[Service Letterhead]

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This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

AH&MRC
Aboriginal Health & Medical Research Council of NSW

[Organisation Name]

Infrastructure and Asset Management Policy

Document Control

Policy Title	Infrastructure and Asset Management Policy
Policy Number	P-XXX
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Version Number	1.0
Responsible Officer	Chief Executive Officer / Executive responsible for Corporate Services
Accreditation Mapping Code	RACGP – Practice facilities; equipment; clinical safety; infection prevention and control; emergency preparedness; accessibility; risk management; business continuity; quality improvement. NSQHS – Standard 1 Clinical Governance; Standard 3 Preventing and Controlling Infections; Standard 5 Comprehensive Care. NSQPH – Clinical Governance; Clinical Safety; Infection Prevention and Control; Risk Management. QIC – Governance; Risk Management; Service Delivery; Resource Management; Safety; Business Continuity; Cultural Safety; Quality and Continuous Improvement.

1. Purpose

The purpose of this policy is to establish [Organisation Name]'s overarching governance, safety, risk-management and accountability requirements for the planning, acquisition, operation, maintenance, monitoring, renewal and disposal of organisational infrastructure and physical assets.

[Organisation Name] recognises that safe, accessible, reliable and appropriately maintained facilities, equipment and assets are fundamental to the delivery of safe, high-quality and

culturally responsive healthcare and the effective operation of an Aboriginal Community Controlled Health Service (ACCHS).

Infrastructure and asset management will be integrated with organisational and clinical governance, work health and safety, infection prevention and control, emergency management, business continuity, procurement, financial management, environmental sustainability, risk management and continuous quality improvement.

The organisation will manage infrastructure and assets throughout their lifecycle to ensure they remain safe, fit for purpose, accessible, appropriately maintained, available when required and compliant with applicable legal, regulatory, accreditation, manufacturer, contractual and other requirements.

This policy establishes organisational expectations for:

- infrastructure, property and asset governance;
- facilities and building management;
- asset identification, classification and registers;
- lifecycle, capital and replacement planning;
- procurement, acquisition and commissioning;
- clinical and non-clinical equipment;
- inspection, testing, servicing, maintenance and calibration;
- utilities, refrigeration, medical gases and essential infrastructure;
- electrical, fire, emergency and safety systems;
- infection prevention and environmental conditions;
- accessibility, privacy, security and cultural safety;
- vehicles and mobile assets;
- contractors, landlords and external service providers;
- defects, recalls, failures and asset incidents;
- environmental and climate resilience;
- business continuity and infrastructure disruption;
- disposal and decommissioning; and
- monitoring, assurance and continuous improvement.

2. Scope

This policy applies to all persons involved in the governance, procurement, management, use, maintenance or oversight of facilities, equipment and other physical assets owned, leased, operated, controlled or used by or on behalf of [Organisation Name].

It applies across clinics, offices, outreach and community settings, storage areas, vehicles, temporary or mobile service locations and other premises from which organisational services are delivered.

Assets within scope include buildings and facilities; clinical and diagnostic equipment; medical devices; emergency equipment; plant and machinery; vehicles; furniture and fittings; electrical equipment; fire, security and safety systems; refrigeration and temperature-controlled equipment; utilities and essential infrastructure; leased, hired, loaned and shared equipment; portable and mobile assets; and other physical assets supporting healthcare or organisational operations.

Information technology, digital systems and information assets are principally governed through the Information Technology and Security Policy, while their physical acquisition, protection, movement and disposal remain subject to relevant requirements of this policy.

3. Definitions

Asset – A physical resource owned, leased, controlled or used by the organisation that supports healthcare delivery or organisational operations.

Infrastructure – Buildings, facilities, utilities, plant, systems and physical structures required to support organisational operations and service delivery.

Clinical Equipment – Equipment, instruments or devices used in the assessment, diagnosis, monitoring, treatment or care of patients.

Medical Device – A device, instrument, apparatus, appliance or other article regulated as a medical device under applicable Australian requirements.

Critical Asset – An asset whose failure, loss or unavailability could materially affect patient safety, emergency response, continuity of care, legal compliance or essential organisational operations.

Asset Criticality – Classification of an asset according to the potential consequences of its failure, loss or unavailability.

Asset Register – The controlled organisational record used to identify and monitor relevant assets and associated ownership, location, maintenance, condition, criticality and lifecycle information.

