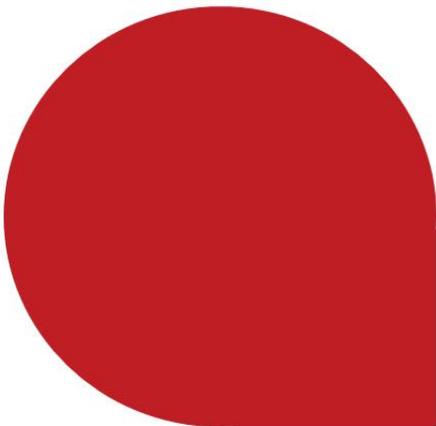




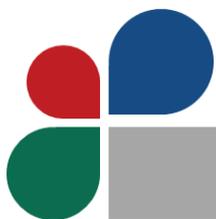
Office of Health Standards Compliance
Ensuring quality and safety in health care



v1.2

**Accident and Emergency
Unit**

**Regulatory Private Acute
Hospital Inspection tool**



Official Sign-Off

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

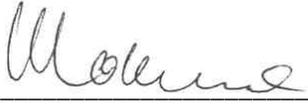
To achieve this mandate, standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

Acknowledgements

There are many people who have contributed to the development of the Regulatory Private Acute Hospital Inspection Tools Version 1.2. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

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- Former Health Standards Development and Training unit Director Dr Grace Labadarios
- Systems, Data Analysis and Research unit Director Dr Thabiso Makola who is also the Acting Director for Health Standards Development and Training unit
- The Health Standards Development and Training unit (Mr Jabu Nkambule who led the team and worked tirelessly with the leadership of Hospital Association of South Africa (HASA) during various development stages of the tool, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini) and contract workers Ms Thresia Pather and Ms Busi Ngubane for the development of the Private Acute Hospital Inspection tools.
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- Provincial Department of Health private hospital licensing units personnel (Ms Pinki Belot - Free State Province, Ms Dimakatso Moeketsi and Ms Zandile Nzuzwa - Kwa-Zulu Natal -Province, Ms Kim Jacobs - Western Cape Province, Ms Bulelwa Peter - Eastern Cape Province, Ms Pakama Nqadala - Northern Cape Province, Ms Lindiwe Mkhathshwa - Mpumalanga Province, and Ms Patience Ntamane - Gauteng Province) for their valuable input and support.
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.
- The Hospital Association of South Africa (HASA) for their commitment and constructive engagements during the consultative process and for affording the OHSC an opportunity to conduct scoping visits in the private hospital health establishments.

It is hereby certified that these Regulatory Private Acute Hospital Inspection tools version 1.2 was developed by the Office of Health Standards Compliance.



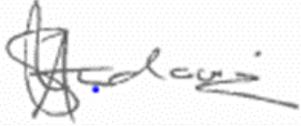
Ms. WMoleko

Executive Manager

Health Standards Development

Analysis and Support

Date: 31/03/2022



Dr. S. Mndaweni

Chief Executive Officer

Date: 31/03/2022

Facility:
Date:

- **Tool Name:** Regulatory Private Acute Hospital Inspection tool v1.2 - Final
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

11 Accident and Emergency Unit

Domain 11.1 USER RIGHTS

Sub Domain 11.1.1 4 User information

Standard 11.1.1.1 4(1) The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 11.1.1.1.1 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

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

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

There must be a system in place to inform users on the procedure for lodging complaints in the unit. The system could include but not limited to a person responsible for informing users about the complaints procedure or posters or pamphlet informing users about the complaints procedure, information displayed within the unit informing users about the complaints procedure or where to access information about complaints procedure. This can be a manual or electronic system. Not applicable: Never

Score	Comment

Sub Domain 11.1.2 5 Access to care

Standard 11.1.2.1 5(1) The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 11.1.2.1.1 5(2)(a) The health establishment must implement a system of triage.

