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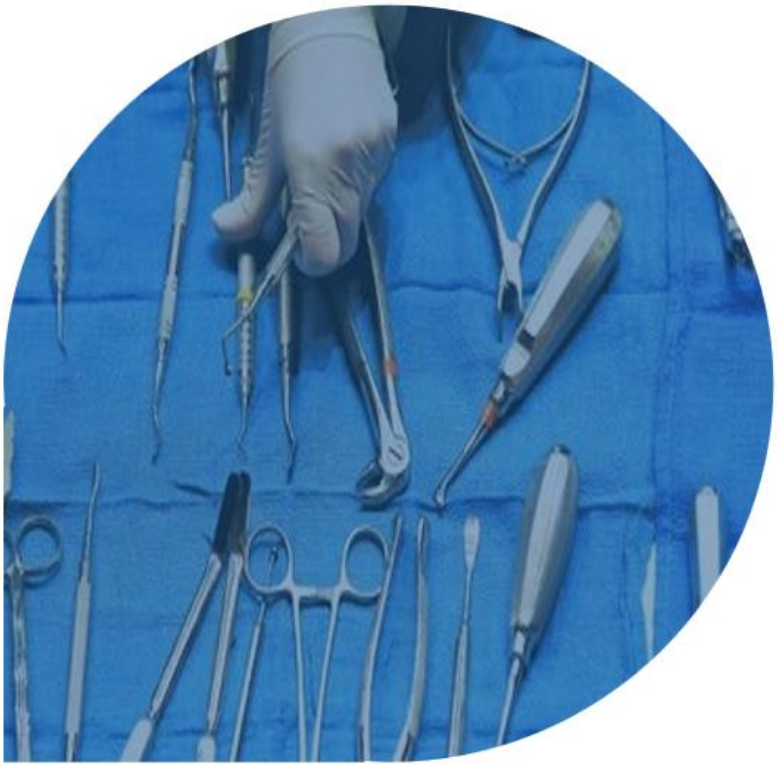
Ensuring quality and safety in health care



Paediatric Ward

v1.2.1

Regulatory Private Acute Hospital Inspection tool

Facility: Date:

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

16 Paediatric Ward

Domain 16.1 USER RIGHTS

Sub Domain 16.1.1 4 User information.

Standard 16.1.1.1 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 16.1.1.1.1 4(2)(a)(iii) The health establishment must provide users with information relating to visiting hours where relevant.

16.1.1.1.1.1 Visiting hours are indicated at the entrance to the unit.

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

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

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

Score	Comment

Criterion 16.1.1.1.2 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

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

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

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

Not applicable: Never

Score	Comment

Domain 16.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 16.2.1 6 User health records and management.

Standard 16.2.1.1 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 16.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

16.2.1.1.1.1 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 16.2.1.2 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 16.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

16.2.1.2.1.1 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 health records of three users who have been admitted in the unit for at least three days at the time of inspection and verify compliance with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

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

Unit 2 User health record 2

Aspects	Score	Comment

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

Unit 3 User health record 3

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

Standard 16.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 16.2.1.3.1 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).

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

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

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

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

Score	Comment

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

Standard 16.2.1.4 6(6) The health establishment must issue a discharge report to users in accordance with section 10 of the Act.

Criterion 16.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.

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

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

Select health records of three users who have been discharged in the previous week and verify whether the discharge report contains the aspects listed below. Score 1 if the aspect is present and 0 if not present. Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		
8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		

10. Relevant health education given		
11. Signature of health care provider completing report		

Unit 2 User health record 2

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		
8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		
10. Relevant health education given		
11. Signature of health care provider completing report		

Unit 3 User health record 3

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		
8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		
10. Relevant health education given		

11. Signature of health care provider completing report		

Sub Domain 16.2.2 7 Clinical management.

Standard 16.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 16.2.2.1.1 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.

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

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

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

Score	Comment

Aspects	Score	Comment
1. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Paediatrics) 2017 or latest		
2. National Tuberculosis Management Guidelines 2014 0r latest		
3. Guidelines for the Treatment of Malaria in South Africa 2018 or latest		
4. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
5. National Infection Prevention and Control Strategic Framework 2020 or latest		
6. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach & Governance 2017 or latest		
7. National clinical guidelines of PEP in occupational and nonoccupational exposures 2020 or latest		

Criterion 16.2.2.1.2 7 Health care personnel must be informed about standard operating procedure and guidelines.

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

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

Documented evidence that personnel have been informed about the policy or standard operating procedure or procedure or guideline must be available. This could include but is not limited to distribution lists which include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at meetings where policies, guidelines and standard operating procedures are discussed, or similar evidence for electronic distribution which could include but not limited to email distribution or documents deposited in intranet or other electronic platforms. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment

Aspects	Score	Comment
1. Confidentiality of user health records		
2. Confirmation of informed consent		
3. Identification of users		
4. Care of terminally ill users		
5. Conducting and acting on risk assessment of users		
6. Management of users with contagious infections		
7. Management of adverse events		
8. Safe administration of medicines		
9. Storage of schedule 5 and 6 medicines		
10. Safe administration of blood		

Standard 16.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 16.2.2.2.1 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.

16.2.2.2.1.1 Safety precautions are in place to prevent harm to children and infants.

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

Verify whether the following safety measures are in place in the unit. Score 1 if the safety measure is present and 0 if not present.

Score	Comment

Aspects	Score	Comment
1. Covers on electrical power points		
2. Barriers to prevent entry into potentially dangerous areas such as bathrooms or treatment rooms		
3. Cot sides		
4. Child-resistant cupboard doors and drawers		
5. Safe water temperature		
6. Doors with high handles		
7. Window safety catches. Explanatory note: Windows must not open wide enough to allow children to climb out or fall out.		
8. Sharps containers are secured and out of reach of children.		

Criterion 16.2.2.2.2 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

16.2.2.2.2.1 Administration of blood is recorded.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Select the health records of three users who were administered blood and verify whether the aspects listed below are documented.
Score 1 if the aspect is documented and 0 if not documented.
Not applicable: If there were no users who received blood at the time of inspection.

Score	Comment

Unit 1 User health record 1

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

Unit 2 User health record 2

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The blood type, rhesus factor, date when blood was donated, and expiry date must be crosschecked with the user information prior to administration of blood.		
6. Confirmation of user's identity prior to administration		

7. User’s vital signs recorded and documented prior to administration		
8. User’s vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 3 User health record 3

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

Criterion 16.2.2.2.3 7 Systems must be in place to facilitate user identification.

16.2.2.2.3.1 All users admitted in the health establishment wear identity bands or any other identification.

Assessment type: Observation - **Risk rating:** Essential measure
Select three users in the unit and verify whether they are wearing identity bands in accordance with standard operating procedure. Score 1 if users are wearing identification and 0 if not.

Score	Comment

Unit 1 Healthcare user 1

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

Unit 2 Healthcare user 2

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

Unit 3 Healthcare user 3

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

Criterion 16.2.2.2.4 7 Communication during user handover must be standardised to advance user safety.

16.2.2.2.4.1 User safety checks are applied to all users transferred from one department to another within the health establishment.

Assessment type: Patient record audit - **Risk rating:** Vital measure
Request the internal transfer form completed for three users who have been transferred from one unit to another within the health establishment at the time of inspection. Score 1 if the transfer form has been completed and 0 if not completed.
Not applicable: Where there were no users transferred.

Score	Comment

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

Criterion 16.2.2.2.5 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

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

Assessment type: Observation - **Risk rating:** Non-negotiable measure
Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment

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

16.2.2.2.5.2 Medical supplies and equipment for resuscitation is available.

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

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

Score	Comment

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

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

Assessment type: Document - **Risk rating:** Vital measure
Request a documented practice for checking the emergency trolley and verify whether it is checked as documented. This must also include checking of the defibrillator/Automated External Defibrillator.
Request documented records of checking from the previous month.
Not applicable: Never

Score	Comment

Criterion 16.2.2.2.6 7 The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.

16.2.2.2.6.1 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 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 GW17 register 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 sub-district/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 http://www.nicd.ac.za/notifiable-medical-conditions/ or via a cell phone app store.		

Criterion 16.2.2.2.7 7 The management of used and soiled linen must meet infection prevention and control requirements.

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

Assessment type: Observation - **Risk rating:** Essential measure
The area used to store dirty linen must have a door which is kept shut.
Not applicable: Never

Score	Comment

Criterion 16.2.2.2.8 7 The health establishment must have a functional quality management system.

16.2.2.2.8.1 Quality improvement plans are developed by health care personnel.

Assessment type: Document - **Risk rating:** Vital measure
Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not.
Not applicable: Where no gaps have been identified.

Score	Comment

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

16.2.2.2.8.2 Implementation of quality improvement plans is monitored.

Assessment type: Document - **Risk rating:** Vital measure
Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports.
Not applicable: Where there were no gaps identified.

Score	Comment

Sub Domain 16.2.3 8 Infection prevention and control programmes.
Standard 16.2.3.1 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 16.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.
16.2.3.1.1.1 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 should not be blocked, broken, or have cracks.		
2. Poster on correct hand washing technique		
3. Poster on the correct use of alcohol-based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020.		
4. Taps		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		

9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Unit 2 Personnel toilet

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

Unit 3 User toilet

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

9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Criterion 16.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

16.2.3.1.2.1 Isolation room meets the requirements listed below.

Assessment type: Observation - **Risk rating:** Vital measure
Inspect the isolation rooms to verify whether they contain the aspects listed below. Score 1 if the aspect is present and 0 if not present.

Score	**Comment**

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

Explanatory note: This will include but not limited to posters on the door, restrictions allowing immediate or a certain number of family members for visiting or guidance from hospital policy		
12. Appropriate measures for discarding infected linen		
13. Appropriate measures for disinfection of equipment		

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

Assessment type: Document - **Risk rating:** Vital measure
The infection prevention and control team must confirm that terminal cleaning has been performed satisfactorily prior to the admission of another user into the room used for isolation. Evidence of this inspection must be available in the ward.
Not applicable: Where no users requiring isolation have been admitted in the previous twelve months.

Score	Comment

Criterion 16.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

16.2.3.1.3.1 There is a designated area for storage of linen.

Assessment type: Observation - **Risk rating:** Essential measure
This could be but not limited to a room or a storage cupboard.
Not applicable: never

Score	Comment

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

Assessment type: Observation - **Risk rating:** Essential measure
The minimum and maximum number of linen items required for all users must be available in the linen storage area as determined by the unit.
Not applicable: Never

Score	Comment

Criterion 16.2.3.1.4 8(2)(d) The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

16.2.3.1.4.1 Personal protective equipment is worn.
Assessment type: Observation - **Risk rating:** Vital measure
Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn and 0 if not worn.
Not applicable: Where at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Clinical area

Aspects	Score	Comment

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

Unit 2 Isolation room

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

Unit 3 Cleaner

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

Sub Domain 16.2.4 9 Waste management.

Standard 16.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 16.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

16.2.4.1.1.1 The 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.

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

Score	Comment

Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow)		
3. Chemical waste, including pharmaceutical, cytotoxic or genotoxic pharmaceutical waste (dark green). Applicable where the unit admits users undergoing chemotherapy		
4. General waste (black, beige, white or transparent packaging can be used)		

Criterion 16.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

16.2.4.1.2.1 Sharps are safely managed and discarded in the unit.

Assessment type: Observation - **Risk rating:** Vital measure
Select three clinical areas and verify whether sharps, needles and the collection of sharps are correctly managed. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Area 1

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

Unit 2 Area 2

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

4. Syringes with attached needles are discarded in their entirety		

Unit 3 Area 3

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

16.2.4.1.2.2 There is a temporary healthcare risk waste storage area.

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

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

Not applicable: For any aspects not found in the temporary waste storage area.

Score	Comment

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

Sub Domain 16.2.5 21 Adverse events.

Standard 16.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 16.2.5.1.1 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.

16.2.5.1.1.1 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 16.3 CLINICAL SUPPORT SERVICES
Sub Domain 16.3.1 10 Medicines and medical supplies.
Standard 16.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.
Criterion 16.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

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

Assessment type: Observation - **Risk rating:** Essential measure
Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.
Not applicable: Never

Score	Comment

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

Assessment type: Observation - **Risk rating:** Essential measure
Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if there is correspondence and 0 if not.

Score	Comment

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

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

Assessment type: Document - **Risk rating:** Vital measure
Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 0 if the medicines do not correlate or if any of the columns have not been completed.

Score	Comment

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

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

Assessment type: Observation - **Risk rating:** Essential measure
Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.
Not applicable: Never

Score	Comment

16.3.1.1.1.5 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 1 if there is correspondence and 0 if not.

Score	Comment

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

Criterion 16.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.

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

Score	Comment

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

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

Sub Domain 16.3.3 12 Blood services.
Standard 16.3.3.1 12(1) Hospitals and CHCs must ensure that users have access to blood and blood products when required.
Criterion 16.3.3.1.1 12(2)(c) The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

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

Assessment type: Document - **Risk rating:** Vital measure
There is documented manual or electronic evidence that adverse blood reactions are reported to the relevant forum. Request evidence from the previous quarter. If no incidents were reported, zero reporting must be recorded.
Not applicable: Where no adverse blood reactions have occurred.

Score	Comment

16.3.3.1.1.2 Corrective action is taken where adverse blood reactions were reported.

Assessment type: Document - **Risk rating:** Vital measure
Documented evidence reflecting the action taken following the investigation to prevent similar incidents must be available must be available. If no incidents were reported, zero reporting must be done.
Not applicable: Where no adverse blood reactions were reported.

Score	Comment

Sub Domain 16.3.2 13 Medical equipment.
Standard 16.3.2.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.
Criterion 16.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

16.3.2.1.1.1 Functional essential equipment is available in the unit.

Assessment type: Observation - **Risk rating:** Vital measure
Request the list of medical equipment for the unit. Randomly sample ten different items on the equipment list and check whether the sampled equipment is available and functional. Document the name of the non-compliant equipment that was sampled. Score 1 if the sampled item is available and functional or 0 if not available or not functional or if the list is not available.

Score	Comment

Aspects	Score	Comment
1. Equipment 1		
2. Equipment 2		

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

Domain 16.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 16.4.1 19 Human resources management.

Standard 16.4.1.1 19(1) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 16.4.1.1.1 19(2)(a) The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

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

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

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

Not applicable: Never

Score	Comment

Sub Domain 16.4.2 20 Occupational health and safety.

Standard 16.4.2.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 16.4.2.1.1 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

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

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

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

Not applicable: Never

Score	Comment

Domain 16.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 16.5.1 15 Engineering services.

Standard 16.5.1.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 16.5.1.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

16.5.1.1.1.1 Piped oxygen or oxygen cylinder is available in the unit.

Assessment type: Observation - **Risk rating:** Non-negotiable measure
This is to ensure that users have access to oxygen when required. Verify whether piped oxygen or oxygen cylinder is available and functional in the unit.
Not applicable: Never

Score	Comment

16.5.1.1.1.2 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 indicated in the oxygen cylinder gauge.
Not applicable: Where only piped oxygen is used.

Score	Comment

16.5.1.1.1.3 Piped or portable suction is available in the unit.

Assessment type: Observation - **Risk rating:** Vital measure
This is to ensure that users have access to suction when required. Verify whether piped or portable suction is available and functional in the unit.
Not applicable: Never

Score	Comment

Official Sign-Off

The National Health Act, 2003 (Act No. 61 of 2003) provides for quality requirements and standards in respect of health services provided by health establishments to the public. The main objective is to promote and protect the health and safety of the users of health services and contribute to improved outcomes and improved population health.
To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

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

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