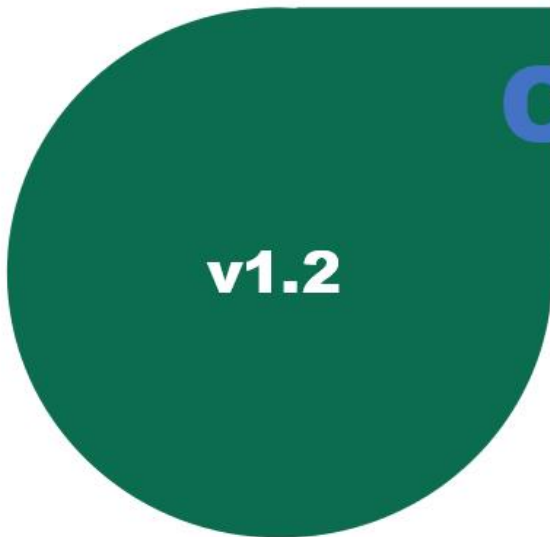
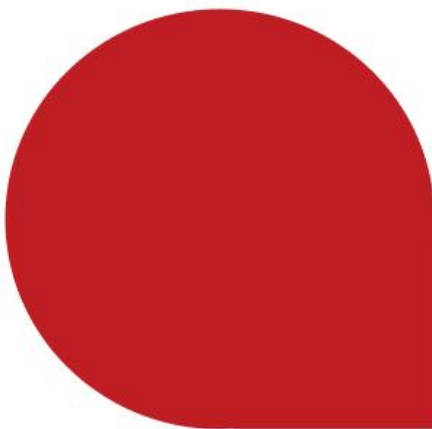




Office of Health Standards Compliance  
Ensuring quality and safety in health care



# CHC Manager

v1.2

**Regulatory CHC inspection tool**

Facility:
Date:

- **Tool Name:** Regulatory CHC Inspection tool v1.2 - Final
- **HES Type:** CHC Sector: Public
- **Specialization:** CHC
- **Created By:** Health Standards Development and Training

# 1 CHC Manager

## Domain 1.1 USER RIGHTS

### Sub Domain 1.1.1 4 User information

**Standard 1.1.1.1 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 1.1.1.1.1 4(2)(a)(iv)** The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

**1.1.1.1.1.1 CHECKLIST:** Complaints records reflect compliance with the National Guideline to Manage Complaints, Compliments and Suggestions in the Public Health Sector in South Africa.

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

Use the checklist below to check the availability of records required for effective complaints management. Check complaints records for the past three months for statistical data. For complaints letters and redress letters and/or minutes, check the last five resolved complaints for evidence. The evidence requested below can be available manually or electronically. Score 1 if the evidence is available and score 0 if it is not available. In cases where no complaints were received in the past three months, the Complaints Compliance Report for the health establishment as generated from the national web-based information system must show 100% compliance for “Null” reporting for the health establishment for the past three months. Where a “Null” report is available, score NA (not applicable) for aspects marked with an asterisk '\*’.

Score	Comment	
Aspects	Score	Comment
1. A standard operating procedure to Manage Complaints, Compliments and Suggestions is available		
2. The statistical report for indicators and classifications for complaints is available. Explanatory Note: This will be scored not applicable if there were no complaints logged		
3. Complaints register for logging complaints is available		
<b>If complaints letters are available in the complaints file (check the last 5 complaints resolved)</b>		
4. Complaints file 1*		
5. Complaints file 2*		
6. Complaints file 3*		
7. Complaints file 4*		

8. Complaints file 5*		
<p><b>Complaints redress letters and/or minutes are available in the complaints file (check the last 5 complaints resolved). Explanatory note: A written letter or report on the outcome of the investigation should be provided to the user, families or supporting persons who lodged the complaint. Redress refers to a range of appropriate responses that can be provided to a user or families/supporting persons by a health establishment. Such responses or remedies can include but are not limited to an apology, an explanation or an acknowledgement of responsibility.</b></p>		
9. Complaints file 1*		
10. Complaints file 2*		
11. Complaints file 3*		
12. Complaints file 4*		
13. Complaints file 5*		

**Sub Domain 1.1.2 5** Access to care

**Standard 1.1.2.1 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 1.1.2.1.1 5(2)(a)** The health establishment must implement a system of triage.