11.1.2.1.1.1 The algorithm used for triage is available in the triage area.

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

The triage algorithm must be visibly displayed or available in the triage area. Not applicable: Never

Score	Comment

11.1.2.1.1.2 Health care providers have received training on the triage process.

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

In-service training documentation must include attendance registers and evidence of the topics discussed. Request records from the previous 12 months. Not applicable: Never

Score	Comment

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11.1.2.1.1.3 Health care providers are able to explain the triage process.

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

Interview three health care providers and ask them to explain the triage process. Score 1 if the process is correctly explained as per the displayed algorithm 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		

11.1.2.1.1.4 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 as they triage a user. Score 1 if the procedure described in the algorithm is followed and 0 if not followed. Not applicable: Never

Score	Comment

11.1.2.1.1.5 Users are triaged in accordance with the documented procedure.

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

Select the health records of three users who attended the emergency unit within the past month. Verify whether their triage status was recorded. Score 1 if it was recorded and 0 if not recorded.

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

Criterion 11.1.2.1.2 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.

11.1.2.1.2.1 User health records indicate adherence to the guidelines for examination and stabilisation of emergency users.

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

Select three health records of emergency users who have been stabilised and referred to another health establishment to determine whether the aspects listed below were documented. Score 1 if the aspect is documented and 0 if not documented. NB Score Not applicable if there were no users referred to another health establishment following stabilisation

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Triage category or score		
2. Initial assessment		
3. Medical history		
4. Physical examination		
5. Investigations ordered		
6. Provisional diagnosis		
7. Final diagnosis (NA where final diagnosis has not been made prior to transfer)		
8. Interventions made to stabilise user		
9. Vital signs monitored. Explanatory notes: Vital signs to be monitored must include but not be limited to temperature, pulse, respiration, blood pressure etc.		
10. Transfer arrangements for receiving doctor and health establishment (where applicable)		

Unit 2 User health record 2

Aspects	Score	Comment
1. Triage category or score		
2. Initial assessment		
3. Medical history		

4. Physical examination		
5. Investigations ordered		
6. Provisional diagnosis		
7. Final diagnosis (NA where final diagnosis has not been made prior to transfer)		
8. Interventions made to stabilise user		
9. Vital signs monitored. Explanatory notes: Vital signs to be monitored must include but not be limited to temperature, pulse, respiration, blood pressure etc.		
10. Transfer arrangements for receiving doctor and health establishment (where applicable)		

Unit 3 User health record 3

Aspects	Score	Comment
1. Triage category or score		
2. Initial assessment		
3. Medical history		
4. Physical examination		
5. Investigations ordered		
6. Provisional diagnosis		
7. Final diagnosis (NA where final diagnosis has not been made prior to transfer)		
8. Interventions made to stabilise user		
9. Vital signs monitored. Explanatory notes: Vital signs to be monitored must include but not be limited to temperature, pulse, respiration, blood pressure etc.		

10. Transfer arrangements for receiving doctor and health establishment (where applicable)		
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Standard 11.1.2.2 5(3) The health establishment must maintain a system of referral as established by the responsible authority.

Criterion 11.1.2.2.1 5(4)(a) The health establishment must ensure that users are provided with information relating to their referral to another health establishment.

11.1.2.2.1.1 Health care providers are able to explain what information they provide to users being referred.

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

Interview three health care providers to determine whether the information they provide to users requiring referral includes the aspects listed below. Score 1 if the aspect is explained and 0 if not explained.

Score	Comment

Unit 1 Health care provider 1

Aspects	Score	Comment
1. Documentation to be provided to user (this could include but not limited to referral letter or radiology results or laboratory results)		
2. Reason for referral		
3. Service to which user will be referred, i.e. the health establishment or health care provider.		

Unit 2 Health care provider 2

Aspects	Score	Comment
1. Documentation to be provided to user (this could include but not limited to referral letter or radiology results or laboratory results)		
2. Reason for referral		
3. Service to which user will be referred, i.e. the health establishment or health care provider.		

