Self-assessment document for facility standards

NZS 8164:2005 Day-stay surgery and procedures

NZS 8165:2005 Rooms/Office-based surgery and procedures

About this document

This document is meant to be a guide only to assist in your preparation for audit.

It contains all standards listed in the NZS 8164:2005 Day-stay surgery and procedures or NZS 8165:2005 Rooms/Office-based surgery and procedures.

For each standard a couple of key prompts have been chosen to ensure that the intention of the standard is met by the facility. These are listed below each standard.

Also provided at the end of each page is further guidance in relation to the standard and its requirements where applicable.

Please discuss completion of this self-assessment with your chosen Designated Auditing Authority.

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Self-assessment document
Based on NZS 8164:2005 Day-stay surgery and procedures

Standard 1: Consumer / Patient-Focused Services

1.1 Consumer rights: The patient receives services in a manner that complies with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code)

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
1.1.1, 1.1.3	A policy exists for staff on the use of the Code and its availability for consumers				
1.1.3	Staff have received information and education about the Code				
1.1.4, 1.1.6	A policy exists for obtaining informed consent in line with the requirements of the Code				
1.1.5	A policy/procedure exists for assisting with interpretation of consumer needs				
1.1.7, 4.2.3	A policy exists to safeguard the consumer's confidentiality, privacy and dignity				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
NZS 8153: 2002 Health Records
Code of Health and Disability Services Consumers' Rights 1996. Office of the Health and Disability Commissioner, Wellington
Health Information Privacy Code 1994. Office of the Privacy Commissioner, Auckland

Further assistance to prepare for onsite audit is provided below but not limited to:
Evidence that HDC rights are available at the facility and are made available to consumers
Staff are to be familiar with policies in relation to the Code, consumer confidentiality, privacy and the use of interpreters
Medical records are kept securely in a locked cabinet and away from direct view when in use
A private area is provided for patient discussions with surgeon/nursing staff

Standard 1: Consumer / Patient-Focused Services					
1.2 Cultural safety: Patients receive services in a manner that recognises their cultural, ethnic, religious, social and individual values					
Criteria	**Preparatory questions**	**Yes**	**No**	**NA**	**Comment and/or reference to evidence**
1.2.1	A policy exists incorporating the Treaty of Waitangi principles of partnership, protection and participation in service provision				
1.2.1	Procedures are available to support staff with specific cultural practices.				
1.2.2	Staff have received education on the policy and procedures relating to cultural safety				
1.2.3	The feedback questionnaire includes questions on cultural safety				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Hauora o te Tinana me ona Tikanga – A guide for the Removal, Retention, Return and Disposal of Maori Body Parts and Organ Donation. 1999. Te Puni Kokiri, Wellington
Treaty of Waitangi Act 1975

Further assistance to prepare for onsite audit is provided below but not limited to:
The organisation understands and or collects data on the patient population presenting to the facility
Provisions are made for specific cultural needs of the presenting population from admission to discharge

Standard 2: Organisational management					
2.1 Governance: Patients receive services that are managed in a safe, efficient and effective manner, that comply with legislation, and minimize harm					
Criteria	**Preparatory questions**	**Yes**	**No**	**NA**	**Comment and/or reference to evidence**
2.1.1	A document exists stating the purpose, scope, direction and goals of the organisation				
2.1.1, 2.1.3	At governance level a system exists to review the purpose and direction of the organisation				
2.1.1, 2.1.3	At governance level a system exists to review the scope and measure achievement against the listed goals				
2.1.2	Is the manager suitably qualified/experienced to manage the scope of services provided?				
2.1.2	Does the manager's job description define the authority and accountabilities of the position?				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Health Practitioners Competence Assurance Act 2003

Further assistance to prepare for onsite audit is provided below but not limited to:
Documentation is available to evidence the reviews and monitoring conducted at governance level. Evidence can be in the form of meeting minutes
Management and governance staff are available for interviews during the onsite audit

Standard 2: Organisational management					
2.2 Organisational management: The organisation ensures effective management and co-ordination to maximise patient outcomes					
Criteria	**Preparatory questions**	**Yes**	**No**	**NA**	**Comment and/or reference to evidence**
2.2.1	A system exists to oversee the day-to-day operation of the service and facilities				
2.2.2	A system exists to ensure updated information relating to legislation and regulatory requirements relevant to the service is available				

