



**ACT**  
Government

**Canberra Health  
Services**

# Early Pregnancy Unit

## Model of Care



*Hear the blossoms around you*

Fatima Killeen 2016

collograph on Hahnemuhle paper

*'Hear the blossoms around you' is inspired from readings of Rumi. My work examines the possibility of connecting with the environment around us. I chose the boab tree -treasuring water within its cocoon- as a symbol of life, strength, beauty and resilience. An old boab tree can create its own ecosystem as it supports the life of countless beings, from the largest of mammals to the thousands of tiny creatures rushing in and out of its fractures.*

Fatima Killeen

For the title of this work Fatima Killeen has taken inspiration from the poetry of 13<sup>th</sup> century Persian poet and Sufi mystic Rumi. Rumi's poetry is admired and loved around the world; it transcends borders. The full quote reads "*But listen to me. For one moment quit being sad. Hear blessings dropping their blossoms around you.*" In asking us to stretch our senses to hear falling blossoms Fatima and Rumi ask us to extend our understanding beyond the sensory. In uniting the wisdom of Rumi with the imagery of the boab tree, pregnant with water and possibility, Fatimah Killeen manifests the enduring values of her traditional culture in contemporary Australia. Killeen's work in response to the Islamic diaspora was recognised in November 2018 when she was invited to participate in the Ayla International Symposium, Jordan.

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# Contents

1. Introduction .....	1
2. Principles .....	1
3. Benefits to be realised .....	3
4. Description of service.....	3
5. Patient Pathway .....	6
6. Service support.....	9
7. Workforce .....	11
8. Accreditation, training, education and research.....	12
9. Monitoring and Evaluation.....	12
10. Records management .....	13
11. Bibliography .....	13
12. Abbreviations .....	14
13. MoC development participants .....	14

DRAFT

# Approvals

Position	Name	Signature	Date
Executive Director, Women, Youth and Children	Susan Freiberg		

# Document version history

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Draft v0.1	8/9/2020	CHS	CHWC Maternity Team	Development of first draft MoC for new EPU.
Draft v0.2	15/9/2020	CHS	CHWC Maternity Team	Integration of comments and changes from CHWC Maternity
Draft v0.3	29/10/2020	CHS	CHWC Maternity Team	Integration of comments and changes relating to workforce from CHWC Maternity
Draft v0.4	27/4/2022	CHS	CHWC Maternity Management Team and EPU MoC Working Group	Review of draft by EPU Working Group
Draft v0.5	10/08/2022	CHS	CHWC Maternity Management Team, EPU MoC Working Group and Expansion Project Operational Committee	Review of draft by CHWC Maternity Management Team



# 1. Introduction

This Model of Care (MoC) outlines the principles, aims and objectives of the care provided within the Early Pregnancy Unit (EPU). The EPU is an expanded service opening in a new purpose-built space within the Centenary Hospital for Women and Children (CHWC). The unit is one of a range of women's health services provided by the Division for Women, Young and Children Canberra Health Services (CHS) within CHWC. Other services include gynaecology, antenatal, postnatal, birthing and outpatient women's health care.

The CHWC is a tertiary care hospital for the ACT and Southern NSW with referrals for specialised services such as Fetal Medicine, Preterm Birth Clinic, medium – high risk pregnancy care, Early Pregnancy Assessment Unit, Pelvic Pain & Mesh Clinic, Endometriosis clinic and outpatient hysteroscopy.

The EPU provides early pregnancy services for women experiencing complications in early pregnancy and early pregnancy loss. Generally, this will include women whose pregnancy is of a gestational age below 14 weeks, however, the EPU may see women based on clinical need at a gestational age of less than 16 weeks, depending on their presenting circumstances. The EPU operates as both a 24/7 inpatient service and a Monday to Friday Outpatient service.

This MoC ensures that all health professionals working within the EPU are working towards common goals and evaluating performance on an agreed basis. This document outlines:

- the aims, principles, and elements of care
- the basis for how care is delivered through integrated clinical practice, education, and research, and
- patient flows (the areas from where women enter and exit the service) and service co-ordination (the linkages required for seamless treatment).

Models of care are dynamic and can be changed over time to support new evidence and more efficient ways of working. This MoC should be stored on the Canberra Health Services (CHS) 'Models of Care' intranet site. It will be reviewed and updated regularly through consultation and relevant communication.