**1.1.2.1.1.1 CHECKLIST:** A standard operating procedure to prioritise very sick, frail and elderly users is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. The prioritization procedure for the health establishment is described  Explanatory Note: This can include but is not limited to availability of a dedicated person at waiting areas to identify these users and inform users of the prioritisation process.		

2. The procedure for prioritising very sick, frail and elderly patients must be communicated to users.  Explanatory note: The information is not displayed on a poster or electronic board in the waiting area, or health care providers can explain the prioritisation process to users verbally.		
3. In-service training on the prioritisation process must be provided for ALL personnel		
4. The responsibility for prioritisation of users must be allocated to a designated health care provider on a daily basis		
5. Random spot checks must be conducted during the day to determine if the very sick, frail, and elderly patients have been prioritised		

**Criterion 1.1.2.1.2 5(2)(b) The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment, and that they are accompanied by a health care provider.**

**1.1.2.1.2.1** There is a pre-determined emergency medical services (EMS) response time to the health establishment.

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

Explanatory note: The pre-determined response times agreed by the EMS and the District Office must be documented and available within the health establishment. The inspector will accept the predetermined EMS response times, as provided by the health establishment. This could be in the form of a memorandum or poster. Not applicable: Never

Score	Comment

**1.1.2.1.2.2** The health establishment monitors the emergency medical services (EMS) response times.

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

Explanatory note: A register or records documenting the following will be required for evidence of compliance: The name of the user for whom the ambulance is requested, the time the request was made and the time the ambulance arrived. Not applicable: Never

Score	Comment

**1.1.2.1.2.3** The health establishment reports delays in emergency medical services (EMS) response times to the relevant authority.

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

Explanatory note: Evidence of reporting to the District or Sub-district or designated forum will be required. A report or an email sent to the relevant authority will be required. Reporting can be done monthly or quarterly. Not applicable: Where there have been no delays in EMS response times.

Score	Comment

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**Criterion 1.1.2.1.3 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.**

**1.1.2.1.3.1** Professional nurses have received training on Basic Life Support (BLS).

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

Explanatory note: Training should be provided by an accredited service provider. A BLS certificate from an accredited service provider issued within the previous two years will be required. In community health centres with five or more professional nurses, at least 80% must have a certificate (round up from 75% where necessary). In community health centres with four professional nurses, at least three must be trained. In community health centres with three or fewer professional nurses, all of them must be trained. Proof of attendance whilst waiting for a certificate will not be accepted. Not applicable: Never

Score	Comment

**Standard 1.1.2.2 5(3)** The health establishment must maintain a system of referral as established by the responsible authority.

**Criterion 1.1.2.2.1 5(4)(a) The health establishment must ensure that users are provided with information relating to their referral to another health establishment.**

**1.1.2.2.1.1 CHECKLIST:** A standard operating procedure for the referral system is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. District referral network		
2. Referral register		
3. Standardised user referral form		
4. Standardised user referral feedback form		

**Sub Domain 1.1.3 22** Waiting times

**Standard 1.1.3.1 22** The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

**Criterion 1.1.3.1.1 22** Waiting times are monitored and improvement plans are implemented.

**1.1.3.1.1.1** Compliance with waiting time targets is monitored by the health establishment.

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

Request the tools used for the previous six months for monitoring waiting times and assess if the health establishment monitors waiting times. Not applicable: Never

Score	Comment

**1.1.3.1.1.2** The waiting time survey report is available.

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

The waiting times report from the previous six months must be available, signed and dated. Contents of the report should include but not limited to: Title or name of report, Background information, Targets and Findings, Causes of delays(if any) ,Recommendations, Conclusion. Not applicable: Never

Score	Comment

**1.1.3.1.1.3** A quality improvement plan indicates corrective measures taken where waiting time targets are not met.

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

There must be documented evidence of action taken to reduce waiting times at the health establishment, aiming towards achievement of the waiting times targets. This could be a Quality Improvement plan(QIP). This does not need to be a stand-alone QIP, the information could be in a consolidated QIP addressing other gaps in the health establishment. Not applicable: Where waiting time targets are met

Score	Comment

**Domain 1.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 1.2.1 6** User health records and management

**Standard 1.2.1.1 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 1.2.1.1.1 6(2)(a)** The health establishment must have a health record filing, archiving, disposing, storage and retrieval system which complies with the law.