Unit 3 Health care provider 3

Aspects	Score	Comment
1. Documentation to be provided to user (this could include but not limited to referral letter or radiology results or laboratory results)		
2. Reason for referral		

3. Service to which user will be referred, i.e. the health establishment or health care provider.		
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Criterion 11.1.2.2.2 5(4)(b) The health establishment must ensure that a copy of the referral document is kept in the user's health record.

11.1.2.2.2.1 A copy of the referral letter or external transfer record for users referred out of the health establishment are filed in the user health record.

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

Request a documented record of referrals from the unit (this may include, but need not be limited to, an admissions or referral register or record of transfer book) and request the health records of the last three users who were referred. Verify whether a copy of the referral letter or external transfer record is filed in the health record and whether the aspects listed below are recorded. Score 1 if the aspect is recorded in the referral letter or external transfer record and 0 if not recorded. Score 0 if the referral letter is not kept in the user health record. Score Not applicable if there were no users referred out of the unit in the past three months. NB: Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Copy of referral letter or external transfer record is filed in user health record		
2. User's health status		
3. Reason for referral		
4. Name of health establishment to which they were referred		
5. Name of accepting health care provider or department.		

Unit 2 User health record 2

Aspects	Score	Comment
1. Copy of referral letter or external transfer record is filed in user health record		
2. User's health status		
3. Reason for referral		
4. Name of health establishment to which they were referred		
5. Name of accepting health care provider or department.		

Unit 3 User health record 3

Aspects	Score	Comment

1. Copy of referral letter or external transfer record is filed in user health record		
2. User's health status		
3. Reason for referral		
4. Name of health establishment to which they were referred		
5. Name of accepting health care provider or department.		

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

Observe how user health records are managed in the unit and determine whether unauthorised individuals would be able to access the information in the health records. This includes but not limited to the health records of users admitted to the unit, health records being used for clinical audits or other administrative purposes or health records outside the records storage area or room of the unit for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the health record. User records may be placed at the foot end of the bed but must not be left open for people to be able to read them when a health care provider is not present. Not applicable: Never

Score	Comment

Standard 11.2.1.2 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 11.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

11.2.1.2.1.1 A clinical assessment and management plan for the user is recorded in the user health record.

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

Request the health records of three users who attended the emergency unit. Verify that the aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded. NB: Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Physical examination findings		
2. Vital signs		

3. Fluid monitoring (where applicable)		
4. Nursing care plan(where applicable)		
5. Medicines administered (signed, dated, time of administration and dose recorded)		
6. Date of each entry		
7. Time of each entry		
8. Each entry signed by the nurse		
9. Full names of signatory		
10. Designation of signatory.		

Unit 2 User health record 2

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

Unit 3 User health record 3

Aspects	Score	Comment

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

Standard 11.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 11.2.1.3.1 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).

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

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

Request three health records of users who gave written consent to procedures and medical treatment. Examine whether confirmation of informed consent is documented in the health records. This could be a specific form designed for this purpose by the health establishment or notes made by a healthcare provider in the health record. Score 1 if the aspect is compliant and 0 if not compliant. NB: Manual or electronic records are acceptable.

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

Sub Domain 11.2.2 7 Clinical management

Standard 11.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 11.2.2.1.1 7 The health establishment implements process to ensure environmental cleanliness.

11.2.2.1.1.1 All cleaning work completed is verified by the cleaning supervisor or delegated person.

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

Daily inspections will ensure the cleanliness of the unit. The person responsible for overseeing the cleaning service must inspect the unit daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (including, but not limited to, checklists/ tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

Score	Comment

11.2.2.1.1.2 The unit is observed to be clean.

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

Inspector to observe general cleanliness of the unit including but not limited to whether the unit is free of dirt and stains. Not applicable: Never

Score	Comment

Criterion 11.2.2.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

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

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

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

Score	Comment

Aspects	Score	Comment
1. Triage		
2. Confirmation of informed consent		
3. Handover of users from emergency medical services (EMS) to health establishment personnel		
4. Management of emergency resuscitations		
5. Management of adverse events		

6. Storage of Schedule 5 and 6 medicines		
7. Access to medicines after hours.		
8. Safe administration of medicines to users		
9. Administration of blood		

Standard 11.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 11.2.2.2.1 7 Procedures to minimise the risk of health care-associated infections must be implemented.

11.2.2.2.1.1 An emergency eyewash station or eyewash kit is available.

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

The emergency eyewash station or bottle must be available, functional and easily accessible. An eyewash kit which is moveable is acceptable. Not applicable: Never

Score	Comment

11.2.2.2.1.2 Sterile sealed eyewash bottles are checked monthly for leaks and expiry dates.

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

There must be a documented record for the previous three months of the dates when the eyewash bottles were checked. Not applicable: Never

Score	Comment

Criterion 11.2.2.2.2 7 The management of used and soiled linen must meet infection prevention and control requirements.

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

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

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

Score	Comment

Criterion 11.2.2.2.3 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.

11.2.2.2.3.1 The Nurse call bed system is functional and easily accessible by the user.

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

Nurse call systems are equipment used by a user to alert or communicate with a caregiver. Observe whether the system is available and functional in at least three areas of the unit. Score 1 if available and functional and 0 if not.

Score	Comment

Aspects	Score	Comment
1. Clinical area 1		
2. Clinical area 2		
3. Bathroom or toilet		

11.2.2.2.3.2 The unit has a functional alerting system that sounds throughout staffed areas.

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

This is to ensure that personnel are alerted immediately in the event of an emergency. Not applicable:

Never

Score	Comment

Criterion 11.2.2.2.4 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

11.2.2.2.4.1 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

11.2.2.2.4.2 Administration of blood is recorded.

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

Select the health records of three users who were administered blood and verify whether the aspects listed below are documented. Score 1 if the aspect is documented and 0 if not documented. NB: Score Not applicable if there were no users who received blood at the time of inspection.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		

5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 2 User health record 2

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		

9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		
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Unit 3 User health record 3

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

Criterion 11.2.2.5.7 Communication during user handover must be standardised to advance user safety.

11.2.2.5.1 The correct handover procedure from emergency medical services personnel to health establishment personnel is followed.

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

Select three health records and verify whether the aspects listed below have been documented. Score

1 if the aspect is documented and 0 if not documented. NB: Manual or electronic records are acceptable.

Score	Comment

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Unit 1 User health record 1

Aspects	Score	Comment
1. User identification		
2. Clinical status of user (including Glasgow coma scale [GCS])		
3. Vital signs monitored during transfer		
4. Known medical history		
5. Time of arrival		
6. Time of handover		
7. Method of transfer of user from ambulance to consultation room or health establishment bed, i.e. walking, stretcher or wheelchair		
8. Name and designation of health care provider to whom user was handed over		
9. Signatures of transferring and receiving personnel		

Unit 2 User health record 2

Aspects	Score	Comment
1. User identification		
2. Clinical status of user (including Glasgow coma scale [GCS])		
3. Vital signs monitored during transfer		
4. Known medical history		
5. Time of arrival		

6. Time of handover		
7. Method of transfer of user from ambulance to consultation room or health establishment bed, i.e. walking, stretcher or wheelchair		
8. Name and designation of health care provider to whom user was handed over		
9. Signatures of transferring and receiving personnel		

Unit 3 User health record 3

Aspects	Score	Comment
1. User identification		
2. Clinical status of user (including Glasgow coma scale [GCS])		
3. Vital signs monitored during transfer		
4. Known medical history		
5. Time of arrival		
6. Time of handover		
7. Method of transfer of user from ambulance to consultation room or health establishment bed, i.e. walking, stretcher or wheelchair		
8. Name and designation of health care provider to whom user was handed over		
9. Signatures of transferring and receiving personnel		

Criterion 11.2.2.2.6 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

11.2.2.2.6.1 Emergency trolley is stocked with medicines and equipment.

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

Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable). NB: Please Note that in some emergency units/departments the equipment will be in resuscitation bays and not necessarily in a trolley. Score Not applicable for items not used in the unit because the category of user is not seen in that unit.

Score	Comment

Aspects	Score	Comment
Devices to open and protect airway		
1. Laryngoscope handle		
2. Straight blade for laryngoscope size 00 (neonate)		
3. Straight blade for laryngoscope size 0 (neonate)		
4. Straight blade for laryngoscope size 1 (neonates)		
5. Curved blade for laryngoscope size 2 (adult)		
6. Curved blade for laryngoscope size 3 (adult)		
7. Curved blade for laryngoscope size 4 (adult)		
8. Endotracheal tubes-adult (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
9. Endotracheal tubes-paeds (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol).		

10. Endotracheal tubes-neonates (a minimum of two different sizes cuffed as determined by the user profile seen in the unit and resuscitation protocol).		
11. Oropharyngeal airway size 000 (neonate)		
12. Oropharyngeal airway size 00 (neonate)		
13. Oropharyngeal airway size 0 (infant)		
14. Oropharyngeal airway size 1 (small child)		

15. Oropharyngeal airway size 2 (child)		
16. Oropharyngeal airway size 3 (small adult)		
17. Oropharyngeal airway size 4 (medium adult)		
18. Oropharyngeal airway size 5 (large adult)		
19. Plaster or ties for endotracheal tubes		
20. Lubricating gel		
Equipment for difficult Intubation		
21. Introducer		
22. Laryngeal mask airway size 3		
23. Laryngeal mask airway size 4		
24. Laryngeal mask airway size 5		
25. Magill forceps (adult)		
26. Magill forceps (paediatric)		
Devices to deliver oxygen/ventilate users		
27. Manual resuscitator device or bag and valve mask (adult)		
28. Manual resuscitator device or bag and valve mask (paediatric)		
29. Oxygen masks-60% rebreather		
30. Oxygen supply – ready for use (portable).Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge.		
Equipment to diagnose and treat cardiac dysrhythmias		

31. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
32. CPR board		
Devices to gain intravascular access		
33. Intravenous administration sets		
34. High flow IV administration sets		
35. IV Cannulae		
Medicine		
36. Emergency medicines according to local protocol are available and have not expired.		
Other		
37. Emergency response resuscitation bag or trolley. Explanatory note: Only applicable if the emergency unit provides emergency response for the hospital.		

11.2.2.2.6.2 Medical supplies and equipment for resuscitation is available.

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

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

Score	Comment	
Aspects	Score	Comment
1. Chlorhexidine or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Spare batteries for laryngoscope		

6. Spare bulb(where applicable)		
7. Syringe 2ml		
8. Syringe 5ml		
9. Syringe 20ml		
10. Cather tip syringe 50ml		
11. Needles size 16 G(Paeds)		
12. Needles size18 G		
13. Needles size 22G		
14. Needle size 24G		
15. Needles size 25G		
16. Scissors		
17. Tourniquet		
18. Stethoscope		
19. Nasogastric tubes size 5 (paediatric)		
20. Nasogastric tubes size 6 (paediatric)		
21. Nasogastric tubes size 8 (paediatric)		
22. Nasogastric tubes size 10 (paediatric)		
23. Nasogastric tubes size 12 (adult / paediatric)		
24. Nasogastric tubes size 14 (adult)		
25. Nasogastric tubes size 16 (adult)		
26. Nasogastric tubes size 18 (adult)		
27. Suction catheter 6F (neonate)		
28. Suction catheter 8F (paediatric)		
29. Suction catheter 10F (paediatric)		
30. Suction catheter 12F (adult)		
31. Suction catheter 14F (adult)		
32. Suction devices (portable)		
33. Yankhauer suction		

34. Nasal cannula		
35. Blood administration set		
36. Resuscitation algorithm		

11.2.2.2.6.3 The emergency trolley is checked in accordance with agreed unit practice.

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

Checking of the emergency trolley will vary from different units. Request a documented practice for checking the emergency trolley and verify whether it is checked as documented. Request documented records of checking the emergency trolley from the previous 30 days. Not applicable: Never

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

Verify whether the hand washing items listed below are available. Score 1 if the item is available and 0 if not available.

