Training site accreditation data sheet

For Diving and Hyperbaric facilities submitting an initial application for Accreditation, please ensure you advise the Training Accreditation team at ANZCA of your intention to apply by emailing dhm@anzca.edu.au

Reset form

Section 1: Facilities and infrastructure

General and administrative data

Name of person completing form _____

Position of person completing form _____

Date of completion of form _____

Name of Hyperbaric Facility _____

Address _____

Postal address (if different) _____

Country _____

Facility phone _____

Facility email address _____

Hospital phone _____

Name of Director of Hyperbaric Facility _____

Director's Email Address _____

Body responsible for Facility (ie hospital) _____

Hospital Chief Executive (or equivalent) _____

Director of Medical Services (or equivalent) _____

Supervising Nurse of Hyperbaric Unit _____

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Current facility accreditation

Which of the following currently apply to your unit/facility?

ANZCA accredited Hyperbaric Unit?	☐ Yes	☐ No
ANZCA accredited training hospital/facility?	☐ Yes	☐ No
ACEM accredited training hospital/facility?	☐ Yes	☐ No
CICM accredited training hospital/facility?	☐ Yes	☐ No

In the current calendar year, how many trainees are employed in your hyperbaric facility?

Trainee type	Number of trainees
ANZCA trainees	
ACEM trainees	
CICM trainees	
RACGP trainees	
RNZCGP trainees	
Others (list)	
Total	

Facilities and infrastructure

Description	Requirements	Response
Multiplace chamber	Do you have a multiplace chamber?	☐ Yes ☐ No
	Maximum patient capacity per run in total (no.)	_____
	Are you able to monitor invasive pressures inside the chamber?	☐ Yes ☐ No
	Are you able to ventilate patients inside the chamber?	☐ Yes ☐ No
	Notes:	
Monoplace chambers	Do you have monoplace chambers?	☐ Yes ☐ No
	How many?	_____
	Notes:	

Description	Requirements	Response
Safety and quality	Does the fire deluge system for your chamber(s) conform to AS/NZS 4774.2 - 2019?	☐ Yes ☐ No
	Does your chamber(s) maintenance schedule conform to AS/NZS 4774.2 - 2019? Provide evidence (copies of maintenance reports for 12 months)	☐ Yes ☐ No
	Do you have emergency protocols and procedures for medical emergencies? Provide evidence	☐ Yes ☐ No
	Do you have emergency protocols and procedures for chamber/ technical emergencies? Provide evidence	☐ Yes ☐ No
	Does your facility have a document or manual for Standard Operating Procedures? Provide evidence (copy of manual)	☐ Yes ☐ No
	Do you have annual pressure test certificates for each hyperbaric chamber? Provide evidence (current certificate)	☐ Yes ☐ No
	Notes:	

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Section 2: Staffing and supervision

Senior staff

All senior staff providing supervision for the trainee are required to register with the college by completing the form at Attachment A. A separate form will be required for each member of staff who will provide supervision. Supervisors are reminded of their obligations when undertaking this role.

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

_____

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

_____

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

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Name ____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) ________________________

Date of Primary Specialist Qualification ______________________________

Dip Adv DHM _________________________________ Date _____________________

SPUMS Dip. DHM _________________________________ Date _____________________

Hyperbaric sessions/week _____________ Other professional duty sessions/week ____________

CPD participation: (specify)

____

Name ____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) ________________________

Date of Primary Specialist Qualification ______________________________

Dip Adv DHM _________________________________ Date _____________________

SPUMS Dip. DHM _________________________________ Date _____________________

Hyperbaric sessions/week _____________ Other professional duty sessions/week ____________

CPD participation: (specify)

____

Name ____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) ________________________

Date of Primary Specialist Qualification ______________________________

Dip Adv DHM _________________________________ Date _____________________

SPUMS Dip. DHM _________________________________ Date _____________________

Hyperbaric sessions/week _____________ Other professional duty sessions/week ____________

CPD participation: (specify)

____

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Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

_____

Relieving and locum staff (ie those without regular HBU duties)

Is cover available for senior staff on leave ☐ Yes ☐ No

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

_____

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Hyperbaric sessions/week _____ Other professional duty sessions/week _____

CPD participation: (specify)

_____

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Current trainees

Name _____

Medical degree _____ Primary Specialty _____

SPUMS Dip. DHM _____ Date _____

Mobile _____

Email _____

_____

Name _____

Medical degree _____ Primary Specialty _____

SPUMS Dip. DHM _____ Date _____

Mobile _____

Email _____

_____

Name _____

Medical degree _____ Primary Specialty _____

SPUMS Dip. DHM _____ Date _____

Mobile _____

Email _____

_____

Name _____

Medical degree _____ Primary Specialty _____

SPUMS Dip. DHM _____ Date _____

Mobile _____

Email _____

_____

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Other junior staff / overseas trained staff

