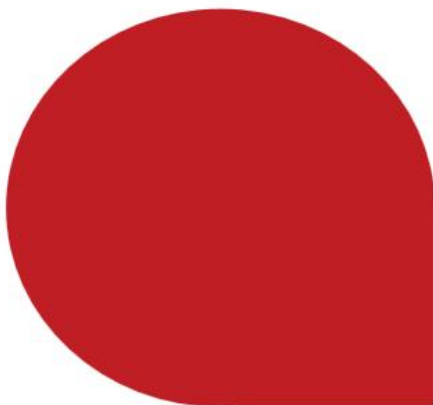




# OHSC

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



**v1.2.1**

**Intensive Care Unit**

## **Regulatory Private Acute Hospital Inspection tool**

Facility:

Date:

- **Tool Name:** Regulatory Private Acute Hospital Inspection Tool v1.2.1
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

## 19 Intensive Care Unit

### Domain 19.1 USER RIGHTS

#### Sub Domain 19.1.1 4 User information.

**Standard 19.1.1.1 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 19.1.1.1.1 4(2)(a)(iii)** The health establishment must provide users with information relating to visiting hours where relevant.

**19.1.1.1.1.1** The visiting hours for the unit are indicated at the entrance to the unit.

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

Visiting hours must be displayed at the entrance to the unit.

Not applicable: Where the visiting hours in the unit are the same as the general visiting hours displayed at the entrance to the health establishment.

Score	Comment

**Criterion 19.1.1.1.2 4(2)(a)(iv)** The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

**19.1.1.1.2.1** A system to provide users with information on complaints management procedure is available.

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

There must be a system in place to inform users on the procedure for lodging complaints in the unit. The system could include but is not limited to a person responsible for informing users about the complaints procedure or posters or pamphlet informing users about the complaints procedure, information displayed within the unit informing users about the complaints procedure or where to access information about complaints procedure. This can be a manual or electronic system.

Not applicable: Never

Score	Comment

### Domain 19.2 CLINICAL GOVERNANCE AND CLINICAL CARE

#### Sub Domain 19.2.1 6 User health records and management.

**Standard 19.2.1.1 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 19.2.1.1.1 6(2)(b)** The health establishment must ensure confidentiality of health records.

**19.2.1.1.1.1** 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 health records of users admitted to the unit, health records being used for clinical audits or other administrative purposes or health records outside the records storage area or room of the unit for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the health record. User records may be placed at the foot end of the bed but must not be left open for people to be able to read them when a health care provider is not present.

Not applicable: Never

Score	Comment

**Standard 19.2.1.2 6(3)** The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

**Criterion 19.2.1.2.1 6(4)(b)** The health establishment must record information relating to the examination and health care interventions of users.

**19.2.1.2.1.1** A clinical assessment and management plan for the user is recorded in the user health record.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure

Select the health records of three users to verify compliance with requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		
6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		
10. Each entry is signed by the nurse.		
11. Full names of signatory.		
12. Designation of signatory		

Unit 2 User health record 2

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		
6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		
10. Each entry is signed by the nurse.		
11. Full names of signatory.		
12. Designation of signatory		

Unit 3 User health record 3

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		
6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		
10. Each entry is signed by the nurse.		
11. Full names of signatory.		

12. Designation of signatory		
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**Standard 19.2.1.3 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 19.2.1.3.1 6 A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).**

**19.2.1.3.1.1** Confirmation of informed consent is documented in the user health records.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure

Request three health records of users who gave written consent to procedures and medical treatment.

Examine whether confirmation of informed consent is documented in the health records. This could be a specific form designed for this purpose by the health establishment or notes made by a healthcare provider in the health record. Score 1 if the aspect is compliant and 0 if not compliant. Manual or electronic records are acceptable.

Score	Comment	
Aspects	Score	Comment
1. User health record 1		
2. User health record 2		
3. User health record 3		

**Sub Domain 19.2.2 7** Clinical management.

**Standard 19.2.2.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 19.2.2.1.1 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.

**19.2.2.1.1.1** Clinical guidelines and policies are communicated to relevant health care personnel.

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

Documented evidence that personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures indicating that they have read and understood the document (which must be dated and signed), proof of attendance of meeting where policies and guidelines were discussed or similar evidence for electronic distribution. Score 1 if such evidence is available and 0 if not available. Communication to relevant healthcare personnel indicating the documents are available in a portal is acceptable.

Score	Comment	
Aspects	Score	Comment
1. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest		
2. National Tuberculosis Management Guidelines 2014 Or latest		
3. Guidelines for the Treatment of Malaria in South Africa 2018 or latest		
4. Practical Manual for Implementation of the National		

Infection Prevention and Control Strategic Framework 2020 or latest		
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**19.2.2.1.1.2** Standardised treatment protocols and guidelines for management of diseases/illnesses are available.

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

Health establishment will develop and use different treatment protocols and guidelines for users admitted in the Intensive care unit. Request protocols and guidelines used to manage users with different conditions and diseases in the unit.

Not applicable: Never

Score	Comment

**Criterion 19.2.2.1.2 7 Health care personnel must be informed about standard operating procedure and guidelines.**

**19.2.2.1.2.1** Health care personnel have been informed about the policy or standard operating procedure or procedure or guideline of the unit and health establishment.

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

Documented evidence that personnel have been informed about the policy or standard operating procedure or procedure or guideline 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 which could include but not limited to email distribution or documents deposited in intranet or other electronic platforms. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment	
Aspects	Score	Comment
1. Confidentiality of user health records.		
2. Confirmation of informed consent		
3. Conducting and acting on risk assessment of users		
4. Management of users with contagious infections		
5. Standard precautions		
6. Management of adverse events		
7. Storage of Schedule 5 and 6 medicines		
8. Safe administration of medicines to users		
9. Safe use of multi-dose vials		
10. Safe administration of blood		

**Standard 19.2.2.2 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 19.2.2.2.1 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.**

**19.2.2.2.1.1** Risk assessments are conducted for frail or aged users to identify those users at high risk of falls or developing pressure sores.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure

Select three health records of frail and/or aged users admitted to the unit at the time of inspection. Verify whether formal risk assessments, including but not limited to Waterlow or Norton scale to determine the user’s risk for developing pressure sores, and the Morse fall scale to determine the user’s risk of falling, were completed on admission. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. User health record 1		
2. User health record 2		
3. User health record 3		

**Criterion 19.2.2.2.2 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.**

**19.2.2.2.2.1** Emergency blood is available in a designated area on-site.

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

To meet this requirement, O-negative blood must be available on site. This blood may be found in the South African National Blood Service (SANBS) refrigerator. The health establishment may choose an area such as the emergency unit, theatre or intensive care unit in which to store the blood.

Not applicable: Where emergency blood is not kept in the unit.

Score	Comment

**19.2.2.2.2.2** Administration of blood is recorded.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure

Select the health records of three users who were administered blood and verify whether the aspects listed below are documented. Score 1 if the aspect is documented and 0 if not documented. Not applicable: If there were no users who received blood at the time of inspection.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment

1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The blood type, rhesus factor, date when blood was donated and expiry date must be crosschecked with the user information prior to administration of blood.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 2 User health record 2

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The blood type, rhesus factor, date when blood was donated and expiry date must be crosschecked with the user information prior to administration of blood.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 3 User health record 3

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		



3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The blood type, rhesus factor, date when blood was donated and expiry date must be crosschecked with the user information prior to administration of blood.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

**Criterion 19.2.2.2.3 7 Systems must be in place to facilitate user identification.**

**19.2.2.2.3.1** All users admitted to the unit wear identity bands or any other means of identification.

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

Select three users in the unit and verify whether they are wearing identity bands in accordance with standard operating procedure.

Score 1 if users are wearing identification and 0 if not.

Score	Comment

Unit 1 Healthcare user 1

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		
3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery(where applicable)		
5. Identification used for users with allergies(where applicable)		

Unit 2 Healthcare user 2

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		

3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery(where applicable)		
5. Identification used for users with allergies(where applicable)		

Unit 3 Healthcare user 3

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		
3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery(where applicable)		
5. Identification used for users with allergies(where applicable)		

**Criterion 19.2.2.2.4 7 Communication during user handover must be standardised to advance user safety.**

**19.2.2.2.4.1** User safety checks are applied to all users transferred from one unit to another within the health establishment.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure

Request the internal transfer form completed for three users who have been transferred from one unit to another within the health establishment at the time of inspection. Score 1 if the transfer form has been completed and 0 if not completed.

Not applicable: Where there were no users transferred.

Score	Comment	
Aspects	Score	Comment
1. Health record 1		
2. Health record 2		
3. Health record 3		

**Criterion 19.2.2.2.5 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

**19.2.2.2.5.1** Emergency trolley is stocked with medicines, medical supplies and equipment.

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

Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment	
Aspects	Score	Comment
<b>Devices to open and protect airway</b>		

1. Laryngoscope handle		
2. Curved blade for laryngoscope (a minimum of two different sizes as determined by the user profile seen in the unit and resuscitation protocol)		
3. Endotracheal tubes- adult (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
4. Oropharyngeal airway (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
5. Plaster or ties for endotracheal tubes		
6. Lubricating gel		
<b>Equipment for difficult Intubation.</b>		
7. Introducer		
8. Laryngeal mask airway (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
9. Magill forceps (adult)		
<b>Devices to deliver oxygen/ventilate users.</b>		
10. Manual resuscitator device or bag and valve mask (adult)		
11. Oxygen masks-rebreather		
<b>Equipment to diagnose and treat cardiac dysrhythmias.</b>		
12. Automated external defibrillator (AED) with pads or defibrillator with conducting gel, pads, paddles and electrodes.		
13. Cardiopulmonary Resuscitation board		
<b>Devices to gain intravascular access.</b>		
14. Intravenous administration sets		
15. IV Cannulae (a minimum of three different sizes)		
<b>Medicine.</b>		
16. Emergency medicines according to local protocol are available and have not expired.		

**19.2.2.2.5.2** Medical supplies and equipment for resuscitation is available.

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

Inspect whether medical supplies and equipment used for resuscitation is available. The items may be available in the trolley or vicinity of the trolley. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment
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Aspects	Score	Comment
1. Chlorhexidine or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Apron		
6. Spare batteries for laryngoscope		
7. Spare bulb (where applicable)		
8. Syringe (a minimum of three different sizes)		
9. Cather tip syringe 50ml		
10. Needles (a minimum of three different sizes)		
11. Scissors		
12. Tourniquet		
13. Stethoscope		
14. Nasogastric tubes (a minimum of three different sizes)		
15. Suction catheters (a minimum of three different sizes)		
16. Suction devices (portable)		
17. Nasal cannula		
18. Blood administration set		
19. Intravenous Fluid regulating machine.		
20. Local resuscitation protocol or Resuscitation Algorithm		

**19.2.2.5.3** The emergency trolley and emergency equipment is checked in accordance with agreed unit practice.

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

Request a documented practice for checking the emergency trolley and verify whether it is checked as documented. This must also include checking of the defibrillator/Automated External Defibrillator. Request documented records of checking from the previous month.

Not applicable: Never

Score	Comment

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**Criterion 19.2.2.2.6 7 Procedures to minimise the risk of health care-associated infections must be implemented.**

**19.2.2.2.6.1** The incidence of commonly occurring health care-associated infections are monitored.

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

Users receiving care in the intensive care unit are at high risk of contracting health care-associated infections and are at high risk of significant harm from such infections. This risk must be managed proactively to minimise the risk of harm to users. The occurrence of health care-associated infections must be monitored closely and reported to the infection prevention and control team for analysis and interpretation. If there are no incidents, zero reporting must be done.

Not applicable: Never

Score	Comment

**19.2.2.2.6.2** Procedures to reduce the incidence of commonly occurring health care-associated infections are implemented.

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

This includes but is not limited to implementation of care such as IPC bundles, Best care always bundles. Catheter-acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI) and ventilator-associated pneumonia (VAP).

Not applicable: Never

Score	Comment

**Criterion 19.2.2.2.7 7 Implementation of standard operating procedures must be monitored.**

**19.2.2.2.7.1** The storage of sterile packs ensures the integrity of materials.

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

The storage of sterile packs must be in such a way that it prevents physical damage to packages, avoids exposure of packages to moisture and or becoming soiled. Packages should not be stored in a manner that will crush, bend, puncture, or compress them.

Not applicable: Where no sterile packs are stored in the unit.

Score	Comment

**Criterion 19.2.2.2.8 7 The management of used and soiled linen must meet infection prevention and control requirements.**

**19.2.2.2.8.1** The intensive care 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.

Not applicable: Never

Score	Comment

**Criterion 19.2.2.2.9 7 The health establishment must have a functional quality management system**

**19.2.2.2.9.1** 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.

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			

**19.2.2.2.9.2** Implementation of quality improvement plans is monitored.

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

Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports.

Not applicable: Where there were no gaps identified.

Score	Comment

**Criterion 19.2.2.2.10 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.**

**19.2.2.2.10.1** The Nurse call bed system is functional and easily accessible by the user.

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

Nurse call systems are equipment used by a user to alert or communicate with a caregiver. Observe whether the system is available and functional in at least three areas of the unit. Score 1 if available and functional and 0 if not.

Score	Comment		
Aspects	Score	Comment	
1. Clinical area 1			
2. Clinical area 2			
3. Bathroom or toilet			

**Sub Domain 19.2.3 8** Infection prevention and control programmes.

**Standard 19.2.3.1 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 19.2.3.1.1 8(2)(a)** The health establishment must ensure that there are hand washing facilities in every service area.

**19.2.3.1.1.1** Hand washing facilities are available.

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

Verify whether the hand washing items listed below are available. Score 1 if the item is available and 0 if it is not available.

Score	Comment

Unit 1 User care area

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Poster on correct hand washing technique		
3. Poster on the 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		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Unit 2 Personnel toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Poster on correct hand washing technique		
3. Poster on the 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		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		

7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Unit 3 User toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Poster on correct hand washing technique		
3. Poster on the 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		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

**Criterion 19.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.**

**19.2.3.1.2.1** Isolation room meets the requirements listed below.

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

Inspect the isolation rooms to verify whether they contain the aspects listed below. Score 1 if the aspect is present and 0 if not present.

Score	Comment	
Aspects	Score	Comment
<b>General requirements to be inspected at all times</b>		



1. Single room with door that closes. Explanatory note: In the case of an outbreak, multiple users may be accommodated in the same room, as long as the room is used exclusively to care for users with the outbreak disease, i.e. "Cohorting" of patients. Sporadic, individual cases must be nursed in a room that accommodates a single user only.		
2. Rooms used for infections requiring airborne precautions have adequate ventilation. Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation.		
3. Hand wash basin with elbow-operated taps		
4. Bin with a close-fitting lid		
5. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan.		
<b>Requirement to be inspected only if there is a user isolated in the room (Score Not applicable: If, at the time of the inspection, no users requiring isolation have been admitted).</b>		
6. Alcohol based hand rub inside room		
7. Disinfectant outside of room to disinfect surfaces		
8. Disposable gloves		
9. Poster/Signs affixed outside the room. Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.		
10. Alcohol based hand rub outside room		
11. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel). Explanatory note: This will include but not limited to posters on the door, restrictions allowing immediate or a certain number of family members for visiting or guidance from hospital policy		
12. Appropriate measures for discarding infected linen		
13. Appropriate measures for disinfection of equipment		

**19.2.3.1.2.2** Isolation rooms are inspected by the infection prevention and control team following terminal cleaning.

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

The infection prevention and control team must confirm that terminal cleaning has been performed satisfactorily prior to the admission of another user into the room used for isolation. Evidence of this inspection must be available in the ward.

Not applicable: Where no users requiring isolation have been admitted in the previous twelve months.

Score	Comment

**Criterion 19.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.**

**19.2.3.1.3.1** There is a designated area for storage of linen.

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

This could be but not limited to a room or a storage cupboard.

Not applicable: Never

Score	Comment

**19.2.3.1.3.2** There is sufficient stock of linen in accordance with the number of users in the unit.

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

The minimum and maximum number of linen items required for all users must be available in the linen storage area as determined by the unit manager.

Not applicable: Never

Score	Comment

**Criterion 19.2.3.1.4 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.**

**19.2.3.1.4.1** Personal protective equipment is worn.

**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.

Not applicable: Where at the time of the inspection health care personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Clinical area

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 masks or approved equivalent.		

Unit 2 Isolation room

Aspects	Score	Comment

1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 masks or approved equivalent.		

Unit 3 Cleaner

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		
4. Face masks		
5. Domestic gloves		
6. N95 or KN95 or FFP2 masks or approved equivalent(when applicable)		

**Sub Domain 19.2.4 9** Waste management.

**Standard 19.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 19.2.4.1.1 9(2)(a)** The health establishment must have appropriate waste containers at the point of waste generation.

**19.2.4.1.1.1** The intensive care unit has appropriate containers for the 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 healthcare risk waste from a health facility.

Score 1 if the waste container is available and 0 if not available.

Not applicable: Where a particular type of waste is not generated in the unit.

Score	Comment	
Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow)		

3. Chemical waste, including pharmaceutical, cytotoxic or genotoxic pharmaceutical waste (dark green). Applicable where the unit admits users undergoing chemotherapy		
4. General waste (black, beige, white or transparent packaging can be used)		

**Criterion 19.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**19.2.4.1.2.1** Sharps are safely managed and discarded in clinical areas.

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

Select three clinical areas in the intensive care unit and verify whether sharps, needles and the collection of sharps are correctly managed. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
4. Syringes with attached needles are discarded in their entirety		

Unit 2 Area 2

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
4. Syringes with attached needles are discarded in their entirety		

Unit 3 Area 3

Aspects	Score	Comment
1. Sharps containers available at site of use		

2. Sharps containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
4. Syringes with attached needles are discarded in their entirety		

**19.2.4.1.2.2** 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.

**Not applicable:** For any aspects not found in the temporary waste storage 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)		

**Sub Domain 19.2.5 21** Adverse events

**Standard 19.2.5.1 21(1)** The health establishment must have a system to monitor and report all adverse events.

**Criterion 19.2.5.1.1 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.

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

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

Interview three health care personnel to establish their awareness of the procedure to report 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 19.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 19.3.1 10** Medicines and medical supplies.

**Standard 19.3.1.1 10(1)** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

**Criterion 19.3.1.1.1 10(2)(a)** The health establishment must implement and maintain a stock control system for medicine and medical supplies.

**19.3.1.1.1.1** The stock control system shows minimum and maximum levels and/or reorder/preferred levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

**19.3.1.1.1.2** Stock levels of medicine on the shelves corresponds with recorded stock control system.

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

Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if there is correspondence and 0 if not.

Score	Comment

Aspects	Score	Comment
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

**19.3.1.1.1.3** The entries in the schedule 5 and 6 drug register are complete and correct.

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

Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 0 if the medicines do not correlate or if any of the columns have not been completed.

Score	Comment	
Aspects	Score	Comment
1. Medicine 1		
2. Medicine 2		
3. Medicine 3		

**19.3.1.1.1.4** The stock control system shows minimum and maximum levels and/or reorder/preferred levels for medical supplies.

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

**19.3.1.1.1.5** Physical stock for medical supplies corresponds with stock control system.

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

Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if there is correspondence and 0 if not.

Score	Comment	
Aspects	Score	Comment

1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

**Criterion 19.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

**19.3.1.1.2.1** Basic medical supplies (consumables) are available.

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

Request the list of medical supplies/consumables for the unit. Randomly sample five items from each of the categories listed below and check whether the sampled items are available and not expired (where applicable). Document the name of the non-compliant items that were sampled. Score 1 if the sampled item is available and not expired (where applicable) or 0 if not available or expired or if there is no list of medical supplies/consumables available.

Score	Comment	
Aspects	Score	Comment
<b>Surgical supplies</b>		
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		
<b>Dressing supplies</b>		
6. Item 1		
7. Item 2		
8. Item 3		
9. Item 4		
10. Item 5		
<b>Other supplies</b>		
11. Item 1		



12. Item 2		
13. Item 3		
14. Item 4		
15. Item 5		

**Sub Domain 19.3.3 12** Blood services.

**Standard 19.3.3.1 12(1)** Hospitals and CHCs must ensure that users have access to blood and blood products when required.

**Criterion 19.3.3.1.1 12(2)(c)** The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

**19.3.3.1.1.1** All adverse blood reactions are documented and reported monthly to the forum responsible for patient safety incidents.

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

There is documented manual or electronic evidence that adverse blood reactions are reported to the relevant forum. Request evidence from the previous quarter. If no incidents were reported, zero reporting must be recorded.

Not applicable: Where no adverse blood reactions have occurred.

Score	Comment

**19.3.3.1.1.2** Corrective action is taken where adverse blood reactions were reported.

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

Documented evidence of the corrective actions taken to prevent adverse blood reactions. If no incidents occurred in the previous quarter, zero reporting must be done.

Not applicable: Where no adverse blood reactions were reported.

Score	Comment

**Sub Domain 19.3.2 13** Medical equipment

**Standard 19.3.2.1 13(1)** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

**Criterion 19.3.2.1.1 13(2)(b)** The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

**19.3.2.1.1.1** Functional medical equipment is available in the unit.

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

Request the list of medical equipment for the unit and randomly sample ten different items. Check whether the sampled equipment is available and functional. Document the name of the non-compliant equipment that was sampled. Score 1 if the sampled item is available and functional or 0 if not available or not functional or if the list is not available.

Score	Comment	
Aspects	Score	Comment
1. Equipment 1		

2. Equipment 2		
3. Equipment 3		
4. Equipment 4		
5. Equipment 5		
6. Equipment 6		
7. Equipment 7		
8. Equipment 8		
9. Equipment 9		
10. Equipment 10		

**Domain 19.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 19.4.1 19** Human resources management.

**Standard 19.4.1.1 19(1)** The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

**Criterion 19.4.1.1.1 19(2)(a)** The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

**19.4.1.1.1.1** Staffing levels for the unit as determined by acuity levels are available.

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

Documented staffing levels for the unit are available. Request staffing levels from the previous three months.

Not applicable: Never

Score	Comment

**Sub Domain 19.4.2 20** Occupational health and safety.

**Standard 19.4.2.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 19.4.2.1.1 20** The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

**19.4.2.1.1.1** The actions to be taken when the disaster management response is activated are visibly displayed.

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

The actions to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. This may be displayed in any manner relevant to the size and complexity of the health establishment, including, but not limited to, a single summary sheet of actions to be taken, action cards to be retrieved by allocated individuals to remind them of the tasks for which they are responsible, or any other method chosen by the health establishment.

Not applicable: Never

Score	Comment

**Domain 19.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 19.5.1 15** Engineering services.

**Standard 19.5.1.1 15(1)** The health establishment must ensure that engineering services are in place.

**Criterion 19.5.1.1.1 15(2)** The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

**19.5.1.1.1.1** Piped oxygen is available in the unit.

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

This is to ensure that users have access to oxygen when required. Verify whether piped oxygen is available and functional in the unit.

Not applicable: Never

Score	Comment

**19.5.1.1.1.2** An oxygen cylinder with pressure gauge is available.

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

This is to ensure that users have access to portable oxygen when required as backup. An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available.

Not applicable: Never

Score	Comment

**19.5.1.1.1.3** The oxygen available in the cylinder is above the minimum level.

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

Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge.

Not applicable: Never

Score	Comment

**19.5.1.1.1.4** Piped suction is available in the unit.

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

This is to ensure that users have access to suction when required. Verify whether piped suction is available and functional in the unit.

Not applicable: Never

Score	Comment

**19.5.1.1.1.5** Portable suction is available in the unit.

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

This is to ensure that users have access to suction when required. Verify whether portable suction is available and functional in the unit.

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 Private Acute Hospitals.

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- The internal OHSC teams (Compliance Inspectorate, for their contribution during the update of the Private Acute Hospital inspection tools).

**It is hereby certified that the Regulatory Private Acute Hospital Inspection tools version 1.2.1 was updated by the Office of Health Standards Compliance.**

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**DATE: 1804/2024**

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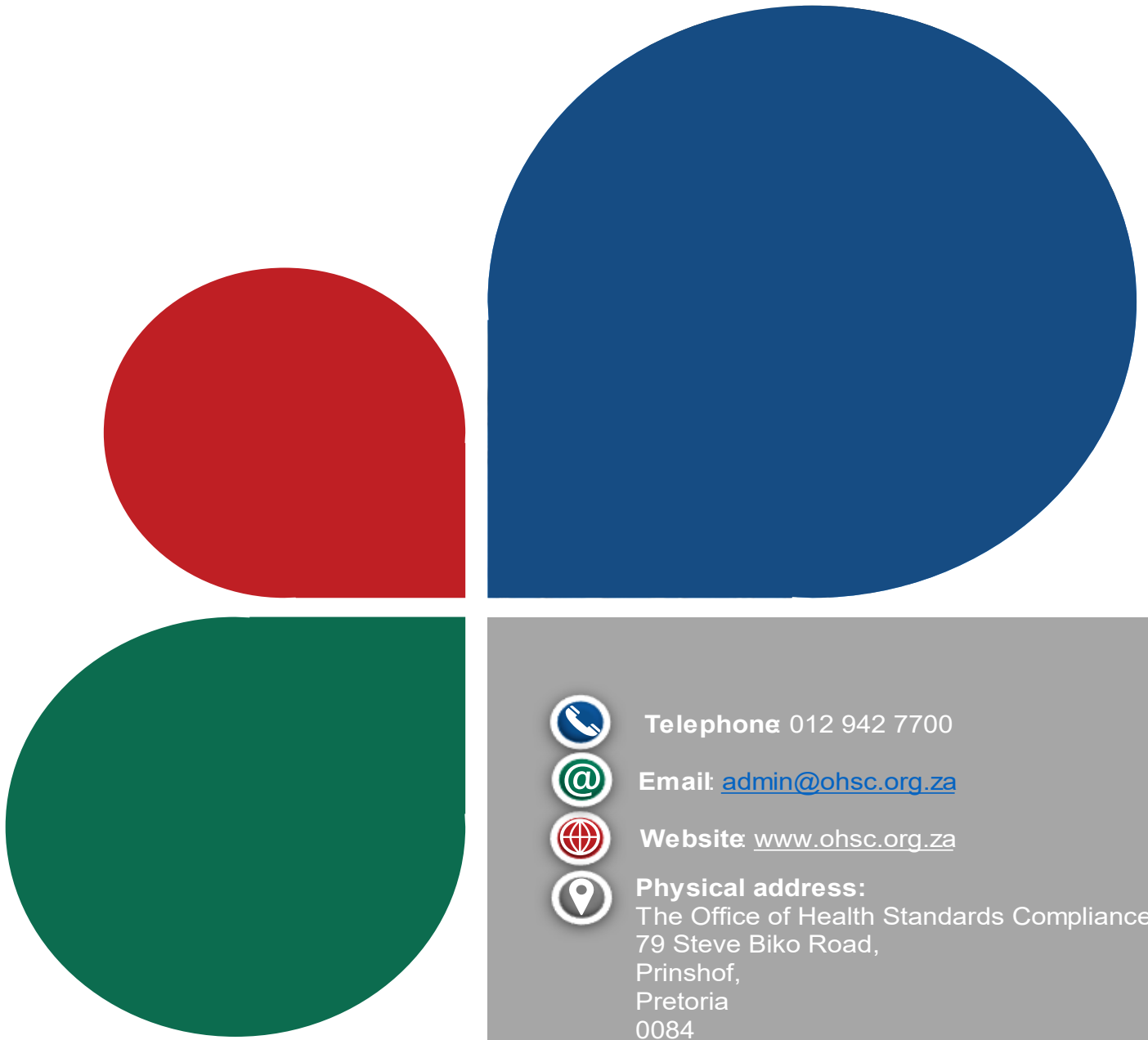
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