**Chapter B3 – Allied Health Services**

1. **Basic Information**

|  |  |
| --- | --- |
| Name of Service |       |
| Location of Service |       |
| Scope of Service |       |
| Operating hours |       |
| Age limit 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. **Allied Health Professional-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualification(s) |       |

1. **Staffing**

3.1 Manpower\* (Including the Allied Health Professional-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Allied health professional |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
| Others |       |       |
|  |       |       |
|   |       |       |
|  |       |       |

*\* “Proposed manpower” for new hospital*

3.2 Other Requirements

|  |  |
| --- | --- |
| 1. For other services where the allied health professionals are not required to be registered under Cap 359, the staff appointed to take overall charge has received relevant training with records of training kept
 | Choose an item. |
| 1. Adequate supervision on assistants and other supportive personnel is provided by qualified allied health professionals
 | Choose an item. |

1. **Critical or Major Equipment**
	1. Equipment list *(e.g. 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#** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. There are sufficient equipment and supplies appropriate to the needs and the services offered
 | Choose an item. |
| 1. All equipment is maintained at regular intervals with records
 | 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 medical 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. **Service Delivery and Care Process**

|  |  |
| --- | --- |
| 1. There are written policies and procedures on the handling of equipment and instructions for patients
 | Choose an item. |
| 1. Where the treatment involves the manipulation of aids/ equipment by patients themselves, the patients are briefed on the proper handling of the equipment and the associated risk
 | Choose an item. |
| 1. Precautions or contraindications are relayed to patients before specific types of treatments are contemplated
 | Choose an item. |
| 1. Treatment and advice given is documented in the patient’s medical record
 | 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. |