

# Policy and Procedure Requirements

November 2022 v1.0

**All Health Service Establishments requiring licensing under the *Health Service Establishments Act 2006* must comply with the statutory requirements specified in the *Health Service Establishments Regulations 2021*.**

**To demonstrate compliance, the Health Service Establishment must have a suite of policy and procedures, together with associated supporting documents, approved by the Regulation, Licensing and Accreditation Unit<sup>1</sup> before a determination on a licence can be made.**

The [\*Health Service Establishments Regulations 2021\*](#)<sup>2</sup> (the HSE Regulations) specifies the minimum documented policy and procedures required by a Health Service Establishment (HSE) to meet licensing requirements under the [\*Health Service Establishments Act 2006\*](#)<sup>3</sup> (the HSE Act).

These are not all the documented policy and procedures that a HSE will need for the day-to-day operation of the establishment to ensure safety and quality. They provide a good base for the HSE to build upon, and a starting point for the policies and procedures required for accreditation under the [\*Australian Commission on Safety and Quality Accreditation Scheme\*](#)<sup>4</sup> (AHSSQA Scheme).

This document provides guidance on how to create policy and procedure documentation.

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<sup>1</sup> Infection Prevention and Control Policy and Procedures will also be reviewed and approved by the Tasmanian Infection Prevention and Control Unit (TIPCU) to ensure compliance to Tasmanian legislation.

<sup>2</sup> <https://www.legislation.tas.gov.au/view/whole/html/inforce/current/sr-2021-076>

<sup>3</sup> <https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-2006-017>

<sup>4</sup> <https://www.safetyandquality.gov.au/our-work/accreditation/australian-health-service-safety-and-quality-accreditation-scheme>

## Purpose of Policy, Procedures and Supporting Documents

Policy and Procedures are important documents as they define what and how things should be done. They demonstrate, in writing, the systems and processes (i.e.: policy and procedures) in place in the HSE and ensure compliance with applicable laws and regulations. Systems are important as they ensure that the HSE has the requirements in place to enable safe, high-quality services to be provided to patients.

The *National Safety and Quality Health Service Standards, Second Edition (NSQHSS)* provides clarification on what a system and a policy are:

“A system is described as the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, improvement and evaluation.<sup>5</sup>

A policy is a set of principles that reflect the organisation’s mission and direction. All procedures and protocols are linked to a policy statement.”<sup>6</sup>

Staff must follow the HSE’s policies and procedures. This results in several benefits for patients, staff, and the Licensee:

- consistency in best practice guidelines and delivery of service,
- compliance with law and regulation,
- ensures services are performed accurately and effectively, reducing potential for mistakes and reduces liability risks for the HSE,
- staff know what is expected of them and the documents can be used for training and development,
- mistakes can easily be identified and rectified, and
- most importantly, patients receive safe, quality care.

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<sup>5</sup> <https://www.safetyandquality.gov.au/standards/nsqhs-standards> Glossary, Page 82

<sup>6</sup> <https://www.safetyandquality.gov.au/standards/nsqhs-standards> Glossary, Page 80

## Policy, Procedure and Supporting Document Requirements

Under the HSE Regulations, HSEs must have the following documents:

### I. Clinical and Corporate Governance

- a. Medical Advisory Committee (MAC) Terms of Reference (HSE Regulations, Schedule 1, Part 2, Clause 5).
- b. Credentialing procedures (HSE Regulations, Schedule 1, Part 2, Clause 3)<sup>7</sup>.
- c. Risk Management Policy (HSE Regulations Schedule 1, Part 2, Clause 8).
- d. Open disclosure (HSE Regulations Schedule 1, Part 2, Clause 8).
- e. Feedback & complaints management (HSE Regulations Schedule 1, Part 2, Clause 8).
- f. Quality improvement & measurement (HSE Regulations Schedule 1, Part 2, Clause 8).
- g. Fire safety and emergency evacuation (HSE Regulations Schedule 1, Part 4, Clause 11).

### 2. Operational matters for clinical safety and quality

- a. Admission Policy and Procedures (HSE Regulations Schedule 1, Part 4 – for the facility, scope of services offered, patient inclusions and exclusions).
- b. Patient identification policy (HSE Regulations Schedule 1, Part 2, Clause 10).
- c. Medication management policy & procedure (HSE Regulations Schedule 1, Part 4, Clause 7). It must cover the patient continuum from assessment, prescribing the medication, possessing and storage of S4 and other medications, protocols, checking procedures and administration.
- d. Infection Prevention and Control (IP&C) Policies and Procedures:
  - i. IP&C Policy (HSE Regulations Schedule 1, Part 4, Clause 8)
  - ii. Standard precautions
  - iii. Prevention and management of occupational exposure to blood and body substances procedure or protocol
  - iv. Staff immunisation procedure or protocol
  - v. Transmission-based precautions (Depends on service)
- e. Incident Management (HSE Regulations Schedule 1, Part 2, Clause 8) – that covers the care continuum from the incident, reporting (internal and statutory), investigation, and quality improvements.

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<sup>7</sup> For cosmetic injectors this must also detail the connection with the relevant Medical Practitioners prescribing Schedule 4 substances and other medications re *Poisons Act 1971* and Section 25A.

- f. Clinical Operational policies as per HSE Regulations (various) - for all clinical procedures performed at the facility.
- g. Quality Improvement Program policy / procedures to be established for evaluating and recording the quality of clinical and non-clinical services provided and procedures for correcting any identified problems (HSE Regulations Schedule 1, Part 4, Clause 5).
- h. Hygiene - Facilities Management policy / procedures to demonstrate adequate facilities, equipment and stores are maintained for the effective cleaning and disinfection of the buildings and their fixtures and fittings (HSE Regulations Schedule 1, Part 4, Clause 9).
- i. Recognising and responding to clinical deterioration (Australian Commission on Safety and Quality in Health Care).
- j. Discharge procedure (HSE Regulations Schedule 1, Part 4), which includes instructions for clients post specific procedures (and will link to take home instructions where required).

### 3. Staffing

- a. Job descriptions/statement of duties (HSE Regulations Schedule 1, Part 1, Clause 4) – for Director of Nursing (senior nurse) who will apply for authorisation from the Minister for Health under Section 25A of the Poisons Act to legally possess and supply S4 medications for the licensed Day Procedure Centre, Cosmetic Injectors, and other staff i.e., admin.
- b. Staff orientation program (HSE Regulations Schedule 1, Part 1, Clause 6). This could be in the form of a manual, and induction program.

### 4. Records

- a. Patient records access procedure (HSE Regulations Schedule 1, Part Clause 4,5,6)
- b. Records management policy (HSE Regulations Schedule 1, Part 1, Clause 5 and HSE Regulations Schedule 1, Part 5).

### 5. Specialised Service

- a. Policy and procedures specific to specialised service, providing audit tools and monitoring processes (HSE Regulations Schedule 1, Part 4, Clause 2).

## How to create Policy, Procedure and Supporting Documents

Policy, procedures and supporting documents must reflect National Standards and Clinical Care Standards developed by the Australian Commission on Safety and Quality in Health Care and clinical practice guidelines developed by professional Colleges. Reference should be made to applicable law and regulations and relevant compliance requirements.

### Regulation, Licensing and Accreditation Unit

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They should be written and retained in an accessible format so that staff can refer to them as and when needed. Wording should be easy to understand.

A template should be created by the HSE so that all documents demonstrate consistency in appearance. It should reflect the culture within the HSE and ideally have the HSE's company colours and logo incorporated into the document.

All documents should be regularly reviewed to ensure they are accurate and contemporary, with version control detailed on the document. Procedures should reflect the practice in the HSE. Please see Appendix I for an example.

Once the policies and procedures are developed, they must be approved and endorsed through the HSE's Medical Advisory Committee. Then must be shared with the HSE's staff.

Where education and training for the HSE's staff is necessary to implement a policy and procedure, training records of when and who attended the training are required to be maintained.

These are the documents that the HSE will provide to Regulators, Accreditation Assessors, and staff to demonstrate the quality systems and processes within the business, so they should be complete and professional to reflect the quality of service provided.

## Where can I get further support to write the policies and procedures?

There are many examples of policies, procedures and supporting documents on the internet.

There are also specialist consultants who write policy and procedure documents.

Alternately, it may be of benefit to the HSE to attend one of the widely available training courses on how to write effective policy and procedure documents.

## Resources

<https://www.safetyandquality.gov.au/standards>

[Health Service Establishments Act 2006](https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-2006-017)

(<https://www.legislation.tas.gov.au/view/whole/html/inforce/current/act-2006-017>)

[Health Service Establishments Regulations 2021](https://www.legislation.tas.gov.au/view/whole/html/inforce/current/sr-2021-076)

(<https://www.legislation.tas.gov.au/view/whole/html/inforce/current/sr-2021-076>)

<https://www.health.tas.gov.au/health-topics/infection-prevention-and-control>

## Questions and further information

For all questions, or further information about Licensing, please contact the Regulation, Licensing and Accreditation Unit on 6166 3856 or via email [hslicensing@health.tas.gov.au](mailto:hslicensing@health.tas.gov.au)

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## Appendix I

**CLINIC LOGO**

### **Policy/Procedure Name**

#### **Purpose**

- The purpose of this policy/procedure is to.....

6.

#### **Policy / Procedure**

- xx
- xx

#### **Related Documents**

- xx

End of document

#### **Document Change Control**

Version	Date	Details of amendment / review	Author	Approver
1.0	XXX			