Name _____

Medical degree _____ Other Qualifications _____

County of origin _____

Notes

_____

Name _____

Medical degree _____ Other Qualifications _____

County of origin _____

Notes

Other staff

Staff description		Number
Nursing staff	How many full-time equivalent (FTE) nursing staff are rostered to work in your Hyperbaric facility?	
	How many of these nurses have been trained according to AS/NZS 4774.2 - 2019?	
	Notes:	
Technician staff	How many full-time equivalent (FTE) hyperbaric technicians are rostered to work in your Hyperbaric facility?	
	How many of these technicians have been trained according to AS/NZS 4774.2 - 2019?	
	Notes:	
Admin staff	How many full-time equivalent (FTE) administrative/secretarial staff are available to your Hyperbaric facility?	
	If none, what are the arrangements for administrative staff?	
	Notes:	

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Supervisor of training in DHM

Does the SOT work in this facility? ☐ Yes ☐ No

(If no, provide details of evidence of agreement to supervise)

Name _____

Primary Specialist Qualification (FANZCA, FACEM, FCICM, FRACGP) _____

Date of Primary Specialist Qualification _____

Dip Adv DHM _____ Date _____

SPUMS Dip. DHM _____ Date _____

Mobile _____

Email _____

Roster details

Please attach 3 months of recent rosters for Doctor, Nursing and Technical staff on call. If DHM trainees are currently on the roster, ensure it shows the frequency of on call, and the level of supervision for trainees.

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Section 3: Profile of work

Average number of routine sessions per week

Record the average number of routine sessions covered by the facility each week, counted in half days (e.g. morning and afternoon sessions from Monday to Friday counts as 10 sessions).

List the number of cases seen in your hyperbaric facility in the last 12 month period.

Condition	No. cases	Condition	No. cases
Decompression illness		Necrotising Soft Tissue Infection	
Diving related injuries (Non-DCI)		Carbon Monoxide toxicity	
Diver retrievals		Other elective treatments	
Emergency patients		Diving Medical Assessments	
Delayed radiation injuries		Transcutaneous oximetry assessments	
Problem wounds		Total patients per year	
Acute ischaemic conditions		Total treatments per year	

Number of complex / critical patients treated in your hyperbaric facility per year.

Indicator	No. cases
Patients requiring invasive monitoring during treatment	
Ventilated patients	
Patients requiring a medical practitioner inside chamber during treatment	

Access to clinical diagnostic equipment - Do you have timely access to:

Audiology	☐ Yes	☐ No
Tympanometry	☐ Yes	☐ No
Transcutaneous oxygen analysis	☐ Yes	☐ No
Respiratory function testing facilities	☐ Yes	☐ No

What research activity is the facility involved in?

Please attach documentation

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Section 4: Teaching and Learning

Education

Accreditation criteria	Requirements	Response
Teaching program	Is there a formal teaching program that meets the needs of trainees (appropriate to size of facility)? Provide evidence (copy of program)	☐ Yes ☐ No
	Notes:	
Informal teaching	Will trainees receive informal teaching during clinical work, including pre-compression assessment clinics and emergency patient assessment?	☐ Yes ☐ No
	Will trainees participate in formal case-based discussions?	☐ Yes ☐ No
	Notes:	

Trainee facilities

Accreditation criteria	Requirements	Response
Access to private study space for trainees	Is there Internet access?	☐ Yes ☐ No
	Are there desks at which to study?	☐ Yes ☐ No
	Are these facilities easily accessible from hyperbaric complex?	☐ Yes ☐ No
	Notes:	
Access to a suitable conference room for QA, clinical review and educational activities	Is there adequate access to facilities?	☐ Yes ☐ No
	Notes:	
Ready access to appropriate computer facilities for specialists and trainees	Is there adequate access to facilities?	☐ Yes ☐ No
	Notes:	

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Section 5: Clinical governance

Accreditation criteria	Requirements	Response
Are trainees appointed using a transparent process?	Describe how the trainee will be appointed	
Is there a formal induction/orientation programme for new trainees?	Describe or attach induction document	
Ensure that trainees are adequately indemnified for their supervised practice on both public and private patients	How are trainees indemnified?	
The organization supports the health and well-being of its staff	Does the organization have a policy to prevent bullying and harassment?	
Access to trainees' primary specialty.	Does the trainee have access to clinical sessions in their primary specialty during their DHM training?	
	Does the trainee have access to education in their primary specialty?	
Morbidity and Mortality data collecting	Do you perform an annual audit of treatments?	
	How often do you hold an M & M meeting?	

Accreditation criteria	Requirements	Response
QA activity	Does your Facility undertake Quality Assurance activities e.g. Unit meetings, critical incident or other audits, etc. List and provide evidence	
	Does your unit collect hyperbaric-specific Clinical Indicators? Please provide evidence.	
CPD/CME	Provide evidence of CPD activities undertaken by staff in your facility.	

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Attachment A

Diploma of Advanced Diving and Hyperbaric Medicine

Registration to provide supervision

I, _____

(Initial)

- commit to contribute to the training of candidates for the Diploma of Advanced Diving and Hyperbaric Medicine _____
- am aware and familiar with the relevant training documents promulgated by ANZCA _____
- am involved in a process of ongoing CPD _____

Signature: Date: