



Government of **Western Australia**  
Department of **Health**

# Licensing Standards

For the Arrangements for Management, Staffing and  
Equipment

Private Psychiatric Hostels

## **Licensing and Accreditation Regulatory Unit**

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## Application – Private Psychiatric Hostels

The licensing of private psychiatric hostels is regulated by the *Private Hospitals and Health Services Act 1927* (“the Act”) and the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997* (“the Regulations”).

The Act makes provisions for the granting of licences by the Chief Executive Officer (CEO) of the Department of Health. Before a license is granted or renewed, the CEO must be satisfied that the arrangements for the management, staffing and equipment of the facility are satisfactory.

The Licensing Standards for the Arrangements for Management, Staffing and Equipment – Private Psychiatric Hostels (“the Standards”) have been developed to ensure hostel owners, staff, regulators, residents, their family and carers understand the criteria that will be used to measure whether the arrangements are satisfactory. The Standards represent the minimum requirements to demonstrate compliance.

The Standards were initially developed in 2003 following broad consultation with key industry stakeholders.

The Standards are reviewed and updated as required and in accordance with changes to the Mental Health industry and where appropriate, stakeholder input is requested.

Conditions may be placed on a licence to allow the licence Holder a defined period to address non-compliance. In special circumstances, exemptions may be granted from the relevant regulations in accordance with *Private Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*.

These revised Standards are applicable from 1 January 2026.

# Glossary of terms

**Approved supervisor (AS)** – a person approved under the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*, Regulation 7.

**Authorised person** – a person who is authorised in legislation or regulation as having the right to inspect, visit or otherwise access facilities, records, or information in the course of their duties.

**Critical Systems** – any emergency system, equipment, essential service, instrument, device, or thing required to protect the safety of persons residing at or visiting residential care facilities.

**Clinical practitioner** – includes a psychiatrist, mental health clinician, or other appropriate medical practitioners.

**Direct personal care** – assistance in tasks involving hygiene (e.g. showering), or personal appearance (e.g. dressing, grooming) or similar provided to residents who are unable to adequately care for themselves.

**Egress** – a safe means of escape in the event of an emergency (usually fire).

**Facility** – a site and its buildings, building services, fittings, furnishings, and equipment.

**Financial officer** – a person employed by the licence holder to undertake the financial or booking activities associated with the facility.

**Guidelines** – a set of requirements and recommendations.

**Mental illness** – has the same meaning as defined in the *Mental Health Act 2014*, section 6.

**Minimum** – the least level of provision which is considered safe for a given function. Anything below the minimum level is considered non-compliant.

**Nominee, nominated person** – someone legally appointed to make decisions on the resident's behalf (such as a guardian or administrator).

**Over the counter medication** – medication that can be purchased without the need for doctor's prescription, for the treatment of minor ailments.

**Private Psychiatric Hostel** – a private premises in which three or more persons who:

- (a) are socially dependent because of mental illness; and
- (b) are not members of the family of the proprietor of the premises, reside and are treated or cared for.

**P.R.N.** – abbreviation for Latin *pro re nata*, which means as circumstances may require.

**Psychosocial services** – a general term for any non-therapeutic services which help a person cope with stressors, for example, mental health counselling, education, or group support.

**Staff** – any person who is employed by the license holder to perform duties or tasks in the hostel.

**Support person** – someone requested by the resident to be involved in an aspect of information, communication, or decision-making, such as a family member, carer, friend, advocate, or support worker.

**Residential agreement** – a written agreement between the license holder and resident of the hostel outlining accommodation charges, services provided and rights and responsibilities of the resident and facility.

**Resident** – means a person who is:

- (a) socially dependent because of mental illness; and
- (b) residing and being cared for or treated in the hostel.