Asset Lifecycle – The stages through which an asset is planned, acquired, commissioned, operated, maintained, reviewed, renewed and ultimately disposed of or decommissioned.

Preventive Maintenance – Planned maintenance undertaken at defined intervals or according to specified criteria to reduce the likelihood of deterioration or failure.

Corrective Maintenance – Maintenance undertaken to restore an asset following a defect, malfunction, deterioration or failure.

Calibration – Comparison and, where necessary, adjustment of equipment against an appropriate standard to establish or maintain measurement accuracy.

Commissioning – Verification that new or substantially modified infrastructure or equipment is correctly installed, safe, functional, documented and ready for intended use.

Decommissioning – The controlled withdrawal of an asset from operational use.

Fit for Purpose – Suitable, safe and capable of reliably performing its intended function in the environment in which it is used.

Essential Services – Infrastructure or services necessary for safety or continued operations, including electricity, water, sewerage, communications, climate control, fire systems, security, refrigeration or other critical utilities.

Asset Owner – The organisational role or function assigned accountability for an asset or asset category.

Quarantine – Removal or isolation of equipment or an asset from use where its safety, performance or suitability cannot be assured.

4. Policy Statement

[Organisation Name] is committed to maintaining infrastructure, facilities, equipment and assets that are safe, accessible, reliable, culturally appropriate and fit for their intended purpose.

Infrastructure and assets will be managed according to clinical and operational criticality, foreseeable risks, lifecycle requirements and applicable legal, regulatory, accreditation, manufacturer and contractual obligations.

The following principles are non-negotiable:

Infrastructure and asset management is an organisational governance responsibility. Significant infrastructure and asset risks will be governed as organisational risks and appropriately escalated.

Patient, workforce and community safety is paramount. Facilities and equipment must not remain in use where their condition creates an unacceptable risk.

Assets must be fit for purpose. Facilities and equipment will be appropriate for their intended use, environment and service population.

Critical assets must be identified and prioritised. Maintenance, contingency, redundancy and replacement requirements will reflect the consequences of asset failure.

Asset management will be lifecycle-based. Decisions will consider acquisition, installation, operation, maintenance, whole-of-life cost, replacement and disposal.

Maintenance will be proactive and risk-based. Inspection, servicing, testing and calibration will reflect applicable requirements and asset criticality.

Unsafe assets will not remain in service. Defective, damaged, recalled or potentially unsafe assets will be removed, isolated or appropriately controlled.

Users must be competent. Equipment will only be used by persons with appropriate authority, knowledge, training and competency.

Facilities will support culturally safe and accessible care. Infrastructure planning will consider community needs, privacy, dignity, disability access and cultural safety.

Infrastructure must support service continuity. Foreseeable failures of facilities, utilities and critical assets will be addressed through contingency and business-continuity arrangements.

Infrastructure will be resilient. Environmental, climate and location-specific risks will be considered in facility and asset planning.

Asset performance will continuously improve. Incidents, failures, maintenance trends, audits, consumer feedback and changing service requirements will inform improvement and investment.

Plant – Machinery, equipment, appliances, tools and associated components used in organisational operations that may require specific safety, maintenance, inspection or competency controls.

5. Policy

5.1 Infrastructure and Asset Governance

[Organisation Name] will maintain governance arrangements establishing clear responsibility, authority and accountability for infrastructure, facilities, equipment and asset management.

Infrastructure and asset management will be integrated with organisational and clinical governance, financial management, procurement, WHS, infection prevention and control, risk management, emergency management, business continuity and continuous quality improvement.

Material infrastructure and asset risks will have identified owners and be escalated according to significance.

The Board / Governing Body and executive management will receive sufficient information and assurance regarding significant infrastructure risks, critical asset condition, major failures, compliance obligations, maintenance requirements and future capital needs.

Infrastructure and asset investment must support organisational strategy, safe service delivery and responsible stewardship of organisational resources.

5.2 Infrastructure and Asset Risk Management

Infrastructure and asset risks will be systematically identified, assessed, treated, monitored and reviewed.

Risk assessment will consider patient and workforce safety; equipment malfunction; ageing or obsolete infrastructure; accessibility; infection risks; fire and electrical safety; security; utilities failure; environmental conditions; climate-related hazards; contractor risks; regulatory requirements; asset dependency and continuity of essential services.