Score	Comment

Unit 1 User care area

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

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

Unit 2 Personnel toilet

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

Unit 3 User toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		

3. Poster on the correct use of alcohol-based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020.		
4. Taps		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Criterion 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 There is a designated area for storage of linen.

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

This could be but not limited to a room or a storage cupboard. Not applicable: Never

Score	Comment

11.2.3.1.2.2 There is sufficient stock of linen in accordance with the number of users in ward.

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

The minimum and maximum number of linen items required for all users must be available in the linen storage area as determined by the unit. Not applicable: Never

Score	Comment

Criterion 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 NA where, at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

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Unit 1 Consultation room

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

Unit 2 Triage area

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

Unit 3 Resuscitation area

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 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 emergency unit has appropriate containers for disposal of all types of waste.

Assessment type: Observation - **Risk rating:** Essential 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 healthcare risk waste from a health facility. Score 1 if the waste container is available and 0 if not available. Where a particular type of waste is not generated in the emergency unit, score NA.

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 in the emergency unit.

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

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

Score	Comment

Unit 1 Area 1

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

Unit 2 Area 2

Aspects	Score	Comment

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

Unit 3 Area 3

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

11.2.4.1.2.2 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 NA for any aspects not found in the temporary waste storage area.

Score	Comment

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

Sub Domain 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/preferred levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

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

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

Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 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		

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

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

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

Score	Comment

11.3.1.1.1.4 The schedule 5 and 6 medicines held in the unit correspond with the quantities documented in the drug register.

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

Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 0 if the medicines do not correlate or if any of the columns have not been completed.

Score	Comment

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

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

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

11.3.1.1.1.6 Physical stock of medical supplies corresponds with stock control system.

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

Select five items held as stock and verify the number of items available against the balance indicated on the bin cards or equivalent. The system may be manual or electronic.

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

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 Medical supplies (consumables) are available.

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

The unit is expected to have a list of basic medical supplies/consumables according to the needs of the users. Request the list of medical supplies/consumables for the unit and randomly select twenty-five items and check whether the selected items are available and not expired (where applicable). Score 0 if any of the selected items are not available or they are expired or if there is no list of medical supplies/consumables available. NB: Please note other health establishment might have less than twenty-five items in the unit list. Not applicable: Never

Score	Comment

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 the emergency medicine cupboard is not kept in the unit or the health establishment does not keep emergency medicine cupboard.

Score	Comment

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

Assessment type: Document - **Risk rating:** Essential 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 emergency medicine cupboard is not kept in the unit or the health establishment does not keep emergency medicine cupboard.

Score	Comment

11.3.1.1.2.4 Medicines issued from the emergency cupboard are documented.

Assessment type: Document - **Risk rating:** Essential 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 emergency medicine cupboard is not kept in the unit or the health establishment does not keep emergency medicine cupboard.

Score	Comment

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

Assessment type: Observation - **Risk rating:** Vital 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. Not applicable: Where the emergency medicine cupboard is not kept in the unit or the health establishment does not keep emergency medicine cupboard.

Score	Comment

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 documented and reported monthly to the forum responsible for user safety incidents.

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

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

Score	Comment

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 reported adverse blood reactions must be available. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse blood reactions were reported

Score	Comment

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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 medical equipment is available in the unit.

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

Essential equipment to deliver basic user care must be available in the unit. Request the list of medical equipment for the unit and randomly select twenty equipment items. Check whether the selected equipment is available and functional. Score 0 if any of the selected equipment is not available or not functional or if the list is not available.

