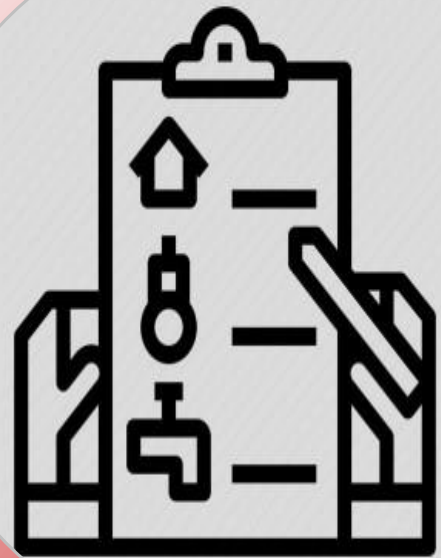


Regulatory Regional Hospital Inspection Tool v1.3



Diagnostic Imaging Services



Facility:
Date:

- **Tool Name:** Regulatory Regional Hospital inspection tool v1.3 - Final
- **HEs Type:** Hospitals **Sector:** Public
- **Specialization:** Regional
- **Created By:** Health Standards Development and Training

10 Diagnostic Imaging Services

Domain 10.1 USER RIGHTS

Sub Domain 10.1.1 4 User information

Standard 10.1.1.1 4(1) The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 10.1.1.1.1 4(2)(a)(ii) The health establishment must provide users with information relating to service opening and closing times.

10.1.1.1.1.1 Legible signage at the entrance to the diagnostic imaging unit indicates the days and times when services are offered.

Assessment type: Observation - **Risk rating:** Essential measure

The service opening and closing times must be displayed at the entrance of the diagnostic imaging unit. The information must be legible. Not applicable: Never

Score	Comment

Criterion 10.1.1.1.2 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

10.1.1.1.2.1 A complaints toolkit is available.

Assessment type: Observation - **Risk rating:** Essential measure

Verify whether the complaint forms, box and poster are available in the diagnostic imaging services unit. Score 1 if compliant and 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Lockable complaints box is visibly placed in the unit.		
2. Complaints box is fixed to wall or a flat surface.		
3. Official complaint forms in at least two commonly spoken official languages are available next to box or there is an indication on the poster where to obtain the forms.		

4. Standardised poster describing process to follow to lodge a complaint is visibly displayed.		
5. Poster on complaints is available in at least two of the official languages commonly spoken in the area.		

Sub Domain 10.1.2 22 Waiting times

Standard 10.1.2.1 22 The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

Criterion 10.1.2.1.1 22 Waiting times are monitored and improvement plans are implemented.

10.1.2.1.1.1 The locally agreed target waiting time for diagnostic imaging services is displayed.

Assessment type: Observation - **Risk rating:** Essential measure

The waiting time for diagnostic imaging services must be displayed in an area visible to waiting users.

Not applicable: Never

Score	Comment

10.1.2.1.1.2 Compliance with waiting time target(s) in the unit is monitored.

Assessment type: Document - **Risk rating:** Essential measure

Request the previous six months' tools used for monitoring waiting times at the diagnostic services unit. Not applicable: Never

Score	Comment

10.1.2.1.1.3 Quality improvement plans are developed by health care personnel.

Assessment type: Document - **Risk rating:** Vital measure

Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. NB: Score not applicable where no gaps have been identified.

Score	Comment

Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		
3. Healthcare personnel responsible		
4. Time frames		

10.1.2.1.1.4 Corrective action has been taken to improve the quality of service provided where gaps are identified.

Assessment type: Document - **Risk rating:** Vital measure

Evidence must be available that the action specified in the quality improvement plan was implemented. Not applicable: Where there were no gaps identified.