Assets will be classified according to risk and criticality where appropriate.

Critical or higher-risk assets will receive maintenance, monitoring, contingency and replacement controls proportionate to the consequences of failure.

Significant infrastructure and asset risks will be recorded and managed through organisational risk-management systems.

5.3 Asset Identification and Register

[Organisation Name] will maintain an Asset Register appropriate to the nature, size and complexity of its operations.

Relevant assets will be identifiable through an asset number, serial number, equipment identifier or other reliable mechanism where practicable.

The Asset Register will record information appropriate to the asset, which may include:

- description and category;
- location;
- ownership, lease or hire status;
- manufacturer, model and serial number;
- acquisition and commissioning date;
- responsible area or asset owner;
- warranty information;
- maintenance, testing and calibration requirements;
- asset criticality;
- condition;
- service history; and
- anticipated replacement or disposal date.

Critical assets and equipment subject to mandatory maintenance, testing or calibration must be readily identifiable.

Asset records will be updated following acquisition, relocation, transfer, significant maintenance, loss, replacement or disposal.

Operational asset records will be periodically reconciled with relevant financial or accounting records where applicable.

5.4 Asset Lifecycle, Capital and Replacement Planning

Assets will be managed across their full lifecycle from identification of need through planning, acquisition, commissioning, use, maintenance, renewal and disposal.

Asset planning will consider service demand, clinical requirements, community needs, capacity, condition, safety, compliance, accessibility, lifecycle cost, maintenance history, reliability, obsolescence, environmental impact and continuity requirements.

[Organisation Name] will maintain forward planning for significant asset replacement and capital requirements.

Replacement priorities will be informed by risk and criticality and will consider:

- condition and reliability;
- patient and worker safety;
- frequency and cost of repairs;
- regulatory or accreditation requirements;
- manufacturer support;
- availability of replacement parts;
- operational dependency;
- service demand;
- technological or clinical obsolescence; and
- whole-of-life cost.

Replacement decisions will not rely solely on age or financial depreciation.

5.5 Facilities and Property Management

Organisational premises will be maintained in a safe, functional, accessible, secure and appropriate condition for their intended use.

Facilities will support safe patient care, privacy, infection prevention and control, emergency response, workforce safety, accessibility and culturally responsive service delivery.

- Routine inspection and maintenance will address, as relevant:
- building structure and condition;
- entrances, exits and pathways;
- floors, walls and ceilings;

- lighting;
- plumbing;
- toilets and amenities;
- ventilation and air conditioning;
- electrical infrastructure;
- security;
- signage and wayfinding;
- external areas; and
- other essential building systems.

Identified defects will be risk assessed and addressed within appropriate timeframes.

Significant building modifications, refurbishments or changes in use will be appropriately planned, risk assessed and authorised.

5.6 Leased Premises and Landlord Responsibilities

Where premises or infrastructure are leased, [Organisation Name] will ensure responsibilities for maintenance, statutory compliance, repairs, essential services, safety systems and capital works are clearly understood and, where practicable, documented.

Lease or landlord responsibilities do not remove the organisation's responsibility to identify and respond to risks affecting patients, workers, visitors or service delivery.

Significant defects or compliance concerns requiring landlord action will be documented, escalated and monitored until appropriately resolved.

Where landlord delays or other external factors create unacceptable risk, interim controls will be implemented and escalation considered.

5.7 Clinical Equipment and Medical Devices

Clinical equipment and medical devices must be appropriate for their intended purpose and maintained in a safe and functional condition.

Selection and use will consider clinical requirements, regulatory status where applicable, manufacturer instructions, infection prevention and control, compatibility, maintenance requirements, consumables, technical support and user competency.

Clinical equipment will be subject to appropriate inspection, testing, maintenance and calibration.

Equipment must not be used outside its intended purpose or manufacturer requirements unless appropriately assessed and authorised.

Where failure of critical clinical equipment could compromise patient safety, reasonable backup or contingency arrangements will be maintained.

5.8 Non-Clinical Equipment, Plant and Furniture

Non-clinical equipment, plant, furniture and fittings will be selected, installed, maintained and used in a manner that supports safety, accessibility and effective operations.

Damaged, unstable, unsafe or unsuitable items must be repaired, replaced, restricted or removed from service according to risk.

Plant requiring licences, competency, guarding, inspection or other controls will be managed according to applicable WHS, regulatory and manufacturer requirements.