# Standard 1: Governance

**Private Psychiatric Hostel licence holders ensure that their facilities meet all requirements of the Act and Regulations.**

## Mandatory criteria

- 1.1 A specific, identifiable approved supervisor (AS) is responsible for the management of the facility at all times.
- 1.2 The facility is operating in accordance with its licence, including:
  - 1.2.1 licence holder name
  - 1.2.2 name and address of the facility
  - 1.2.3 maximum number of residents that may be accommodated at any one time
  - 1.2.4 number of beds
  - 1.2.5 type of care to be provided
  - 1.2.6 the number and categories of staff
  - 1.2.7 Annexure A (additional licence terms and conditions)
  - 1.2.8 conditions, dispensations or exemptions from the licence (if applicable).
- 1.3 The current licence is displayed in the main foyer or reception area of the facility.
- 1.4 The function of the facility is accurately defined in a public document which is accessible to residents, their families and carers, staff, and visitors.
- 1.5 A documented referral and admission process is undertaken with the facility and referring service(s) to determine the suitability of the service to meet the needs of the resident and:
  - 1.5.1 a documented physical and mental health assessment is available on admission
  - 1.5.2 a care plan is created in consultation with the resident and/or their nominated person
  - 1.5.3 the assessment and care plan are reviewed at least annually thereafter to ensure that the resident is being cared for at a facility and in a manner appropriate to their needs.
- 1.6 Residents, their families, and their carers are made aware of their rights and responsibilities as defined in the Residential Agreement and supported to realise these rights and responsibilities.
- 1.7 A 'Residential Agreement' is maintained and a copy provided to all residents, their guardian, or nominee on signing and on request. The agreement:
  - 1.7.1 records the rent, all charges and the services provided
  - 1.7.2 records the rights and responsibilities of residents and includes the right to be treated with respect and dignity, the requirement to adhere to facility policy (e.g. participate in fire evacuation drills and attend to medical and dental

appointments at least annually). If a resident declines participation, this is clearly documented

- 1.7.3 is discussed, signed, and dated on admission by the facility and the resident or nominee
  - 1.7.4 is reviewed, re-signed, and re-dated with the resident or nominee when significant changes are made and at least two yearly
  - 1.7.5 specifies the termination process including eviction, this must include a risk assessment and escalation process
  - 1.7.6 Families, carers, and others nominated by the resident are encouraged to fill a recognised role to contribute to supporting the resident.
- 1.8 Residents' right to dignity, confidentiality, and privacy are always maintained.
  - 1.9 Residents' safety, physical health, and wellbeing are continuously monitored, and concerns are addressed in a timely manner.
  - 1.10 Interpreting services are made available to residents, if required. Services should be provided in a way that is supportive of the cultural diversity of residents by integrating an awareness of and respect for differences in the way people communicate and interact.
  - 1.11 Residents with disabilities are provided with reasonable assistance to access services.
  - 1.12 Organisational charts and/or policies identify the lines of communication, authority, and responsibility of staff and visiting authorised persons. The name of the duty manager is displayed.
  - 1.13 Policies and procedures are developed, reviewed, and updated as required, at least every 3 years. Policies and procedures are developed and reviewed by appropriately qualified staff or external consultants. Staff are aware of these policies and procedures and are readily able to access them. At a minimum, these shall include:
    - Emergency Procedures
    - Management of aggression/de-escalation
    - Infection Prevention and Control
    - Incident reporting
    - Complaints/feedback management
    - Admission policy/criteria
    - Eviction, transfer policy/criteria
    - Drug and Alcohol Policy
    - Sexual Safety Policy/Policies
  - 1.14 Feedback, complaint, and conflict resolution processes are documented and available to residents, family, carers, visitors, and staff. These processes ensure feedback is actively facilitated (via, for example, residents' meetings or reference

groups and/or the use of resident representatives), a log of issues raised, and action taken is timely (as indicated in the policy).

- 1.15 Work health and safety programs and practices are in place and a designated staff member is responsible for them.
  - The designated staff member has completed a nationally recognised work health and safety program.
- 1.16 Reporting of incidents is in accordance with Annexure A of the facility licence. Monitoring the implementation of strategies to prevent future incidents occurring is carried out in accordance with a documented process.
- 1.17 Infection prevention and control precautions are practiced and recorded; policies and procedures support the practices.

## Standard 2: Workforce

Service quality and safe care is supported by the provision of a competent, qualified and experienced workforce which is appropriate to the number and care needs of the residents.