Score	Comment

Domain 10.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 10.2.1 6 User health records and management

Standard 10.2.1.1 6(1) The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 10.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

10.2.1.1.1.1 Confidentiality of health records is maintained.

Assessment type: Observation - **Risk rating:** Essential measure

Observe how user health records are managed in the unit and determine whether unauthorised individuals would be able to access the information in the health records. This includes but not limited to the complete health record of the user attending diagnostic imaging unit, diagnostic imaging request forms, diagnostic images or reports, health records used for clinical audits or other administrative purposes. This requirement applies to digital as well as paper-based records. Not applicable: Never

Score	Comment

Sub Domain 10.2.2 7 Clinical management

Standard 10.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 10.2.2.1.1 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

10.2.2.1.1.1 Health care personnel have been informed about the Standard Operating Procedures of the unit and health establishment.

Assessment type: Document - **Risk rating:** Essential measure

Documented evidence that personnel have been informed about the Standard Operating Procedures of the unit and health establishment must be available. This could include but is not limited to distribution lists which include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at meetings where policies, guidelines and standard operating procedures are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment	
Aspects	Score	Comment
1. Management of user health records		
2. Confidentiality of user health records is maintained in clinical areas		

3. Contingency plan of IT systems		
4. Management of adverse events		

Standard 10.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 10.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.

10.2.2.2.1.1 All work completed is verified by the cleaning supervisor or delegated diagnostic imaging unit personnel.

Assessment type: Document - **Risk rating:** Essential measure

Daily inspections will ensure the cleanliness of the diagnostic imaging unit. The person responsible for overseeing the cleaning service must inspect the unit daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (including, but not limited to, checklist/tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

Score	Comment

10.2.2.2.1.2 The unit is observed to be clean.

Assessment type: Observation - **Risk rating:** Vital measure

Inspector to observe general cleanliness of the unit including but not limited to whether the unit is free of dirt, dust and stains. Not applicable: Never

Score	Comment

Criterion 10.2.2.2.2 7 The management of used and soiled linen must meet infection prevention and control requirements.

10.2.2.2.2.1 The diagnostic imaging unit has a designated, access-controlled area for the storage of dirty linen.

Assessment type: Observation - **Risk rating:** Essential measure

The area used to store dirty linen must have a door, which is kept shut. Not applicable: Never

Score	Comment

Criterion 10.2.2.2.3 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.

10.2.2.2.3.1 Functional, accessible telephones are available in the reception area of the diagnostic imaging unit.

Assessment type: Observation - **Risk rating:** Essential measure

Maintaining and sustaining communication are essential for user safety. Telephones must be functional and available in the diagnostic imaging unit's reception area. Not applicable: Never

Score	Comment

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Criterion 10.2.2.2.4 7 Users and health care personnel must be protected against ionising radiation exposure.

10.2.2.2.4.1 Each radiographic imaging room has an exposure chart.

Assessment type: Observation - **Risk rating:** Vital measure

This may be in the form of a document or an electronic panel in the machine. Not applicable: Never

Score	Comment

10.2.2.2.4.2 A report of radiation safety measures is available.

Assessment type: Document - **Risk rating:** Vital measure

The report from the previous six months must reflect actions taken to limit radiation exposure. This report will include but not limited to checking of radiation levels in the unit, reports from dosimeter readings. Not applicable: Never

Score	Comment

10.2.2.2.4.3 A clearly visible safety notice for pregnant women is displayed outside the radiographic imaging rooms.

Assessment type: Observation - **Risk rating:** Vital measure

This serves to protect pregnant users and health care personnel from unnecessary exposure to radiation. The notice must be visibly displayed. Not applicable: In ultrasound scanning areas.

Score	Comment

10.2.2.2.4.4 All radiation workers wear registered dosimeters.

Assessment type: Observation - **Risk rating:** Vital measure

To protect radiation workers from excessive exposure to radiation, dosimeters must be worn to monitor their exposure levels. All radiologists, radiographers, including student radiographers working in the diagnostic imaging unit must wear dosimeters. The dosimeters must not have expired. Not applicable: Never

Score	Comment

10.2.2.2.4.5 Dosimeter readings for each member of health care personnel are received monthly from the service provider.

Assessment type: Document - **Risk rating:** Vital measure

Documented evidence must reflect the exchange of dosimeters on a monthly basis for each member of health care personnel issued with a dosimeter. The dosimeter reading or dose must be recorded on the document. Not applicable: Never

Score	Comment

10.2.2.2.4.6 Protective clothing is available and worn.

Assessment type: Observation - **Risk rating:** Vital measure

Verify whether the protective clothing listed below is available. Score 1 if the item is available and 0 if not available.

Score	Comment

Unit 1 Available in the unit

Aspects	Score	Comment
1. Gonad shield – male		
2. Gonad shield – female		
3. Lead aprons or lead skirt and jacket		
4. Shield X-ray gloves		
5. Thyroid shields where applicable, e.g. fluoroscopy room		

Unit 2 Area: 1 Worn

Aspects	Score	Comment
1. Gonad shield – male		
2. Gonad shield – female		
3. Lead aprons or lead skirt and jacket		
4. Shield X-ray gloves		
5. Thyroid shields where applicable, e.g. fluoroscopy room		

Unit 3 Area: 2 Worn

Aspects	Score	Comment
1. Gonad shield – male		
2. Gonad shield – female		
3. Lead aprons or lead skirt and jacket		
4. Shield X-ray gloves		
5. Thyroid shields where applicable, e.g. fluoroscopy room		

10.2.2.2.4.7 The diagnostic imaging unit has a log and service history for each machine.

Assessment type: Document - **Risk rating:** Vital measure

Records of service history for each machine are required, according to the manufacturer's guidelines. Where records are not available, the machine must have been serviced at least within the previous financial year. Records must be available, even if the service is outsourced. Not applicable: Never

Score	Comment

Criterion 10.2.2.2.5 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

10.2.2.2.5.1 An emergency trolley is made available in the diagnostic imaging unit within three minutes of user requiring emergency resuscitation.

Assessment type: Observation - **Risk rating:** Non-negotiable measure

Where the layout of the hospital and the location of the unit makes this unfeasible, the unit must have an emergency trolley. Not applicable: Where there is an emergency trolley in the unit.

Score	Comment

10.2.2.2.5.2 Emergency trolley is stocked with medicines and equipment.

Assessment type: Observation - **Risk rating:** Non-negotiable measure

Inspect the contents of the emergency trolley against the aspects listed below. For items of equipment, score 1 if the equipment is available and functional and 0 if not available or not functional. For non-equipment items, score 1 if the aspect is compliant and 0 if not compliant. Score NA if an emergency trolley is available in a nearby unit, in which case it must be accessible within three minutes of a user requiring emergency resuscitation.

Score	Comment	
Aspects	Score	Comment
Devices to open and protect airway		
1. Laryngoscope handle		
2. Curved blade for laryngoscope size 2 (adult)		
3. Curved blade for laryngoscope size 3 (adult)		
4. Curved blade for laryngoscope size 4 (adult)		
5. Straight blade for laryngoscope size 1 (paediatric)		
6. Endotracheal tubes - uncuffed size 2.5mm (paediatric)		
7. Endotracheal tubes - uncuffed sizes 3mm (paediatric)		

8. Endotracheal tubes - uncuffed size 3.5mm (paediatric)		
9. Endotracheal tubes - uncuffed sizes 4.0mm (paediatric)		
10. Endotracheal tubes - uncuffed size 4.5mm (paediatric)		
11. Endotracheal tubes - uncuffed sizes 5.0mm (paediatric)		
12. Endotracheal tubes - uncuffed sizes 5.5mm (paediatric)		
13. Endotracheal tubes - cuffed sizes 3.0mm (paediatric)		
14. Endotracheal tubes - cuffed sizes 3.5mm (paediatric)		
15. Endotracheal tubes - cuffed sizes 4.0mm (paediatric)		
16. Endotracheal tubes - cuffed sizes 4.5mm (paediatric)		
17. Endotracheal tubes - cuffed sizes 5.0mm (paediatric)		
18. Endotracheal tubes - cuffed sizes 5.5mm (paediatric)		
19. Endotracheal tubes - cuffed sizes 6.0mm (paediatric)		
20. Endotracheal tubes - cuffed sizes 6.5mm (paediatric)		
21. Endotracheal tubes - cuffed sizes 7.0mm (adult)		
22. Endotracheal tubes - cuffed sizes 7.5mm (adult)		
23. Endotracheal tubes - cuffed sizes 8.0mm (adult)		
24. Endotracheal tubes - cuffed sizes 8.5mm (adult)		
25. Oropharyngeal airway size 1 (small child)		
26. Oropharyngeal airway size 2 (child)		
27. Oropharyngeal airway size 3 (small adult)		
28. Oropharyngeal airway size 4 (medium adult)		
29. Oropharyngeal airway size 5 (large adult)		
30. Nasopharyngeal airway size 3		
31. Nasopharyngeal airway size 4		
32. Nasopharyngeal airway size 5		
33. Plaster or ties for endotracheal tubes		
34. Xylocaine spray or Lubricating gel		
Equipment for difficult Intubation		

35. Introducer		
36. Laryngeal mask airway size 3		
37. Laryngeal mask airway size 4		
38. Laryngeal mask airway size 5		
39. Magill forceps (adult)		
40. Magill forceps (paediatric)		
Devices to deliver oxygen/ventilate users		
41. Manual resuscitator device or bag and valve mask (adult)		
42. Manual resuscitator device or bag and valve mask (paediatric)		
43. Oxygen masks		
44. Oxygen supply – ready for use (portable). Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge		
Equipment to diagnose and treat cardiac dysrhythmias		
45. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
46. Cardiac arrest board		
Devices to gain intravascular access		
47. Intravenous administration sets		
48. IV Cannulae		
Medicine		
49. Emergency medicines according to local protocol are available and have not expired.		

10.2.2.2.5.3 Medical supplies and equipment for resuscitation are available.

Assessment type: Observation - **Risk rating:** Vital measure

Inspect the contents of the emergency trolley against the aspects listed below. For items of equipment, score 1 if the equipment is available and functional and 0 if not available or not functional. For non-equipment items, score 1 if the aspect is compliant and 0 if not compliant. Score NA if an emergency trolley is available in a nearby unit, in which case it must be accessible within three minutes of a user requiring emergency resuscitation.

Score	Comment

Aspects	Score	Comment
1. Chlorhexidine solution or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Spare batteries for laryngoscope		
6. Spare bulb (where applicable)		
7. Syringe 2ml		
8. Syringe 5ml		
9. Syringe 20ml		
10. Catheter tip syringe 50ml		
11. Needles size 16 G		
12. Needles pink 18 G		
13. Needles green 21G		
14. Scissors		
15. Tourniquet		
16. Stethoscope		
17. Nasogastric tubes size 5 (paediatric)		
18. Nasogastric tubes size 6 (paediatric)		
19. Nasogastric tubes size 8 (paediatric)		
20. Nasogastric tubes size 10 (paediatric)		
21. Nasogastric tubes size 12 (adult / paediatric)		
22. Nasogastric tubes size 14 (adult)		
23. Nasogastric tubes size 16 (adult)		
24. Nasogastric tubes size 18 (adult)		
25. Suction catheter 8F (paediatric)		
26. Suction catheter 10F (paediatric)		
27. Suction catheter 12F (adult)		

28. Suction catheter 14F (adult)		
29. Suction devices (portable)		
30. Yankhauer suction		
31. Resuscitation algorithm		

10.2.2.2.5.4 The emergency trolley in the unit is checked.

Assessment type: Document - **Risk rating:** Vital measure

This must be done at the change of each shift and after each use. Check records from the previous 30 days.