## 2. Principles

Our vision and role reflect what we want our health service to stand for, to be known for and to deliver every day. The vision and role are more than just words, they are our promise to each other, to our patients, their families and to the community. We all have a role to play in delivering on this promise:

- Vision: Creating exceptional health care together
- Role: To be a health service that is trusted by our community

Our values together with our vision and role, tell the community what we stand for as an organisation. They reflect who we are now, and what we want to be known for. They capture our commitment to delivering exceptional health care to our community.

Our values:

- We are reliable - we always do what we say
- We are progressive - we embrace innovation
- We are respectful - we value everyone
- We are kind - we make everyone feel welcome and safe.

Our Strategic Plan sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of ‘creating exceptional health care together’ for our consumers, their families, and carers.

Our Partnering with Consumers Framework provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers, families and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

The EPU provides specialised care for women experiencing complications in early pregnancy and early pregnancy loss in a dedicated space. The EPU will provide:

1. timely and appropriate care centred on, and individualised to, the woman’s unique needs and wishes
2. a multidisciplinary team approach which works in partnership with the woman and her family ensuring that they are provided with evidence-based information to support their informed decision making about their care
3. care which considers the clinical, emotional and social needs of the woman.
4. ongoing referral which considers the woman’s needs and links them with appropriate services and supports

The EPU implements this care by providing:

- an environment that is sensitive and respectful to the experience of women by minimising exposure to other maternity areas
- a space which optimises privacy and dignity for the women and their family
- service coordination, appropriate advice and follow-up
- co-location of the EPU with the Antenatal and Gynaecology Unit (ANGU) facilitating the sharing of staffing and infrastructure resources
- education and policies to support staff working within the service, including clinical and non-clinical staff, so they understand the sensitive nature of the service
- regular clinical supervision and access to debriefing services for the multidisciplinary team
- provision of training to medical officers and nurses, midwives and students to provide and improve management of early pregnancy care.

## Inclusive language

Women have been the focus of the maternity system for many years. Most individuals accessing our maternity services are women and we have established language that makes these individuals feel comfortable and supported within our services. This is not changing.

The ACT Government has taken a gender-additive approach to inclusive language within this document. This has been done to highlight the important role of women within the maternity system while also ensuring our services are as accessible, equitable and respectful to all those accessing maternity services. This approach means using gender-neutral language alongside the language of womanhood to make sure everyone is represented and visible within the system. By increasing the depth of language used within the maternity system we can ensure the language used meets an individual's preferences to ensure each individual feels safe and respected. This supports our focus of providing woman- and person-centred care for everyone and creates a greater sense of acceptance within the system, increasing an individual's sense of coherence and confidence.

In this document, we also use medically correct terminology to describe early pregnancy complications and aspects of pregnancy loss. This is necessary to ensure a consistent understanding and approach for our staff. However, as with our approach to inclusive language, we will ensure the language used in our interactions with women and families is woman-led, sensitive and individualised for each engagement.

## 3. Benefits to be realised

The EPU Model of Care will promote the following benefits:

- Accessible, comprehensive and individualised multidisciplinary care
- improved consumer and support person satisfaction and experiences of care; and
- a setting that is conducive to individual's comfort and privacy.

## 4. Description of service

The current Early Pregnancy Assessment Unit (EPAU) is an outpatient service providing diagnostic and management services for women experiencing complications in early pregnancy and early pregnancy loss. The expanded EPU service has been developed in response to a need expressed by women with lived experience, the recommendations of the Report on Inquiry into Maternity Services in the ACT (2020), and Ectopic pregnancy and miscarriage: Diagnosis and initial management, NICE Guideline (NG126).

The EPU expands on the existing EPAU. It includes both an inpatient service, operating 24 hours a day, 7 days a week and an outpatient service, operating Monday to Friday in business hours. The outpatient hours may be increased in the future.