**1.2.1.1.1.1 CHECKLIST:** A standard operating procedure for key functions of health records management is available.

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

Read through the standard operating procedure and confirm whether the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. Accessing of health records		

2. Tracking of health records		
3. Filing of health records		
4. Storage of health records		
5. Archiving of health records		
6. Disposal of health records		

**Standard 1.2.1.2 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 1.2.1.2.1 6 A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).**

**1.2.1.2.1.1 CHECKLIST:** The standard operating procedure for informed consent is available.

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

Read through the standard operating procedure and confirm whether the aspects listed below are included and explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained.

Score	Comment	
Aspects	Score	Comment
1. The signatory providing consent must be legally entitled to give informed consent.  Explanatory note: As described in the National Health Act, this can be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child or brother or sister. In an emergency, lifesaving procedures can be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 4. In case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act (Act 38 of 2005)		
2. The exact nature of the operation/procedure or treatment, including the site and side where relevant, must be communicated to the user		
3. The user's full names must appear on the consent form		
4. The age or date of birth or identity number of users must be reflected on the consent form		
5. The consent form must be signed by the user, their legal guardian (for minors) or the person legally responsible for the user (adults with diminished mental capacity)		

6. The consent form must be signed by the health care provider who will perform the procedure		
7. The consent form must be dated		
8. All entries on the form must be legible		

**Sub Domain 1.2.2 7 Clinical management**

**Standard 1.2.2.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 1.2.2.1.1 7(2)(a)** The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.

**1.2.2.1.1.1 CHECKLIST:** National guidelines on priority health conditions are available.

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

Use the checklist below to check whether a copy of the guidelines is available. Guidelines can also be available electronically or via an application programme (app). Check that the most current guidelines are being used. Score 1 if available and score 0 if not available.

Score	Comment	
Aspects	Score	Comment
<b>Child, Youth and School Health</b>		
1. Integrated Management of Childhood Illness Chart Booklet, 2019		
2. South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017)		
<b>Non-Communicable diseases</b>		
3. National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021)		
<b>HIV</b>		
4. Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019)		
5. National HIV Testing Services Policy (2016)		
6. National Medical Male Circumcision Guidelines (2016)		



7. National guidelines for the management of Viral Hepatitis (2019)		
<b>TUBERCULOSIS</b>		
8. National Tuberculosis Management Guidelines (2014)		
9. National Guidelines for the Management of Tuberculosis in Children (2013)		
10. Management of Rifampicin Resistance - A Clinical Reference Guide (2019)		
<b>Women, Maternal and Reproductive Health</b>		
11. Guidelines for Maternity Care in South Africa (2016)		
12. Cervical Cancer Prevention and Control Policy (2017)		
13. Clinical Guidelines for Breast Cancer Control and Management (2019)		
14. National Contraceptives clinical guidelines (2019)		
15. National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020)		
16. Maternal, Perinatal and Neonatal health policy (2021)		
17. Clinical Guideline for Genetics Services (2021)		
18. National Clinical Guidelines for Safe Conception and Infertility (2021)		

**1.2.2.1.1.2 CHECKLIST:** Healthcare personnel are informed about clinical guidelines and policies.

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

Documented evidence that personnel have been informed about the clinical policies and guidelines 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 of meeting where policies and guidelines are discussed or similar evidence for electronic distribution. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment

Aspects	Score	Comment
<b>Child, Youth and School Health</b>		
1. Integrated Management of Childhood Illness Chart Booklet, 2019		
2. South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017)		
<b>Non-Communicable diseases</b>		
3. National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021)		
<b>HIV</b>		
4. Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019)		
5. National HIV Testing Services Policy (2016)		
6. National Medical Male Circumcision Guidelines (2016)		
7. National guidelines for the management of Viral Hepatitis (2019)		
<b>TUBERCULOSIS</b>		
8. National Tuberculosis Management Guidelines (2014)		
9. National Guidelines for the Management of Tuberculosis in Children (2013)		
10. Management of Rifampicin Resistance - A Clinical Reference Guide (2019)		
<b>Women, Maternal and Reproductive Health</b>		
11. Guidelines for Maternity Care in South Africa (2016)		
12. Cervical Cancer Prevention and Control Policy (2017)		

