



SECTION A: MAXIMUM NUMBER OF BEDS & MAXIMUM NUMBER OF PATIENTS TREATED

Hospital Name:	
-----------------------	--

These figures will be used to determine the maximum number of in-patient beds and the maximum number of patients that can be treated at any one time.

Please refer to the “Definition of a bed” Policy when calculating these numbers

In-patient Beds	Speciality/Area	Number of Beds
	Medical	
	Maternity/Obstetrics	
	Surgical <i>(include 23hr Day Hospital beds)</i>	
	Paediatrics	
	Nursery Cots – Level 2 or greater	
	Restorative/Rehabilitation/Aged Care	
	Intensive Care Units	
	Coronary Care Units	
	High Dependency Unit	
	Palliative	
	Mental Health <i>excluding authorised</i>	
	Authorised Mental Health <i>(Defined by the Mental Health Act)</i>	
	Other	
TOTAL NUMBER OF IN-PATIENTS BEDS (=X)		
Delivery Suite	Delivery Beds	
Day Procedure	Holding bays trolleys/chairs	
	Recovery bay trolleys/beds	

	Recovery chairs <i>(if applicable)</i>	
	Discharge chairs <i>(if applicable)</i>	
<i>In-patient Day Chemotherapy Chairs</i>	Oncology Chairs	
<i>In and Outpatient Renal Dialysis Chairs</i>	Dialysis Chairs	
<i>In-patient Mental Health Day Therapy Chairs</i>	Maximum number of patients able to attend therapy at a time	
<i>Emergency Department (ED)</i>	ED Resuscitation Trolleys	
	ED Treatment Trolleys	
	ED Isolation Trolleys	
	ED Plaster Room Trolley/Chair <i>(as applicable)</i>	
	ED Observation Bay/Trolley <i>(if applicable)</i>	
<i>TOTAL NUMBER OF PATIENTS TREATED</i> (Y)		
<i>MAXIMUM NUMBER OF PATIENTS TO BE TREATED AT ANY ONE TIME</i> (X + Y) =		

DECLARATION – LICENCE HOLDER / AUTHORISED DELEGATE

I Declare that the above information regarding maximum beds and numbers of patients treated at any one time is correct

Name:	
Position:	
Signature:	
Date:	