The EPU includes:

- access to diagnostic services and care with a specialist multidisciplinary team who are trained in sensitive communication and loss

- a sensitive and purpose-built environment for women experiencing complications in early pregnancy and early pregnancy loss
- a sensitive location for women requiring inpatient management. This includes reducing exposure to the Emergency Department and with other pregnant women, postnatal women and/or breastfeeding women
- service coordination to support women experiencing early pregnancy loss
- access to counselling and debriefing services for women who have experienced loss
- a midwifery-led service in collaboration with the Gynaecology team
- streamlined transition to Maternity services as required
- culturally appropriate care for Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse women and families, in partnership with the Aboriginal Liaison Service and other appropriate stakeholders. Such care will include culturally appropriate bereavement care

The Clinical Services provided by the outpatient component of the EPU include:

- a dedicated multidisciplinary team in business hours for women with complications in early pregnancy and women experiencing pregnancy loss
- a dedicated sonography session for women accessing the EPU
- a single location providing assessment, diagnosis, advice, counselling, referral and care for bleeding in early pregnancy and management of miscarriage, including provision of medical management or access to theatre for surgical management
- a diagnostic service with capabilities for diagnostic ultrasound for women experiencing threatened miscarriage, missed miscarriage and pregnancy of unknown location
- provision of care for women with delayed miscarriage
- a multidisciplinary service for women requiring or requesting care during termination of pregnancy and who fall within eligibility criteria for care at CHWC
- administration and follow-up surveillance of Methotrexate for management of ectopic pregnancy
- a consultation service for general practitioners in the management or referral of women experiencing early pregnancy complications or early pregnancy loss
- follow-up and surveillance for women with a molar pregnancy
- follow-up clinics for women and families who have experienced pregnancy loss as required
- referral to appropriate services and supports considering the woman's needs

The inpatient clinical services provided by the EPU include three inpatient beds with ensuites for women requiring inpatient management of complications in early pregnancy and early pregnancy loss.

The Clinical Services management provided by the inpatient component of the EPU includes but is not limited to:

- Women in the pre- or post-operative period with ectopic pregnancy, miscarriage, or undergoing termination of pregnancy



- Women actively suffering miscarriage who require inpatient care
- Women who opt for medical management of miscarriage or for termination and prefer inpatient management
- For clinical safety reasons, the inpatient unit will not be utilised for intrapartum care for women experiencing loss > 14 weeks

## Eligibility Criteria

Eligibility for care in the EPU extends to:

- Confirmed pregnancy.
- Women who are experiencing an early pregnancy complication <14 weeks gestation.

Reasons for referral and/or admission may include:

- Per Vaginal (PV) bleeding and/or pain at <14/40 gestation
- Non-viable intrauterine pregnancy (IUP) confirmed on ultrasound (U/S)
- Suspected molar pregnancy
- Suspected or confirmed ectopic pregnancy
- Post termination of pregnancy or miscarriage experiencing ongoing complication
- Termination of pregnancy if CHWC eligibility criteria met

## Physical location

The EPU is a purpose-built space located within the Maternity Department, CHWC adjacent to the ANGU on F-Block Level 2, Building 11, CHS. Access to the unit is via a dedicated public access door. Staff may also access the unit via a discrete door attached to ANGU.

The EPU facility includes:

- Three inpatient rooms with ensuites with the ability to flex beds up or down with the ANGU depending on clinical demand
- Two consult rooms
- A family room/waiting room
- A quiet room
- An ultrasound and procedure room
- Clean and dirty utility rooms shared with ANGU
- A range of storage bays and utility bays
- Administration support areas including a staff base and workroom.

The unit is designed to be a quiet space with low traffic, adjustable lighting and soft décor.

The co-location of the EPU with the ANGU provides a range of benefits and efficiencies to the operations of the unit including:

- facilitating the development of a workforce model that can be flexibly applied across ANGU and EPU depending on the demands of both units

- providing access to a range of supportive infrastructure including resuscitation equipment, shared procedure room, clean utility, dirty utility and main supply storage rooms
- allowing for flexible bed use between EPU and ANGU dependent on requirement.

## 5. Patient Pathway

### Arrival

- Women are referred to the services of EPU. Women may present via the following pathways:
- Through a referral from a General Practitioner (GP)
- Directly from the CHS Maternity Assessment Unit (MAU), a self-referral service
- From the Emergency Department or an inpatient unit within the Canberra Hospital, generally via the MAU
- Directly from a CHS Antenatal/Gynaecology Outpatient Service
- From a Southern NSW health provider when local management is not available or appropriate.

### Admission

- Women who are referred to EPU are triaged and assessed according to clinical presentation by a midwife.
  - For outpatient services, women will be offered a booked appointment if required
  - At times women may require phone advice only, which will be actioned by the EPU midwife
  - A GP may also be provided with phone advice to support their ongoing management with the woman in the community.
- For booked outpatient appointments, an assessment will be undertaken of presenting symptoms and concerns including a comprehensive medical and obstetric history
- Observations and clinical assessment of maternal and fetal viability are carried out according to clinical requirements
- The woman may be admitted as an inpatient or managed as an outpatient, depending on their individual situation
- Women with acute presentations such as heavy bleeding, pain or a suspected ectopic pregnancy will still present via the emergency department. They may then be admitted to the EPU after an initial assessment
- The woman may be admitted to the unit prior to going to the operating theatre for surgical management of miscarriage or termination of pregnancy and then return to recover post operatively before discharge home.

