



New South Wales

# Private Health Facilities Amendment (Rapid Opioid Detoxification) Regulation 2012

under the

Private Health Facilities Act 2007

Her Excellency the Governor, with the advice of the Executive Council, has made the following Regulation under the *Private Health Facilities Act 2007*.

JILLIAN SKINNER, MP  
Minister for Health

## Explanatory note

The objects of this Regulation are:

- (a) to ensure that all private health facilities using opioid antagonists for the purpose of accelerating withdrawal in opioid dependent persons are subject to the standards applicable to the rapid opioid detoxification class of private health facilities, and
- (b) to update the Departmental guidelines on rapid opioid detoxification with which a rapid opioid detoxification class private health facility must comply, and
- (c) to require a rapid opioid detoxification class private health facility that is not also licensed in the intensive care (level 1 or level 2) class to have written procedures in place that provide for the transfer of a patient within 30 minutes to an intensive care (level 1 or level 2) class private health facility or to a public hospital if the patient requires a higher level of care than that provided at the facility, and
- (d) to specify the staffing requirements for rapid opioid detoxification class private health facilities.

This Regulation is made under the *Private Health Facilities Act 2007*, including sections 5 (Licensing standards) and 65 (the general regulation-making power).

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Clause 1 Regulation 2012

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**Private Health Facilities Amendment (Rapid Opioid  
Detoxification) Regulation 2012**

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**1 Name of Regulation**

This Regulation is the *Private Health Facilities Amendment (Rapid Opioid Detoxification) Regulation 2012*.

**2 Commencement**

This Regulation commences on the day on which it is published on the NSW legislation website.

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## **Schedule 1      Amendment of Private Health Facilities Regulation 2010**

### **[1]    Clause 5 Classes of private health facilities**

Omit clause 5 (o). Insert instead:

- (o) rapid opioid detoxification (being a facility licensed for the use of one or more opioid antagonists, in particular naltrexone or naloxone or a combination of the two, in a person who is physiologically dependent on opioids for the purpose of accelerating opioid withdrawal in the person and rendering the person opioid free),

### **[2]    Schedule 2 Licensing standards**

Omit clause 64. Insert instead:

#### **64    Guidelines**

A rapid opioid detoxification class private health facility must comply with the *Rapid Opioid Detoxification—Guidelines* published by the Ministry of Health on 21 July 2011.

### **[3]    Schedule 2, clause 65 (1A)**

Insert after clause 65 (1):

- (1A) A rapid opioid detoxification class private health facility that is not also licensed in the intensive care (level 1 or level 2) class must have written procedures in place that provide for the transfer of a patient in less than 30 minutes to an intensive care (level 1 or level 2) class private health facility or a public hospital if the patient requires a higher level of care than that provided at the facility.

### **[4]    Schedule 2, clause 67A**

Insert after clause 67:

#### **67A    Minimum staffing requirements**

- (1) A rapid opioid detoxification class private health facility:
  - (a) must have a medical practitioner on staff or on-call at all times who has experience in opioid treatment and in the management of detoxification (including severe withdrawal management), and
  - (b) must have a medical practitioner on-site for the first 4 hours following the carrying out of any induction procedure on any patient, and

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- (c) must have a medical practitioner on-site or on-call between 4 and 48 hours following the carrying out of any induction procedure on any patient.
- (2) A rapid opioid detoxification class private health facility must have sufficient nursing staff on duty at all times, including:
  - (a) a nursing staff to patient ratio of at least 1:2 in the first 8 hours following the carrying out of any induction procedure on any patient, and
  - (b) a nursing staff to patient ratio of at least 1:4 between 8 hours and 24 hours following the carrying out of any induction procedure on any patient.