5.9 Procurement and Acquisition

Infrastructure and asset procurement will occur through authorised organisational processes.

Procurement decisions will consider:

- fitness for purpose;
- safety and quality;
- clinical requirements;
- accessibility;
- cultural appropriateness;
- infection-control requirements;
- regulatory compliance;
- compatibility;
- whole-of-life cost;
- maintenance and calibration requirements;
- warranties;
- availability of consumables and replacement parts;
- technical support;
- environmental sustainability; and
- disposal requirements.

Relevant clinical, operational, WHS, infection-control, facilities or technical personnel will be involved where appropriate.

Donated, hired, leased, loaned or shared assets must meet equivalent safety, suitability and governance requirements to assets purchased directly by the organisation.

5.10 Installation, Acceptance and Commissioning

New, relocated or substantially modified equipment and infrastructure will be appropriately installed, inspected, tested and commissioned before routine use where required.

Commissioning will verify that the asset is safe, functional, correctly installed and appropriate for its intended environment.

Required documentation, warranties, operating instructions, asset records, maintenance requirements and user training will be established as part of commissioning.

Major infrastructure projects will include formal handover and, where appropriate, defects-management arrangements.

Following significant facility projects, the organisation may undertake post-occupancy or post-implementation review to determine whether the infrastructure is operating as intended.

5.11 Inspection, Testing and Preventive Maintenance

Assets requiring inspection, testing or servicing will have documented maintenance requirements based on applicable legislation, standards, manufacturer instructions, accreditation requirements and risk.

Maintenance will occur at appropriate intervals and be undertaken by competent and, where required, appropriately qualified or authorised persons.

Maintenance records will evidence work undertaken, findings, corrective action and future requirements.

Overdue maintenance will be identified and risk assessed. Higher-risk equipment must not remain in service where required maintenance is overdue and safe operation cannot be reasonably assured.

5.12 Calibration and Performance Verification

Equipment requiring accurate measurement or performance for safe clinical or operational use will be calibrated or performance-verified at appropriate intervals.

Calibration requirements will reflect manufacturer instructions, relevant standards, regulatory requirements, clinical risk and frequency of use.

Where calibration identifies unacceptable variance, equipment will be removed from use or appropriately controlled until corrected.

The organisation will assess whether inaccurate equipment may have affected previous patient care or operational decisions and take action where required.

5.13 Electrical Safety

Electrical equipment and infrastructure will be maintained in a safe condition and managed according to applicable electrical-safety and WHS requirements.

Damaged electrical equipment, exposed wiring, overheating, electrical faults or other hazards must be reported promptly and isolated where necessary.

Electrical inspection, testing and tagging will occur where required according to the environment, equipment and applicable requirements.

Electrical work must only be undertaken by appropriately qualified or authorised persons.

5.14 Fire, Emergency and Essential Safety Systems

Fire-protection equipment, emergency lighting, alarms, evacuation systems and other essential safety measures will be maintained, inspected and tested according to applicable requirements.

Emergency exits, fire equipment and evacuation routes must remain accessible and unobstructed.

Emergency and resuscitation equipment required for clinical or organisational response will be appropriately located, accessible, maintained and checked at defined intervals.

Failures affecting essential safety systems must be escalated and addressed promptly.

5.15 Utilities, Water and Critical Infrastructure

The organisation will identify utilities and infrastructure essential to safe service delivery, including electricity, water, sewerage, telecommunications, climate control and other site-specific services.

Risks associated with interruption, contamination or failure will be incorporated into emergency and business-continuity arrangements.

Water systems will be maintained to minimise foreseeable risks associated with contamination, unsafe temperatures, plumbing failure or interruption where relevant.

Where justified by risk, contingency arrangements may include backup power, emergency water, alternative communications, temporary equipment or alternative service locations.

Failures affecting patient safety or essential operations must be promptly escalated.

5.16 Ventilation, Indoor Environment and Environmental Conditions

Facilities and equipment will operate within environmental conditions appropriate to their intended purpose.

Ventilation, air-conditioning and indoor environmental conditions will be maintained to support patient and workforce safety, comfort and infection prevention and control.

Temperature, humidity, ventilation, lighting, air quality, water quality or other environmental parameters will be monitored where necessary for clinical safety, infection control, equipment performance or regulatory compliance.

Failures that may compromise safety, stored products, equipment or service delivery must be promptly assessed and managed.