### Mandatory criteria

- 2.1 Recruitment processes for Approved Supervisors (AS) must include the following:
  - 2.1.1 Checks for identity, character references affirming good character and reputation, training, and competency, including English language competency.
  - 2.1.2 Check of the Health and Disability Services Complaints Office (HaDSCO) website for notifications of prohibition orders or conditions placed on unregistered healthcare workers. This website must be checked for updates on a regular basis.
  - 2.1.3 Ensure that all employees who have contact with residents hold a current National Police Clearance and where required, an international police clearance or criminal history check.
  - 2.1.4 Applicants' ability to adhere to the HaDSCO Code of Conduct.
- 2.2 Staffing arrangements comply with the licence, including:
  - 2.2.1 At a minimum, at least 2 AS, (not including cleaning and catering staff) must be rostered on every shift 7 days a week unless otherwise indicated on the licence. Where appropriate, one night shift AS may be a sleep shift.
  - 2.2.2 The licence holder must demonstrate that sufficient numbers of staff, determined with reference to the numbers and care needs of the residents, are always present at the hostel. This is inclusive of cleaning, maintenance, and catering staff.
  - 2.2.3 Suitable staffing arrangements are in place in the event of unusual or unexpected events. For example, sufficient staff must be on duty to safely manage a fire evacuation or other emergency.
- 2.3 Written and dated statements of duties for all staff are available at the facility which:
  - 2.3.1 are current
  - 2.3.2 outline roles and responsibilities for each category of employee
  - 2.3.3 include lines of communication
  - 2.3.4 are readily accessible to staff.
- 2.4 Staff are competent to undertake the duties outlined in their job descriptions. Only staff who are appropriately trained and qualified are permitted to carry out direct personal care such as showering and toileting etc.
- 2.5 All staff must be identifiable, and AS's must carry identity cards with photograph.
- 2.6 An ongoing, service specific, staff development and training program is in place and assessment of training requirements occurs at least annually and attendance logs and records are maintained. This is to include at a minimum:
  - medication safety and competency

- first aid – including basic life support – to an approved Australian Standard
- management of aggression / de-escalation techniques
- incident reporting and management
- emergency procedures
- infection prevention and control
- Work health and safety
- Sexual safety training as outlined by the Office of the Chief Psychiatrist.

2.7 Agency staff cannot be on duty without an AS.

## Standard 3: Information management

Information is captured, stored and maintained in a way that facilitates continuity of care and protects privacy of patients.

### Mandatory criteria

- 3.1 Resident confidentiality is protected by documented information management processes.
- 3.2 An electronic and/or hard copy register of resident information is maintained for each resident in the hostel which includes, at a minimum:
  - 3.2.1 full name, date of birth and next of kin
  - 3.2.2 notes on day-to-day behaviour, personal presentation and social development. There is a written entry in the resident record for each 24-hour period that documents, as a minimum, that the resident has been sighted
  - 3.2.3 details of all medications prescribed and details as to the administration of those medications and to any medication changes.
  - 3.2.4 particulars of any unusual incidents or unexplained absences
  - 3.2.5 details of emergency interventions
  - 3.2.6 records of contact with general practitioners and mental health services
  - 3.2.7 records of contact with dental, podiatry and/or other allied health services
  - 3.2.8 reports made to the Chief Psychiatrist
  - 3.2.9 entries contain the date and the name of the author for each entry
- 3.3 Residents have the right to apply to access information held about them by the licence holder. There is a documented process advising on how this occurs and how the residents are made aware of this right.
- 3.4 Resident information may only be released to others with the written permission of the resident or their nominee/guardian, unless authorised by legislation. The written permission must be retained on the resident's records.
- 3.5 The effective storage of resident records is managed by documented processes which ensure they are:
  - 3.5.1 only accessible to authorised staff
  - 3.5.2 located in a secure area within the hostel to ensure resident confidentiality
  - 3.5.3 archived in a way that ensures no access is available to unauthorised persons and provides protection from fire, vermin, and dust
  - 3.5.4 kept or disposed of in manner which is in accordance with relevant State legislation.

## Standard 4: Medications

The hostel provides support to residents to administer their medication in a manner that accommodates individual needs whilst maintaining safe practice.

### Mandatory criteria

- 4.1 Medication policies and procedures are clearly documented and available to staff.
- 4.2 A written record of each resident's medication regimen is maintained.
- 4.3 Medication is distributed and signed for by an AS who:
  - 4.3.1 has completed the required training and demonstrated competency in the safe administration of resident's medications, and
  - 4.3.2 is not concurrently required for other duties (for example assisting with meals).
- 4.4 AS are trained in the administration, safe storage, and emergency procedures related to medication, including the mandatory reporting of medication administration errors.
- 4.5 Medication is administered in accordance with policies and procedures which ensure it is as prescribed and is consistent with the medication regimen. Medications are administered from the resident's individually dispensed supply, with photographic identification, and may not be dispensed to any other resident.
- 4.6 Medication regimens are reviewed in accordance with policies and procedures which ensure regular reviews by the treating clinician, and a pharmacist. The reviews occur at least annually and are documented in the resident's notes.
- 4.7 Residents who are identified as able to manage their own medications are identified in documented records. The process includes regular re-assessment by an appropriate clinical practitioner.
- 4.8 Residents managing their own medication are provided with a secure, locked cupboard for storage. A key is provided to the resident and AS.
- 4.9 Changes to the resident's medication regimens, including cessation, must be carried out in accordance with documented procedures which ensure instructions are received in writing. Verbal instructions must be written down immediately and confirmed by the prescriber in writing within 72 hours. Verbal advice regarding medication changes is documented in the resident's notes.
- 4.10 Reasons for, and the effect of, giving once only or PRN (as required) medication is clearly documented in accordance with set processes. Any changes in medication use are reported to the resident's psychiatrist or medical practitioner and documented in the resident's notes.
- 4.11 Where non-prescribed, 'over the counter' medication is administered, this is used in accordance with manufacturers' instructions and reviewed by the resident's medical practitioner. Any over the counter medication administered to a resident must be documented in the resident's notes.

- 4.12 Residents are educated regarding the requirement to inform staff when they are taking non-prescribed, 'over the counter' medication. Processes ensure that all medication taken is recorded on the resident's medication regimen and their treating clinicians are made aware.
- 4.13 Medications are regularly checked for expiry dates and stock control procedures are maintained. Medications are properly disposed of when out of date or when no longer required.
- 4.14 Medication storage is secure and complies with the manufacturer's instructions.
- 4.15 Medication incidents are reported to the resident's psychiatrist, general practitioner or mental health clinician in accordance with documented processes and within a time frame appropriate to the incident. All such incidents are clearly documented in resident's notes. Serious medication errors must be reported to the Office of the Chief Psychiatrist, the Licensing and Accreditation Regulatory Unit and Mental Health Commission through the Notifiable Incident reporting process and in accordance with the current incident reporting policy.

## Standard 5: Finance

There are clear, transparent and appropriate financial processes in place for the hostel to safeguard the management of resident finances.

### Mandatory criteria

- 5.1 Financial records must show that residents have their monies deposited directly into their personal account or an account that is separate from the licence holder's business account. A written record of each resident's medication regimen is maintained.
- 5.2 Financial record keeping is compliant with all relevant State and Federal legislation and is available for independent auditing at all times.
- 5.3 Financial transactions including goods allocated and distributed to residents are recorded and signed for by the resident at the time they occur.
- 5.4 Valuables (including cash and/or bank cards) held on behalf of residents are:
  - 5.4.1 only stored in a secure and safe place
  - 5.4.2 only accessible by AS's or the licence holder at the request of the resident or their nominee/s
  - 5.4.3 clearly documented in the residents' records.
- 5.5 For residents receiving a pension, documented processes ensure each resident receives a minimum of 12.5 per cent of their individual basic pension for personal use. This resident and/or their nominated person is provided with the calculation of this amount at least annually.  
(‘basic pension’ does not include any part of a pension used to pay for, or offset, the accommodation costs of the recipients).
- 5.6 For residents not in receipt of a pension, the rental charges shall not be greater than 87.5 per cent of their income.
- 5.7 Increases in rental charges will be advised in writing to the resident, their next of kin, guardian, or administrator at least 4 weeks prior to the increase coming into effect.
- 5.8 For residents whose finances are administered by the public trustee or self-funded, the licence holder can demonstrate that funds forwarded for the resident's own use are passed on to the resident in full.
- 5.9 Financial documents (regarding current or past residents) are retained in a safe, secure and accessible place and disposed of in a manner which protects resident confidentiality and is in accordance with relevant State legislation.
- 5.10 Access to residents' financial records is limited to the resident concerned or their nominee, the licence holder, AS, or persons authorised by governing legislation.
- 5.11 When a resident leaves the facility a final statement of finances must be provided to resident or their nominee, and the balance transferred to the appropriate account holder in a timely manner.

## Standard 6: Food services

Residents are provided with a nutritious diet that meets their individual needs, whilst meeting the requirements of the Food Standards Code.

### Mandatory criteria

- 6.1 A designated and trained staff member is responsible for and coordinates the provision of food and drinks services. This must be someone other than the rostered AS.
- 6.2 The diet provided to residents includes a variety of food and drink, that is high in quality and of sufficient quantity, and is in accordance with the Australian Dietary Guidelines recommended by the National Health and Medical Research Council.
- 6.3 Residents on therapeutic diets, special diets and/or with cultural or religious preferences are provided with appropriate food. Where a pureed diet is required, components are served as individual food items.
- 6.4 Safe food handling and storage complies with the Food Safety Act, associated Regulations and Food Safety Standards.
- 6.5 Residents receive fresh fruit daily.
- 6.6 Changes in nutrition, hydration and health status of residents are documented in the resident's records and reported to the resident's medical practitioner.
- 6.7 Menus are developed in consultation with residents.
- 6.8 Menus are on display in a public area and the menus are not repeated at intervals of less than four weeks.
- 6.9 Recipes are available to residents for all meal components and include all ingredients and portion sizes.
- 6.10 Meals are not served before 7 am, 12 pm, and 5 pm. However, residents are able to arrange for meals served outside those times. When the evening meal is served before 5.30 pm, supper is served between 7.30 pm and 9.30 pm. Morning tea, afternoon tea, and supper are provided.
- 6.11 There is a designated area where residents can make themselves hot and/or cold drinks. If a designated area is not available, the facility will ensure that hot and cold drinks are available on request at all times.
- 6.12 Staff and any residents involved in food handling and storage receive relevant training. All training is documented and records maintained.
- 6.13 Hand hygiene practices in relation to kitchen and dining areas are applied and monitored via periodic audit.
- 6.14 The kitchen and dining areas are maintained in a clean and hygienic manner. Cleaning schedules for kitchen and dining areas are displayed, maintained, and updated.
- 6.15 Designated food storage areas include separate storage areas for dry, raw, and cooked food.
- 6.16 No food products, equipment, or consumables are stored on the floor.
- 6.17 The surfaces in food preparation and food storage areas are made of an impervious material.

- 6.18 Documented processes outline how food service equipment is maintained in a safe working order, and where appropriate, this equipment exhibits a current service sticker.
- 6.19 Refrigerators and freezers are used in accordance with documented processes for storing food products and are operating at a recommended temperature range of <5 C and -18 C respectively. Temperatures of refrigerators and freezers are monitored daily and cleaned according to a cleaning schedule.
- 6.20 Resident feedback regarding food and drink services is sought and enabled in accordance with documented processes. Records are maintained to demonstrate both the response and the action taken in response to feedback received.

# Standard 7: Clothing and laundry services

Laundry services are managed and supervised to ensure the safety and comfort of residents, staff and visitors.

## Mandatory criteria

- 7.1 A designated and appropriately trained staff member (other than the rostered AS) is responsible for coordinating the linen and laundry services.
- 7.2 Clothing and toiletries of good quality are provided to residents, at no extra cost, and provision considers the residents' needs and reasonable choices. The quantities of each item must be determined with each resident, according to individual needs.  
  
Minimum items to be provided include:
  - 7.2.1 under and outer garments
  - 7.2.2 head wear
  - 7.2.3 footwear
  - 7.2.4 night attire.Basic toiletries to be provided include:
  - 7.2.5 soap
  - 7.2.6 shampoo and conditioner
  - 7.2.7 deodorant
  - 7.2.8 shaving equipment
  - 7.2.9 toothbrush, toothpaste and denture cleaning products
  - 7.2.10 sanitary products
  - 7.2.11 sunscreen.
- 7.3 Clothing provided is appropriate to climatic conditions and considers residents' needs and reasonable choices. The condition and availability of clothing is assessed at least quarterly and replaced as required, at no extra cost to the resident.
- 7.4 Toiletries are appropriate to resident's needs and provision takes into account reasonable choices. The condition and availability of toiletries is regularly assessed, and they are replaced as required, at no extra cost to the resident.
- 7.5 Linen, clothing, and laundry items are processed, cleaned and stored appropriately, including:
  - 7.5.1 sufficient quantities of linen and laundry items are available to meet residents and facility requirements
  - 7.5.2 documented processes exist for the hygienic treatment of linen soiled by bodily fluids including urine, blood, and faecal matter
  - 7.5.3 laundering of sheets, towels and clothing occurs at least once each week

- 7.5.4 appropriate movement of clean and dirty laundry through the facility.
- 7.6 Designated areas for storage of laundry are provided and:
  - 7.6.1 clean and soiled laundry is stored in separate areas
  - 7.6.2 storage areas are ventilated.
- 7.7 Cleaning of the laundry areas includes rosters and processes for general cleaning, cleaning of exhausts and lint collection areas. There is a documented process and staff education related to the cleaning and maintenance of washing machines and dryers.
- 7.8 Where laundry services are outsourced, there is documented evidence the outsourced service complies with Australian Standards – AS4146.
- 7.9 Detergents, chemicals, and gases are stored in a safe and secure place, in accordance with documented processes.
- 7.10 Detergent and chemicals are purchased in ready-to-use containers. All other containers are correctly labelled.

## Standard 8: Hostel furniture and equipment

The safety and comfort of residents and staff is maximised by the provision of furniture and equipment appropriate to the needs of residents and staff within the facility.

### Mandatory criteria

- 8.1 Furniture and equipment are available to support the provision of safe care and includes sufficient furnishings such as chairs, sofas, tables, and beds.
- 8.2 A documented furniture and equipment replacement schedule including mattresses and pillows shall be in place.
- 8.3 Individual bedside lighting is accessible by each resident if required.
- 8.4 A suitably located wardrobe or cupboard space is easily accessible to each resident and is lockable.
- 8.5 Equipment is located and stored in a way that ensures effective use.
- 8.6 Furniture and equipment are clean and maintained in a safe working condition. Where appropriate, equipment should exhibit a current service sticker.
- 8.7 Excess furniture and equipment are stored within a designated space.
- 8.8 Appropriate records are maintained of any personal furniture and/or equipment stored on behalf of a resident.

## Standard 9: Facility function and use of space

The facility function and use of space provides a safe and functional environment that meets the needs of residents, staff and visitors

### Mandatory criteria

- 9.1 The number, size and function of the rooms provided in the hostel are compliant with current Building Guidelines for the construction, establishment and maintenance of Psychiatric Hostels, are consistent with services to be provided and promote the delivery of safe resident care. All spaces within the hostel including bedrooms, communal rooms (lounge, dining, and outdoor areas), bathrooms and toilets are adequate in size and function and ensure that:
  - 9.1.1 comfort, security and safety of residents and staff is maintained
  - 9.1.2 staff are able to fulfil their duties
  - 9.1.3 privacy and dignity are maintained
- 9.2 The bedroom layout ensures the right to privacy, security, and personal space for the resident. Bedroom doors are to be lockable with staff access via a master key.
- 9.3 At least 50 per cent of the residents are accommodated in single bedrooms.
- 9.4 Lighting will be adequate to meet the needs and promote the safety of all residents.
- 9.5 Heating and cooling systems are provided for:
  - 9.5.1 all areas of the hostel and will be adequate and maintained in accordance with manufacturer's instructions and all safety requirements
  - 9.5.2 residents on request for additional heating or cooling in their rooms. This will be addressed appropriately, taking relevant safety concerns into account.
- 9.6 The number of toilets and showers will be a minimum of one shower, toilet and basin for every 4 residents and will be sufficient to meet the needs of all residents. Safety, privacy, and dignity of residents is maintained.
- 9.7 Seating in the lounge, dining and outdoor areas is adequate for the number of residents.
- 9.8 Storage areas for equipment and general stores are separate and sufficient.
- 9.9 Passageways, stairways and communal areas are well lit and kept free of clutter.
- 9.10 An outdoor area that includes protection from the weather is available and suitable for resident use.
- 9.11 A designated well-ventilated, preferably not fully enclosed smoking area is available.
- 9.12 A private room that can be readily accessed by residents is available for confidential appointments.
- 9.13 Signage and way finding throughout the facility enables ease and safe passage for

residents, staff, and visitors.