Score	Comment

Domain 11.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 11.4.1 19 Human resources management

Standard 11.4.1.1 19(1) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 11.4.1.1.1 19(2)(a) The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

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

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

Documented staffing levels for the unit are available. Request staffing levels from the previous three months. Not applicable: Never

Score	Comment

Sub Domain 11.4.2 20 Occupational health and safety

Standard 11.4.2.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 11.4.2.1.1 20(2)(b) Awareness of safety and security issues must be promoted

11.4.2.1.1.1 The emergency evacuation plan is prominently displayed.

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

The evacuation plan must include amongst others: route/directions to be followed during evacuation, emergency exits and assembly point(s). This must be displayed. Not applicable: Never

Score	Comment

11.4.2.1.1.2 The healthcare personnel are familiar with the emergency evacuation procedure.

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

Interview three health care personnel to establish whether they are able to explain the evacuation procedure as illustrated in the evacuation plan. Score 1 if they explain the procedure as illustrated in the evacuation plan and 0 if not. Where no evacuation plan is available, this measure must be scored 0.

Score	Comment	
Aspects	Score	Comment
1. Healthcare personnel 1		
2. Healthcare personnel 2		
3. Healthcare personnel 3		

Criterion 11.4.2.1.2 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

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

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

The actions to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. 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

11.4.2.1.2.2 The name and contact details of the fire wardens or marshals are prominently displayed.

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

An individual permanently placed in the emergency unit must be designated as the fire warden or marshal. Not applicable: Never

Score	Comment

11.4.2.1.2.3 All fire-fighting equipment is checked by the fire warden/marshal on a monthly basis.

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

These checks must be conducted in addition to the annual servicing of equipment to ensure that the fire-fighting equipment is functional. Request records from the previous three months. Not applicable:

Never

Score	Comment

Criterion 11.4.2.1.3 20 The disaster management plan must be communicated to personnel and tested annually.

11.4.2.1.3.1 Health care personnel are able to explain the disaster management plan, including health emergencies and their role in the 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 12 months?		
3. Have you participated in a mock emergency drill in the past 12 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 12 months?		

3. Have you participated in a mock emergency drill in the past 12 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 3 Health care personnel 3

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 12 months?		
3. Have you participated in a mock emergency drill in the past 12 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)(b) The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.

11.5.1.1.1.1 No obvious safety hazards are observed during the visit.

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

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

Score	Comment

Criterion 11.5.1.1.2 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.

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

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

Check the emergency vehicle access route within the health establishment premises to determine if it meets the requirements in the measure. It must not be blocked by people, cars, furniture or any other objects or obstructions. Not applicable: Never

Score	Comment

Criterion 11.5.1.1.3 14(2)(d) The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.

11.5.1.1.3.1 Ventilation is adequate in all areas of the emergency unit.

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

National building regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space mechanically or passively, through either ducting or apertures open to the outside, including, but not limited to, windows or ventilation grilles. Verify that the emergency unit has natural ventilation (windows and doors that can be opened) or functional mechanical ventilation (i.e. a ducting system). Not applicable: Never

Score	Comment

Sub Domain 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 The unit has a functional system to supply piped oxygen to clinical areas.

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

This is to ensure that users have access to piped oxygen when required. Verify whether piped oxygen is available and functional in clinical areas in the unit. Randomly check a minimum of three areas. Not applicable: Never

Score	Comment

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11.5.2.1.1.2 An oxygen cylinder with pressure gauge is available.

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

This is to ensure that users have access to portable oxygen when required as back up. An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available.

Not applicable: Never

Score	Comment

11.5.2.1.1.3 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

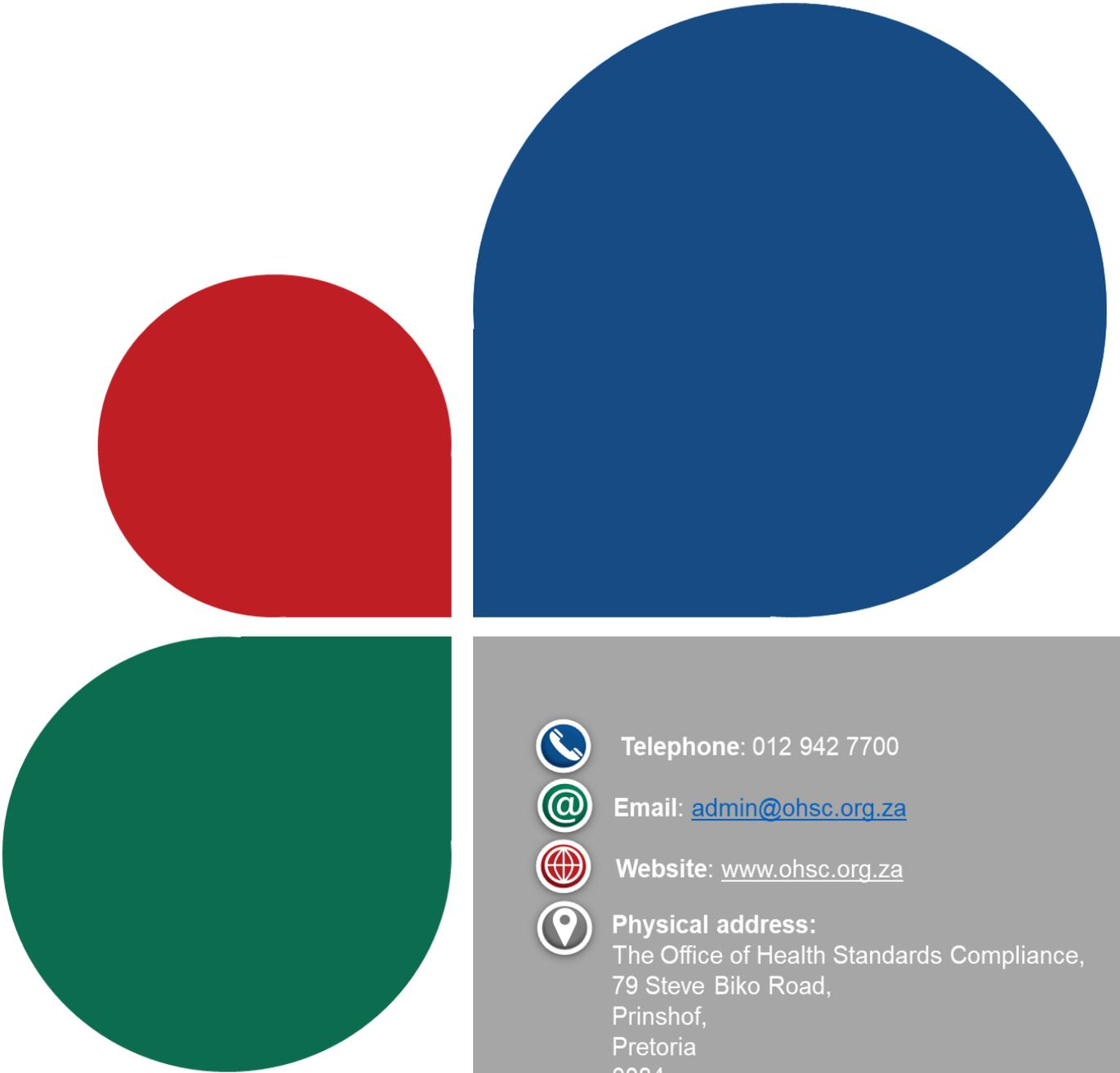
Score	Comment

11.5.2.1.1.4 A functional system is in place to supply piped suction to clinical areas.

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

This is to ensure that users have access to piped suction when required. Verify whether piped suction or vacuum is available and functional in the clinical areas in the unit. Randomly check a minimum of three areas. Not applicable: Never

Score	Comment



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