5.17 Refrigeration and Temperature-Controlled Equipment

Refrigerators, freezers and temperature-controlled equipment used for vaccines, medicines, specimens or other temperature-sensitive materials will be fit for purpose and appropriately maintained.

Monitoring, servicing, calibration and contingency requirements will reflect applicable clinical, regulatory and manufacturer requirements.

Vaccine refrigeration and cold-chain equipment must be managed consistently with applicable national and jurisdictional cold-chain requirements.

Temperature excursions, equipment failure or loss of monitoring capability must be promptly identified, escalated and managed.

5.18 Medical Gases and Specialised Infrastructure

Where medical gases are stored or used, [Organisation Name] will ensure cylinders, outlets, regulators, storage arrangements and associated equipment are safely installed, handled, maintained and secured.

Medical gases and other specialised infrastructure will be managed according to applicable safety, manufacturer and regulatory requirements.

Only appropriately trained and authorised persons may operate or maintain specialised equipment.

5.19 Infection Prevention and Control

Infrastructure, fixtures, fittings and equipment will support effective infection prevention and control.

Facility design and asset selection will consider cleanability, workflow, separation of clean and contaminated activities, hand hygiene, reprocessing, waste management and environmental cleaning.

Clinical equipment must be appropriately cleaned, disinfected, sterilised or reprocessed according to its intended use and applicable organisational and manufacturer requirements.

Equipment must be appropriately decontaminated before servicing, repair, transport or disposal where relevant.

Damaged surfaces or equipment that cannot be effectively cleaned or decontaminated must be repaired, replaced or removed from use according to risk.

5.20 Accessibility, Privacy, Signage and Cultural Safety

Facilities will, so far as reasonably practicable, support equitable, safe and dignified access for people with disability, mobility limitations, sensory needs and other accessibility requirements.

Facility planning will consider privacy, confidential communication, gender and cultural considerations, family involvement and community needs.

Wayfinding and signage will be clear, safe, accessible and, where appropriate, culturally relevant.

Reasonable adjustments will be made where required to enable equitable access to services.

5.21 Security of Facilities and Assets

Facilities and assets will be protected against unauthorised access, theft, loss, vandalism, misuse and foreseeable damage.

Access to restricted areas, medication storage, plant rooms, clinical stores, hazardous substances and other higher-risk areas will be controlled according to risk.

Portable, attractive or high-value assets will be subject to appropriate security and accountability arrangements.

Loss or theft of organisational assets must be promptly reported and managed.

Insurance requirements for buildings, vehicles, plant and significant assets will be considered through relevant organisational risk and financial-management arrangements.

5.22 Vehicles, Mobile Assets and Outreach Environments

Organisational vehicles and mobile assets will be maintained in a safe, roadworthy and fit-for-purpose condition.

Vehicle management will include appropriate registration, insurance, servicing, inspections, defect reporting and maintenance records.

Only appropriately licensed and authorised persons may operate organisational vehicles.

Vehicles used for patient transport, outreach or clinical services will be appropriate for their intended use and managed according to relevant safety, infection-control and operational requirements.

Temporary clinics, mobile services, relocations and outreach environments will be assessed to ensure facilities, equipment, security, accessibility, infection prevention, utilities and emergency arrangements are appropriate for safe service delivery.

5.23 Asset Transfer, Loan and Movement

Assets transferred between sites, programs or custodians will be appropriately tracked and asset records updated.

Where equipment is relocated, the organisation will consider whether inspection, testing, recalibration or recommissioning is required before reuse.

Loaned, hired, borrowed or shared equipment must be confirmed as safe, fit for purpose and appropriately maintained before use.

Responsibility for maintenance, loss, damage and return of temporary assets will be clear.

5.24 Defects, Failures and Equipment Quarantine

Workers must promptly report damaged, malfunctioning, defective or potentially unsafe infrastructure or equipment.

Unsafe assets must be clearly identified and removed, isolated or quarantined from use until safety is restored or the asset is disposed of.

Temporary repairs must not be relied upon where they create unacceptable risk.

Asset failures affecting patient care, emergency response or essential operations must be escalated according to significance.

Where an asset failure may have contributed to patient or worker harm, it will also be managed through relevant incident and governance processes.

5.25 Product Safety Alerts and Recalls

[Organisation Name] will maintain arrangements to identify and respond to relevant manufacturer notices, product safety alerts, defect notifications and recalls.

