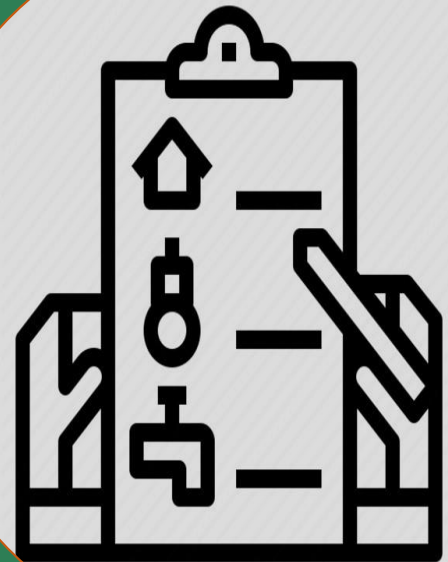




Office of Health Standards Compliance
Ensuring quality and safety in health care

Regulatory Tertiary Hospital Inspection Tool v1.0



Infection Prevention and Control



Facility:
Date:

- **Tool Name:** Regulatory Tertiary Hospital Inspection Tool v1.0
- **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** Tertiary
- **Created By:** Health Standards Development and Training

3 Infection Prevention And Control

Domain 3.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 3.2.1 Clinical management

Standard 3.2.1.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 3.2.1.1.1 7(2)(a) The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.

3.2.1.1.1.1 Clinical guidelines and policies are communicated to health care personnel.

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

Documented evidence that health care personnel have been informed about the clinical policies and guidelines must be available, this could include but is not limited to distribution lists which include health care personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance of meeting where policies and guidelines are discussed or similar evidence for electronic distribution. Request records from the previous twelve months.

Not applicable: Never

Score	Comment

Standard 3.2.1.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 3.2.1.2.1 7 Health care personnel receive ongoing in-service education according to their roles and responsibilities.

3.2.1.2.1.1 In-service training on infection prevention and control is conducted.

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

Request the in-service training records for the previous twelve months. Verify whether in-service training on infection prevention and control related topics is conducted. This may include but not limited to standard precautions, response to disease outbreak.

Not applicable: Where there have been no new health care personnel appointed in the past twelve months or if no new or revised infection prevention and control related guidelines have been published in the past twelve months.

Score	Comment

Criterion 3.2.1.2.2 7 Infection prevention and control management must be led by trained and experienced health care personnel.

3.2.1.2.2.1 Infection prevention and control link nurses or champions are appointed.

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

Randomly sample five clinical and clinical support areas in the health establishment and request records from the previous twelve months. Verify whether infection prevention and control link nurses or champions are appointed for each area and have undergone training in accordance with the requirements of the Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework. Score 1 if the evidence is provided and 0 if not.

Score	Comment

Aspects	Score	Comment
Link nurse or champion appointed or designated in writing		
1. Area 1		
2. Area 2		
3. Area 3		
4. Area 4		
5. Area 5		
Training undergone by link nurse or champion		
6. Area 1		
7. Area 2		
8. Area 3		
9. Area 4		
10. Area 5		

Criterion 3.2.1.2.3 7 The health establishment must have a functional infection prevention and control management structure.

3.2.1.2.3.1 Infection prevention and control forum or structure members are appointed or designated.

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

Request documented evidence of appointment or designation of health care personnel into the committee or structure responsible for overseeing infection prevention and control in the health establishment for the previous twelve months.

Not applicable: Never

Score	Comment

3.2.1.2.3.2 Action is taken to reduce the incidence of infections where surveillance data indicates increasing or higher than average health care-associated infection rates.

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

Analysed surveillance data will identify trends within health care-associated infection events that suggest a common cause for a cluster of observed infections. Quality improvement plans to address the identified cause(s) must be documented and implementation monitored. The evidence may be obtained electronically or manually.

Not applicable: Where no trends are identified.

Score	Comment

3.2.1.2.3.3 The terms of reference for the structure reviewing infection prevention and control are available.

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

Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment		
Aspects	Score	Comment	
1. Interdisciplinary membership required			
2. Term in office			
3. Roles and responsibilities of structure members			
4. Frequency of meetings			
5. Quorum for the structure			

3.2.1.2.3.4 Minutes of the structure reviewing infection prevention and control indicate that analysed infection control surveillance data and control measures are discussed.