Score	Comment

Criterion 10.2.2.2.6 7 Health care personnel receive ongoing in-service education according to their roles and responsibilities.

10.2.2.2.6.1 The personnel development and in-service training programme makes provision for training in the correct use of diagnostic imaging equipment.

Assessment type: Document - **Risk rating:** Essential measure

The personnel development and in-service training programme for the previous 12 months must include diagnostic imaging equipment training. In-service training must be specific to health care personnel and the diagnostic imaging unit. Updates will be necessary if new equipment is purchased or if utilisation, maintenance or cleaning requirements change for equipment already in use. Not applicable: Where the healthcare personnel have been in service over 12 months and if no new equipment has been introduced.

Score	Comment

Criterion 10.2.2.2.7 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

10.2.2.2.7.1 Records from the previous 12 months show that equipment is maintained according to a planned schedule.

Assessment type: Document - **Risk rating:** Vital measure

For the equipment listed below, examine the planned preventive maintenance schedule in the diagnostic imaging unit as well as the manufacturer's instructions and the maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. Score 1 if this requirement is met and 0 if not met. Score NA (not applicable) where the health establishment does not have the equipment listed.

Score	Comment

Unit 1 Maintenance schedule available

Aspects	Score	Comment
1. Ultrasound		

2. X-ray machines		
3. CT scans		
4. Digital image printer		
5. PACS imaging software		
6. Radiographic digitiser/Film digitiser/s		
7. Diagnostic imaging information system		
8. Tele-medicine system		
9. Monitor, digital X-ray viewing		
10. Daylight camera		
11. X-ray film processor (where applicable e.g. conventional facilities)		
12. X-ray safelight		
13. Densitometer		
14. Sensitometer		
15. X-ray operator console		
16. Fluoroscopy unit		
17. Powered diagnostic fluoroscopy table		
18. Mammographic X-ray system		
19. Mammography compression device		
20. Stereotactic biopsy system for mammography		
21. Mammography transducers for ultrasound		

Unit 2 Schedule aligned to manufacturer's instructions

Aspects	Score	Comment
1. Ultrasound		
2. X-ray machines		
3. CT scans		
4. Digital image printer		
5. PACS imaging software		
6. Radiographic digitiser/Film digitiser/s		

7. Diagnostic imaging information system		
8. Tele-medicine system		
9. Monitor, digital X-ray viewing		
10. Daylight camera		
11. X-ray film processor (where applicable e.g. conventional facilities)		
12. X-ray safelight		
13. Densitometer		
14. Sensitometer		
15. X-ray operator console		
16. Fluoroscopy unit		
17. Powered diagnostic fluoroscopy table		
18. Mammographic X-ray system		
19. Mammography compression device		
20. Stereotactic biopsy system for mammography		
21. Mammography transducers for ultrasound		

Unit 3 Maintained according to schedule

Aspects	Score	Comment
1. Ultrasound		
2. X-ray machines		
3. CT scans		
4. Digital image printer		
5. PACS imaging software		
6. Radiographic digitiser/Film digitiser/s		
7. Diagnostic imaging information system		
8. Tele-medicine system		
9. Monitor, digital X-ray viewing		
10. Daylight camera		
11. X-ray film processor (where applicable e.g. conventional facilities)		

12. X-ray safelight		
13. Densitometer		
14. Sensitometer		
15. X-ray operator console		
16. Fluoroscopy unit		
17. Powered diagnostic fluoroscopy table		
18. Mammographic X-ray system		
19. Mammography compression device		
20. Stereotactic biopsy system for mammography		
21. Mammography transducers for ultrasound		

Sub Domain 10.2.3 8 Infection prevention and control programmes

Standard 10.2.3.1 8(1) The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 10.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.