Affected equipment will be identified and managed within a timeframe proportionate to risk.

Actions may include inspection, repair, modification, restriction, quarantine, return or disposal.

Where a recall or defect may have affected patient care, appropriate clinical review and follow-up will occur.

5.26 Contractors and External Service Providers

Contractors undertaking maintenance, servicing, testing, inspection, construction or infrastructure work must be appropriately selected, authorised and managed.

Relevant qualifications, licences, competencies, insurances and other credentials will be verified according to the work undertaken.

Contractors must comply with applicable organisational WHS, infection-control, security, privacy and site-access requirements.

Contractor activities must not create avoidable risks to patients, workers, visitors or continuity of services.

Required maintenance, testing, certification and repair records completed by external providers will be retained.

5.27 Infrastructure Projects, Refurbishment and Construction

New facilities, refurbishments, significant alterations and infrastructure projects will be subject to appropriate governance, planning and risk assessment.

Planning will consider:

- clinical and operational workflow;
- community and consumer needs;
- accessibility;
- cultural safety;
- infection prevention and control;
- WHS;
- emergency management;
- security;
- privacy;
- utilities;

- environmental resilience;
- future capacity; and
- service continuity.

Construction or refurbishment within or adjacent to operational healthcare environments will include controls for dust, noise, vibration, infection risks, access, security, utilities interruption and safe movement of patients and workers.

New or substantially modified facilities must be appropriately commissioned before routine use.

5.28 Environmental and Climate Resilience

Infrastructure planning and risk management will consider foreseeable environmental and climate-related hazards relevant to each service location.

These may include:

- extreme heat;
- bushfire;
- flood;
- storm;
- smoke;
- water interruption or contamination;
- prolonged power failure;
- severe weather;
- building or roof damage; and
- loss of physical access to facilities.

Critical infrastructure and asset vulnerabilities will be considered through organisational risk, emergency-management and business-continuity processes.

Where reasonable, infrastructure improvements, redundancy or contingency arrangements will be implemented to reduce foreseeable disruption.

5.29 Business Continuity and Infrastructure Resilience

Critical facilities, equipment and infrastructure dependencies will be identified within organisational business-continuity and emergency-management arrangements.

Assets whose failure could significantly disrupt clinical care or essential operations will have reasonable contingency or backup arrangements proportionate to risk.

Emergency shutdown or isolation arrangements will be established for plant, utilities or specialised equipment where required.

Infrastructure disruptions will be managed in accordance with organisational emergency and business-continuity arrangements.

Alternative service locations or temporary infrastructure will be considered where loss of a facility prevents safe continuation of essential services.

5.30 Disposal and Decommissioning

Assets will be appropriately decommissioned and disposed of when they are no longer required, safe, economical or fit for purpose.

Disposal decisions will consider safety, environmental requirements, financial controls, hazardous materials, infection-control requirements, information security and applicable regulatory obligations.

Assets will be appropriately cleaned or decontaminated before disposal where required.

Equipment containing organisational or sensitive information must have information securely removed before disposal, transfer or reuse.

Asset Registers and relevant financial records will be updated following disposal.

5.31 Training, Competency and Safe Use

Workers must receive information, instruction, training and supervision appropriate to the equipment they use.

Clinical, specialised or higher-risk equipment must only be operated by persons who are appropriately trained, competent and authorised.

Where competency is required, appropriate evidence of training or assessment will be maintained.

Users must follow organisational requirements and manufacturer instructions and must not bypass safety mechanisms or make unauthorised modifications.

5.32 Asset Loss, Damage and Misuse

Loss, theft, accidental damage, deliberate damage or misuse of organisational assets must be promptly reported.

The organisation will assess safety implications, insurance requirements, information-security risks and the need for repair, replacement, investigation or other action.

Patterns of asset loss, damage or misuse will be monitored for systemic risks and improvement opportunities.

5.33 Environmental Sustainability and Resource Stewardship

Infrastructure and asset decisions will consider responsible stewardship of organisational and community resources.

Where reasonably practicable, planning and procurement will consider energy and water efficiency, durability, repairability, waste minimisation, sustainable procurement, environmentally responsible disposal and whole-of-life impact.

Environmental considerations must not compromise patient safety, infection prevention and control, regulatory compliance or essential service reliability.