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

The infection prevention and control structure minutes from the previous quarter must be dated and signed and include an attendance register and agenda. The content must reflect discussions on surveillance data and control measures.

Not applicable: Never

Score	Comment		

Criterion 3.2.1.2.4 7 The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.

3.2.1.2.4.1 An approved strategy or plan to manage health care-associated infections is available.

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

Verify whether the document includes and explains the aspects listed below. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment		
Aspects	Score	Comment	
1. Clear definitions for health care-associated infections			
2. Activities to monitor infection rates in the health establishment			
3. Activities to monitor ESKAPE organisms (Enterococcus faecium, Staphylococcus Aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa and Enterobacter spp)			
4. Identification of outbreaks of health care-associated infections			

5. Investigation of an outbreak of health care-associated infections in the health establishment		
6. Response to limit transmission of infection during an outbreak		
7. Internal reporting processes required for health care associated infections		
8. External reporting processes required for health care associated infections		
9. Evaluation of the effectiveness of the strategy to prevent and respond to health care-associated infections		

3.2.1.2.4.2 An annual infection prevention and control audit is conducted.

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

The audit report from the previous twelve months must be available, this could also be captured in the Infection Prevention and Control Assessment Framework tool or template. The evidence may be obtained electronically or manually.

Not applicable: Never

Score	Comment

3.2.1.2.4.3 A list of approved cleaning agents, hand soap and alcohol-based hand rub is available for procurement purposes.

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

The use of inappropriate cleaning materials will increase the likelihood of inadequate eradication of microbes in the environment, increasing the risk of infection. Only health establishment grade cleaning agents must be used for environmental cleaning in health establishments. The infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items.

Not applicable: Never

Score	Comment

3.2.1.2.4.4 A list of approved antiseptics, disinfectants and detergent-disinfectants is available for procurement purposes.

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

All antiseptics, disinfectants and detergent-disinfectants must comply with the standards as set out in the Compulsory Specification for Disinfectants and Detergent-Disinfectants, published under R529 of 14 May 1999 (VC 8054), in terms of the Specifications Act of 1993, regarding the disinfecting and cleaning efficacy of detergents and disinfectants, corrosiveness, water insoluble-water matter content and rinsing properties. Infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items.

Not applicable: Never

Score	Comment

Criterion 3.2.1.2.5 7 The health establishment management structure must implement an effective health care-associated infections surveillance programme.

3.2.1.2.5.1 Action is taken where surveillance data indicates a spike in infections or increasing levels of infections over time.

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

Documented action taken where surveillance data indicated spike in infections must be available. The evidence may be obtained electronically or manually.

Not applicable: Where no adverse infection rates have occurred.

Score	Comment

3.2.1.2.5.2 The incidence of common health care-associated infections is monitored monthly.

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

Manual or electronic monthly statistics of common health care-associated infections over a period of six months must be available.

Not applicable: Never

Score	Comment

Criterion 3.2.1.2.6 7 The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.

3.2.1.2.6.1 Diagnosed notifiable diseases have been recorded.

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

Request the register, which may be manual or electronic. Review the register to verify whether the required information has been entered for each case.

Not applicable: Where no notifiable diseases have been diagnosed in the previous twelve months.

Score	Comment

3.2.1.2.6.2 National guidelines are followed for all notifiable medical conditions.

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

Assess if the health establishment complies with the requirements for recording and reporting of notifiable diseases. The evidence could be obtained electronically or manually. Score 1 if compliant and score 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Notifiable medical conditions are recorded in the notification booklet or entered electronically in a web-based system. Explanatory note: The health establishment should be aware of the number of cases of different notifiable diseases presenting in order to identify emerging trends as early as possible and report these to the relevant authority. Look at the GW17 register to see if all diagnosed notifiable diseases have been recorded.		
2. All notifiable diseases are reported using the prescribed form or electronically in a web-based system. Explanatory note: View submissions from the previous six months. The health establishment should produce evidence that the reports have been sent through paper based or an electronic notification to the public agency. This could be via a fax, email, post or a messenger.		

Criterion 3.2.1.2.7 7 Implementation of standard operating procedures must be monitored.

3.2.1.2.7.1 A hand hygiene drive or campaign is held at least annually.

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

Documented evidence of activities to promote hand hygiene to reduce health care associated infections must be available. This may include but need not be limited to pictures and/or attendance registers confirming that such events have taken place.

Not applicable: Never

Score	Comment

3.2.1.2.7.2 Hand hygiene audits are conducted and managed effectively.

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

Randomly sample five areas in the health establishment and request the hand hygiene audit report for the previous twelve months. The information must be communicated to the various units to make them aware of their performance. Where gaps in performance are identified, action must be taken to improve hand hygiene practices within the health establishment. This may include, but not limited to, quality improvement plans, training or increased audit frequency. Score 1 if the item is compliant and 0 if not. Score not applicable for actions taken, where no gaps in performance are identified by the audit.

Score	Comment	
Aspects	Score	Comment
Hand hygiene report available		
1. Area 1		
2. Area 2		
3. Area 3		
4. Area 4		
5. Area 5		
Actions taken where gaps are identified. Not applicable: In the units where there were no gaps identified).		
6. Area 1		
7. Area 2		
8. Area 3		
9. Area 4		
10. Area 5		

3.2.1.2.7.3 Implementation of procedures to reduce the risk of health care-associated infections are monitored.

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

The committee or structure must monitor procedures such as IPC bundles. This will include but is not limited to minutes of meetings or reports or quality improvements plans for the previous quarter.

Not applicable: Never

Score	Comment

Domain 3.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 3.4.1 20 Occupational health and safety

Standard 3.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 3.4.1.1.1 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

3.4.1.1.1.1 Guidelines for managing disease outbreaks are available.

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

A document describing locally agreed measures to be implemented in the case of a disease outbreak must be available, which includes details of the actions to be taken by health establishments.

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 Tertiary Hospitals.

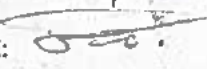
Acknowledgments

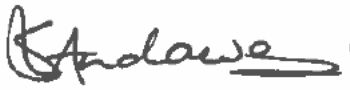
The Office of Health Standards Compliance wishes to extend heartfelt acknowledgment and gratitude to the following: who have contributed to the development of the Regulatory Tertiary Hospital Inspection Tools version 1.0.

- Health Standards Development and Training unit team (Ms. Izelle Loots, Mr. Jabu Nkambule, Ms. Busisiwe Mashinini, Ms. Derelene Hans, Ms Charlotte Ndlovu and Ms. Andiswa Mafilika) for the development of the Tertiary Hospital inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the development and piloting of the Tertiary Hospital inspection tools).
- National Department of Health for their input and comments on the inspection tools during the consultation phase.
- The Provincial Departments of Health for their input and comments during the consultation phase.

It is hereby certified that the Regulatory Tertiary Hospital Inspection Tools version 1.0 was developed by the Health Standards Compliance.

SIGNATURE: 
MS. WINNIE MOLEKO
EXECUTIVE MANAGER: HEALTH STANDARDS, DEVELOPMENT ANALYSIS AND SUPPORT
DATE: 09/05/2024

SIGNATURE: 
DR MATHABO MATHEBULA
CHIEF OPERATIONS OFFICER: OHSC
DATE: 10/05/2024

SIGNATURE: 
DR SIPHIWE MNDAWENI
CHIEF EXECUTIVE OFFICER: OHSC
DATE: 10/05/2024

Telephone: 012 942 7700
Email: admin@ohsc.org.za
Website: www.ohsc.org.za

Physical address:
The Office of Health Standards
Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084

Postal Address:
Private Bag X21
Arcadia
0007

ISBN:
978-0-620-90157-4

A decorative graphic on the left side of the page, consisting of three curved, overlapping bands. The top band is red, the middle band is blue, and the bottom band is green. The bands curve from the top left towards the bottom right, creating a sense of movement and depth.