |  |  |
| 6 | Details of any company ownership and directors |  |  |  |
| 7 | Details of any partnership ownership  |  |  |  |
| 8 | Details of any trust ownership and beneficiaries |  |  |  |
| 9 | Types of vehicle to be used for NEPT (motor vehicle /aircraft/marine craft) |  |  |  |
| 10 | Vehicle livery and signage approved by Secretary |  |  |  |
| 11 | Details of fleet (model & make, date of manufacture date, registration number) |  |  |  |
| 12 | Vehicle Inspection results if >5 years old or has travelled >200,000 km |  |  |  |
| 13 | Details of any vehicle lease agreement(s) |  |  |  |
| 14 | Evidence vehicles are properly equipped and comply with AS/NZS 3551:2004 and AS/NZS 4535:1999 |  |  |  |
| 15 | Inventory of equipment in each vehicle |  |  |  |
| 16 | Whether or not the service will transport children aged 2-14 years |  |  |  |
| 17 | The maximum number of children to be transported in a vehicle at any one time |  |  |  |
| 18 | Special arrangements for transporting children (clinical escort, child restraints and Working with Vulnerable People Registration endorsement) |  |  |  |
| 19 | Satisfactorily completed Form 3 - Fitness and Probity Checks |  |  |  |
| 20 | Infection Control Policy and Procedures reviewed by TIPCU and final report received and filed |  |  |  |
| 21 | Public liability (min $10 million) and professional indemnity (min $5 million) insurance cover certificate of currency |  |  |  |
| 22 | NEPT crew positions, percentages FTE and statements of duties |  |  |  |
| 23 | List of staff and their qualifications and experience to provide NEPT services |  |  |  |
| 24 | Requirements for staff immunisation met |  |  |  |
| 25 | Clinical Governance Arrangements (Form 5 satisfactorily completed with required attachments and approved by Regulation Unit – detailed in table below) |  |  |  |

# Minimum Documentation Required on Clinical Governance Arrangements

| **No** | **Criteria** | **Information** | **Comments** | **Status**(requirements met/not met) |
| --- | --- | --- | --- | --- |
| 1 | Clinical Governance committee |  |  |  |
| 2 | A credentialing mechanism for staff  |  |  |  |
| 3 | Staff education and training policy & program |  |  |  |
| 4 | Clinical Practice Guidelines for the NEPT service, referenced and dated |  |  |  |
| 5 | Infection Control Policy and Procedures |  |  |  |
| 6 | A mechanism for reporting adverse events, near misses and sentinel events involving a patient while being provided NEPT services; and a standard form |  |  |  |
| 7 | Policies/procedures for reporting WHS injuries or incidents involving a staff member; and a standard form |  |  |  |
| 8 | Policies and procedures for reporting complaints, a mechanism for management and investigation of complaints; and a standard form |  |  |  |
| 9 | Quality assurance plan, policies or programs |  |  |  |
| 10 | Clinical case audit and review process, and associated tools |  |  |  |
| 11 | Quality improvement plan |  |  |  |