5.34 Continuous Improvement

Infrastructure and asset management will form part of [Organisation Name]'s organisational assurance and continuous quality improvement systems.

Asset failures, maintenance trends, incidents, near misses, recalls, audits, inspections, user and consumer feedback, service changes and emerging risks will inform improvement priorities.

Corrective and improvement actions will be documented, assigned, monitored and evaluated.

Infrastructure and asset-management arrangements will be periodically reviewed to ensure they remain appropriate to organisational growth, changing service models, community needs, environmental risks, regulation and recognised good practice.

6. Roles and Responsibilities

Role	Responsibilities
Board / Governing Body	Provides oversight of significant infrastructure, asset and continuity risks and assurance that appropriate resources and controls are maintained.
Chief Executive Officer / Executive Management	Ensures appropriate infrastructure and asset governance, resourcing, delegations, risk management and compliance arrangements.
Facilities / Asset Management Personnel	Coordinate asset registers, facilities management, maintenance, contractors, asset condition and lifecycle planning.
Clinical Leaders / Senior Clinicians	Provide clinical oversight where equipment or infrastructure safety, suitability or failure may affect patient care.
Managers / Practice Managers	Support local asset management, identify maintenance needs, escalate risks and ensure safe use of facilities and equipment.
WHS / Quality Personnel	Support risk assessment, incident review, compliance monitoring, audit and improvement relating to infrastructure and assets.
Infection Prevention and Control Lead	Provides advice on facility and equipment requirements relevant to cleaning, reprocessing, environmental safety and infection prevention.
Workers and Authorised Users	Use assets safely, undertake required checks and promptly report defects, damage, failures or safety concerns.

7 . Cultural Considerations

[Organisation Name] recognises that buildings, facilities and physical environments contribute directly to whether Aboriginal and Torres Strait Islander peoples experience healthcare as culturally safe, welcoming, accessible and respectful.

Infrastructure planning, design, refurbishment and significant facility changes will consider local community needs and, where appropriate, involve Aboriginal leadership, community representatives, consumers and workforce members.

Facilities should support privacy, dignity, family and kinship involvement, culturally appropriate communication, accessibility and community connection. Consideration should be given to appropriate waiting and consultation environments, signage, artwork, outdoor and community spaces and the needs of Elders, children, families and people with disability.

Cultural safety will not be regarded solely as a matter of visual design or decoration. Facility planning must consider how the physical environment, layout, privacy, access and service model influence people's experience of care.

The organisation will also recognise and appropriately respond to the cultural, linguistic, religious and accessibility needs of the broader community it serves.

8. Related Policies & Documents

- Organisational Governance Policy
- Clinical Governance Policy
- Work Health and Safety Policy
- Risk Management Policy / Framework
- Quality Improvement Policy / Framework
- Emergency Management Policy
- Business Continuity Plan
- Infection Prevention and Control Policy
- Procurement Policy
- Financial Management Policy
- Information Technology and Security Policy
- Environmental Sustainability Policy, where applicable
- Asset Management Procedure
- Equipment Maintenance and Calibration Procedure
- Contractor Management Procedure
- Fleet / Motor Vehicle Procedure
- Hazardous Chemicals Procedure
- Cold Chain / Vaccine Management Procedure
- Emergency Equipment Checking Procedure
- Medical Equipment Register
- Asset Register
- Critical Asset Register
- Preventive Maintenance Schedule
- Calibration Register
- Contractor Register
- Capital Works / Asset Replacement Plan
- Business Impact Analysis
- Emergency and Essential Services Testing Records

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through organisational and clinical governance, facilities and asset management, WHS, financial governance, risk management, incident management and continuous quality improvement systems.

Monitoring will be proportionate to organisational risk and may include:

- Asset Register completeness and accuracy;
- critical asset condition;
- preventive and corrective maintenance;
- overdue servicing;
- calibration;

- electrical and essential-services testing;
- clinical equipment safety;
- refrigeration and cold-chain equipment;
- utilities and environmental conditions;
- equipment downtime and failure;
- recalls and safety alerts;
- landlord and contractor performance;
- infrastructure incidents;
- fleet maintenance;
- asset loss and damage;
- capital replacement requirements;
- environmental and climate risks;
- business-continuity dependencies; and
- corrective actions.

Monitoring will assess whether required systems exist and whether infrastructure and assets remain safe, compliant, fit for purpose and effectively managed in practice.