13. Clinical Guidelines for Breast Cancer Control and Management (2019)		
14. National Contraceptives clinical guidelines (2019)		
15. National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020)		
16. Maternal, Perinatal and Neonatal health policy (2021)		
17. Clinical Guideline for Genetics Services (2021)		
18. National Clinical Guidelines for Safe Conception and Infertility (2021)		

**Criterion 1.2.2.1.2 7(2)(b) The health establishment must establish and maintain systems, structures and programmes to manage clinical risks.**

**1.2.2.1.2.1 CHECKLIST:** Training is provided to professional nurses on clinical guidelines.

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

Use the checklist below to determine whether the training on clinical guidelines is provided to professional nurses. Score 1 if the aspect is compliant and 0 if it is not compliant. For aspects requiring 80% of nurses to be trained, round up from 75% where necessary. This means that in community health centres with four professional nurses, at least three must be trained. In community health centres with three or fewer professional nurses, all of them must be trained.

Score	Comment

Aspects	Score	Comment
1. 80% of professional nurses have been fully trained on Adult Primary Care or Practical Approach to Care Kit		
2. 80% of professional nurses have been fully trained on Integrated Management of Childhood Illness. Explanatory note: If IMCI was part of basic Nursing training, mark as compliant. Health establishment must keep a record of Nurses who did IMCI as part of their basic training. For nurses who did not undergo IMCI as part of their basic training, a certificate for the IMCI training is required		
3. 50% of professional nurses at the 8-hour service and emergency unit are trained on Basic Antenatal Care (BANC) Plus		
4. 80% of professional nurses at the MOU are trained on BANC Plus and ESMOE		

**1.2.2.1.2.2 CHECKLIST:** The targets for proxy indicators for clinical risk are met.

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

Request records from the previous quarter and check whether the targets set for proxy indicators for clinical risk are met. Score 1 if the target is met and 0 if the target is not met. NB: The indicators for TB do not include MDR and XDR TB. For the indicator on Immunisation coverage request annualised records.

Score	Comment	
Aspects	Score	Comment
1. TB treatment success rate is at least 87% Explanatory note: Not applicable if CHC does not treat TB users		
2. TB (new pulmonary) defaulter rate is less than 5% Explanatory note: Not applicable if CHC does not treat TB users		
3. Antenatal visit rate before 20 weeks gestation is at least 70%		
4. Antenatal users initiated on ART rate is at least 97%		
5. Immunisation coverage under one year (annualised) is at least 86%		

**1.2.2.1.2.3 CHECKLIST:** There is an improvement in proxy indicators for clinical risk.

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

Request records from the previous quarter relative to the inspection, and records from the same quarter of the previous financial year. For example, if the inspection is conducted in the third quarter of the 18/19 financial year, request the records for the second quarter of the 18/19 financial year, and the second quarter of the 17/18 financial year. Compare the rates from the two quarters (second quarter of 17/18 vs 18/19) to check whether there has been an improvement in proxy indicators for clinical risk. Score 1 if there is an improvement of 5% or more and score 0 if the improvement is less than 5%. Score NA (not applicable) if the targets for proxy indicators for clinical risk have been met. NB: For the indicator on Immunisation coverage request annualised records.

Score	Comment	
Aspects	Score	Comment
1. TB treatment success rate has increased by at least 5% from the previous year		

2. TB (new pulmonary) defaulter rate has improved by at least 5% from the previous year		
3. Antenatal visit rate before 20 weeks gestation has increased by at least 5% from the previous year		
4. Antenatal users initiated on ART rate has increased by at least 5% from the previous year		
5. Immunisation coverage under one year (annualised) has increased by at least 5% from the previous year		