## Intervention

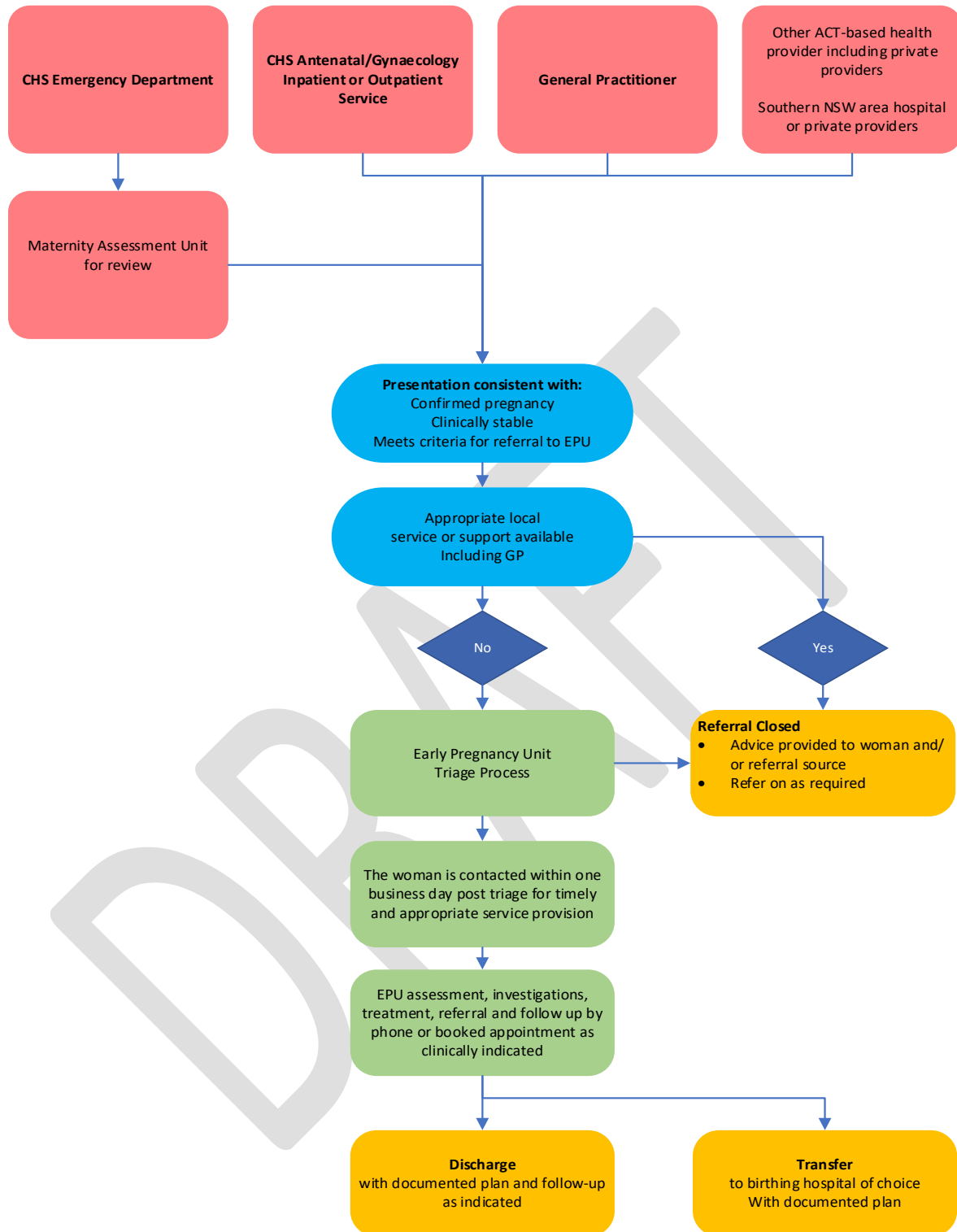
In providing care to women accessing EPU, members of the healthcare team will ensure all care is trauma-informed and provided sensitively, with dignity and respect. Interventions provided by EPU include:

- Ultrasound
- Pelvic examination
- Counselling support
- Administration of medication for medical management of miscarriage or medical termination of pregnancy
- Administration of medication for medical management of ectopic pregnancy
- Admission for miscarriage
- Transfer to theatre and recovery post-operatively when indicated.