10.2.3.1.1.1 Hand washing facilities are available in the diagnostic imaging unit.

Assessment type: Observation - **Risk rating:** Vital measure

Inspect the hand washing facilities for the items listed below. Score 1 If the item is available and 0 if not available.

Score	Comment

Unit 1 User care area

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		

5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Unit 2 Personnel toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		

11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		
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Unit 3 User toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Criterion 10.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

10.2.3.1.2.1 Linen rooms or storage cupboards or trolleys are adequately stocked and well organised.

Assessment type: Observation - **Risk rating:** Essential measure

Inspect the area where linen is stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the unit does not have a designated area or cupboard with a door that can be kept closed and can be locked.

Score	Comment

Aspects	Score	Comment
1. There is a designated area for the storage of linen		
2. The storage area or cupboard is locked		
3. Linen is stored on shelves		
4. The area or cupboard is well organised		
5. Clean linen is available		

Criterion 10.2.3.1.3 8(2)(d) The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

10.2.3.1.3.1 Cleaning personnel wear personal protective equipment while carrying out their duties.

Assessment type: Observation - **Risk rating:** Vital measure

Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn and 0 if not worn. Score NA where, at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Available in storage area/room

Aspects	Score	Comment
1. Gloves – non-sterile		
2. Domestic gloves		
3. Disposable gowns or aprons		
4. Protective eyewear (face shields or goggles)		
5. Face masks		

Unit 2 Cleaner 1: Worn

Aspects	Score	Comment
1. Gloves – non-sterile		
2. Domestic gloves		
3. Disposable gowns or aprons		
4. Protective eyewear (face shields or goggles)		
5. Face masks		

Unit 3 Cleaner 2: Worn

Aspects	Score	Comment
1. Gloves – non-sterile		
2. Domestic gloves		
3. Disposable gowns or aprons		
4. Protective eyewear (face shields or goggles)		
5. Face masks		

Sub Domain 10.2.4 9 Waste management

Standard 10.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 10.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

10.2.4.1.1.1 The diagnostic imaging unit has appropriate containers for disposal of all types of waste.

Assessment type: Observation - **Risk rating:** Vital measure

Verify whether the waste containers listed below are available. Health care risk waste containers must have the appropriate international hazard symbol and be marked as prescribed in SANS 10248-1: Management of Health Care Waste, Part 1: Management of health care risk waste from a health facility. Score 1 if the waste container is available and 0 if not available. Where a particular type of waste is not generated in the diagnostic imaging unit, score NA.

Score	Comment	
Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow)		
3. Pharmaceutical waste (dark green)		
4. Radioactive waste (no colour coding)		
5. General waste (black, beige, white or transparent packaging may be used)		

Criterion 10.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

10.2.4.1.2.1 There is a temporary healthcare risk waste storage area.

Assessment type: Observation - **Risk rating:** Essential measure

In all areas where waste is held for collection and removal to the central storage area, a designated area for temporary storage of waste must be available. Some health establishments will have a purpose-built temporary waste storage area, others will utilise a specific area within the available space. Score 1 if the aspect is compliant and 0 if not compliant, or where there is no designated area.

Score	Comment

Aspects	Score	Comment
1. Space available to store waste containers		
2. Area is well ventilated		
3. Area is well lit		
4. Area has impervious floor surfaces (waterproof or resistant, not cracked)		

10.2.4.1.2.2 The health establishment has a current service level agreement with an accredited service provider for the safe disposal of toxic chemicals, radioactive waste and expired medicines.

Assessment type: Document - **Risk rating:** Vital measure

The service level agreement must be valid (not expired) and signed by the service provider and the responsible accounting officers and witnessed. The agreement must be between the province and the service providers. Radioactive waste is applicable to health establishments that generate this waste. Not applicable: Never

Score	Comment

10.2.4.1.2.3 The service level agreement is monitored for compliance.

Assessment type: Document - **Risk rating:** Vital measure

Evidence may include signed monitoring checklists, minutes of meetings and reports comprising indicators/services as per the service level agreement. Not applicable: Never

Score	Comment

10.2.4.1.2.4 Remedial action is taken to rectify breaches identified.

Assessment type: Document - **Risk rating:** Vital measure

A document reflecting actions taken to rectify identified breaches of the terms of the service level agreement must be available. Not applicable: Where no breaches were identified.

Score	Comment

Criterion 10.2.4.1.3 9 Films and reagents must be stored and disposed of according to guidelines.

10.2.4.1.3.1 Health care personnel can explain how to store and dispose of films and reagents.

Assessment type: Staff interview - **Risk rating:** Essential measure

Interview three diagnostic imaging unit personnel to determine whether they are able to explain the process for storing and discarding films and reagents. Score 1 if they can explain the process as described in the relevant standard operating procedure of the unit and 0 if they cannot explain the process. Score NA in health establishments that do not use imaging films, but where imaging records are accessed and stored electronically.

Score	Comment	
Aspects	Score	Comment
1. Health care personnel 1		
2. Health care personnel 2		
3. Health care personnel 3		

Sub Domain 10.2.5 21 Adverse events

Standard 10.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 10.2.5.1.1 21(2)(b) The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.

10.2.5.1.1.1 Health care personnel are aware of the procedure to report adverse events.

Assessment type: Staff interview - **Risk rating:** Essential measure

Interview three radiologists to establish their awareness on reporting of adverse events Score 1 if they are able to explain the aspects listed below and 0 if not.

Score	Comment

Unit 1 Health care personnel 1

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (Give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Unit 2 Health care personnel 2

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (Give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Unit 3 Health care personnel 3

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (Give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Domain 10.3 CLINICAL SUPPORT SERVICES

Sub Domain 10.3.2 11 Diagnostic services

Standard 10.3.2.1 11(1) Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.

Criterion 10.3.2.1.1 11(2) The health establishment must where applicable be accredited by the relevant regulatory body relating to the type of diagnostic service.

10.3.2.1.1.1 The accreditation certificate by the relevant regulatory body is available.

Assessment type: Document - **Risk rating:** Vital measure

A valid certificate of accreditation by the relevant regulatory body which may include but not limited to South African National Accreditation System (SANAS), Radiation Control is available. Not applicable:

Never

Score	Comment

Sub Domain 10.3.1 13 Medical equipment

Standard 10.3.1.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 10.3.1.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

10.3.1.1.1.1 Functional essential equipment is available in the diagnostic imaging unit.

Assessment type: Observation - **Risk rating:** Essential measure

Inspect the diagnostic imaging unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional and 0 if not available or not functional.

Score	Comment	
Aspects	Score	Comment
1. X-ray room complete with ceiling suspended tube, floor mounted bucky table and wall-mounted erect bucky		
2. Positioning devices, set		
3. Drip stand, mobile or fixed		
4. Radiographic unit mobile, motorised/ Manual		
5. Radiation monitoring badges		
6. Lead aprons		
7. Marker, X-ray, A-Z, character, lead-mounted		
8. Marker X-ray -L&R, AP, chrome-plated		
9. Diagnostic imaging ultrasound table. (Not applicable where U/S is not performed)		
10. Apron rack for X-ray room		
11. Glove X-ray shield		
12. Thyroid collar – (where applicable e.g. fluoroscopy room & theatres)		
13. X-ray apron		
14. Digital image printer		

15. Picture archiving and communication system (PACS_ (Where applicable)		
16. Radiographic digitiser/film digitiser/s (where applicable)		
17. Diagnostic imaging information system		
18. Tele-medicine system		
19. X-ray viewing box (where applicable e.g. analogue facilities)		
20. Monitor, digital X-ray viewing (where applicable e.g. digital facilities)		
21. Daylight camera		
22. X-ray film processor (where applicable e.g. analogue facilities)		
23. X-ray safelight (where applicable e.g. analogue facilities)		
24. Radiographic film hopper (where applicable e.g. analogue facilities)		
25. Densitometer		
26. Sensitometer		
27. Silver recovery system (where applicable e.g. analogue facilities)		
28. Ultrasound diagnostic system (not applicable where Ultrasound is not performed)		
29. Ultrasound transducers as required (not applicable where Ultrasound is not performed)		
30. Diagnostic imaging ultrasound table (not applicable where Ultrasound is not performed)		
31. X-ray operator console		
32. Fluoroscopy unit		

