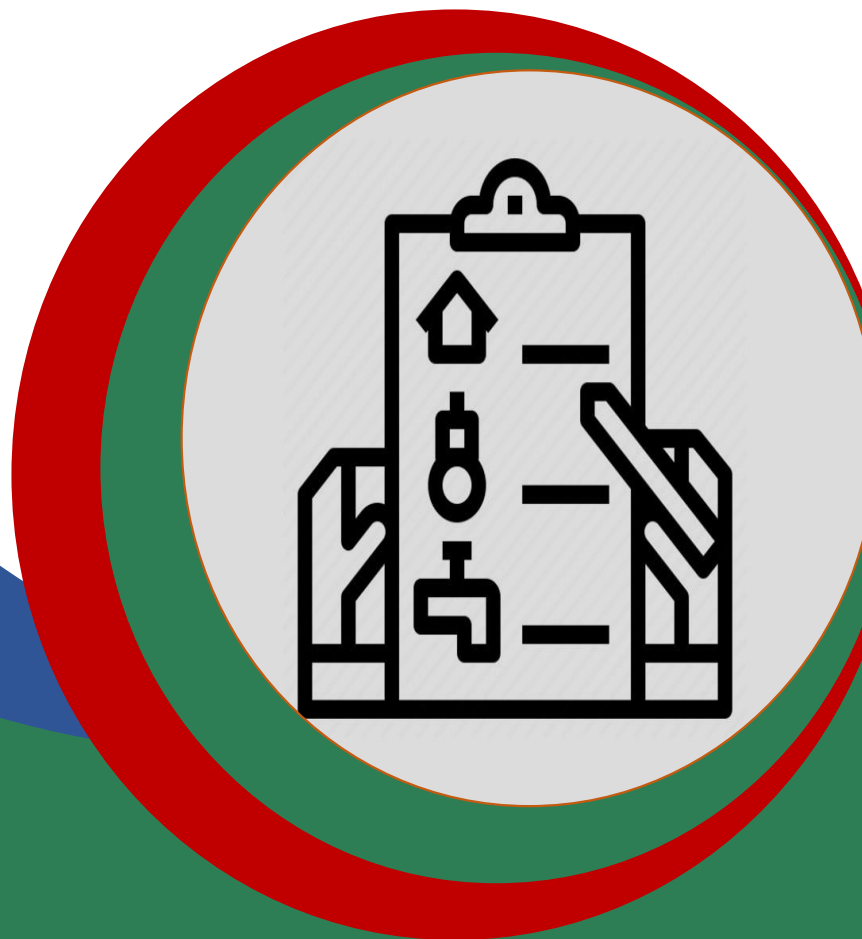




OHSC

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

Regulatory Tertiary Hospital Inspection Tool v1.0



Accident And Emergency Unit



Facility:
Date:

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

11 Accident And Emergency Unit

Domain 11.1 USER RIGHTS

Sub Domain 11.1.1 5 Access to care.

Standard 11.1.1.1 5(1) The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 11.1.1.1.1 5(2)(a) The health establishment must implement a system of triage.

11.1.1.1.1.1 The algorithm used for triage is visibly displayed in the triage area.

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

The display of the algorithm will serve to remind those performing triage of the steps to be followed and the categorisation of users, which in turn will improve user safety. It also informs the health care users awaiting attention of the process being undertaken. Observe if the algorithm is displayed.

Not applicable: Never

Score	Comment

11.1.1.1.1.2 Health care providers have received in service training on the triage process.

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

Request in-service training records for the previous twelve months and verify if in service training on the triage process has been conducted. Documentation must include attendance registers and evidence of the topics discussed.

Not applicable: Where there has been no newly appointed health care providers is the previous twelve months.

Score	Comment

11.1.1.1.1.3 Health care providers implement the triage process as described in the displayed algorithm.

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

Observe the health care provider responsible for user triage as they triage a user. Score 1 if the procedure described in the algorithm is followed and 0 if not followed. Score not applicable when there are no patients/users at the time of inspection.

Not applicable: Never

Score	Comment

11.1.1.1.1.4 Health care providers are able to explain the procedure to triage users.

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

Interview three health care providers working in the triage area to determine if they are able to explain the correct triage procedure as per the displayed algorithm. Score 1 if the procedure is correctly explained and 0 if not correctly explained.