**1.2.2.1.2.4 CHECKLIST:** National guidelines are followed for all notifiable medical conditions.

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

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

Score	Comment	
Aspects	Score	Comment
<p>1. Notifiable medical conditions are recorded in the notification booklet or entered electronically in a web-based system.</p> <p>Explanatory note: The health establishment should be aware of the number of cases of different notifiable diseases presenting in order to identify emerging trends as early as possible and report these to the relevant authority. Look at the GW17 register to see if all diagnosed notifiable diseases have been recorded.</p>		
2. All notifiable diseases are reported using the prescribed form or electronically in a web-based system		
<p>3. Proof of submission of completed forms is available.</p> <p>Explanatory note: Check submissions from the previous six months. The health establishment should produce evidence that the report has been sent to the public health agency. Reporting can be done either via a paper based or an electronic notification. Paper based notification: Complete the NMC Case Notification Form and send to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or NMC hotline 072 621 3805. Form(s) can be sent via SMS, WhatsApp, email, fax. Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page). The NMC Focal Person at health facility level or Sub-District must ensure that the forms are captured electronically OR Electronic notification via the NMC APP; Download the NMC APP from <a href="http://www.nicd.ac.za/notifiablemedical-conditions/">http://www.nicd.ac.za/notifiablemedical-conditions/</a> or via your cell phone app store</p>		

**1.2.2.1.2.5** Authorisation for prescribing and dispensing by professional nurse(s) is available (Section 56(6) of the Nursing Act).

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

Explanatory note: The Nursing Act, 2005 (Act No. 33 OF 2005) section 56(6)(iii) permits the keeping of prescribed medicines and their supply, administering or prescribing on the prescribed conditions. In order to effect this provision of the Nursing Act, a letter from the Director General Health or designated person authorising nurses to prescribe and dispense must be available. Please note an individual letter for each healthcare provider is required. Not applicable: Never

Score	Comment

**1.2.2.1.2.5 CHECKLIST:** The clinical risk aspects listed below are addressed in the quality improvement plan.

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

Request the quality improvement plan from the previous six months and check if the aspects listed below are addressed. The plan should include the gaps identified and the interventions to be implemented. Score 1 if the aspect is compliant and 0 if it is not compliant. Score NA (not applicable) where gaps have not been identified for a specific aspect.

Score	Comment	
Aspects	Score	Comment
1. Patient safety incident reported (incidents related to clinical care)		
2. Clinical record audit		
3. Annual risk assessment for infection prevention and control		
4. Loss to follow-up of HIV and TB users		
5. Tracer list medicine stock-out		
6. Laboratory specimen collection material stock-out		
7. Complaints statistical data relating to clinical care		

**1.2.2.1.2.6 CHECKLIST:** The health establishment conducts clinical audits of each priority programme at least annually.

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

Request the clinical audit reports/documents and assess if the health establishment has conducted clinical audits for the conditions/programmes listed below. Score 1 if compliant and score 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. HIV/TB		

2. NCD (diabetes and hypertension)		
3. Maternal health (ANC & PNC)		
4. Well baby		
5. Sick child (IMCI)		

**1.2.2.1.2.8 CHECKLIST:** A standard operating procedures for handover between shifts is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. The individual responsible for conducting the handover (is it the nurse caring for the user or shift leader)		
2. Describe the handover process		
3. The minimum details to be provided at handover (summary of patient condition, procedures and treatment required)		
4. When should the handover take place		

**1.2.2.1.2.9 CHECKLIST:** A standard operating procedure for safe administration of medicines to users is available.

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

Read through the standard operating procedure and confirm whether the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment

1. Validity of the prescription must be checked before administration		
2. Verification of medicine to be administered		
3. Route of administration		
4. Administration of parenteral medicines		
5. Administration of Schedule 5 and 6 medicines		
6. Reporting of medication errors/adverse drug reactions		
7. Recording of medication administered		

**1.2.2.1.2.10** Quarterly maternal and perinatal morbidity and mortality meetings are attended.

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

Explanatory note: The purpose of maternal and perinatal morbidity and mortality is to improve user safety. If meetings are held at District or Sub-district or hospital level, there must be evidence of health establishment participation in these meetings.

Manual or electronic minutes of the meeting from the previous quarter must be available. Not applicable: Never

Score	Comment

**Criterion 1.2.2.1.3 7 The health establishment implements process to ensure environmental cleanliness.**

**1.2.2.1.3.1 CHECKLIST:** Cleaners are trained on the aspects listed below.

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

Review in-service training records from the previous 12 months to verify whether cleaning personnel have received training on the aspects listed below. Score 1 if training has been provided and 0 if not provided.