33. Powered diagnostic fluoroscopy table		
34. Examination light		
35. Mammographic X-ray system		
36. Mammography compression device		
37. Mammography transducers for ultrasound		
38. Stereotactic biopsy system for mammography		
39. Monitor, electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, oxygen saturation (SaO2)		
40. Oxygen cylinder regulator		
41. Oxygen cylinder trolley		
42. Suction unit, single bottle/disposable bag, wall outlet (Where applicable)		

Domain 10.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 10.4.1 20 Occupational health and safety

Standard 10.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 10.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted

10.4.1.1.1.1 The emergency evacuation plan is prominently displayed.

Assessment type: Observation - **Risk rating:** Essential measure

The evacuation plan must include but is not limited to route/directions to be followed during evacuation, emergency exits and assembly point(s). This must be visibly displayed. Not applicable:

Never

Score	Comment

10.4.1.1.1.2 The healthcare personnel are familiar with the emergency evacuation procedure.

Assessment type: Staff interview - **Risk rating:** Essential measure

Interview three health care personnel to establish whether they are able to explain the evacuation procedure as illustrated in the evacuation plan. Score 1 if they explain the procedure as illustrated in the evacuation plan and 0 if not. Where no evacuation plan is available, this measure must be scored 0

Score	Comment

Aspects	Score	Comment
1. Healthcare personnel 1		
2. Healthcare personnel 2		
3. Healthcare personnel 3		

Domain 10.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 10.5.1 14 Management of buildings and grounds

Standard 10.5.1.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 10.5.1.1.1 14(2)(b) The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.

10.5.1.1.1.1 No obvious safety hazards are observed during the visit.

Assessment type: Observation - **Risk rating:** Vital measure

Inspect the surroundings for maintenance-related safety hazards in the unit, including but not limited to loose electrical wiring, collapsing ceiling or roof, collapsing doors, or any other type of safety hazards that represent a risk to the health and safety of personnel, users and visitors. Not applicable:

Never

Score	Comment

Criterion 10.5.1.1.2 14(2)(d) The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.

10.5.1.1.2.1 Diagnostic imaging unit has natural ventilation or functional mechanical ventilation.

Assessment type: Observation - **Risk rating:** Essential measure

The national building regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space mechanically or passively through either ducting or apertures open to the outside, such as windows or ventilation grilles. Verify that the diagnostic imaging unit has natural ventilation (windows and doors that can be opened or functional mechanical ventilation (i.e. a ducting system). Not applicable: Never

Score	Comment

Sub Domain 10.5.2 15 Engineering services

Standard 10.5.2.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 10.5.2.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

10.5.2.1.1.1 The unit has a functional portable oxygen.

Assessment type: Observation - **Risk rating:** Non-negotiable measure

This is to ensure that users have access to portable oxygen when required in an emergency. Verify whether portable oxygen is available and functional. Not applicable: Never

Score	Comment

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10.5.2.1.1.2 The unit has a functional portable suction.

Assessment type: Observation - **Risk rating:** Vital measure

This is to ensure that users have access to suction when required. Portable suction must be available as a contingency measure.

Not applicable: Never

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Regional Hospitals.

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- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

It is hereby certified that the Regulatory Regional Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.

Ms W Moleko

Signature:



**Executive Manager: Health Standards
Development Analysis and Support**

Date:

10/08/2022

Dr Sipiwe Mndaweni

Signature:



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