Further assistance to prepare for onsite audit is provided below but not limited to:
An example is available to evidence the updating of sector legislation and regulatory requirements
Documentation is available to evidence the dissemination of information to staff who are affected by the updates and policies/procedures are updated where required

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Standard 2: Organisational management					
2.3 Advertising and marketing strategies: All advertising and marketing strategies are presented in a consistent and accurate manner, are socially responsible and do not mislead or deceive the patient.					
Criteria	**Preparatory questions**	**Yes**	**No**	**NA**	**Comment and/or reference to evidence**
2.3.1	Advertising and marketing material meet the requirements of the Advertising standards and the Medicines and Fair Trading Acts				
2.3.2	Has any advertising/marketing material been challenged by the Advertising Standards Authority Complaints Board in the last three years				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Therapeutic Advertising Pre-Vetting System (TAPS), Advertising Standards Authority. January 2002, Advertising Standards Authority, Wellington
Medicines Act 1981
Fair Trading Act 1986

Further assistance to prepare for onsite audit is provided below but not limited to:
Documentation is available to evidence the system used to ensure advertising and marketing material meet the requirements of the Advertising standards and the Medicines and Fair Trading Acts

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Standard 2: Organisational management

2.4 Human resource management: Human resource management processes are conducted in accordance with good employment practice and comply with legislation

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5	A policy and procedures exists to oversee recruitment activities, employee induction, ongoing competence review and professional development of employees				
2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5	Procedures are available to guide the process of regular performance evaluation and peer review. Documentation demonstrates this is implemented				
2.4.6	Documentation is available to demonstrate that specific supervision of professionals has occurred as required/identified				
2.4.1	Job descriptions are available for each position incorporating the skills and knowledge required of the position, the outcomes to be achieved, accountabilities, responsibilities, authority and functions				
2.4.2, 4.3.3	All employees have validated professional qualifications and required registrations that define their scope of practice				

2.4.3	All staff have received an orientation/induction programme that covers the essential components of the service				
2.4.4	All clinical and non-clinical staff have access to regular in service training opportunities				
2.4.5	All staff have been assessed as competent to provide the clinical and or non-clinical services being provided				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Employment Relations Act 2000
Health and Safety in Employment Act 1992
Health and Safety in Employment Regulations 1995
Health Practitioners Competence Assurance Act 2003
Injury, Prevention, Rehabilitation and Compensation Act 2001

Further assistance to prepare for onsite audit is provided below but not limited to:
Evidence being available to demonstrate a robust recruitment system, incorporating advertising, selection, acknowledgement of success or failure to obtain the position, validation of character and professional qualifications and contract signing
A database of employees details, professional qualifications including current practising certificates, ongoing performance reviews and professional development details is available
Evidence of ongoing professional development provided

Standard 2: Organisational management

2.4 Quality and risk management: The organisation has an established, documented and maintained quality and risk management system that reflects continuous quality improvement principles

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
2.5.1	Relevant standards are reflected in policies and procedures to meet current accepted best practice - e.g. infection control				

2.5.2, 2.5.4, 2.5.6	A document exists detailing the quality principles and objectives of the organisation and the related components of the risk management system including complaints				
2.5.2	Staff have received education on the quality principles and objectives of the organisation (Not applicable to NZS 8165)				
2.5.2	Staff have received education on managing risk and the reporting and recording of accidents, incidents and adverse events				
2.5.4	Accidents, incidents and adverse events are systematically recorded and reviewed				
2.5.5	A procedure exists on managing and reviewing complaints				
2.5.5	Staff have received education on the identification and management of complaints				
2.5.6	A system exists to collect and review data from key performance indicators (such as infection rates, adverse patient outcomes), reported events and complaints				
2.5.7	A system exists to develop corrective action plans and ensure improvements are made				
2.5.8	A policy and procedure exists to manage the approval and inclusion of research and new technologies into clinical practice				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Code of Health and Disability Services Consumers' Rights 1996.
Injury, Prevention, Rehabilitation and Compensation Act 2001
Ministry of Health Operational Standard for Ethics Committees. March 2002

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring a document control system is employed to maintain the integrity and currency of policy and procedure documents; policies and procedures can be referenced to current standards
Ensuring a robust quality and risk management database is available

Standard 3: Pre-entry to Services

3.1 Patient selection process: When a need for the service has been identified, patients are considered for entry to the organisation in an equitable and timely manner

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
3.1.1, 3.1.2, 3.1.4, 3.1.5, 3.1.6	A policy exists documenting the entry criteria and patient suitability criteria for the organisation				
3.1.3, 3.1.7	Policies or procedures exist to support the process of admission and assessment				
3.1.3, 3.1.6, 3.1.7	Pre assessment documents include health and anaesthetic questionnaires, pre and post procedural information				
3.1.1, 3.1.3, 3.1.5, 3.1.6	Staff have received information and education on the process of admission, patient assessment and informed consent				
3.1.5	Informed consent is obtained following detailed explanation and understanding of surgery/procedure and discharge instructions, where required				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies/procedures/checklists
NZS 8164: criteria 3.1.2, 3.1.4, 3.1.5, 3.1.6,3.1.7

Further assistance to prepare for onsite audit is provided below but not limited to:
Patient preparatory material may include: standardised patient health/anaesthesia questionnaire, pre op nursing assessment, anaesthesia pre op assessment consultation where applicable, post procedure requirements for care and access to services
Checklists could be developed for admission processes to ensure safe care is provided in a consistent manner.
Patient suitability criteria include informed consent, confirmation that medical status and age are appropriate for the procedure, confirmation that the patients' place of residence for post op care is within an agreed travelling time and distance from appropriate clinical assistance.
Informed consent to include procedural consent, consent for anaesthetic, pricing and discharge information being sent to primary providers and referrers
Pre op discharge planning/documentation to include information on post op care and advice for return to activities and when to seek assistance, post op contact details, responsible adult for transport and post op care, emergency contact details for medical staff, out of hours emergency contact information.

Fasting instructions for sedation* meet standards of Australasian Anaesthetic Faculty, clear pre-operative instructions in "plain" English are provided. (*Or general anaesthetic for day-stay standard)

Standard 3: Pre-entry to Services

3.2 Declining entry to services: Where entry to the service is declined, the immediate risk to the patient is managed

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
3.2.1	A process exists to manage the situation where a patient is declined service. The patient is given a reason.				
3.2.3	The patient, primary provider and referrer where applicable are informed of the reason for declining entry to services (Not applicable to NZS 8165)				
3.2.3	Data is collected about declining entry to service including numbers of declines and reasons				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies/procedures/checklists
NZS 8164: criteria 3.2.2, 3.2.3

Further assistance to prepare for onsite audit is provided below but not limited to:
Data on the number and reason for declined entries may be used to develop quality improvement initiatives where possible

Standard 4: Service Delivery

4.1 Service provision requirements: Patients receive timely, competent and appropriate service provision in order to meet their assessed needs

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.1.1	Internal audits and/or reviews are undertaken to ensure that assessment, planning, service delivery, evaluation and review of care and exit from the service meets				

	patients assessed needs, is timely and co-ordinated				
4.1.2	Policy and procedures exist to inform service delivery for patients with specific requirements (eg for children or young people)				
4.1.3	Food is stored, prepared and delivered in accordance with the food hygiene standards (Not applicable to NZS 8165)				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Children, Young Persons and Their Families Act 1989
Food Act 1981
Food Hygiene Regulations 1974

Further assistance to prepare for onsite audit is provided below but not limited to:
Review may include satisfaction survey and other forms of customer feedback
Clinical indicators can be developed to provide structure to the audits and have a baseline for measuring achievement

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Standard 4: Service Delivery

4.2 Clinical records management: Each clinical record is documented in a complete and accurate manner and complies with legislation

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.2.1, 4.2.2, 4.2.3, 4.2.5, 4.2.6, 4.2.7	A process exists (often a policy or procedure) to inform staff of the needs when documenting clinical records and managing clinical records storage and retrieval to comply with NZS 8153				
4.2.2	A unique identifier is used for each individual patient record				
4.2.4	Old records are available at each new admission				
4.2.5	Staff have received education on documentation requirements in clinical records				
4.2.7	Archived records are securely held and maintained in a suitable condition				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
NZS 8153:2002 Health records
Health Information Privacy Code 1994. Revised June 2000
Health (Retention of Health Information) Regulations 1996

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring clinical records are reviewed/audited for legibility, timeliness of documentation and clarity of signatory

Standard 4: Service Delivery

4.3 Sedation and anaesthesia: Sedation and anaesthesia techniques used shall be safe and appropriate for the patient and the procedure, to enable the patient to recover and be discharged in less than 24 hours.

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.3.1, 4.3.2	Medical case reviews are conducted to ensure the choice of sedation provided is appropriate and meets the requirements of criterion 4.3.1 (Not applicable to NZS 8165)				
4.3.3, 4.4.2	All staff providing anaesthesia and attending sedated patients are certified to New Zealand Resuscitation Council Level 5 or above and are working within their scope of practice				
4.3.4	A policy and procedure exists to inform the process of providing anaesthesia/sedation. The policy includes all requirements of criteria 4.3.4, 4.3.5				
4.3.5	Procedures are available to support the monitoring requirements of sedated patients				
4.3.5	Information on medications and a supply of medications used for sedation including antagonists are made available to staff				
4.3.5(e), 4.4.3	Appropriate resuscitation equipment is available for the type of sedation offered				
4.3.6	Where nitrous oxide is used a policy and procedures are available to ensure the system of delivery complies with the requirements of criteria 4.3.6				

4.3.4, 4.3.5, 4.3.6	Medical and nursing staff have received information and education on the policies and procedure requirements relating to the provision of anaesthesia and monitoring sedated patients				

Further assistance to prepare for onsite audit is provided below but not limited to:
Detailed policies and procedures provide staffing requirements for anaesthesia including: Number and training level of staff in the clinical environment, monitoring equipment and specific requirements for use, advanced cardiopulmonary resuscitation training, use of medications including antagonists, recovery procedures and protocol
http://www.anzca.org.nz/
http://www.mscouncil.org.nz/standards-guidelines-policies-en-AT
Ensuring the policy, that informs medical staff and anaesthetists availability for the duration of the procedure, recovery and discharge or transfer to an acute facility where necessary, reflects the job description for these positions and the signed contracts
Ensuring a minimum of two registered nurses are present at the facility when a case is performed using sedation*
Ensuring nursing staff in attendance are also certified for resuscitation and are competent in the monitoring requirements of sedated patients
Ensuring a comprehensive system is used for daily checking of anaesthetic equipment, nitrous oxide apparatus and medication availability, evidence to be provided
Post-operative monitoring documentation to include an early warning scoring system
(*or general anaesthetic for day-stay standards)

Standard 4: Service Delivery

4.4 Clinical emergency response: Safe care is provided in the event of a clinical emergency

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.4.1	A policy and procedure exists to guide the management of staff during clinical emergencies				
4.4.1	Specific procedures are available for expected clinical emergencies, e.g. uncontrolled bleeding/ adverse drug reactions				
4.4.1	Staff have been given information and education on clinical emergencies and emergency responses				
4.4.2	All personnel have been trained in use of emergency equipment				

4.4.2	Emergency equipment including oxygen supply is available and is tested regularly				
4.4.3, 4.5.3	Procedures/Protocols are in place for transfer of patients to an acute care facility if necessary				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
http://www.nzrc.org.nz/policies-and-guidelines/

Further assistance to prepare for onsite audit is provided below but not limited to:
Please list Emergency equipment on a separate sheet
Procedures/Protocols in place for transfer of patients to an acute care facility to include information required for arranging transfers, informing family, documentation and transfer to facility
Contractual evidence between organisation and acute facility to be made available. Details of the contract to be reflected in transfer policy

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Standard 4: Service Delivery

4.5 Exit, discharge or transfer management: Patients experience a co-ordinated exit, discharge or transfer from the organisation

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.5.1	A process exists to facilitate planned exit, discharge or transfer. The process ensures documentation is completed and communication occurs where appropriate				
4.5.1, 4.5.5	Planned discharge includes (4.5.5 a – k) being completed				
4.5.1	Staff have been informed and educated on the process and required documentation				
4.5.1	Audits are undertaken to ensure policy requirements re discharge are met				
4.5.2	Specific discharge requirements of patients are recorded pre operatively (Not applicable to NZS 8165)				
4.5.4	Discharge information is sent to referrers and primary health providers if necessary				
4.5.5	All patients are assessed as fit for discharge by trained health professional – discharge criteria apply				

4.5.5	Patients receive relevant discharge information and medical prescriptions from a trained health professional				
4.5.6	A follow up inquiry as to the patient's wellbeing occurs following any major intervention/result (note: recommendation only)				

Notes:
Please refer to following documents for specific requirements to assist in the development of above processes
NZS 8164 for discharge criteria – criterion 4.5.5