- 9.14 Staff toilets, shower (if appropriate), and secure lockers are provided.
- 9.15 Space for the set down and pick up of residents is in close proximity to the main entrance.
- 9.16 Parking is made available to accommodate the number and mix of residents, staff, and visitors to the facility.
- 9.17 Where animals are kept at a hostel, they are managed according to policy and do not constitute a nuisance towards residents or pose a health risk.

## Standard 10: Fire, security and emergency

The risk of fire, security breach and emergency are reduced to maximise resident, staff and visitor safety.

### Mandatory criteria

- 10.1 Policies and procedure are in place regarding staff and resident responses in the event of an emergency including:
  - 10.1.1 fire emergency
  - 10.1.2 evacuation of the building
  - 10.1.3 cardiac and respiratory arrest
  - 10.1.4 security breach, incidents of aggression and entry of unauthorised persons.
- 10.2 Fire drills, equipment, training and evacuation procedures are carried out regularly, at least 6 monthly and attendance logs and records are maintained. At least one evacuation procedure per year must include residents and be conducted at night when there are minimal staff rostered. All new residents and staff must be orientated to fire evacuation procedures within 2 weeks of arrival.
- 10.3 Fire orders and evacuation plans are displayed throughout the facility for residents, staff and visitors. They should be easy to find, interpret and clearly show your location on the plan (i.e. 'You are here'). Emergency numbers are clearly displayed next to staff telephones and residents' phones, as required. Fire orders and evacuation plans are dated and reviewed every 5 years in accordance with AS 3745 Planning for Emergencies in Facilities.
- 10.4 Installed fire detection and alarm systems are permanently connected to the fire service and are regularly maintained.
- 10.5 The smoke alarm detection system is tested in accordance with the relevant Australian Standards and service and maintenance logbooks either hard copy or electronic copy are kept onsite.
- 10.6 Fire hydrants and fire exit doors:
  - 10.6.1 are clearly marked and easily accessible
  - 10.6.2 allow for easy egress, have no clutter or equipment stored in the areas, and have illuminated exit signs.
- 10.7 Generator or battery-operated fire exit markers are in place and:
  - 10.7.1 a testing schedule is maintained
  - 10.7.2 a checking log is maintained and is available at the facility.
- 10.8 Fire equipment, fire detection, alarm systems, emergency lighting, and exit signs are ready for immediate use and tested six monthly as evidenced by a current service log. There is documented evidence of compliance with testing and service requirements of the relevant Australian Standards.
- 10.9 A smoking policy, which includes education of residents who smoke, and which reduces the risk of fire is readily available to residents, staff, and visitors to the

hostel. Fire risks within the hostel are effectively managed.

- 10.10 Housekeeping practices minimise the number of flammable materials present in the building. Chemicals, gases, and potentially dangerous goods are secured and stored appropriately.
- 10.11 Reasonable steps are taken to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of residents, staff and visitors.
- 10.12 Personal duress alarms are made available for all staff.

# Standard 11: Facility cleaning and maintenance

The facility, plant and equipment are maintained to maximise resident, staff and visitor safety.

## Mandatory criteria

- 11.1 A designated staff member (other than the AS rostered) coordinates the cleaning, maintenance, and servicing of the plant, facility and equipment.
- 11.2 The environment in the facility is clean and safe for residents, visitors, and staff. Cleaning schedules are displayed and are maintained and updated as a component of a documented cleaning program. Cleaning schedules are appropriate to the size of the facility.
- 11.3 Routine and preventative maintenance of the physical facility, furniture, fixture, and equipment is conducted in accordance with a documented program which demonstrates efficacy and safety.
- 11.4 Evidence is available to demonstrate that routine and preventative maintenance of plant and equipment is carried out by an appropriately qualified person. Documented service histories are maintained.
- 11.5 Waste management processes comply with regulations for the disposal of general waste and sharp objects.
- 11.6 A designated space for the collection, storage and sorting of waste materials is provided.

**This document can be made available in alternative formats on request for a person with disability.**

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