## Discharge

Upon completion of an outpatient review, a clear follow up plan will be devised and communicated in a letter to the patient's GP. For admitted patients, a discharge summary will be produced and sent to the GP. All documentation will include information on ongoing appointments or follow up as required such as follow up ultrasounds, pathology or appointments with medical or ancillary services.

Figure 1: Typical EPU outpatient pathway is shown overpage.



## 6. Service support

This section describes the services which support the operations of the unit.

### **Bedside Data Entry, Patient Journey Boards and the Electronic Medical Record**

All clinicians have access to computers to enter relevant patient information into the Electronic Medical Record, order tests, review results of investigations, send outpatient referrals, and provide discharge summaries.

Patient Digital Journey Boards are located within the Staff Workstation and provide real-time information regarding the patient's demographic information, location, alerts and transport needs. They are a communication tool designed to increase awareness of a patient's status at any given time and assist with care planning and the discharge process.

### **Biomedical Equipment Management**

Biomedical Equipment Management services are provided by Healthcare Technology. The EPU incorporates a dedicated ultrasound space.

### **Communication within the unit**

Staff and patients have access to telephone communications through VoIP telephones and a Digital Antenna System which provides access to carrier mobile phone networks within the building. Staff VoIP telephones and wireless internet access points (allows internal and public internet access) are available for 30 minutes through UPS battery backup in the event of a power failure to provide continued communications during systems failure or a disaster response.

### **Infection Control**

EPU will comply with the National Safety and Quality Health Service (NSQHS) Standard on Prevention and Control of Healthcare Infections, CHS policy and procedure and work with the infection Prevention and Control Unit to minimise the risk of health care related infection.

### **Food Services**

A full meal service will be provided for those women staying overnight in the unit. Light snacks, such as sandwiches, and drinks will be available and supplied by CHS food services.

### **Interpreter Services**

Interpreter services are available to women, their families and their carers through the Translating and Interpreting Service (TIS).

### **Line**

Supplies are delivered by the CHS linen contractor and delivered daily. Clean linen supplies are stored on trolleys in the designated linen bay. The linen supply is restocked by a trolley exchange system. Dirty linen is stored in dirty linen hampers in the dirty utility room. Collection and transfer to a central location for collection occurs daily.



## **Medical Imaging**

There will be a dedicated ultrasound room and sonography within EPU. Patients requiring other medical imaging investigations will be referred to access medical imaging privately or internally as the clinical situation determines.

## **Pathology**

Pathology services are provided by the ACT Pathology Service located in the adjacent building. Midwives will collect samples and specimens and forward to ACT pathology for processing via a pneumatic tube system located in the adjoining unit. Some pathology samples are required to be hand delivered by EPU staff or courier.

## **Pharmacy**

Pharmacy services are provided by the Canberra Hospital Pharmacy Service.

Medications are administered in EPU. Medication management will be consistent with ANGU. The EPU will share medications within a clean utility room. Access to medication storage is controlled and limited to authorised persons.

## **Sterilising**

The EPU has a Trophon sterilising unit for facilitating medical imaging services within the unit. The Trophon sterilising unit will comply with the required Australian Standards, National Safety and Quality Health Service (NSQHS) Standard on Prevention and Control of Healthcare Infections and CHS policy and procedure.

## **Printer**

A multifunction printer and a pharmacy printer are located within staff work room.

## **Security**

The unit may be locked if required. Access to the locked unit is via intercom or via swipe card access.

Duress buttons within the staff base and reception may be used to activate the centralised hospital duress system.

## **Stores**

Supplies are provided using an imprest system. Stock levels are monitored by the Purchasing and Inventory Control System (PICS).

## **Wi-Fi**

Free Wi-Fi internet and networking access is provided throughout the unit for use by staff and visitors.

## **Waste Management**

Waste is managed as per the CHS Policy for Waste Management.

## 7. Workforce

The EPU will provide both an outpatient / day stay service with the 24/7 inpatient service. Integration of the two workforces i.e. antenatal / gynaecology and EPU unit is key to the clinical support for both services and midwifery workforce efficiencies in delivering a comprehensive 24 /7 service for women and their families.