Significant infrastructure risks, recurrent equipment failures, maintenance deficiencies and emerging capital requirements must be escalated through appropriate governance structures.

The Board / Governing Body and executive management will receive sufficient information to understand material infrastructure and asset risks and determine whether appropriate controls, capability, resources and investment are maintained.

This policy will be reviewed at least every two years, and earlier following significant legislative or regulatory change; major infrastructure development; serious asset or equipment failure; significant incident; accreditation or regulatory findings; material changes in service delivery; or other circumstances indicating review is required.

10. Breach of Policy

Actual or suspected breaches of this policy must be reported and managed according to their nature, seriousness and level of risk.

Where a breach or asset condition creates an immediate risk to patient, worker or public safety, affected equipment, facilities or areas must be removed from use, isolated, restricted or otherwise controlled until the risk is appropriately managed.

Management may include equipment quarantine; urgent repair or replacement; restriction of facility access; contractor or landlord intervention; investigation; incident reporting; risk assessment; clinical review; regulator or manufacturer notification; additional testing; training or supervision; contractual, performance or disciplinary action where appropriate; governance escalation; and continuous quality improvement.

Where an incident identifies broader infrastructure, maintenance, procurement, workforce, contractor, landlord, resourcing or governance contributing factors, [Organisation Name] will address those factors rather than limiting its response to individual action.

A systems-based response does not prevent appropriate accountability where conduct is deliberate, reckless, unlawful or constitutes serious misconduct.

Action taken under this policy must be proportionate, appropriately authorised and consistent with applicable legal, employment, professional, contractual and organisational requirements.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Work Health and Safety Act 2011 (NSW)	External	NSW Legislation
Work Health and Safety Regulation 2025 (NSW)	External	NSW Legislation
Managing the Work Environment and Facilities – Code of Practice	External	SafeWork NSW
Managing Risks of Plant in the Workplace – Code of Practice	External	SafeWork NSW
Managing Electrical Risks in the Workplace – Code of Practice	External	SafeWork NSW
How to Manage Work Health and Safety Risks – Code of Practice	External	SafeWork NSW
National Construction Code	External	Australian Building Codes Board
Disability Discrimination Act 1992 (Cth)	External	Federal Register of Legislation
Disability (Access to Premises – Buildings) Standards 2010	External	Federal Register of Legislation
Environmental Planning and Assessment Act 1979 (NSW)	External	NSW Legislation

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Document Title	Type	Location / Access
Protection of the Environment Operations Act 1997 (NSW)	External	NSW Legislation
Therapeutic Goods Act 1989 (Cth)	External	Federal Register of Legislation
Medical Devices – Regulation and Safety Information	External	Therapeutic Goods Administration
Australian Guidelines for the Prevention and Control of Infection in Healthcare	External	NHMRC
National Vaccine Storage Guidelines – Strive for 5	External	Australian Government Department of Health, Disability and Ageing
Standards for General Practices	External	RACGP
National Safety and Quality Health Service Standards	External	Australian Commission on Safety and Quality in Health Care
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
QIC Health and Community Services Standards	External	Quality Innovation Performance
AS/NZS 3000 – Electrical Installations (Wiring Rules)	External	Standards Australia
AS/NZS 3760 – In-service Safety Inspection and Testing of Electrical Equipment	External	Standards Australia
AS 1851 – Routine Service of Fire Protection Systems and Equipment	External	Standards Australia
AS 2896 – Medical Gas Systems	External	Standards Australia
Organisational Governance Policy	Internal	Internal Document
Clinical Governance Policy	Internal	Internal Document
Work Health and Safety Policy	Internal	Internal Document

Document Title	Type	Location / Access
Risk Management Policy / Framework	Internal	Internal Document
Quality Improvement Policy / Framework	Internal	Internal Document
Emergency Management Policy	Internal	Internal Document
Business Continuity Plan	Internal	Internal Document
Infection Prevention and Control Policy	Internal	Internal Document
Information Technology and Security Policy	Internal	Internal Document
Asset Management Procedure	Internal	Internal Document
Equipment Maintenance and Calibration Procedure	Internal	Internal Document
Cold Chain / Vaccine Management Procedure	Internal	Internal Document
Asset / Equipment Register	Internal	Internal Document
Preventive Maintenance and Calibration Schedule	Internal	Internal Document

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft