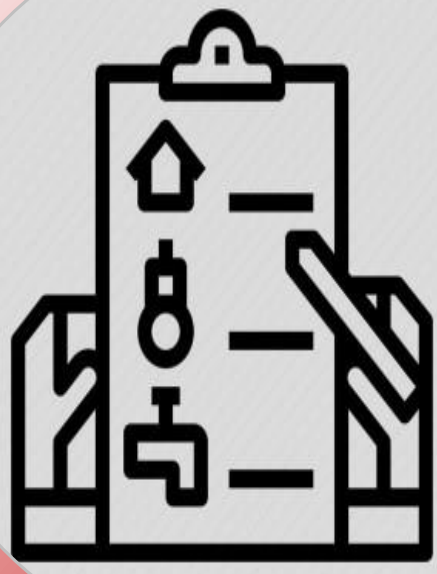
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

Regulatory District Hospital Inspection Tool v1.3



Mental Healthcare Unit

Facility: Date:

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

22 Mental Healthcare Unit

Domain 22.1 USER RIGHTS

Sub Domain 22.1.1 4 User information

Standard 22.1.1.1 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 22.1.1.1.1 4(2)(a)(iii) The health establishment must provide users with information relating to visiting hours where relevant.

22.1.1.1.1.1 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 ward are the same as the general visiting hours displayed at the entrance to the health establishment.

Score	Comment

Criterion 22.1.1.1.2 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

22.1.1.1.2.1 A complaints toolkit is available.

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

Verify whether the complaint forms, box and poster are available at the 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 22.1.2 5 Access to care

Standard 22.1.2.1 5(1) The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 22.1.2.1.1 5(2)(c) The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.

22.1.2.1.1.1 Guidelines regarding examination and stabilisation of acutely violent or unstable mental health care users are adhered to.

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

Select three health records of users presenting with a psychiatric emergency. Verify whether the aspects listed below were documented in the health record. Score 1 if the aspect is documented and 0 if not documented.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. User was assessed by a mental health care practitioner		
2. History of presenting complaint. Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible.		
3. Physical examination, including vital signs. Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination.		
4. Categorisation of user according to legal classification in Mental Health Care Act assessment categories		
5. Investigations ordered and performed		
6. Treatment administered, including medicine or sedation		
7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used		

8. If user was transferred, details of receiving doctor or mental health care practitioner and health establishment		
9. If user was transferred, record indicating that the user was calm and manageable for transfer		

Unit 2 Healthcare record 2

Aspects	**Score**	**Comment**
1. User was assessed by a mental health care practitioner		
2. History of presenting complaint. Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible.		
3. Physical examination, including vital signs. Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination.		
4. Categorisation of user according to legal classification in Mental Health Care Act assessment categories		
5. Investigations ordered and performed		
6. Treatment administered, including medicine or sedation		
7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used		
8. If user was transferred, details of receiving doctor or mental health care practitioner and health establishment		
9. If user was transferred, record indicating that the user was calm and manageable for transfer		

Unit 3 Healthcare record 3

Aspects	**Score**	**Comment**
1. User was assessed by a mental health care practitioner		
2. History of presenting complaint. Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible.		

3. Physical examination, including vital signs. Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination.		
4. Categorisation of user according to legal classification in Mental Health Care Act assessment categories		
5. Investigations ordered and performed		
6. Treatment administered, including medicine or sedation		
7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used		
8. If user was transferred, details of receiving doctor or mental health care practitioner and health establishment		
9. If user was transferred, record indicating that the user was calm and manageable for transfer		

22.1.2.1.1.2 MHCA Form 22 is available and completed in the user's file for mental health care users brought in by the South African Police Service.

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

Select the health records of users who have been brought in by the South African Police Service for admission. Verify whether the MHCA Form 22 has been completed and is available in the user's folder. Not applicable: Where no users were brought in by the South African Police Service for admission

Score	Comment

Domain 22.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 22.2.1 6 User health records and management

Standard 22.2.1.1 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 22.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

22.2.1.1.1.1 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 22.2.1.2 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 22.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

22.2.1.2.1.1 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

Request the records of three users to verify compliance with statutory requirements for record keeping. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		
4. Results of investigation		
5. Provisional diagnosis		
6. DSM V		
7. Treatment plan		
8. Nursing care plan		
9. Date of each entry		
10. Time of each entry		
11. Each entry signed by health care provider making entry		
12. Designation of signatory		
13. Daily day-time progress notes		
14. Daily night-time progress notes		

15. Medicines administered (signed, dated, time of administration and dose recorded)		
16. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

Unit 2 Health record 2

Aspects	**Score**	**Comment**
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		
4. Results of investigation		
5. Provisional diagnosis		
6. DSM V		
7. Treatment plan		
8. Nursing care plan		
9. Date of each entry		
10. Time of each entry		
11. Each entry signed by health care provider making entry		
12. Designation of signatory		
13. Daily day-time progress notes		
14. Daily night-time progress notes		
15. Medicines administered (signed, dated, time of administration and dose recorded)		
16. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

Unit 3 Health record 3

Aspects	**Score**	**Comment**
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		

4. Results of investigations		
5. Provisional diagnosis		
6. DSM V		
7. Treatment plan		
8. Nursing care plan		
9. Date of each entry		
10. Time of each entry		
11. Each entry signed by health care provider making entry		
12. Designation of signatory		
13. Daily day-time progress notes		
14. Daily night-time progress notes		
15. Medicines administered (signed, dated, time of administration and dose recorded)		
16. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

22.2.1.2.1.2 The admission process for users admitted for 72-hour observation demonstrates adherence to legislated requirements.

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

Select the health records of three mental health care users admitted as involuntary or assisted admissions. Verify whether all the required forms were completed and signed, in accordance with the Mental Health Care Act. Copies or originals of the relevant documentation (MHCA Forms) must be filed in the user's health record. Score 1 if the aspect is present in the record and 0 if not present. If not applicable, write NA against that aspect for the particular user.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Formal application for assisted or involuntary admission was submitted to head of health establishment		
2. Form MHCA 04 is filed in user's health record (R 10 (1) MHCA Form 04 x 1 Application)		
3. Form MHCA 04 is stamped, signed and sworn in by commissioner of oaths		
4. Two mental health care providers have examined user and submitted findings to head of health establishment on Form MHCA 05 x 2 Explanatory note: R 10(5) of the General Regulations for the Mental Health Care Act: two MHCA Form 05 must be available, documenting the findings of examination of two independent mental health care practitioners. Such mental health care practitioner must not be the persons making the application and at least one of them must be qualified to conduct physical examination (MHCA No. 17 of 2002 Chapter V 27 (4b)		
5. Head of health establishment has completed Form MHCA 07 to sanction admission and continue with 72-hour assessment Explanatory note: R 10(7) MHCA of the General Regulations for the Mental Health Care Act: one Form 07 must be available. The head of the health establishment must grant consent for admission and present notice to the applicant.		
6. Registered medical practitioner and mental health care provider who conducted 72-hour assessment are to both record their assessment of user's physical and mental health, as well as recommendations concerning further treatment, within 12 hours of expiry of 72-hour assessment. Assessment to be submitted to head of health establishment on Form MHCA 06 Explanatory note: In terms of R 11(6), the following are required: MHCA Form 06 x 2 assessment (joint) recommendation on further treatment by mental health practitioners (one may be a mental health care provider) 12 hours after expiry of 72-hour period.		
7. If head of health establishment recommends an extension to involuntary admission, request must be submitted to Mental Health Review Board (MHRB) for approval on Form MHCA 08 within 7 days of the expiry of the 72 - hour assessment (Ideally these users will then be transferred to a specialized hospital		

Unit 2 Healthcare record 2

Aspects	Score	Comment
1. Formal application for assisted or involuntary admission was submitted to head of health establishment		

2. Form MHCA 04 is filed in user's health record (R 10 (1) MHCA Form 04 x 1 Application)		
3. Form MHCA 04 is stamped, signed and sworn in by commissioner of oaths		
4. Two mental health care providers have examined user and submitted findings to head of health establishment on Form MHCA 05 x 2 Explanatory note: R 10(5) of the General Regulations for the Mental Health Care Act: two MHCA Form 05 must be available, documenting the findings of examination of two independent mental health care practitioners. Such mental health care practitioner must not be the persons making the application and at least one of them must be qualified to conduct physical examination (MHCA No. 17 of 2002 Chapter V 27 (4b)		
5. Head of health establishment has completed Form MHCA 07 to sanction admission and continue with 72-hour assessment Explanatory note: R 10(7) MHCA of the General Regulations for the Mental Health Care Act: one Form 07 must be available. The head of the health establishment must grant consent for admission and present notice to the applicant.		
6. Registered medical practitioner and mental health care provider who conducted 72-hour assessment are to both record their assessment of user's physical and mental health, as well as recommendations concerning further treatment, within 12 hours of expiry of 72-hour assessment. Assessment to be submitted to head of health establishment on Form MHCA 06 Explanatory note: In terms of R 11(6), the following are required: MHCA Form 06 x 2 assessment (joint) recommendation on further treatment by mental health practitioners (one may be a mental health care provider) 12 hours after expiry of 72-hour period.		
7. If head of health establishment recommends an extension to involuntary admission, request must be submitted to Mental Health Review Board (MHRB) for approval on Form MHCA 08 within 7 days of the expiry of the 72 - hour assessment (Ideally these users will then be transferred to a specialized hospital		

Unit 3 Healthcare record 3

Aspects	**Score**	**Comment**
1. Formal application for assisted or involuntary admission was submitted to head of health establishment		
2. Form MHCA 04 is filed in user's health record (R 10 (1) MHCA Form 04 x 1 Application)		
3. Form MHCA 04 is stamped, signed and sworn in by commissioner of oaths		

4. Two mental health care providers have examined user and submitted findings to head of health establishment on Form MHCA 05 x 2 Explanatory note: R 10(5) of the General Regulations for the Mental Health Care Act: two MHCA Form 05 must be available, documenting the findings of examination of two independent mental health care practitioners. Such mental health care practitioner must not be the persons making the application and at least one of them must be qualified to conduct physical examination (MHCA No. 17 of 2002 Chapter V 27 (4b)		
5. Head of health establishment has completed Form MHCA 07 to sanction admission and continue with 72-hour assessment Explanatory note: R 10(7) MHCA of the General Regulations for the Mental Health Care Act: one Form 07 must be available. The head of the health establishment must grant consent for admission and present notice to the applicant.		
6. Registered medical practitioner and mental health care provider who conducted 72-hour assessment are to both record their assessment of user's physical and mental health, as well as recommendations concerning further treatment, within 12 hours of expiry of 72-hour assessment. Assessment to be submitted to head of health establishment on Form MHCA 06 Explanatory note: In terms of R 11(6), the following are required: MHCA Form 06 x 2 assessment (joint) recommendation on further treatment by mental health practitioners (one may be a mental health care provider) 12 hours after expiry of 72-hour period.		
7. If head of health establishment recommends an extension to involuntary admission, request must be submitted to Mental Health Review Board (MHRB) for approval on Form MHCA 08 within 7 days of the expiry of the 72 - hour assessment (Ideally these users will then be transferred to a specialized hospital		

22.2.1.2.1.3 Initial examination of mental health care users indicates that a formal risk assessment has been conducted to identify users at high risk of harming themselves or others.

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

Select the health records of three users admitted. Verify whether the risk assessments listed below have been completed. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Healthcare record 1

Aspects	Score	Comment
1. Risk examination conducted for factors related to aggression		
2. Risk examination conducted for factors related to suicidal risk		

3. Risk examination conducted for factors related to substance withdrawal		
4. Risk examination conducted for factors related to absconding		
5. Risk examination conducted for factors relating to being sexually inappropriate		
6. Risk examination conducted for factors related to noncompliance to treatment		
7. User has been categorised in terms of risk level (i.e., high, medium, low)		
8. User has been categorised in terms of type of risk (i.e. self-harm, violence, other)		

Unit 2 Healthcare record 2

Aspects	**Score**	**Comment**
1. Risk examination conducted for factors related to aggression		
2. Risk examination conducted for factors related to suicidal risk		
3. Risk examination conducted for factors related to substance withdrawal		
4. Risk examination conducted for factors related to absconding		
5. Risk examination conducted for factors relating to being sexually inappropriate		
6. Risk examination conducted for factors related to noncompliance to treatment		
7. User has been categorised in terms of risk level (i.e., high, medium, low)		
8. User has been categorised in terms of type of risk (i.e. self-harm, violence, other)		

Aspects	Score	Comment
1. Risk examination conducted for factors related to aggression		
2. Risk examination conducted for factors related to suicidal risk		
3. Risk examination conducted for factors related to substance withdrawal		
4. Risk examination conducted for factors related to absconding		
5. Risk examination conducted for factors relating to being sexually inappropriate		
6. Risk examination conducted for factors related to noncompliance to treatment		
7. User has been categorised in terms of risk level (i.e., high, medium, low)		
8. User has been categorised in terms of type of risk (i.e. self-harm, violence, other)		

22.2.1.2.1.4 The treatment plan for high-risk users is documented.

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

Select the health records of three users who were categorised as high-risk and verify if the treatment plan is documented. The treatment plan includes, but is not limited to, specific accommodation, specific chemical or physical restraints, specific observations and monitoring. Score 1 if it is documented and 0 if not.

Score	Comment

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

22.2.1.2.1.5 Mental health care users are managed using a multidisciplinary therapeutic approach.

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

Select the health records of three users who have already started biopsychosocial therapeutic care. Verify whether the records indicate that multidisciplinary assessments have been conducted by the categories health care provider listed below. Score 1 if the assessment by each category of health care provider is documented and 0 if not documented. NB: Please note the user will not necessarily be assessed by all healthcare providers listed below. Manual or electronic records are acceptable.

Score	Comment

Unit 1 User 1

Aspects	Score	Comment
1. Professional nurse		
2. Medical officer/psychiatrist		
3. Social worker		
4. Psychologist		
5. Occupational therapist		

Unit 2 User 2

Aspects	Score	Comment
1. Professional nurse		
2. Medical officer/psychiatrist		
3. Social worker		
4. Psychologist		
5. Occupational therapist		

Unit 3 User 3

Aspects	Score	Comment
1. Professional nurse		
2. Medical officer/psychiatrist		
3. Social worker		
4. Psychologist		
5. Occupational therapist		

22.2.1.2.1.6 Health care personnel provide education to users and their caregivers regarding how to continue therapy at home to ensure continuity of care.

Assessment type: Patient record audit - **Risk rating:** Essential measure
Select three user records and verify whether health education regarding continuity of care or therapy at home was provided. This includes, but is not limited to, how to take their medicine correctly at home, how to cope with side effects, self-care advice such as personal hygiene and grooming, identification of early warning signs of an imminent relapse for which users should seek medical attention, and life skills to cope in the community, including, but not limited to, anger management. Documented evidence of user education must be available. Score 1 if the health education is documented and 0 if not documented.

Score	Comment

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

Standard 22.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 22.2.1.3.1 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).

22.2.1.3.1.1 Health care providers correctly complete forms used for informed consent.

Assessment type: Patient record audit - **Risk rating:** Non-negotiable measure
Request three health records of users admitted in the unit at the time of inspection who gave consent to operation or procedure or medical treatment. Examine the consent forms to verify whether they comply with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g., a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if “the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health” HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005.		

2. Exact nature of operation/procedure or treatment, including site and side, where relevant.		
3. User’s full names appear on consent form.		
4. Age of user.		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity).		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf		

Unit 2 Health record 2

Aspects	**Score**	**Comment**
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g., a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if “the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health” HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005.		
2. Exact nature of operation/procedure or treatment, including site and side, where relevant.		
3. User’s full names appear on consent form.		
4. Age of user.		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity).		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf		

Aspects	Score	Comment
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g., a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act, No 38 of 2005.		
2. Exact nature of operation/procedure or treatment, including site and side, where relevant.		
3. User's full names appear on consent form.		
4. Age of user.		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity).		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf		

Standard 22.2.1.4 6(6) The health establishment must issue a discharge report to users in accordance with section 10 of the Act.

Criterion 22.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.

22.2.1.4.1.1 The health records of discharged users include a discharge report.

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

Select the health records of three users who have been discharged in the previous three months and verify whether the discharge report contains the aspects listed below. Score 1 if the aspect is present and 0 if not present. NB: Score Not applicable for aspects not relevant to discharge records under review.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth		
3. Identity number or passport number		
4. Date of admission		
5. Date of discharge		
6. Provisional diagnosis/reason for admission		
7. Name of ward to which user was admitted (this may be a name or alphanumeric details)		
8. Final diagnosis on discharge		
9. Medicine and treatment given (including procedures carried out during admission)		
10. Details of referrals and/or follow-up appointments		
11. Relevant health education given		
12. Signature of health care provider completing report		
13. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where necessary)		

Unit 2 Health record 2

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth		
3. Identity number or passport number		
4. Date of admission		

5. Date of discharge		
6. Provisional diagnosis/reason for admission		
7. Name of ward to which user was admitted (this may be a name or alphanumeric details)		
8. Final diagnosis on discharge		
9. Medicine and treatment given (including procedures carried out during admission)		
10. Details of referrals and/or follow-up appointments		
11. Relevant health education given		
12. Signature of health care provider completing report		
13. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where necessary)		

Unit 3 Health record 3

Aspects	**Score**	**Comment**
1. Name and surname of user		
2. Date of birth		
3. Identity number or passport number		
4. Date of admission		
5. Date of discharge		
6. Provisional diagnosis/reason for admission		
7. Name of ward to which user was admitted (this may be a name or alphanumeric details)		
8. Final diagnosis on discharge		
9. Medicine and treatment given (including procedures carried out during admission)		

10. Details of referrals and/or follow-up appointments		
11. Relevant health education given		
12. Signature of health care provider completing report		
13. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where necessary)		

Sub Domain 22.2.2 7 Clinical management

Standard 22.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 22.2.2.1.1 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.

22.2.2.1.1.1 Clinical guidelines and policies are communicated to health 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 at meetings where policies and guidelines were discussed or similar evidence for electronic distribution. Score 1 if such evidence is available and 0 if not available.

Score	**Comment**

Aspects	**Score**	**Comment**
1. Policy Guidelines on 72-hour Assessment of Involuntary Mental Health Care Users, 2012 or latest		
2. Policy Guidelines on Seclusion and Restraint of Mental Health Care Users, 2012 or latest		
3. Policy Guidelines on Electroconvulsive Therapy, 2012 or latest		

Criterion 22.2.2.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

22.2.2.1.2.1 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, 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 psychiatric emergencies		
2. Confidentiality of user health records		
3. Obtaining informed consent		
4. Management of users detained for 72-hour observation		
5. Conducting risk assessments for mental health care users		
6. Management of emergency resuscitations		
7. Standard precautions		
8. Management of infested linen		
9. Storage of Schedule 5 and 6 medicines		
10. Reporting of adverse drug reactions		

Standard 22.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 22.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.

22.2.2.2.1.1 All work completed is verified by the cleaning supervisor or delegated personnel.

Assessment type: Document - **Risk rating:** Essential measure
Daily inspections will ensure the cleanliness of the 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, checklists/tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

Score	Comment

22.2.2.2.1.2 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 22.2.2.2.2 7 The management of used and soiled linen must meet infection prevention and control requirements.

22.2.2.2.2.1 The mental health 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, which is kept shut. Access to the area must be restricted. Not applicable: Never

Score	Comment

22.2.2.2.2.2 Dirty linen trolleys are not overflowing.

Assessment type: Observation - **Risk rating:** Essential measure
Linen must be collected frequently enough to avoid excessive accumulation of dirty linen. Not applicable: Never

Score	Comment

Criterion 22.2.2.2.3 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.

22.2.2.2.3.1 Risk assessments are conducted for frail or aged users to identify those 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 a formal risk assessment, such as the 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 Not applicable if there were no frail or aged users at the time of inspection.

Score	Comment

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

Criterion 22.2.2.2.4 7 Systems must be in place to facilitate user identification.

22.2.2.2.4.1 There is a system to identify mental healthcare users.

Assessment type: Document - **Risk rating:** Vital measure
A system used to identify mental health care users is documented. This could be use of photographs or any other system. Not applicable: Never

Score	Comment

Criterion 22.2.2.2.5 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

22.2.2.2.5.1 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. 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
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. Endotracheal tubes - cuffed sizes 7.0mm (adult)		
6. Endotracheal tubes - cuffed sizes 7.5mm (adult)		
7. Endotracheal tubes - cuffed sizes 8.0mm (adult)		
8. Endotracheal tubes - cuffed sizes 8.5mm (adult		
9. Oropharyngeal airway size 3 (small adult)		
10. Oropharyngeal airway size 4 (medium adult)		
11. Oropharyngeal airway size 5 (large adult)		

12. Nasopharyngeal airway size 4		
13. Nasopharyngeal airway size 5		
14. Plaster or ties for endotracheal tubes		
15. Xylocaine spray or Lubricating gel		
Equipment for difficult Intubation		
16. Introducer		
17. Laryngeal mask airway size 3		
18. Laryngeal mask airway size 4		
19. Laryngeal mask airway size 5		
20. Magill forceps (adult)		
Devices to deliver oxygen/ventilate users		
21. Manual resuscitator device or bag and valve mask (adult)		
22. Oxygen masks		
23. 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		
24. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
25. Cardiac arrest board		
Devices to gain intravascular access		
26. Intravenous administration sets		

27. IV Cannula		
Medicine		
28. Emergency medicines according to local protocol are available and have not expired.		

22.2.2.2.5.2 Medical supplies and equipment for resuscitation are 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**

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 12 (adult)		

18. Nasogastric tubes size 14 (adult)		
19. Nasogastric tubes size 16 (adult)		
20. Nasogastric tubes size 18 (adult)		
21. Suction catheter 12F (adult)		
22. Suction catheter 14F (adult)		
23. Suction devices (portable)		
24. Yankhauer suction		
25. Resuscitation algorithm		

22.2.2.2.5.3 The emergency trolley in the unit is checked.

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

This must take place at least once a day and after each episode of use. Check records from the previous 30 days. Not applicable: Never

Score	Comment

Sub Domain 22.2.3 8 Infection prevention and control programmes

Standard 22.2.3.1 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 22.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.
22.2.3.1.1.1 Hand washing facilities are available.

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

Assess 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.		

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 22.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

22.2.3.1.2.1 The mental health care unit manager has determined the linen requirements for the unit.

Assessment type: Document - **Risk rating:** Essential measure
It is necessary to determine the linen requirements for the unit, to ensure sufficient linen is available, i.e. the number of linen items required to ensure that all users have clean linen and are warm enough during their stay in the unit. It is also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. A document indicating linen requirements for the unit must be available. Not applicable: Never

Score	Comment

22.2.3.1.2.2 Linen rooms or storage cupboards 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 that can be kept closed.

Score	Comment

Aspects	Score	Comment
1. Designated area for storage of linen		
2. Area is locked		
3. Linen is stored on shelves		
4. Area is well organised		
5. Clean linen is available		

Criterion 22.2.3.1.3 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.

22.2.3.1.3.1 Personal protective equipment is worn.

Assessment type: Observation - **Risk rating:** Vital measure
Using the checklist below, verify whether protective clothing and equipment are worn in the areas listed below. Score 1 if the items are worn and 0 if they are 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 Clinical area: Worn

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 respirators		

Unit 2 Isolation room: Worn

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 respirators		

Unit 3 Cleaner: Worn

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

Sub Domain 22.2.4 9 Waste management

Standard 22.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 22.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

22.2.4.1.1.1 The mental health care 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 healthcare 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 ward, score NA.

Score	Comment

Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow)		
3. General waste (black, beige, white or transparent packaging can be used)		
4. Pharmaceutical, waste (dark green)		

Criterion 22.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

22.2.4.1.2.1 Sharps are safely managed and discarded in clinical areas.

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

Select three areas and verify whether sharps and needles are correctly managed in accordance with the standard operating procedures of the health establishment. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Clinical 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 sharp's container.		
4. Syringes with attached needles are discarded in their entirety.		

Unit 2 Clinical 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 sharp's container.		
4. Syringes with attached needles are discarded in their entirety.		

Unit 3 Clinical 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 sharp's container.		
4. Syringes with attached needles are discarded in their entirety.		

22.2.4.1.2.2 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.

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 22.2.5 21 Adverse events

Standard 22.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 22.2.5.1.1 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.

22.2.5.1.1.1 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 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)		

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 22.3 CLINICAL SUPPORT SERVICES

Sub Domain 22.3.1 10 Medicines and medical supplies

Standard 22.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 22.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

22.3.1.1.1.1 The stock control system shows minimum and maximum levels and/or re-order levels for medical supplies

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	Comment

22.3.1.1.1.2 The stock control system shows minimum and maximum levels and/or re-order levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or re-order levels. These levels must be recorded on bin cards or equivalent. The system maybe manual or electronic. Not applicable: Never

Score	Comment

22.3.1.1.1.3 Stock levels of medicine on the shelves correspond with recorded stock levels in the 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	Comment

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

22.3.1.1.1.4 The entries in the schedule 5 and/or 6 drug register are complete and correct.

Assessment type: Document - **Risk rating:** Vital measure
All columns in the provincially provided registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. The inspector must confirm that all sections of the register have been completed correctly. Not applicable: Where schedule 5 and/or 6 medicines are not held in the ward.

Score	Comment

22.3.1.1.1.5 The schedule 5 and/or 6 medicines held in the ward correspond with the quantities documented in the drug register.

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 1 if there is correspondence 0 if not. Score not applicable where schedule 5 and 6 medicines are not held in the ward.

Score	Comment

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

22.3.1.1.1.6 Physical stock of 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	Comment

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

Criterion 22.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.

22.3.1.1.2.1 Basic medical supplies (consumables) are available.

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

Use the checklist below to check availability of medical and dressing supplies. Check the storeroom for availability of the items listed below. Score 1 if the item is available and not expired and 0 if the item is not available or expired.

Score	Comment

Aspects	Score	Comment
1. Intravenous administration set 20 drops/ml		
2. Intravenous administration set 60 drops/ml		
3. Blood administration set 10 drops/ml.		
4. Urinary (Foley's) catheter silicone/latex 10f		
5. Urinary (Foley's) catheter silicone/latex 12f		
6. Urinary (Foley's) catheter silicone/latex 14f		
7. Urinary (Foley's) catheter silicone/latex 18f		
8. Urine drainage bag		
9. Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, adults		
10. Face mask for nebuliser or face mask with nebuliser chamber (adult)		

11. Nasogastric feeding tube 600mm fg10		
12. Nasogastric feeding tube 1000mm fg12		
13. Nasogastric feeding tube 1000mm fg14		
14. Nasogastric feeding tube 600mm fg16		
15. Nasogastric feeding tube 600mm fg18		
16. Disposable aprons		
17. HB strips/slides		
18. Ultrasound gel medium viscosity (where doppler or ultrasound machines are available)		
19. Gloves exam non-sterile large /box		
20. Gloves exam non-sterile medium /box		
21. Gloves exam non-sterile small /box		
22. Gloves surgical sterile size 6 or 6.5		
23. Gloves surgical sterile size 7 or 7.5		
24. Gloves surgical sterile size 8		
25. Facemasks		
26. N95 or KN95 or FFP2 respirators		
27. Goggles, glasses protective or face shield		
28. Gown, isolation (Single use, disposable, made of nonwoven material)		
29. Intravenous cannula 18g green/box		
30. Intravenous cannula 20g pink/box		

31. Intravenous cannula 22g/blue/box		
32. Intravenous cannula 24g yellow/box		
33. Needles: 18 (pink) or 20 (yellow)/box		
34. Needles: 21 (green)/box		
35. Syringes 3-part 2ml/box		
36. Syringes 3-part 5ml/box		
37. Syringes 3-part 10 or 20ml/box		
38. Insulin syringe with needle/box		
39. Basic disposable dressing pack (should contain at the very least cotton wool balls, swabs, disposable drape)		
40. Gauze swabs plain non-sterile 100x100x8ply (pack)		
41. Gauze paraffin 100x100 (box)		
42. Bandage crepe		
43. Adhesive micro-porous surgical tape 24/25mm or 48/50mm		
44. Gauze absorbent grade 1 burn (pack)		
45. 70% isopropyl alcohol prep pads 24x30 1ply or 2 ply (box)		
46. Plaster roll 2.5cm or 5cm or 7.5cm or 10 cm		
47. Cotton wool balls 1g (500s)		
48. Stockinette 100mm or 150mm (roll)		
49. Blade stitch cutter sterile/pack		

Sub Domain 22.3.2 13 Medical equipment

Standard 22.3.2.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 22.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

22.3.2.1.1.1 Functional essential equipment is available in the unit.

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

Verify whether the equipment listed below is available in the unit and is functional. Score 1 if the equipment is available and functional and 0 if not available or not functional.

Score	Comment

Aspects	Score	Comment
1. Diagnostic set (portable or wall mounted)		
2. Blood pressure monitor (electronic or manual)		
3. Pulse oximeter		
4. Glucometer		
5. Haemoglobinometer		
6. Height meter		
7. Thermometer		
8. Scale (adult)		
9. Examination couch		
10. Drip stand with double hook		
11. Access to Electrocardiograph (ECG) machine, 12-lead on mobile trolley		
12. Examination light (fixed or mobile)		
13. Oxygen cylinder trolley		

14. Oxygen flow meter, single		
15. Wheelchair, porter type with drip rod		

Domain 22.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 22.4.1 20 Occupational health and safety

Standard 22.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 22.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted

22.4.1.1.1.1 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

22.4.1.1.1.2 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		

Criterion 22.4.1.1.2 20 The health establishment must have a disaster management plan in place, which is updated annually and in response to personnel turnover.

22.4.1.1.2.1 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. 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 22.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 22.5.2 14 Management of buildings and grounds

Standard 22.5.2.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 22.5.2.1.1 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.

22.5.2.1.1.1 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. This will include but is not limited to loose electrical wiring, collapsing ceiling, roof or doors and 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 22.5.2.1.2 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.

22.5.2.1.2.1 The 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, including, but not limited to, windows or ventilation grilles. Verify whether the unit has passive ventilation (windows, doors that can be opened and ventilation grilles) or functional mechanical ventilation (i.e., a ducting system). Score 1 if the aspect is compliant and 0 if not compliant. Not applicable: Never

Score	Comment

Sub Domain 22.5.3 15 Engineering services

Standard 22.5.3.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 22.5.3.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

22.5.3.1.1.1 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 back up. Verify whether portable oxygen is available and functional. Not applicable: Never

Score	Comment

22.5.3.1.1.2 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 in accordance with local policy. This is verified by establishing that the pressure of the oxygen is adequate, i.e., there is a flow of oxygen. Not applicable: Where piped oxygen is utilised.

Score	Comment

22.5.3.1.1.3 A functional portable suction is available.

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

Sub Domain 22.5.1 17 Security services
Standard 22.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.
Criterion 22.5.1.1.1 17(2)(a) The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

22.5.1.1.1.1 Security measures are in place at the unit's access and exit points to prevent any incidents of harm to personnel and users.

Assessment type: Document - **Risk rating:** Vital measure
Verify whether access control measures are available, including, but not limited to, security guards, closed-circuit television or gated entry. Not applicable: Never

Score	Comment

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

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 District Hospitals.

Acknowledgements

There are many people who have contributed to the development of the Regulatory District Hospital Inspection Tools Version 1.3. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- The WHO technical team for providing guidance on the very first draft inspection tools database
- Health Standards Development and Training unit team (Dr Grace Labadarios, Mr Jabu Nkambule, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini} for the development of the District Hospital Inspection tools.
- The internal OHSC teams (Compliance Inspectorate, Certification and Enforcement, Complaints and Assessment, Complaints and Investigation, Systems, Data Analysis and Research}, for their contribution during the development of the District Hospital Inspection tools and (Information Technology and Communication and Stakeholder Relations} for providing support.
- National Department of Health, Mr Bennet Asia, Dr Shaidah Asmall for reviewing and commenting on the inspection tools.
- Provincial Department of Health personnel, Quality Assurance Managers, District Managers, Programme Managers, Operational Managers for their valuable feedback
- 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 District 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 Siphiwe Mndaweni	**Signature:**	
Chief Executive Officer: OHSC	**Date:**	10/08/2022

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