Further assistance to prepare for onsite audit is provided below but not limited to:
Evidence to be provided on pre op discharge planning for individual patients
Checklists could be developed for discharge processes to ensure safe care is provided in a consistent manner

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Standard 4: Service Delivery

4.6 Referrals, relationships and links: The service provider demonstrates effective links with relevant health and community service providers

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
4.6.1	A policy or procedures exists to guide the referral system				
4.6.2	All referrals are documented				

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring up to date information is available for referrals

Standard 5: Managing Service Delivery

5.1 Medicine management: Patients receive medicines in a safe and timely manner that complies with legislative and regulatory requirements

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
5.1.1, 5.1.2	Policies and procedures exist to guide all areas of medicine management safely, including associated service provider responsibilities (5.1.2 not applicable to NZS 8165)				
5.1.1, 5.1.2	Staff have been informed and educated on medicine management policies and procedures				
5.1.3	All clinical staff have up to date competencies in medicine management and delivery (Not applicable to NZS 8165)				
5.1.4	A system exists to identify, record and report medicine allergies / adverse drug reactions				
5.1.4	A procedure exists to support the reporting of adverse events to CARM				
5.1.5	A policy and procedure exists to direct the process of self-administration of medicines				
	Patients are assessed for their ability to self-medicate (NZS 8165: criterion 5.1.3)				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
Medicines Act 1981
Medicines Regulations 1984

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring clear and precise documentation is maintained for all aspects of medicine management; procurement, storage, delivery and disposal
Ensuring medicines are stored in a safe and secure manner, including managing patients own medications
Ensuring clear records of fridge temperatures are available
Ensuring signatory reference lists are available for prescribers

Standard 5: Managing Service Delivery

5.2 Infection control management: Patients, visitors, service providers and communities are protected from preventable exposure to transmittable disease as a result of service provision

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
5.2.1	The organisation has a documented infection control programme (policies and procedures) appropriate for the size of the facility and scope of services offered.				
5.2.2	There is a designated infection control member on staff (Not applicable to NZS 8165)				
5.2.3	Where sterilisation is conducted in-house sterilisation policies and procedures are available for all listed aspects of criterion 5.2.3				
5.2.4	Evidence is available where outsourced sterilisation services are used to show the outsourced provider is compliant with AS/NZS 4187:2003				
5.2.5	Procedures exist for all areas listed in criterion 5.2.5				
5.2.5	All staff have access to relevant and current infection control training and information, including information on the organisations policies and procedures				
5.2.6	Infection control audits and reviews are undertaken routinely				
5.2.8	Processes are in place to prevent exposing patients to infection from patients with a known infection				
5.2.8	Vaccination programmes are available to all service providers				
5.2.9	Guidelines are available for the notification of communicable diseases to the local public health office				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
NZS 8142 Infection Control
AS/NZS 4185:2001 Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment and maintenance of associated environments in health care facilities

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring the documented infection control programme defines the responsibility for infection control, lists the measures in place to manage infection; Sterilisation of equipment, including the development of policy and education of staff, auditing programme to assess the effectiveness

of infection control measures
Providing evidence that infection control principles are incorporated into new and existing services, facilities and equipment
Infection control audits to be designed to assess areas of identified risk to service delivery
There is a system of linking up with external infection control sources to update knowledge on infection control

Standard 5: Managing Service Delivery

5.3 Management of waste and hazardous substances: Patients, visitors and service providers are protected from harm as a result of exposure to waste or hazardous substances generated during service delivery

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
5.3.1	A policy and procedure exists to direct the management of waste and hazardous substances				
5.3.1, 5.3.2	Procedures exist: To direct staff in the appropriate categorisation, storage, transport and disposal of waste and hazardous substances For first aid For spill containment and clean up For standard precautions For incident procedures For the use of personal protective equipment				
5.3.2	All staff have received information and education on the policy and related procedures				
5.3.2	Spill containment kits are available				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
NZS 4304:2002 Management of healthcare waste
Hazardous Substances and New Organisms Act 1996

Further assistance to prepare for onsite audit is provided below but not limited to:
Sharps containers – are available where required and securely held preventing spills
Decontamination area is separate from theatre, sterilisation area and patient areas

Standard 5: Managing Service Delivery

5.4 Management of surgically removed tissue/body parts: Body parts/tissue are managed in a safe and culturally sensitive manner

