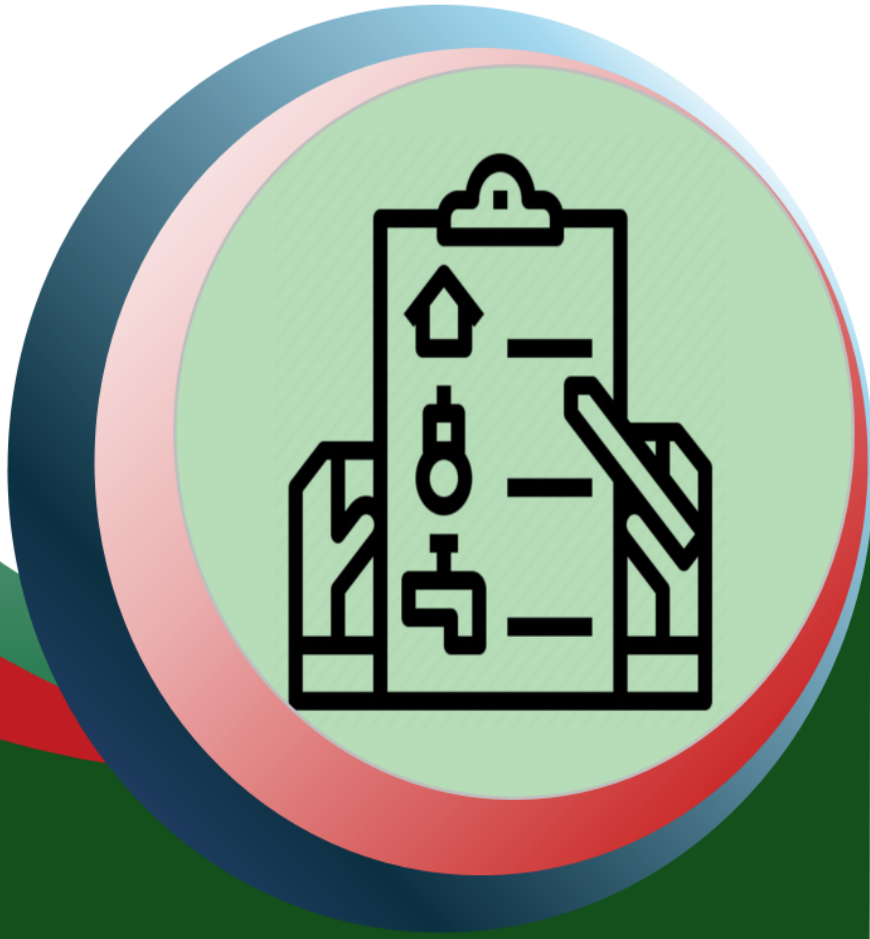
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

# Regulatory Central Hospital Inspection Tool v1.0



## Medical Ward

| |
|---|
| Facility:<br><br>Date: |

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

# 14 Medical Ward

**Domain 14.1 USER RIGHTS**

**Sub Domain 14.1.1 5** Access to care.

**Standard 14.1.1.1 5(3)** The health establishment must maintain a system of referral as established by the responsible authority.

**Criterion 14.1.1.1.1 5(4)(b) The health establishment must ensure that a copy of the referral document is kept in the user's health record.**

**14.1.1.1.1.1** 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.<br>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.<br>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.<br>Explanatory note: This will include but not limited to presenting complaints, examination and findings, investigations conducted, diagnosis and treatment provided. | | |

**Domain 14.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 14.2.1 6** User health records and management.

**Standard 14.2.1.1 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 14.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.**

**14.2.1.1.1.1** 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 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. Electronic records must be safeguarded with passwords or any other security measures.

Not applicable: Never

| **Score** | **Comment** |
|---|---|
| | |

**Standard 14.2.1.2 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 14.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.**

**14.2.1.2.1.1** A clinical assessment and management plan for the user is recorded.

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

Select three health records of users who have been admitted in the unit for at least three days at the time of inspection or health records from the previous month and verify compliance with statutory requirements for record keeping. Score 1 if the aspect is compliant and 0 if not compliant.

| Score | Comment |
|---|---|
| | |

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs. | | |
| 2. Physical examination findings. | | |
| 3. Results of investigations requested. | | |
| 4. Provisional diagnosis. | | |
| 5. DSM V (applicable to mental health care users only). | | |
| 6. Treatment plan. | | |
| 7. Nursing care plan. | | |
| 8. Medicines administered | | |
| 9. Date of each entry. | | |
| 10. Time of each entry. | | |
| 11. Designation of signatory. | | |
| 12. Progress notes | | |
| 13. Prescription for application of restraints (where applicable) | | |
| 14. Each entry signed by health care provider making entry. | | |

Unit 2 User health record 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs. | | |
| 2. Physical examination findings. | | |
| 3. Results of investigations requested. | | |

| | | |
|---|---|---|
| 4. Provisional diagnosis. | | |
| 5. DSM V (applicable to mental health care users only). | | |
| 6. Treatment plan. | | |
| 7. Nursing care plan. | | |
| 8. Medicines administered | | |
| 9. Date of each entry. | | |
| 10. Time of each entry. | | |
| 11. Designation of signatory. | | |
| 12. Progress notes | | |
| 13. Prescription for application of restraints (where applicable) | | |
| 14. Each entry signed by health care provider making entry. | | |

Unit 3 Health record 3

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Vital signs. | | |
| 2. Physical examination findings. | | |
| 3. Results of investigations requested. | | |
| 4. Provisional diagnosis. | | |
| 5. DSM V (applicable to mental health care users only). | | |
| 6. Treatment plan. | | |
| 7. Nursing care plan. | | |
| 8. Medicines administered | | |
| 9. Date of each entry. | | |
| 10. Time of each entry. | | |
| 11. Designation of signatory. | | |
| 12. Progress notes | | |
| 13. Prescription for application of restraints (where applicable) | | |
| 14. Each entry signed by health care provider making entry. | | |

**Standard 14.2.1.3 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 14.2.1.3.1 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).**

**14.2.1.3.1.1** 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 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 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 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. | | |

| | | |
|---|---|---|
| 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 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 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. | | |
| 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. | | |

**Standard 14.2.1.4 6(6)** The health establishment must issue a discharge report to users in accordance with section 10 of the Act.
**Criterion 14.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.**

**14.2.1.4.1.1** Users are issued with a discharge report.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select the health records of three users who were discharged at the time of inspection or health records from the previous month and verify whether copies of the discharge report includes the aspects listed below. Score 1 if compliant and 0 if not compliant or if there is no discharge report available.

| 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 or patient registration/unique identifier. | | |
| 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 given. | | |
| 9. Details of referrals and/or follow-up appointments (where applicable) | | |
| 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 or patient registration/unique identifier. | | |
| 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 given. | | |
| 9. Details of referrals and/or follow-up appointments (where applicable) | | |
| 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 or patient registration/unique identifier. | | |

| | | |
|---|---|---|
| 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 given. | | |
| 9. Details of referrals and/or follow-up appointments (where applicable) | | |
| 10. Relevant health education given. | | |
| 11. Signature of health care provider completing report. | | |

**Sub Domain 14.2.2 7** Clinical management.

**Standard 14.2.2.1 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 14.2.2.1.1 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.**

**14.2.2.1.1.1** Risk assessments are conducted on users.

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

Select three health records of users admitted in the unit at the time of inspection or health records from the previous month. Verify whether risk assessments are conducted. The formal risk assessments including but not limited to Waterlow or Norton scale and the Morse fall scale. Score 1 if the aspect is compliant and 0 if not compliant.

| Score | Comment |
|---|---|
| | |

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

**Criterion 14.2.2.1.2 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.**

**14.2.2.1.2.1** Administration of blood is recorded.

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

Select three health records of users admitted 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.

| Score | Comment |
|---|---|

| | |
|---|---|
| | |

Unit 1 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 of blood.<br>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. | | |
| 5. Confirmation of user identity prior to administration of blood. | | |
| 6. User vital signs 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 blood transfusion documented.<br>Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations. | | |

Unit 2 Healthcare 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 of blood.<br>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. | | |
| 5. Confirmation of user identity prior to administration of blood. | | |
| 6. User vital signs 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 blood transfusion documented.<br>Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations. | | |

| 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 of blood.<br>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. | | |
| 5. Confirmation of user identity prior to administration of blood. | | |
| 6. User vital signs 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 blood transfusion documented.<br>Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations. | | |