Score	Comment	
Aspects	Score	Comment
1. Use of cleaning equipment		
2. Use of cleaning materials		



3. Use of disinfectants		
4. Use of detergents		
5. Implementation of infection control procedures, including but not limited to personal protective equipment to be worn		

**1.2.2.1.3.2** Records show that pest control is done according to schedule.

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

Explanatory note: Implementing regular pest control measures will ensure that infestations of the building are prevented. This may not include routine pest removal but must include as a minimum regular inspections to determine whether pest control measures, e.g. fumigation, are required. Where measures were not required, documented confirmation of the visit and inspection must be available. For health establishments that are not provided with an invoice, evidence of the inspection can include signatures in the visitor's book, a report confirming the absence of pests, or similar proof. Not applicable: Never

Score	Comment

**Sub Domain 1.2.3 8** Infection prevention and control programmes

**Standard 1.2.3.1 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 1.2.3.1.1 8(2)(b)** The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

**1.2.3.1.1.1 CHECKLIST:** The standard operating procedure for the management of users with highly infectious diseases is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Users with highly infectious diseases are accommodated in a designated room or area in the community health centre		
2. Cleaning and disinfection of the designated room or area is conducted immediately after the user leaves the area or room		

3. Availability of personal protective equipment.		
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**Criterion 1.2.3.1.2 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.**

**1.2.3.1.2.1 CHECKLIST:** A standard operating procedure for standard precautions is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. The information can be detailed in a single document or several separate documents. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Patient placement		
4. Appropriate use of antiseptics, disinfectants and detergents		
5. Respiratory hygiene and cough etiquette		
6. Injection safety, prevention of injuries from sharp instruments.		
7. Environmental cleanliness		
8. Decontamination of medical devices		
9. Handling of linen and laundry		
10. Principles of asepsis		
11. Post-exposure prophylaxis		

**1.2.3.1.2.2 CHECKLIST:** Health care workers have been trained in standard precautions in the past two years.

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

Use the checklist below to check whether health care workers have received in-service training in standard precautions in the past two years. Select two health care providers and two cleaners from the health establishment's personnel. Request the training records (attendance registers). Score 1 if the health care workers have been trained and score 0 if they have not been trained.

Score	Comment

Unit 1 Healthcare Provider 1

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Prevention of respiratory infections		
4. Injection safety, prevention of injuries from sharp instruments and post-exposure prophylaxis		
5. Sharps safety		
6. Environmental cleanliness		
7. User Care equipment		
8. Handling of linen		

Unit 2 Healthcare Provider 2

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Prevention of respiratory infections		
4. Injection safety, prevention of injuries from sharp instruments and post-exposure prophylaxis		
5. Sharps safety		

6. Environmental cleanliness		
7. User Care equipment		
8. Handling of linen		

Unit 3 Cleaner 1

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Environmental cleanliness		
4. Handling of linen		
5. Waste management and disposal		

Unit 4 Cleaner 2

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Environmental cleanliness		
4. Handling of linen		
5. Waste management and disposal		

**1.2.3.1.2.3 CHECKLIST:** Health care personnel are made aware of the Provincial letter or memo or circular or policy that informs personnel of the procedure to follow for prophylactic vaccinations.

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

Use the checklist below to check whether health care providers are made aware of and know the contents of the communication from the province informing them about the procedure on accessing prophylactic vaccinations for high-risk infections. NB: Document must be current, i.e. dated within the past five years. Score 1 if compliant and score 0 if not compliant.

Score	Comment

Aspects	Score	Comment

<p>1. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office that informs personnel of the procedure to follow for prophylactic vaccinations is available.</p> <p>Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.</p>		
<p>2. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office indicating the recommended vaccinations as determined by the disease profile of the health establishment or region is available.</p> <p>Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.</p>		
<p>3. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office indicating the procedure to follow to obtain prophylactic vaccinations, including who will bear the cost of vaccinations is available.</p> <p>Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.</p>		
<p>4. Personnel have signed an acknowledgment indicating that they are aware of and know the contents of the letter or memo or circular or policy and its application.</p> <p>Explanatory note: The documented evidence could include distribution lists, in-service training records or meeting sessions; personnel signatures should be in the record (dated and signed).</p>		

**Sub Domain 1.2.4 9 Waste management**

**Standard 1.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 1.2.4.1.1 9(2)(b)** The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

**1.2.4.1.1.1 CHECKLIST:** A standard operating procedures for handling, storage and safe disposal of waste is available.

