



Quality Assurance Plan

The Quality Management Plan provides a written Policy that clearly outlines EMR's commitment to quality and sets out the expectations for all employees and health practitioners. This policy helps to ensure that everyone involved in the care of patients understands their responsibilities and work together to maintain and improve quality.

The following plan is ongoing and in accordance with regulation 24 (2):-

(a) Infection control, including an infection control management plan

(see Infection Prevention and Control Policy) this is provided to all staff and must be followed.

(b) Active clinical monitoring of patients.

Are on the PRC's and pages 88-89 of the Clinical Practice Protocol (Guidelines) and are addressed under separate conditions in the Clinical Practice Protocol (Guidelines)

(c) Management of sentinel events the management of sentinel events

1. Any sentinel event must be immediately notified to the Clinical Director and CEO – Tom Aczel by text and phone to 0438718369 and the appropriate services notified. The sentinel event categories are available at the Safer Care Victoria website: <https://www.bettersaferecare.vic.gov.au/notify-us/sentinel-events/what-to-report>
2. The Clinical Director must then immediately report any sentinel event to the Secretary in accordance with regulation 28.
3. Copies of PCR and initial Ambulance Transport In-depth Case Review Report (if applicable) must be sent to Tom Aczel within 24 hours of return to depot.

(d) Management of deteriorating patients;

Change of patient condition before emergency ambulance arrival

Despite appropriate triage at the point of call, unexpected patient deterioration may have occurred during the time between referral and arrival of an emergency ambulance, FAS practitioner is to commence and maintain applicable emergency care, within their scope of FAS practice, while waiting for emergency ambulance arrival as outlined in the Clinical Practice Protocol (Guidelines) page 86 and under different medical conditions in the Clinical Practice Protocol (Guidelines)

(e) Staff qualifications and training;

Assessment of qualifications and maintenance of the currency of qualifications; all staff will undergo yearly training courses run by EMR and these will include updates and competency assessments of CPR, pain management, asthma anaphylaxis and trauma. Staff will, where required, maintain certification and registration.

(f) Competencies of staff members, including maintenance and assessment of competencies by a registered training organisation;

EMR are registered partners with Allens Training Pty Ltd and have certificate IV qualifications in training and assessment staff that deliver accredited training. These staff include Tom Aczel and Jasmine Aczel

(g) Recognition of prior learning and overseas qualifications of staff members providing clinical care and advice;

Overseas qualifications will be assessed by an RTO using cross mapping and recognition of prior learning will also be taken into account for current competencies. However, all paramedics and nurses will require AHPRA registration

(h) Access to clinical advice for staff members;

All staff have been given the numbers of our clinical directors and can call on when this advice is needed

(i) Drug security, including in relation to storage, use, disposal and record-keeping;

All controlled drugs are to be kept under lock and key and out of sight. A lock bag unmarked is to be always under control onsite. When not at an event they are to be kept locked and safe and not available to anyone who is not qualified to have them (see drug register template).

All unused and expired medications are to be returned to depot to be stored under lock and key. The unused and expired medications are to be transported to:-

Chemist Warehouse Altona North

202 Millers Road,
Altona North, Vic. 3025

upon pick up of new supply orders for disposal. The Chemist Warehouse pharmacy then places them into a NatRUM bin for approved disposal.

(j) Manual handling of patients;

All staff are given safe manual handling information and its importance (see attached handout)

(k) Patient records;

See attached PCR's these are to be sent into HQ within 24 hours of the event and kept by admin and are regarded as classified to protect casualty privacy. If records are for children only those with WWC clearance can have access to these files

(l) Management of complaints;

All complaints are taken seriously and following up of all complaints is delegated by the CoC and a complain form is always given to the complainer and acted upon (see complaint form template) if of a criminal or serious nature the complaint is passed on to the relative statutory authority.

(m) Clinical handover processes;

IMIST-AMBO model handover is on page 83 of the Clinical Practice Protocol (Guidelines) and all staff have a copy.

(n) Maintenance of equipment;

The maintenance of all equipment is in compliance with manufactures instructions and any safety and storage requirements.

(o) Records of all maintenance and repairs to equipment;

EMR maintains a Plant & Equipment Register and this must be kept up to date (see Plant & Equipment Register Template)

(p) Cleaning of equipment;

Cleaning of equipment is required to maintain efficiency and warranty. All therapeutic equipment is by law a TGA registered or listed device and all manufacturers cleaning and storage instructions must be followed. Instructions are with and to be stored with devices.

(q) A complaints register;

Links to our complaints procedures are shown on our websites and tri-fold brochure. Our complaints register is kept electronically and all complaint forms are kept in this file. Complaints are kept private as some may be after examination and investigation unjustified and personal.

(r) A process for investigating complaints.

See items (L) and (Q)

(s) Details to be contained in records (medications/drugs)

Regulation 108 of the **Drugs, Poisons and Controlled Substances Regulations 2017 (Vic)** outlines the mandatory record-keeping requirements for health practitioners (including pharmacists, doctors, and nurse practitioners) regarding Schedule 4 and Schedule 8 poisons.

Under **Reg 108(1)(a)** and **(b)**, authorised persons must:

- **(a)** Make true and accurate records of all transactions (such as the supply or administration) involving these restricted poisons as soon as practicable after the transaction.
- **(b)** Retain these transaction records for a minimum of **3 years** and produce them on demand to an authorised officer or inspector

Administration of Schedule 2, 3 and 4 medications/drugs are to be recorded in EMR Patient Care Reports (PCR) and these reports are to be stored in a locked cabinet for a period of up to 5 years.

The PCR must clearly document the following items:

- **Date and time** of the administration of Schedule 2, 3 and 4 medications.
- **Drug identity:** The exact name, form, strength, and brand of the poison.
- **Quantity:** The exact amount of the substance administered, or otherwise disposed of
- **Patient:** The full name and address of the patient receiving the drug.
- **Signatures:** The legible name and signature of the authorised person making the entry.

See also pages 88-89 of the Clinical Practice Protocol (Guidelines).

Approval and Review Details

Approval Authority			Next Review Date
EMR Clinical Director			06/09/2028
Version	Effective Date	Author	Description
Draft v1.01	6/09/2022	Tom Aczel	Review and implementation of plan
Version 1.1	29/07/2024	Tom Aczel	Regulation 24 (2) (i) Updated EMR's quality assurance plan to include the written procedure for the disposing of medication.
Version 1.2	05/07/2026	Tom Aczel	(s) Details to be contained in records (medications) added All references to page numbers of the EMR Clinical Practice Protocol (Guidelines) updated.