**Criterion 14.2.2.1.3 7 Systems must be in place to facilitate user identification.**

**14.2.2.1.3.1** All users admitted in the unit wear identity bands.

**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 |
|---|---|
| | |

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

**Criterion 14.2.2.1.4 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

**14.2.2.1.4.1** 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 | | |
| 2. Curved blade for laryngoscope (a minimum of two different sizes as determined by the user profile seen in the unit and resuscitation protocol) | | |
| 3. Endotracheal tubes-adult (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 4. Oropharyngeal airway (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 5. Plaster or ties for endotracheal tubes. | | |
| 6. Lubricating gel. | | |
| **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 (adult). | | |
| **Devices to deliver oxygen/ventilate users.** | | |
| 10. Manual resuscitator device or bag and valve mask (adult). | | |
| 11. Oxygen masks-rebreather. | | |
| 12. Portable oxygen cylinder<br>Explanatory note: An oxygen cylinder fitted with a regulator to adjust the flowrate must be available. | | |
| **Equipment to diagnose and treat cardiac dysrhythmias.** | | |
| 13. Automated external defibrillator (AED) with pads or defibrillator with conducting gel, pads, paddles and electrodes. | | |
| 14. Cardiopulmonary Resuscitation board. | | |
| **Devices to gain intravascular access.** | | |
| 15. Intravenous administration sets. | | |
| 16. IV Cannulae (a minimum of three different sizes). | | |
| **Medicine.** | | |
| 17. Emergency medicines according to local protocol are available and have not expired. | | |

**14.2.2.1.4.2** 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. 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 | | |

**14.2.2.1.4.3** The emergency trolley and emergency equipment in the unit 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 |
|---|---|
| | |

**Criterion 14.2.2.1.5 7 Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.**

**14.2.2.1.5.1** Healthcare 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 a supplier of new equipment has been conducted. Training must be provided for each health care personnel member for each item of equipment he/she will be required to use in the course of performing his/her duties.
Not applicable: Where there was no new equipment introduced in the past twelve months.

| Score | Comment |
|---|---|
| | |

**Criterion 14.2.2.1.6 7 Procedures to minimise the risk of health care-associated infections must be implemented.**

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

**Assessment type:** Observation - **Risk rating:** Essential measure
The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact (not opened or torn).
Not applicable: Where sterile packs are not kept in the unit.

| Score | Comment |
|---|---|
| | |

**Criterion 14.2.2.1.7 7 The health establishment must report information on health care associated infections and notifiable diseases to the appropriate public health agencies.**

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

**Assessment type:** Document - **Risk rating:** Vital measure
Assess whether the health establishment complies with the requirements for recording and reporting of notifiable diseases listed below. The evidence may be obtained electronically or manually. Score 1 if compliant and 0 if not compliant.

| Score | Comment |
|---|---|
| | |

| Aspects | Score | Comment |
|---|---|---|
| 1. Notifiable medical conditions are to be recorded in the notification booklet or entered electronically into a web-based system.<br>Explanatory note: The health establishment must be aware of the number of cases of different notifiable diseases presenting, to identify emerging trends as early as possible and report them to the relevant authority. Examine the register or electronic system to verify whether all diagnosed notifiable diseases have been recorded. | | |

| | | |
|---|---|---|
| 2. All notifiable diseases are reported using the prescribed form or electronically in a web-based system.<br>Explanatory note: View submissions from the previous six months. The health establishment should produce evidence that the reports have been sent paper based or an electronic notification to the public agency. This could be via a fax, email, post or a messenger. | | |

**Criterion 14.2.2.1.8 7 The management of used and soiled linen must meet infection prevention and control requirements.**

**14.2.2.1.8.1** 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 14.2.2.1.9 7 The health establishment must have a functional quality management system**

**14.2.2.1.9.1** Quality improvement plans are developed by health care personnel.

**Assessment type:** Document - **Risk rating:** Vital measure
Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. 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 | | |

**14.2.2.1.9.2** 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 14.2.3 8** Infection prevention and control programmes.
**Standard 14.2.3.1 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 14.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.**
**14.2.3.1.1.1** 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.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas. | | |
| 3. Plain liquid soap. | | |
| 4. Wall mounted soap dispenser. | | |
| 5. Paper towel dispenser with disposable hand paper towels. | | |
| 6. General waste container.<br>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.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas. | | |
| 3. Plain liquid soap. | | |
| 4. Wall mounted soap dispenser. | | |
| 5. Paper towel dispenser with disposable hand paper towels. | | |
| 6. General waste container.<br>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.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas. | | |
| 3. Plain liquid soap. | | |
| 4. Wall mounted soap dispenser. | | |
| 5. Paper towel dispenser with disposable hand paper towels. | | |
| 6. General waste container.<br>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). | | |

