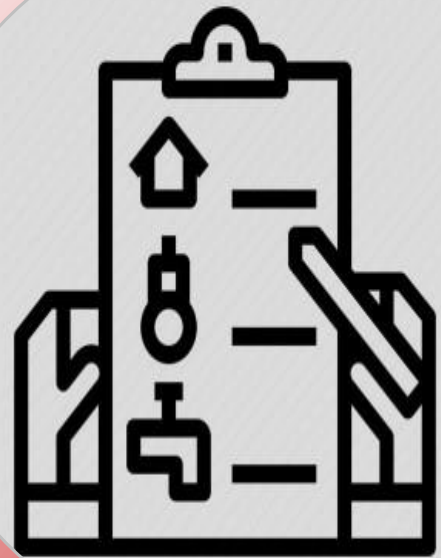


# Regulatory Regional Hospital Inspection Tool v1.3



**Outpatient Department**



Facility:
Date:

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

## 12 Outpatient Department

### Domain 12.1 USER RIGHTS

#### Sub Domain 12.1.1 4 User information

**Standard 12.1.1.1 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 12.1.1.1.1 4(2)(a)(ii)** The health establishment must provide users with information relating to service opening and closing times.

**12.1.1.1.1.1** Legible signage at the entrance to the outpatient department indicates the days and times when various services are offered.

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

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

Score	Comment

**Criterion 12.1.1.1.2 4(2)(a)(iv)** The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

**12.1.1.1.2.1** A complaints toolkit is available.

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

Verify whether the complaint forms, box and poster are available in the outpatient department. 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 12.1.2 22** Waiting times

**Standard 12.1.2.1 22** The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

**Criterion 12.1.2.1.1 22** Waiting times are monitored and improvement plans are implemented.

**12.1.2.1.1.1** The locally agreed target waiting time is displayed.

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

The waiting time must be displayed in an area that is easily visible to waiting users. Not applicable:

Never

Score	Comment

**12.1.2.1.1.2** The waiting time survey report in the outpatient department is available.

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

Request the report from the previous six months. It must be signed and dated. Contents of the report should include but not limited to: Title or name of report, Background information, Targets and

Findings, Causes of delays (if any), Recommendations, Conclusion. Not applicable: Never

Score	Comment

**12.1.2.1.1.3** Compliance with waiting time targets in the outpatient department is monitored.

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

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

Score	Comment

**Domain 12.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 12.2.1 6** User health records and management

**Standard 12.2.1.1 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 12.2.1.1.1 6(2)(b)** The health establishment must ensure confidentiality of health records.

**12.2.1.1.1.1** 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 seen in 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 12.2.1.2 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 12.2.1.2.1 6(4)(b)** The health establishment must record information relating to the examination and health care interventions of users.

**12.2.1.2.1.1** 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 health records of three users who attended the outpatient department at the time of inspection. Verify that the aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded.

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 investigations requested.		
5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Date of each entry		
9. Time of each entry		
10. Each entry signed by health care provider making entry		

11. Designation of signatory		
12. Medicines administered (signed, dated, time of administration and dose recorded): where applicable		
13. 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 investigations requested.		
5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Date of each entry		
9. Time of each entry		
10. Each entry signed by health care provider making entry		
11. Designation of signatory		
12. Medicines administered (signed, dated, time of administration and dose recorded): where applicable		
13. 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 requested.		

5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Date of each entry		
9. Time of each entry		
10. Each entry signed by health care provider making entry		
11. Designation of signatory		
12. Medicines administered (signed, dated, time of administration and dose recorded): where applicable		
13. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

**Standard 12.2.1.3 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 12.2.1.3.1 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).**

**12.2.1.3.1.1** 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: <a href="https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf">https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf</a>		

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: <a href="https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf">https://www.hpcs.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf</a>		

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: <a href="https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf">https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf</a>		

**Sub Domain 12.2.2 7** Clinical management

**Standard 12.2.2.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 12.2.2.1.1 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.

**12.2.2.1.1.1** Health care personnel have been informed about clinical policies and guidelines.

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

Documented evidence that health care personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include health care 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.

Score	Comment



Aspects	Score	Comment
1. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest		
2. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Paediatrics) 2017 or latest		
3. National Tuberculosis Management Guidelines 2014 Or latest		
4. Guidelines for the Treatment of Malaria in South Africa 2018 or latest		
5. National Consolidated Guidelines for the Management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission South African National Department of Health,2020 or latest		
6. National Infection Prevention and Control Strategic Framework 2020 or latest		
7. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
8. National clinical guidelines of PEP in occupational and nonoccupational exposures 2020 or latest		

**Criterion 12.2.2.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.**

**12.2.2.1.2.1** 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. Referrals		

2. Confidentiality of user health records		
3. Obtaining informed consent		
4. Management of emergency resuscitations		
5. Standard precautions		
6. Management of adverse events		
7. Safe administration of medicines		
8. Storage of schedule 5 and 6 medicines		
9. Management of needle stick and sharps		

**Standard 12.2.2.2 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 12.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.**

**12.2.2.1.1** All work completed is verified by the cleaning supervisor or delegated health care personnel.

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

Daily inspections will ensure the cleanliness of the building. The person responsible for overseeing the cleaning service must inspect the building 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 (e.g. checklists/tick sheets) listing all cleaning tasks must be completed for each room or area.

Not applicable: Never

Score	Comment

**12.2.2.1.2** 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 12.2.2.2 7 The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.**

**12.2.2.2.1** National guidelines are followed for all notifiable medical conditions.

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

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

Score	Comment

Aspects	Score	Comment
1. Notifiable medical conditions are to be recorded in the notification booklet or entered electronically into a web-based system. Explanatory note: The health establishment must be aware of the number of cases of different notifiable diseases presenting, to identify emerging trends as early as possible and report them to the relevant authority. Examine the register or electronic system to verify whether all diagnosed notifiable diseases have been recorded.		
2. All notifiable diseases are reported using the prescribed form or electronically in a web-based system.		
3. Proof of submission of completed forms is available. Explanatory note: Inspect submissions from the previous six months. The health establishment must produce evidence that the report has been sent to the public agency. Reporting may be done via either a paper-based or an electronic notification. Form(s) may be sent via SMS, WhatsApp, email or fax. For a paper-based notification, complete the NMC Case Notification Form and email to NMCsurveillanceReport@nicd.ac.za, or fax to 086 639 1638, or send via SMS or WhatsApp to the NMC hotline 072 621 3805. Send a copy to the NMC focal person at subdistrict/district level (details given on the NMC Notification booklet cover page). The NMC focal person at health facility or sub-district level must ensure that the forms are captured electronically or via the NMC app; Download the NMC app from <a href="http://www.nicd.ac.za/notifiable-medical-conditions/">http://www.nicd.ac.za/notifiable-medical-conditions/</a> or via a cell phone app store.		

**Criterion 12.2.2.2.3 7 Implementation of standard operating procedures must be monitored.**

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

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

The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact (not opened or torn). Not applicable: Never

Score	Comment

**Criterion 12.2.2.2.4 7 The management of used and soiled linen must meet infection prevention and control requirements.**

**12.2.2.2.4.1** The outpatient department has a designated, access-controlled area for the storage of dirty linen.

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

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

Score	Comment

--	--

**12.2.2.2.4.2** 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 12.2.2.2.5 7 The health establishment must have a functional quality management system**

**12.2.2.2.5.1** 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. NB: Score not applicable where no gaps have been identified.

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

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

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

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

Score	Comment

**Criterion 12.2.2.2.6 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.**

**12.2.2.2.6.1** Functional, accessible telephones are available in the reception area and consultation rooms and/or consultation areas.

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

Maintaining and sustaining communication is essential for user safety. Telephones must be functional and available in the areas listed above. Not applicable: Never

Score	Comment

--	--

**Criterion 12.2.2.2.7 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

**12.2.2.2.7.1** 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
<b>Devices to open and protect airway</b>		
1. Laryngoscope handle		
2. Curved blade for laryngoscope size 2 (adult)		
3. Curved blade for laryngoscope size 3 (adult)		
4. Curved blade for laryngoscope size 4 (adult)		
5. Straight blade for laryngoscope size 1 (paediatric)		
6. Endotracheal tubes - uncuffed size 2.5mm (paediatric)		
7. Endotracheal tubes - uncuffed sizes 3mm (paediatric)		
8. Endotracheal tubes - uncuffed size 3.5mm (paediatric)		
9. Endotracheal tubes - uncuffed sizes 4.0mm (paediatric)		
10. Endotracheal tubes - uncuffed size 4.5mm (paediatric)		
11. Endotracheal tubes - uncuffed sizes 5.0mm (paediatric)		
12. Endotracheal tubes - uncuffed sizes 5.5mm (paediatric)		
13. Endotracheal tubes - cuffed sizes 3.0mm (paediatric)		
14. Endotracheal tubes - cuffed sizes 3.5mm (paediatric)		
15. Endotracheal tubes - cuffed sizes 4.0mm (paediatric)		
16. Endotracheal tubes - cuffed sizes 4.5mm (paediatric)		
17. Endotracheal tubes - cuffed sizes 5.0mm (paediatric)		
18. Endotracheal tubes - cuffed sizes 5.5mm (paediatric)		

19. Endotracheal tubes - cuffed sizes 6.0mm (paediatric)		
20. Endotracheal tubes - cuffed sizes 6.5mm (paediatric)		
21. Endotracheal tubes - cuffed sizes 7.0mm (adult)		
22. Endotracheal tubes - cuffed sizes 7.5mm (adult)		
23. Endotracheal tubes - cuffed sizes 8.0mm (adult)		
24. Endotracheal tubes - cuffed sizes 8.5mm (adult)		
25. Oropharyngeal airway size 1 (small child)		
26. Oropharyngeal airway size 2 (child)		
27. Oropharyngeal airway size 3 (adult)		
28. Oropharyngeal airway size 4 (medium adult)		
29. Oropharyngeal airway size 5 (large adult)		
30. Nasopharyngeal airway size 3		
31. Nasopharyngeal airway size 4		
32. Nasopharyngeal airway size 5		
33. Plaster or ties for endotracheal tubes		
34. Xylocaine spray or Lubricating gel		
<b>Equipment for difficult Intubation</b>		
35. Introducer		
36. Laryngeal mask airway size 2		
37. Laryngeal mask airway size 3		
38. Laryngeal mask airway size 4		
39. Laryngeal mask airway size 5		
40. Magill forceps (adult)		
41. Magill forceps (paediatric)		
<b>Devices to deliver oxygen/ventilate users</b>		
42. Manual resuscitator device or bag and valve mask (adult)		
43. Manual resuscitator device or bag and valve mask (paediatric)		

44. Oxygen masks		
45. 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		
<b>Equipment to diagnose and treat cardiac dysrhythmias</b>		
46. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
47. Cardiac arrest board		
<b>Devices to gain intravascular access</b>		
48. Intravenous administration sets		
49. IV Cannulae		
<b>Medicine</b>		
50. Emergency medicines according to local protocol are available and have not expired.		

**12.2.2.7.2** 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 5 (paediatric)		
18. Nasogastric tubes size 6 (paediatric)		
19. Nasogastric tubes size 8 (paediatric)		
20. Nasogastric tubes size 10 (paediatric)		
21. Nasogastric tubes size 12 (adult / paediatric)		
22. Nasogastric tubes size 14 (adult)		
23. Nasogastric tubes size 16 (adult)		
24. Nasogastric tubes size 18 (adult)		
25. Suction catheter 8F (paediatric)		
26. Suction catheter 10F (paediatric)		
27. Suction catheter 12F (adult)		
28. Suction catheter 14F (adult)		
29. Suction devices (portable)		
30. Yankhauer suction		
31. Resuscitation algorithm		

**12.2.2.2.7.3** The emergency trolley in the unit is checked.

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

This must be done at the beginning of each shift and after each use. Check records from the previous 30 days. Not applicable: Where the outpatient department uses the emergency trolley from the emergency unit.

Score	Comment



--	--

**Criterion 12.2.2.2.8 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.**

**12.2.2.2.8.1** Health care personnel receive training in the use of medical equipment.

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

This includes, but is not limited to, orientation records demonstrating that such training has been conducted, in-service training, or training by the supplier of new equipment. Training must be provided for each health care provider, for each item of equipment they will be required to use in the course of performing their duties. Not applicable: Where there was no new equipment introduced in the past 12 months.

Score	Comment

**Sub Domain 12.2.3 8 Infection prevention and control programmes**

**Standard 12.2.3.1 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 12.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.**

**12.2.3.1.1.1** 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 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. Wall mounted soap dispenser		
7. Plain liquid soap		
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. Wall mounted soap dispenser		
7. Plain liquid soap		
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. Wall mounted soap dispenser		
7. Plain liquid soap		
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 12.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.**

**12.2.3.1.2.1** The unit manager has determined the linen requirements for the department.

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

It is necessary to determine the linen requirements for the outpatient department, to ensure sufficient linen is available for all users to receive clean linen. 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. This may change with the type of users attended to in the outpatient department, including, but limited to, users with continence issues or with actively bleeding or suppurating wounds. Not applicable: Never

Score	Comment

--	--

**12.2.3.1.2.2** 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 department does not have a designated area with a door 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 12.2.3.1.3 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.

**12.2.3.1.3.1** Personal protective equipment is worn.

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

Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn and 0 if not worn. Score NA 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 Consulting room 1: 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 Consulting room 2: 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 12.2.4 9** Waste management

**Standard 12.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 12.2.4.1.1 9(2)(a)** The health establishment must have appropriate waste containers at the point of waste generation.

**12.2.4.1.1.1** The outpatient department 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. Where a particular type of waste is not generated in the outpatient department, 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)		

**Criterion 12.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**12.2.4.1.2.1** Sharps are safely managed and discarded in the outpatient department.

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

Select three clinical areas in the outpatient department and verify whether sharps and needles are correctly managed in accordance with the health establishment’s standard operating procedures.

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.		

**12.2.4.1.2.2** 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 12.2.5 21** Adverse events

**Standard 12.2.5.1 21(1)** The health establishment must have a system to monitor and report all adverse events.

**Criterion 12.2.5.1.1 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.

**12.2.5.1.1.1** 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)		

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 12.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 12.3.1 10 Medicines and medical supplies**

**Standard 12.3.1.1 10(1)** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

**Criterion 12.3.1.1.1 10(2)(a)** The health establishment must implement and maintain a stock control system for medicine and medical supplies.

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

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

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Where medicines are not stored in the unit.

Score	Comment

**12.3.1.1.1.2** Stock levels of medicine on the shelves correspond with recorded stock levels in the stock control system.

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

Select five items held as stock and verify the number of items available against 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		

**12.3.1.1.1.3** 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. 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 department.

Score	Comment

**12.3.1.1.1.4** The schedule 5 and/or 6 medicines held in the department 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		

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

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

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Where medical supplies are not stored in the unit.

Score	Comment

**12.3.1.1.1.6** 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 12.3.1.1.2 10(2)(b)** The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.

**12.3.1.1.2.1** 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 paediatrics 60 drops/ml		
3. Blade stitch cutter sterile/pack		
4. Urinary (Foley's) catheter silicone/latex 8f		
5. Urinary (Foley's) catheter silicone/latex 10f		
6. Urinary (Foley's) catheter silicone/latex 12f		
7. Urinary (Foley's) catheter silicone/latex 14f		
8. Urinary (Foley's) catheter silicone/latex 16f		
9. Urinary (Foley's) catheter silicone/latex 18f		
10. Urine drainage bag		
11. Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, adults		
12. Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, paediatric		
13. Face mask for nebuliser or face mask with nebuliser chamber (adult)		
14. Face mask for nebuliser or face mask with nebuliser chamber (paediatric)		
15. Face mask for nebuliser or face mask with nebuliser chamber (adult)		

16. Face mask for nebuliser or face mask with nebuliser chamber (paediatric)		
17. Nasogastric feeding tube 600mm fg5		
18. Nasogastric feeding tube 600mm fg6		
19. Nasogastric feeding tube 600mm fg8		
20. Nasogastric feeding tube 600mm fg10		
21. Nasogastric feeding tube 1000mm fg12		
22. Nasogastric feeding tube 1000mm fg14		
23. Nasogastric feeding tube 600mm fg16		
24. Nasogastric feeding tube 600mm fg18		
25. Disposable aprons		
26. Disposable eye patches		
27. HB strips/slides		
28. Ultrasound gel medium viscosity (where doppler or ultrasound machines are available)		
29. Gloves exam non-sterile large /box		
30. Gloves exam non-sterile medium /box		
31. Gloves exam non-sterile small /box		
32. Gloves surgical sterile size 6 or 6.5		
33. Gloves surgical sterile size 7 or 7.5		
34. Gloves surgical sterile size 8		
35. Intravenous cannula 18g green/box		

36. Intravenous cannula 20g pink/box		
37. Intravenous cannula 22g blue/box		
38. Intravenous cannula 24g yellow/box		
39. Needles: 18 (pink) or 20 (yellow)/box		
40. Needles: 21 (green)/box		
41. Needles: 23 (blue)/box or 22 (black)/box		
42. Syringes 3-part 2ml/box		
43. Syringes 3-part 5ml/box		
44. Syringes 3-part 10 or 20ml/box		
45. Insulin syringe with needle/box		
46. Surgical masks		
47. Particulate respirator masks (e.g.N95 or KN95 or FFP2 respirators)		
48. Goggles or protective glasses or face shield		
49. Gown, isolation (Single use, disposable, made of nonwoven material)		
50. Basic disposable dressing pack (should contain at the very least cotton wool balls, swabs, disposable drape)		
51. Gauze swabs plain non-sterile 100x100x8ply (pack)		
52. Gauze paraffin 100x100 (box)		
53. Bandage crepe		
54. Adhesive micro-porous surgical tape 24/25mm or 48/50mm		
55. Gauze absorbent grade 1 burn (pack)		

56. 70% isopropyl alcohol prep pads 24x30 1ply or 2 ply (box)		
57. Plaster roll 2.5cm or 5cm or 7.5cm or 10 cm		
58. Cotton wool balls 1g (500s)		
59. Stockinette 100mm or 150mm (roll)		

**Sub Domain 12.3.2 13** Medical equipment

**Standard 12.3.2.1 13(1)** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

**Criterion 12.3.2.1.1 13(2)(b)** The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

**12.3.2.1.1.1** Functional essential equipment is available in the outpatient department and consulting rooms.

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

Inspect the outpatient department to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional and 0 if not available or not functional. Score NA if the item of equipment is not required for the level of care provided. Score N/A for dental items if the health establishment has a separate Dental department.

Score	Comment	
Aspects	Score	Comment
1. Blood pressure machine, electronic or manual		
2. Cuffs for blood pressure machine (adult, obese)		
3. Cuffs for blood pressure machine (paediatric)		
4. Stethoscope		
5. Electrocardiograph (ECG) machine		
6. Pulse oximeter with adult and paediatric probes		
7. Resuscitator, pulmonary, manual (adult, mask all sizes)		
8. Resuscitator, pulmonary, manual (paediatric, mask all sizes)		
9. Diagnostic set, portable or wall mounted		

10. Glucometer		
11. Haemoglobinometer		
12. Nebuliser (Explanatory note: This can be a nebulising machine or a nebuliser mask connected to oxygen point)		
13. Mechanical spirometer (adult)		
14. Mechanical spirometer (paediatric)		
15. Oxygen flow meter		
16. Humidifier		
17. Oxygen cylinder trolley		
18. Cast cutter, complete with vacuum cleaner.		
19. Manual cast removing instruments (set)		
20. Ceiling-mounted examination light		
21. Drip stand, wall or ceiling mounted.		
22. Drip stand, mobile		
23. Examination couch with removable lithotomy poles		
24. Eye chart – alphabet and symbols for illiterate users		
25. Pinard foetal stethoscope		
26. Gestation calculator		
27. Doppler, handheld		
28. Refrigerator with temperature gauge		
29. Instrument pack (obstetrician/gynaecologist examination)		
30. Instrument set, dressing		
31. Instrument set (ear, nose, throat)		
32. Height meter		
33. Mobile examination light		

34. Patella hammer		
35. Scale (adult)		
36. Scale (paediatric)		
37. Thermometer		
38. Tuning fork		
39. Single X-ray viewing box, PVC coated		
40. Wheelchair, porter type with drip rod		
<b>Only applicable where Dental services are provided</b>		
41. Dental air compressor		
42. Dental suction plant		
43. Dental equipment laboratory, standard set		
44. Curing light		
45. Dental chair, complete with light, suction unit, drill and polish set, accessory table		
46. Dental instrument cabinet		
47. Dental radiographic unit		
48. Dental X-ray processor, automatic		
49. Dental X-ray processor, manual		
50. Dental X-ray viewing box		
51. Dentist's chair		
52. Instrument set for dental surgery		
53. Basic instrument set for tooth extraction		
54. Sterilising unit, steam, tabletop, vacuum, 20ℓ		
55. Ultrasonic scaler		

**Domain 12.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 12.4.1 20 Occupational health and safety**

**Standard 12.4.1.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 12.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted**

**12.4.1.1.1.1** 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

**12.4.1.1.1.2** 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 12.4.1.1.2 20 The health establishment must have a disaster management plan in place, which is updated annually and in response to personnel turnover.**

**12.4.1.1.2.1** 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 during a disaster. They may be displayed in any manner relevant to the size and complexity of the health establishment, such as 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 12.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 12.5.1 14** Management of buildings and grounds

**Standard 12.5.1.1 14(1)** The health establishment and their grounds must meet the requirements of the building regulations.

**Criterion 12.5.1.1.1 14(2)(b)** The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.

**12.5.1.1.1.1** No obvious safety hazards are observed during the visit.

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

Inspect the surroundings for maintenance-related safety hazards in the unit, including but not limited to loose electrical wiring, collapsing ceiling, roof, doors or any other type of safety hazards that represent a risk to the health and safety of personnel, users and visitors. Not applicable: Never

Score	Comment

--	--

**Criterion 12.5.1.1.2 14(2)(d) The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.**

**12.5.1.1.2.1** 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 such as windows or ventilation grilles. Verify that the outpatient department has natural ventilation (windows and doors that can be opened or functional mechanical ventilation (i.e. a ducting system). Not applicable: Never

Score	Comment

**Sub Domain 12.5.2 15** Engineering services

**Standard 12.5.2.1 15(1)** The health establishment must ensure that engineering services are in place.

**Criterion 12.5.2.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

**12.5.2.1.1.1** The outpatient department has a functional system to supply piped oxygen to all clinical areas.

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

This is to ensure that users have access to piped oxygen when required. Verify whether piped oxygen is available and functional in all the clinical areas in the outpatient department. Not applicable: Never

Score	Comment

**12.5.2.1.1.2** The outpatient department has a functional system to supply piped suction to all clinical areas.

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

This is to ensure that users have access to piped suction when required. Verify whether piped suction is available and functional in all the clinical areas in the outpatient department. Not applicable: Never

Score	Comment

### Official Sign-Off

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

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

### Acknowledgements

There are many people who have contributed to the development of the Regulatory Regional 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 Regional 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 Regional 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 Regional Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.**

**Ms W Moleko**

**Signature:**



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

**Date:**

10/08/2022

**Dr Sipiwe Mndaweni**

**Signature:**



**Chief Executive Officer: OHSC**

**Date:**

10/08/2022

Telephone: 012 942 7700  
Email: [admin@ohsc.org.za](mailto:admin@ohsc.org.za)  
Website: [www.ohsc.org.za](http://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