### Midwifery & Nursing Staff

The nursing staff required for the EPU and ANGU are outlined below. These roles are required for a Level 6 Clinical Service in relation to clinical knowledge and expertise including:

- Clinical Midwifery Manager (CMM)
- Registered Midwives (RM)
- Registered Nurses (RN)
- Enrolled Nurses (EN)
- Clinical Development Midwife/s (CDM);
- Assistants in Nursing or Midwifery (AIN or AIM).

### Allied Health Staff

Allied health disciplines are part of the multidisciplinary team and include (but not limited to):

- Pharmacists
- Sonographer
- Psychologists, and
- Social Workers.

Other services, such as genetic counselling, nutrition, physiotherapy, occupational therapy and speech pathology, will provide consultation to the EPU where appropriate.

### Medical Staff

Medical staff within the EPU comprise of:

- A Staff Specialist Clinical Lead, identified amongst current employees
- Rotating gynaecology on-call consultants
- Registrars; and
- Residents/Interns.

## Administrative Staff

A range of non-clinical support staff will also be required including cleaning staff. Administrative functions will be supported by the CHWC Ward Clerks.

# 8. Accreditation, training, education and research

Teaching, training and development opportunities are a vital part of the EPU model of care. Teaching and education include activities undertaken through specialised conferences, short courses, Universities and higher education institutions, the Staff Development Unit and on the unit training.

Multidisciplinary learning and development opportunities are promoted and encouraged. Medical teaching rounds will occur during ward rounds. Staff are encouraged to complete professional development packages to continue to evolve their skills and knowledge.

Midwifery education will be facilitated by the Clinical Development Midwife (CDM) and Clinical Support Midwife (CSM). Midwifery in-service education will be routinely conducted within the Maternity Unit. Clinical placement for students from universities will also be provided for midwifery, allied health and medical students.

In addition to the fundamental medical and clinical training for our staff regarding the management of complications in early pregnancy and early pregnancy loss, training will also be provided to enhance the confidence and capabilities of staff in providing sensitive and culturally appropriate emotional and psychosocial care.

To support our workforce to remain resilient throughout the work undertaken by the EPU, access to clinical supervision will be supported. Clinical supervision is a relationship between a qualified clinical supervisor and a clinician designed to facilitate reflection and development of professional skills. Opportunities will be created to embed clinical supervision within the everyday practice for our EPU staff, to increase resilience and retention.

Additional psychological supports for our health professionals working in the EPU will also be considered, including referral to the Employee Assistance Program.

# 9. Monitoring and Evaluation

Monitoring and evaluation of the EPU will occur through a range of mechanisms, including:

- CHS's Clinical Governance Structure and Committees
- CHS's Risk Management Processes
- CHS's structures for Morbidity and Mortality (Meetings)
- Operational and management performance monitoring processes that indicate balanced scorecard, synergies and efficiency measures

- Australian Council of Healthcare Standards (ACHS) against the National Safety and Quality Health Service (NSQHS) Standards set by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

## 10. Records management

Following the relevant consultation, this finalised document and any further updates will be electronically stored on the Canberra Health Services intranet site – ‘Models of Care’, to ensure accessibility for all staff.

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## 12. Abbreviations

Abbreviation	Name
ACHS	The Australian Council on Healthcare Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
ANGU	Antenatal and Gynecology Unit
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
EPU	Early Pregnancy Unit
GP	General Practitioner
MoC	Model of Care
NSQHS	National Safety and Quality Health Service
TIS	Translating and Interpreting Service
WY&C	Division of Women, Youth and Children

## 13. MoC development participants

Position	Name
Dr Natalie DeCure	Clinical Director, Maternity, WY&C
Michelle Thinius	Assistant Director of Midwifery, Maternity, WY&C
Wendy Alder	Assistant Director of Midwifery, Maternity, WY&C
Julianne Nissen	Clinical Midwifery Manager, Maternity and Gynaecology Outpatients Department, Maternity, CHWC
Karen Schlage	Consumer Representative
Danica Vress	Senior Registrar, Obstetrics and Gynecology
Cath Carlyon	Midwife, Early Pregnancy Assessment Unit
Alison Clarke	FMU Midwife & Perinatal Loss Co-Ordinator
Thomas Roberts	Clinical Liaison, Infrastructure & Health Support Services, CHWC



## ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

## ACCESSIBILITY

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