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
5.4.1	A policy exists on the management of body parts and tissue				
5.4.1, 5.4.3	Procedures exist to guide staff in the removal, handling, storage, return to patient or disposal of body parts; including the associated documentation				
5.4.2	Patients consent is obtained prior to utilising, preserving or storing body parts				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
The Human Tissue Act
The Code of Health and Disability Services Consumers' Rights 1996
Hauora o te Tinana me ona Tikanga – A Guide for the Removal, Retention, Return and Disposal of Maori Body Parts and Organ Donation

Further assistance to prepare for onsite audit is provided below but not limited to:
Patients being provided with information on how to handle and dispose of body parts that are taken home

Standard 6: Safe and Appropriate Environment

6.1 Facility specifications: Facility layout and design is clinically appropriate, contributes to safe service delivery and maintains patient and service provider safety

Criteria	Preparatory questions	Yes	No	NA	Comment and/or reference to evidence
6.1.1, 6.2.6	There is an inspection and cleaning schedule to maintain safety and suitability of the facility				
6.1.2, 6.1.8, 6.2.4, 6.2.6, 6.2.7	Amenities, fixtures, equipment, furniture, building, plant and flooring are routinely assessed and are on a cleaning and maintenance schedule to minimise the risk of harm to patients and staff				

6.1.4	Each procedure area has hand basin or antiseptic cleanser to minimise cross contamination				
6.1.5	All procedure areas where mains operated equipment is to be used for treatment or diagnosis, meet the minimum standards of Body protected Areas as specified in AS/NZ 3003:2003 Electrical Installations - Patient areas of hospitals, medical and dental practices and dialysing locations				
6.1.6	All procedure areas have sufficient lighting to facilitate treatment and examination procedures, including adequate emergency lighting				
6.1.7	Theatre air flow checks are conducted regularly to ensure ventilation with no contaminants re-circulating (Not applicable to NZS 8165)				
6.1.7	Backup generators are available of the size that suits the scope of services offered (Not applicable to NZS 8165)				
6.1.9	Parking areas are well lit and have access to the main entrance (Not applicable to NZS 8165)				
6.1.10	All areas are accessible to patients with disabilities, these include the parking area, facility entrance and in patient areas				
6.1.11	Clear signage is present including information on urgent after hours services				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies
AS/NZ 3003:2003 Electrical Installations - Patient areas of hospitals, medical and dental practices and dialysing locations.
AS/NZS 3003:2003 Electrical Installations – Patient areas of hospitals and medical and dental practices – Testing requirements
AS/NZS 3760:2003 In-service safety inspection and testing of electrical equipment
AS/NZS 2211.1:2004 Equipment Classification

Further assistance to prepare for onsite audit is provided below but not limited to:
Provision of a residual current device (RCD) is an appropriate means of compliance
Using manufacturers' guidelines for maintenance of equipment where certified maintenance is not available
Cleaning agents used are compatible with the equipment or surface they are being used on in line with manufacturer's recommendations
Theatre undergoes cleaning on a daily basis and as necessary between cases
Equipment used for sterilising instruments needs to be validated by an external source in addition to the internal validation tests conducted
Ensuring the maintenance schedule is current and linked to the quality and risk management system

Standard 6: Safe and Appropriate Environment					
6.2 Environment management: The environment and equipment is maintained in reliable and safe working order					
Criteria	**Preparatory questions**	**Yes**	**No**	**NA**	**Comment and/or reference to evidence**
6.2.1	The organization has an approved evacuation plan in compliance with fire and local body regulations				
6.2.1	Day Stay facility complies with local Body Building codes				
6.2.2	Procedures are in place to comply with legislation for Occupational Health and Safety, Smoke Free environments.				
6.2.4	The organisation has a contingency plan to replace equipment and essential supplies				
6.2.4	Preventive and planned maintenance occurs to the equipment as required to ensure safety				
6.2.4	A scavenging device and appropriate personal protective equipment is available in theatre areas (Not applicable to NZS 8165)				
6.2.5	A laundering programme is used to ensure clean, hygienic laundry				
6.2.7	Policies and procedures are in place for facility cleaning				

Notes:
Please refer to following documents for specific requirements to assist in the development of above policies/procedures
AS/NZS 4146:2000 Laundry practice

Further assistance to prepare for onsite audit is provided below but not limited to:
Ensuring the maintenance schedule is current and linked to the quality and risk management system
Ensuring the environment is free of clutter