**14.2.3.1.1.2** 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 | | |

**14.2.3.1.1.3** 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 14.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.**

**14.2.3.1.2.1** Isolation room meets the requirements.

**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.<br>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.<br>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** | | |
| 6. Alcohol based hand rub inside room | | |
| 7. Disinfectant outside of room to disinfect surfaces | | |
| 8. Disposable gloves | | |
| 9. Bio-hazardous tape for labelling of specimens prior to transporting | | |
| 10. Poster/Signs affixed outside the room.<br>Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions. | | |
| 11. Alcohol based hand rub outside room | | |
| 12. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel) | | |
| 13. Appropriate measures for discarding infected linen | | |
| 14. Appropriate measures for disinfection of equipment | | |

**14.2.3.1.2.2** Terminal cleaning is carried out in isolation rooms.

**Assessment type:** Document - **Risk rating:** Vital measure
The infection prevention and control link nurse or champion is responsible for ensuring that rooms used for the care of users with infections requiring isolation are adequately cleaned and decontaminated after the user has been moved out of the isolation room. Request documented evidence from the previous three months, this may include but not limited to clearance certificate from the IPC team or checklist for terminal cleaning of isolation rooms completed and signed by the IPC co-ordinator or unit/health facility manager.(Practical Manual for implementation of National IPC Strategic Framework March 2020 page 107).
Not applicable: Never

| Score | Comment |
|---|---|
| | |

**Criterion 14.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.**

**14.2.3.1.3.1** 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 |
|---|---|
| | |

**14.2.3.1.3.2** 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 14.2.3.1.4 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.**

**14.2.3.1.4.1** 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 0 if not worn. Score 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 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 Clinical 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 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 14.2.4 9** Waste management.

**Standard 14.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 14.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.**

**14.2.4.1.1.1** 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 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 unit, score not applicable.

| Score | Comment |
|---|---|
| | |

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

**Criterion 14.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**14.2.4.1.2.1** Sharps are safely managed and discarded.

**Assessment type:** Observation - **Risk rating:** Vital measure
Select three clinical areas and verify whether sharps and needles 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).<br>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).<br>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).<br>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. | | |

**14.2.4.1.2.2** There is a temporary healthcare risk waste storage area.

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

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

| Score | Comment |
|---|---|
| | |

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

**Sub Domain 14.2.5 21** Adverse events.

**Standard 14.2.5.1 21(1)** The health establishment must have a system to monitor and report all adverse events.

**Criterion 14.2.5.1.1 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.**

**14.2.5.1.1.1** 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.<br>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.<br>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.<br>Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans) | | |

**Domain 14.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 14.3.1 10** Medicines and medical supplies.

**Standard 14.3.1.1 10(1)** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

**Criterion 14.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.**

**14.3.1.1.1.1** 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 | | |

**14.3.1.1.1.2** 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 | | |

**14.3.1.1.1.3** 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** |
|---|---|
| | |

**14.3.1.1.1.4** 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 | | |

**14.3.1.1.1.5** 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 | | |

**14.3.1.1.1.6** Physical stock of medical supplies corresponds with stock control system.

**Assessment type:** Observation - **Risk rating:** Essential measure
Randomly sample 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 14.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

**14.3.1.1.2.1** 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 6 | | |
| 7. Item 7 | | |
| 8. Item 8 | | |
| 9. Item 9 | | |
| 10. Item 10 | | |
| **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 | | |

**Sub Domain 14.3.3 12** Blood services.
**Standard 14.3.3.1 12(1)** Hospitals and CHCs must ensure that users have access to blood and blood products when required.
**Criterion 14.3.3.1.1 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.**

**14.3.3.1.1.1** 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 |
|---|---|
| | |

**14.3.3.1.1.2** 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 14.3.2 13** Medical equipment.
**Standard 14.3.2.1 13(1)** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.
**Criterion 14.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.**

**14.3.2.1.1.1** 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 and check whether the selected equipment is available and functional. Document the name of the non-compliant equipment that was sampled. Score 1 if the selected item is available and 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 14.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 14.5.1 15** Engineering services.

**Standard 14.5.1.1 15(1)** The health establishment must ensure that engineering services are in place.

**Criterion 14.5.1.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

**14.5.1.1.1.1** Piped oxygen or Oxygen cylinder is available in the unit.

**Assessment type:** Document - **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 |
|---|---|
| | |

**14.5.1.1.1.2** 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 |
|---|---|
| | |

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

## Official Sign-Off

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

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

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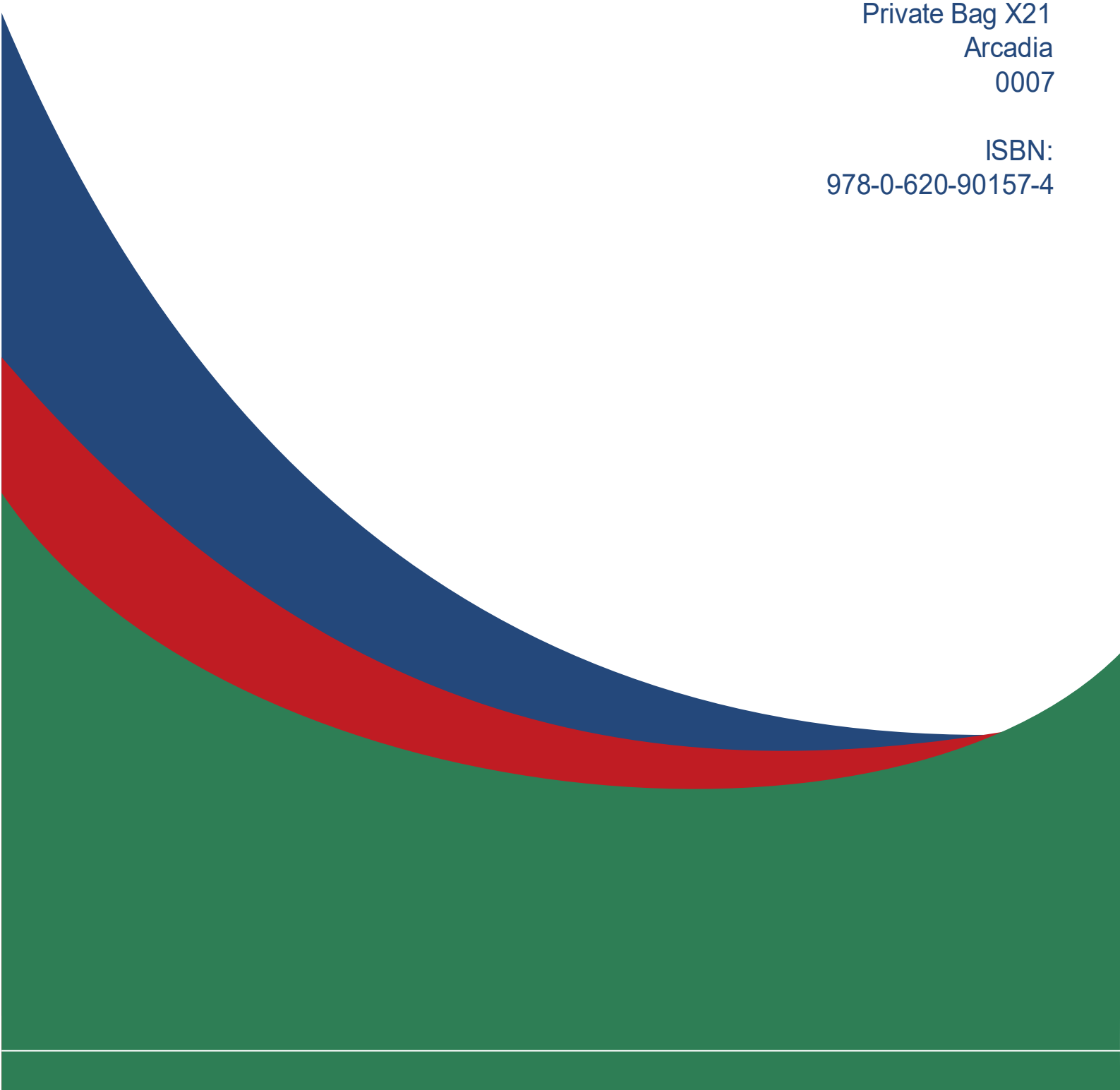
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