Score	Comment	
Aspects	Score	Comment
1. Health care provider 1		
2. Health care provider 2		
3. Health care provider 3		

11.1.1.1.1.5 There is a delegated health care provider responsible for triaging of users.

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

Check the delegation document for the previous month to identify if there is a health care provider delegated for triaging of users. The document could be manual or electronic.

Not applicable: Never

Score	Comment

Criterion 11.1.1.1.2 5(2)(c) The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.

11.1.1.1.2.1 Emergency users are examined and stabilised.

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

Select three health records of emergency users to check whether the aspects listed below were documented. Score 1 if the aspect is documented and 0 if not documented.

Score	Comment

Unit 1 User Health record 1

Aspects	Score	Comment
Trauma Assessment		
1. Date		
2. Time		
Mechanism of Injury		
3. Place of injury		
4. Date of Injury		
5. Time of Injury		
6. Time of arrival		
7. Referred from care/pre-hospital		

8. Mechanism of Transportation		
AMPLE History		
9. Allergies(where applicable)		
10. Medication		
11. Past medical history		
12. Last meal		
Primary Survey		
13. Airway		
14. Breathing		
15. Circulation (e.g. Vascular access)		
16. Disability or Glasgow Coma Scale (GCS)		
17. Exposure (details of injuries, sources of bleeding)		
18. Physical examination/general examination		
19. Vital signs		
20. Diagnostic tests/procedures (e.g. Imaging, blood tests)		
Secondary Survey		
21. Head & Neck		
22. Face		
23. Thorax		
24. Abdomen & Pelvis		
25. Extremities		
26. Ventilation (where applicable)		
Disposal		
27. Disposal(transfer/referral/admission)		

Unit 2 User Health record 2

Aspects	Score	Comment
Trauma Assessment		
1. Date		

2. Time		
Mechanism of Injury		
3. Place of injury		
4. Date of Injury		
5. Time of Injury		
6. Time of arrival		
7. Referred from care/pre-hospital		
8. Mechanism of Transportation		
AMPLE History		
9. Allergies(where applicable)		
10. Medication		
11. Past medical history		
12. Last meal		
Primary Survey		
13. Airway		
14. Breathing		
15. Circulation (e.g. Vascular access)		
16. Disability or Glasgow Coma Scale (GCS)		
17. Exposure (details of injuries, sources of bleeding)		
18. Physical examination/general examination		
19. Vital signs		
20. Diagnostic tests/procedures (e.g. Imaging, blood tests)		
Secondary Survey		
21. Head & Neck		
22. Face		
23. Thorax		
24. Abdomen & Pelvis		
25. Extremities		

26. Ventilation (where applicable)		
Disposal		
27. Disposal(transfer/referral/admission)		

Unit 3 User Health record 3

Aspects	Score	Comment
Trauma Assessment		
1. Date		
2. Time		
Mechanism of Injury		
3. Place of injury		
4. Date of Injury		
5. Time of Injury		
6. Time of arrival		
7. Referred from care/pre-hospital		
8. Mechanism of Transportation		
AMPLE History		
9. Allergies(where applicable)		
10. Medication		
11. Past medical history		
12. Last meal		
Primary Survey		
13. Airway		
14. Breathing		
15. Circulation (e.g. Vascular access)		
16. Disability or Glasgow Coma Scale (GCS)		
17. Exposure (details of injuries, sources of bleeding)		
18. Physical examination/general examination		
19. Vital signs		

20. Diagnostic tests/procedures (e.g. Imaging, blood tests)		
Secondary Survey		
21. Head & Neck		
22. Face		
23. Thorax		
24. Abdomen & Pelvis		
25. Extremities		
26. Ventilation (where applicable)		
Disposal		
27. Disposal(transfer/referral/admission)		

Standard 11.1.1.2 5(3) The health establishment must maintain a system of referral as established by the responsible authority.

Criterion 11.1.1.2.1 5(4)(b) The health establishment must ensure that a copy of the referral document is kept in the user's health record.

11.1.1.2.1.1 Copies of referral documents or forms are available at the initiating health establishment.

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

Request the copies of referral document or form of the last three users referred out of the health establishment in the previous three months. Score 1 if the referral document or form contains the aspect listed below and score 0 if the aspect listed below is not documented. Score not applicable if there were no users referred out in the previous three months.

Score	Comment

Unit 1 Document 1

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		
3. Name of referring health care provider		
4. Name of receiving health establishment		
5. Reason for referral		
6. Summary of clinical details. Explanatory note: This will include but not limited to presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided.		

Unit 2 Document 2

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		

3. Name of referring health care provider		
4. Name of receiving health establishment		
5. Reason for referral		
6. Summary of clinical details. Explanatory note: This will include but not limited to presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided.		

Unit 3 Document 3

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		
3. Name of referring health care provider		
4. Name of receiving health establishment		
5. Reason for referral		
6. Summary of clinical details. Explanatory note: This will include but not limited to presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided.		

Sub Domain 11.1.2 22 Waiting times.

Standard 11.1.2.1 22 The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

Criterion 11.1.2.1.1 22 Waiting times are monitored and improvement plans are implemented.

11.1.2.1.1.1 Compliance with waiting time target(s) is monitored.

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

Request waiting time monitoring tools for the previous six months. These must be dated and signed. Not applicable: Never

Score	Comment

11.1.2.1.1.2 The average waiting time per category of the triage scale is visibly displayed in the unit.

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

The aim of this requirement is to give users an indication of how long they should expect to wait in the unit, and to assist health care personnel to work within the scope of the target waiting time. The document reflecting the waiting time must be displayed in an area that is easily visible to users waiting to receive care. The average waiting time for each triage category, as determined by the previous waiting time report, must be displayed.

Not applicable: Never

Score	Comment

Domain 11.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 11.2.1 6 User health records and management.

Standard 11.2.1.1 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 11.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

11.2.1.1.1.1 Confidentiality of health records is maintained.

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

In line with section 14 of the National Health Act. Observe how user health records are managed in various areas within the unit (this will include but not limited to public areas, clinical areas) and determine whether unauthorised individuals would not be able to access the information in the health records. This will include the health records of users waiting to be seen, users who have already been seen but their records have not yet been returned to the records storage area/room, health records being used for clinical audit or other administrative purposes, or health records outside the records storage area/room for any other reason. Such records should be kept in a manner which safeguards against unauthorised access to the content of the record. Electronic records must be safeguarded with passwords or any other security measures. Not applicable: Never

Score	Comment

Standard 11.2.1.2 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 11.2.1.2.1 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).

11.2.1.2.1.1 Informed consent forms are completed correctly.

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

Select three health records of users who were seen at the time of inspection or health records from the previous three months and an informed consent for an operation, procedure or treatment was signed. Check whether the details listed below are recorded on the consent forms. Score 1 if the if recorded and 0 if it is not recorded.

Score	Comment

Unit 1 User Health record 1

Aspects	Score	Comment
1. Names and surname of the user		
2. Age, Identity number or date of birth of user		
3. The exact nature of operation/ procedure or treatment, including side where relevant		
4. Consent form is signed by user, the legal guardian or any person legally responsible for the user. Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005.		
5. Consent form is signed by health care provider obtaining the consent. Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4		
6. Consent form is dated.		
7. All entries on form are legible.		

Unit 2 User Health record 2

Aspects	Score	Comment
1. Names and surname of the user		
2. Age, Identity number or date of birth of user		
3. The exact nature of operation/ procedure or treatment, including side where relevant		
4. Consent form is signed by user, the legal guardian or any person legally responsible for the user. Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005.		
5. Consent form is signed by health care provider obtaining the consent. Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4		
6. Consent form is dated.		
7. All entries on form are legible.		

Unit 3 User Health record 3

Aspects	Score	Comment
1. Names and surname of the user		
2. Age, Identity number or date of birth of user		
3. The exact nature of operation/ procedure or treatment, including side where relevant		
4. Consent form is signed by user, the legal guardian or any person legally responsible for the user. Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005.		
5. Consent form is signed by health care provider obtaining the consent. Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4		
6. Consent form is dated.		
7. All entries on form are legible.		

Sub Domain 11.2.2 7 Clinical management.

Standard 11.2.2.1 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 11.2.2.1.1 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

11.2.2.1.1.1 Administration of blood is recorded.

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

Select the health records of three users seen in the unit or health records from the previous month of users who had blood administered and verify whether the aspects listed below are documented. Score 1 if the aspect is documented and 0 if not documented. Score not applicable if there were no users who had blood administered in the previous month.

Score	Comment

Unit 1 User Health record 1

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

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

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

To meet this requirement, O-negative blood must be available on site. This blood may be found in the South African National Blood Service (SANBS) refrigerator. The health establishment may choose an area such as the emergency unit, theatre or Intensive Care Unit in which to store the blood. Not applicable: Where emergency blood is not kept in the unit.

Score	Comment

Criterion 11.2.2.1.2 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

11.2.2.1.2.1 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 (where applicable) and score 0 if the aspect is not available, not functional or expired (where applicable).

Score	Comment	
Aspects	Score	Comment
Devices to open and protect airway.		
1. Laryngoscope handle (as determined by the user profile seen in the unit)		
2. Straight blades for laryngoscope (a minimum of two different sizes as determined by the user profile seen in the unit and resuscitation protocol)		
3. Curved blade for laryngoscope (a minimum of two different sizes as determined by the user profile seen in the unit and resuscitation protocol).		

4. Endotracheal tubes- paediatric (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
5. Endotracheal tubes- adult (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
6. Oropharyngeal airway (a minimum of three different sizes that accommodate both adult and paediatric users).		
7. Plaster or ties for endotracheal tubes.		
8. Lubricating gel.		
Equipment for difficult Intubation.		
9. Laryngeal mask airway (a minimum of three different sizes that accommodate both adult and paediatric users).		
10. Magill's forceps (adult).		
11. Magill's forceps (paediatric).		
12. Introducer.		
Devices to deliver oxygen/ventilate users.		
13. Manual resuscitator device or bag and valve mask (adult)		
14. Manual resuscitator device or bag and valve mask (paediatric)		
15. Oxygen masks- re breather (adult)		
16. Oxygen mask- re breather (paediatric)		
17. Portable oxygen cylinder. Explanatory note: An oxygen cylinder fitted with a regulator to adjust the flowrate must be available .		
Devices to gain intravascular access.		
18. Intravenous administration sets		
19. IV Cannulae (a minimum of three different sizes that accommodate both adult and paediatric users)		
Equipment to diagnose and treat cardiac dysrhythmias.		
20. Automated external defibrillator (AED) with pads or defibrillator with conducting gel, pads, paddles and electrodes		
21. Cardiopulmonary Resuscitation board		
Medicine		
22. Emergency medicines according to local protocol are available and have not expired		

11.2.2.1.2.2 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 (where applicable) and score 0 if the aspect is not available, not functional or expired (where applicable).

Score	Comment	
Aspects	Score	Comment
1. Chlorhexidine or Alcohol swabs.		
2. Eye protection.		
3. Facemasks.		
4. Gloves.		
5. Spare batteries for laryngoscope.		
6. Spare bulb (where applicable).		
7. Syringes (a minimum of syringes of five different sizes).		
8. Catheter tip syringe 50ml.		
9. Needles (a minimum of five different sizes)		
10. Scissors.		
11. Tourniquet.		
12. Stethoscope.		
13. Nasogastric tube (a minimum of four different sizes as determined by the user profile seen in the unit).		
14. Suction catheter (a minimum of four different sizes as determined by the user profile seen in the unit).		
15. Suction devices (portable).		
16. Yankhauer suction.		
17. Nasal cannula.		
18. Blood administration set.		
19. Local resuscitation protocol or Resuscitation Algorithm		

11.2.2.1.2.3 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 will include but is not limited to checking of the defibrillator/Automated External Defibrillator. Request documented records of checking from the previous month.

Not applicable: Never

Score	Comment

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Criterion 11.2.2.1.3 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

11.2.2.1.3.1 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 in-service training or training by the supplier of new equipment has been conducted. Training must be provided for each health care personnel 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 twelve months.

Score	Comment

Criterion 11.2.2.1.4 7 Procedures to minimise the risk of health care-associated infections must be implemented.

11.2.2.1.4.1 An emergency eyewash station or eyewash kit is available.

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

The emergency eyewash station or eyewash kit must be available and easily accessible.

Not applicable: Never

Score	Comment

11.2.2.1.4.2 Sterile sealed eyewash kit is checked.

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

Request documented evidence from the previous month indicating when the eyewash kit was checked for leaks and expiry dates.

Not applicable: Never

Score	Comment

11.2.2.1.4.3 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: Where sterile packs are not kept in the unit.

Score	Comment

Criterion 11.2.2.1.5 7 The management of used and soiled linen must meet infection prevention and control requirements.

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

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

Dirty linen must be stored in closed bags in a designated area (dirty linen room). The door of the dirty linen room must be kept closed and access to the room must be restricted. Reference: Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020, page 70.

Not applicable: Never

Score	Comment

Criterion 11.2.2.1.6 7 The health establishment must have a functional quality management system.

11.2.2.1.6.1 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 1 if aspect is documented and 0 if not. Score not applicable where no gaps have been identified.

Score	Comment	
Aspects	Score	Comment
1. Gaps identified		
2. Activities required to address gaps		
3. Health care personnel responsible		
4. Time frames		

11.2.2.1.6.2 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

Sub Domain 11.2.3 8 Infection prevention and control programmes.

Standard 11.2.3.1 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 11.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.

11.2.3.1.1.1 Hand washing facilities are available.

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

Select three areas in the unit and inspect the handwashing facilities for the items listed below. Score 1 If the item is available and 0 if not available.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment

1. Functional hand wash basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Taps are functional and not broken. Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets.		
3. Plain liquid soap		
4. Wall mounted soap dispenser		
5. Paper towel dispenser with disposable hand paper towels		
6. General waste container. Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84).		

Unit 2 Area 2

Aspects	Score	Comment
1. Functional hand wash basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Taps are functional and not broken. Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets.		
3. Plain liquid soap		
4. Wall mounted soap dispenser		
5. Paper towel dispenser with disposable hand paper towels		
6. General waste container. Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84).		

Unit 3 Area 3

Aspects	Score	Comment
1. Functional hand wash basin. Explanatory note: The basin should not be blocked, broken, or have cracks.		
2. Taps are functional and not broken. Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets.		
3. Plain liquid soap		
4. Wall mounted soap dispenser		

5. Paper towel dispenser with disposable hand paper towels		
6. General waste container. Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84).		

11.2.3.1.1.2 Alcohol based hand rub is available.

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

Select three areas and observe whether alcohol-based hand rub is available. Score 1 if available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. Area 1		
2. Area 2		
3. Area 3		

11.2.3.1.1.3 Posters on hand hygiene are displayed.

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

Select three areas and observe whether posters on hand hygiene are displayed. This could be a single hand hygiene poster or individual posters for hand washing or correct use of alcohol-based hand rub. Score 1 if available and 0 if not available.

Score	Comment	
Aspects	Score	Comment
1. Area 1		
2. Area 2		
3. Area 3		

Criterion 11.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

11.2.3.1.2.1 The unit manager has determined the linen requirements for the unit.

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

It is necessary to determine the linen requirements for the unit, to ensure sufficient linen is available , i.e. the number of linen items required to ensure that all users have clean linen and are warm enough during their stay in the unit. It is also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. A document indicating linen requirements for the unit must be available.

Not applicable: Never

Score	Comment

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

Criterion 11.2.3.1.3 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.

11.2.3.1.3.1 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 not applicable where, at the time of the inspection, health care personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment
1. Non-sterile or sterile gloves		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		
4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent		

Unit 2 Area 2

Aspects	Score	Comment
1. Non-sterile or sterile gloves		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		

4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent		
---	--	--

Unit 3 Area 3 (Cleaner)

Aspects	Score	Comment
1. Domestic gloves		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		
4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent		

Sub Domain 11.2.4 9 Waste management.

Standard 11.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 11.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

11.2.4.1.1.1 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 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 health care 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 emergency unit, score not applicable.

Score	Comment	
Aspects	Score	Comment
1. Human anatomical waste (red bucket with tight fitting lid).		
2. Infectious non-anatomical waste (red).		
3. Sharps (yellow).		
4. General waste (black, beige, white or transparent packaging can be used).		

Criterion 11.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

11.2.4.1.2.1 Sharps are safely managed and discarded.

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

Select three clinical areas in the emergency unit and verify whether sharps and needles are correctly managed. 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 sharps 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 sharps 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 sharps container.		
4. Syringes with attached needles are discarded in their entirety.		

11.2.4.1.2.2 There is a temporary health care 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 11.2.5 21 Adverse events.

Standard 11.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 11.2.5.1.1 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.

11.2.5.1.1.1 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 11.3 CLINICAL SUPPORT SERVICES

Sub Domain 11.3.1 10 Medicines and medical supplies.

Standard 11.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 11.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

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

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

Randomly sample five items held as stock and verify whether minimum, maximum and/or reorder levels are documented. The levels must be recorded on the bin cards or equivalent. The system may be manual or electronic. Score 1 if compliant and 0 if not compliant.

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

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

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

Randomly sample 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 1 if compliant and 0 if not compliant.

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

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

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

All columns in the registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. Verify whether all sections of the register have been completed.

Not applicable: Never

Score	Comment

11.3.1.1.1.4 Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.

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

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

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

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

Randomly sample five items held as stock and verify whether minimum, maximum and/or reorder levels are documented. The levels must be recorded on the bin cards or equivalent. The system may be manual or electronic. Score 1 if compliant and 0 if not compliant.

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

11.3.1.1.1.6 Physical stock for medical supplies corresponds with stock control management system.

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

Randomly sample 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 1 if compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment

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

Criterion 11.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.

11.3.1.1.2.1 Basic medical supplies (consumables) are available.

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

Request the list of medical supplies/consumables for the unit and randomly sample five items from each of the categories listed below and check whether the selected 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		
Laboratory supplies.		
11. Item 1		
12. Item 2		

13. Item 3		
14. Item 4		
15. Item 5		
Other supplies		
16. Item 1		
17. Item 2		
18. Item 3		
19. Item 4		
20. Item 5		

11.3.1.1.2.2 There is a locked emergency cupboard for the supply of medicine after hours.

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

The emergency cupboard must be in an area that can be accessed after hours and must be kept locked.

Not applicable: Where medicines are obtained from the pharmacy after hours.

Score	Comment

11.3.1.1.2.3 A stock control system is in place for medicines in the emergency cupboard.

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

The stock in the emergency cupboard must be managed in the same way as stock on the wards or in the pharmacy. Minimum, maximum and reorder levels must be determined for all medicines held in the emergency cupboard and bin cards or the equivalent must be completed.

Not applicable: Where the health establishment does not use an emergency cupboard.

Score	Comment

11.3.1.1.2.4 Medicines issued from the emergency cupboard are documented.

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

All medicines dispensed from the emergency cupboard must be documented, including the date of issue, the health care provider issuing the medicine and the user to whom the medicine is issued. This information must be kept in the emergency cupboard.

Not applicable: Where the health establishment does not use an emergency cupboard.

Score	Comment

11.3.1.1.2.5 Stock on the shelves in the emergency cupboard corresponds with the stock items recorded on the bin cards or equivalent.

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

The inspector must check five items in the emergency cupboard to verify whether the number of items on the shelves corresponds with the number of items recorded on the bin cards or equivalent. Score 1 if compliant and 0 if not compliant.

Not applicable: Where the health establishment does not use an emergency cupboard.

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

Sub Domain 11.3.3 12 Blood services.

Standard 11.3.3.1 12(1) Hospitals and CHCs must ensure that users have access to blood and blood products when required.

Criterion 11.3.3.1.1 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.

11.3.3.1.1.1 All adverse blood reactions are reported to relevant forum.

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

Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions and that the forum has considered and discussed the reported incidents. If no incidents were reported, zero reporting must be done.

Not applicable: Where no adverse blood reactions have occurred and there is evidence of zero reporting.

Score	Comment

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

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

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

Not applicable: Where no adverse blood reactions were reported .

Score	Comment

Sub Domain 11.3.2 13 Medical equipment.

Standard 11.3.2.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 11.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

11.3.2.1.1.1 Functional essential medical equipment is available in the unit.

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

Request the list of medical equipment for the unit and randomly sample ten different items on the equipment list. 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 11.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 11.4.1 20 Occupational health and safety.

Standard 11.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 11.4.1.1.1 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

11.4.1.1.1.1 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

Criterion 11.4.1.1.2 20 The disaster management plan must be communicated to personnel and tested annually.

11.4.1.1.2.1 Health care personnel are able to explain the disaster management plan.

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

Interview three health care personnel to determine whether they are able to respond to the questions listed below. Score 1 if the question is answered and 0 if not answered.

Score	Comment

Unit 1 Health care personnel 1

Aspects	Score	Comment
1. Where the disaster plan is for this unit?		
2. Have you received in-service education on the disaster plan in the past twelve months?		
3. Have you participated in a mock emergency drill in the past twelve months?		
4. How will you know that there is a disaster at this health establishment?		
5. What is the health establishment's evacuation plan in case of a disaster?		
6. If there is a major incident what is your specific role in terms of the disaster plan?		
7. Please explain the triage system used at this health establishment in the event of a disaster. Explanatory note: They should mention, as a minimum, colour stickers for users in accordance with the acuity of their condition.		
8. What equipment will be used during a disaster (e.g. additional wheelchairs, stretchers, trauma trolley, glucometer, adult and paediatric baumanometers)		

Unit 2 Health care personnel 2

Aspects	Score	Comment
1. Where the disaster plan is for this unit?		
2. Have you received in-service education on the disaster plan in the past twelve months?		
3. Have you participated in a mock emergency drill in the past twelve months?		
4. How will you know that there is a disaster at this health establishment?		
5. What is the health establishment's evacuation plan in case of a disaster?		
6. If there is a major incident what is your specific role in terms of the disaster plan?		
7. Please explain the triage system used at this health establishment in the event of a disaster. Explanatory note: They should mention, as a minimum, colour stickers for users in accordance with the acuity of their condition.		
8. What equipment will be used during a disaster (e.g. additional wheelchairs, stretchers, trauma trolley, glucometer, adult and paediatric baumanometers)		

Aspects	Score	Comment
1. Where the disaster plan is for this unit?		
2. Have you received in-service education on the disaster plan in the past twelve months?		
3. Have you participated in a mock emergency drill in the past twelve months?		
4. How will you know that there is a disaster at this health establishment?		
5. What is the health establishment's evacuation plan in case of a disaster?		
6. If there is a major incident what is your specific role in terms of the disaster plan?		
7. Please explain the triage system used at this health establishment in the event of a disaster. Explanatory note: They should mention, as a minimum, colour stickers for users in accordance with the acuity of their condition.		
8. What equipment will be used during a disaster (e.g. additional wheelchairs, stretchers, trauma trolley, glucometer, adult and paediatric baumanometers)		

Domain 11.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 11.5.1 14 Management of buildings and grounds.

Standard 11.5.1.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 11.5.1.1.1 14(2)(c) The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and kept clear at all times.

11.5.1.1.1.1 The emergency vehicle access route is clearly marked.

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

Inspect the emergency vehicle access route within the health establishment premises to determine whether it meets the requirements in the measure.

Not applicable: Never

Score	Comment

11.5.1.1.1.2 There are no physical obstacles on the access route for emergency vehicles.

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

Check whether the emergency vehicle access route is not blocked by people, cars, furniture or any other objects or obstructions.

Not applicable: Never

Score	Comment

Sub Domain 11.5.2 15 Engineering services.

Standard 11.5.2.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 11.5.2.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

11.5.2.1.1.1 Piped oxygen is available in the unit.

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

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

Not applicable: Never

Score	Comment

11.5.2.1.1.2 Piped suction is available in the unit.

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

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

Not applicable: Never

Score	Comment

11.5.2.1.1.3 Portable suction is available in the unit.

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

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

Not applicable: Never

Score	Comment

11.5.2.1.1.4 Oxygen cylinder is available in the unit.

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

An oxygen cylinder fitted with a regulator to adjust the flowrate must be available.

Not applicable: Never

Score	Comment

11.5.2.1.1.5 The oxygen available in the cylinder is above the minimum level.

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

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

Not applicable: Never

Score	Comment

Official Sign-Off

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


Acknowledgments

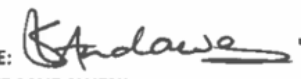
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It is hereby certified that the Regulatory Tertiary Hospital Inspection Tools version 1.0 was developed by the Office of Health Standards Compliance.

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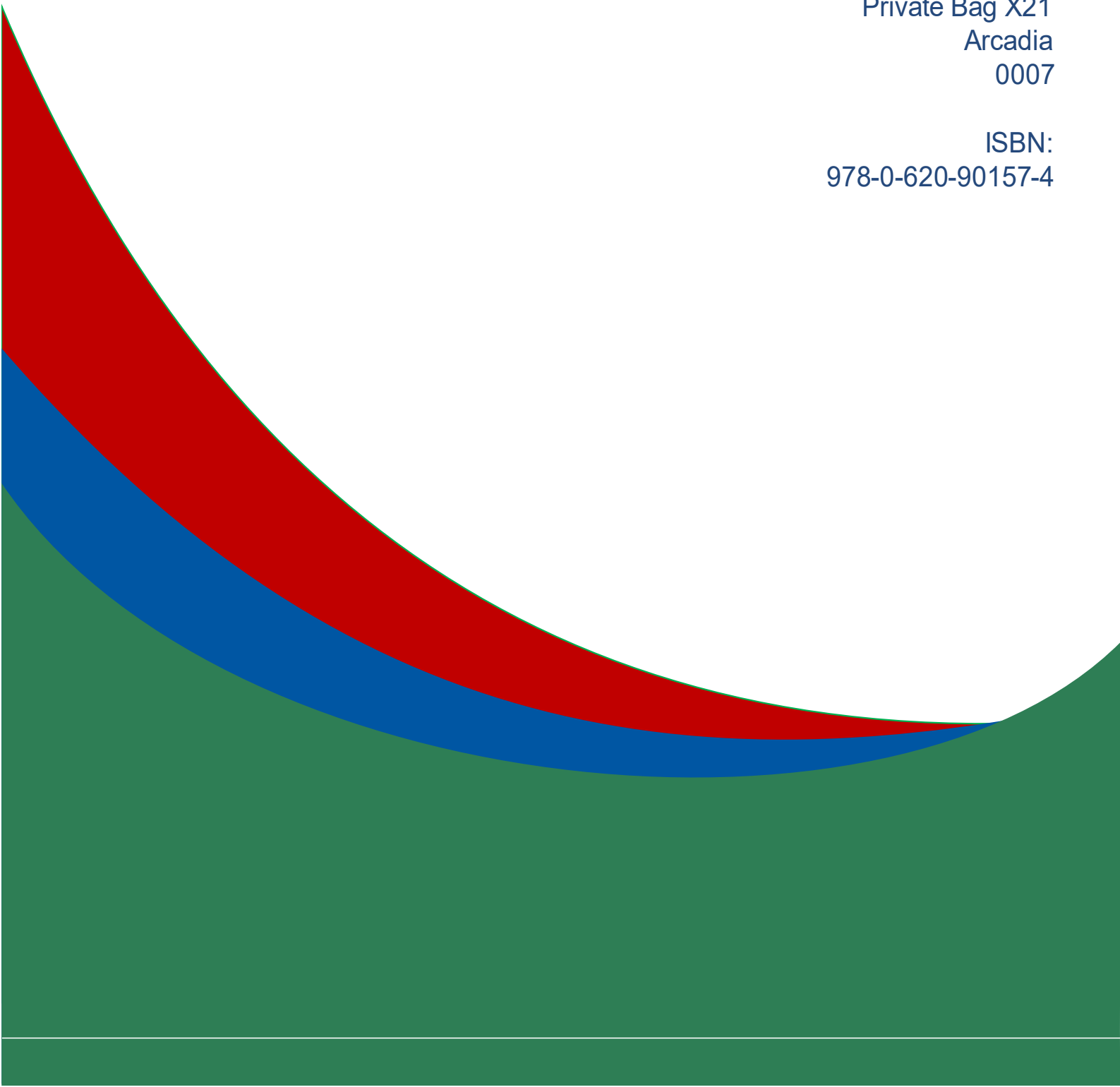
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A decorative graphic at the bottom of the page consists of three curved, overlapping bands. The top band is red, the middle band is blue, and the bottom band is green. The bands curve from the left side towards the right, creating a sense of movement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