**Chapter B22 – Other Services not listed**

*(Please use this template for services not covered elsewhere in this report. One form for one service with distinct name and location is required.)*

1. **Basic Information**

|  |  |
| --- | --- |
| Name of Service |       |
| Location of Service |       |
| Scope of Service |       |
| Operating hours |       |
| Age range of patients |       |

 Please indicate whether the following anaesthetic procedures will be provided:

|  |  |
| --- | --- |
| **Anaesthetic procedures** | **If yes, please indicate location** |
| General anaesthesia Yes [ ]  No [ ]  |       |
| Major regional anaesthesia Yes [ ]  No [ ]  |       |
| Deep sedation Yes [ ]  No [ ]  |       |

1. **Medical Practitioner-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Nurse-in-charge / Unit Manager**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Staffing**

Manpower\* (Include the nurse-in-charge / unit manager)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |       |       |
|  |       |       |
| Nurse |       |       |
|  |       |       |
| Others |       |       |
|  |       |       |
|  |       |       |

*\* “Proposed manpower” for new hospital*

1. **Critical or Major Equipment**
	1. Equipment list *(e.g. Defibrillator, special equipment unique in this service etc.)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation
 | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment
 | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment
 | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment
 | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment
 | Choose an item. |

1. **Policies and Procedures**

|  |  |
| --- | --- |
| 1. There are written policies and procedures for this service

If yes, please provide a list of policies and procedures specific to this service:      | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity
 | Choose an item. |