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

Request a copy of the standard operating procedure, which must cover both general and health care risk waste. Read through the standard operating procedure and confirm whether the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment

1. Segregation containers		
2. Handling of segregated waste		
3. Storage of segregated waste		
4. Collection of waste		
5. Disposal of waste		

**1.2.4.1.1.2** A copy of the signed waste removal service level agreement (SLA) between the health department and the service provider is available.

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

Explanatory note: This is to ensure proper management of waste. The SLA must be valid (not expired) and signed by the service provider and the responsible accounting officer. Not applicable: Never

Score	Comment

**1.2.4.1.1.3** Waste is removed in line with the service level agreement (SLA).

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

Explanatory note: Request a copy of the SLA and records used to document the removal of waste by the service provider. This could be a register. Check the records from the last three months to see if waste is collected as indicated in the SLA. Not applicable: Never

Score	Comment

**1.2.4.1.1.4** The service level agreement (SLA) for waste removal and disposal of waste is monitored.

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

Explanatory note: Monitoring compliance with the SLA will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings, reports, receipts and disposal certificates. Not applicable: Never

Score	Comment

**1.2.4.1.1.5** Identified breaches in the service level agreement (SLA) are escalated to the relevant authority.

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

Explanatory note: This will ensure that the SLA is honoured, and actions are taken to rectify any breaches identified. Evidence reflecting escalation of the breaches to the relevant authority must be available. This must be recorded in a document (evidence of submission to the relevant authority must be available) or sent electronically via email. Not applicable: Where there are no breaches of the SLA.

Score	Comment

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**Sub Domain 1.2.5 21** Adverse events

**Standard 1.2.5.1 21(1)** The health establishment must have a system to monitor and report all adverse events.

**Criterion 1.2.5.1.1 21(2)(a)** The health establishment must have a register for all adverse events.

**1.2.5.1.1.1 CHECKLIST:** An adverse event reporting register available in the health establishment.

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

Request the adverse events register and verify whether aspects listed below are documented. The register can be manual or electronic. Score 1 if compliant and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Reference number		
2. Date and time incident identified		
3. Patient identifier (name and surname/file number)		
4. Location (ward/ department/ area)		
5. Summary of incident		
6. Investigation finding(where available)		
7. Outcome and recommendations(where available)		

**Criterion 1.2.5.1.2 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.

**1.2.5.1.2.1 CHECKLIST:** A standard operating procedure for patient safety incident reporting and learning is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
<b>MANAGEMENT OF PATIENT SAFETY INCIDENTS - Patient Safety Committee</b>		

1. Terms of reference		
2. Designation of members of the committee		
<b>Process to manage patient safety incidents</b>		
3. Identifying patient safety incidents		
4. Immediate action		
5. Prioritisation		
6. Notification		
7. Investigation		
8. Classification		
9. Analysis		
10. Implementation of recommendations		
11. Learning		

**1.2.5.1.2.2 CHECKLIST:** A reporting system for adverse events is in place.

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

Check user safety records for the past three months to see if the aspects listed below are compliant. Score 1 if compliant and score 0 if not compliant. Annual statistical reports for categories and indicator must be available. In cases where no incidents occurred in the past three months, the Patient Safety Incident Compliance report for the health establishment as generated from the national web-based information system must show 100% compliance for "Null" reporting for the health establishment for the past three months. In this case, score NA (not applicable) for the relevant aspects as indicated below.

Score	Comment	
Aspects	Score	Comment
1. Severity assessment code rating of the incident		
2. Classification for incident type		
3. Classification for contributing factors		
4. Classification for patient outcome		
5. Classification for organisational outcome		



6. Action taken to address gaps identified during the investigation process		
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**1.2.5.1.2.3** All Severity Assessment Code (SAC) 1 adverse events are reported to the next level of management within 24 hours.

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

Explanatory note: Severity Assessment Code 1 adverse events are events which cause serious harm or death (specifically caused by health care rather than the health care user's underlying condition or illness). The relevant columns in the patient safety incident register should be completed. It should be indicated in the register that this event has been escalated to the structure dealing with serious patient safety incidents. In cases where there were no serious patient safety incidents, zero reporting should be done. Not applicable: Where there have been no SAC 1 incidents in the previous three months

Score	Comment

**Domain 1.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 1.3.1 11** Diagnostic services

**Standard 1.3.1.1 11(1)** Health establishments must ensure that diagnostic services are available and safe for users and for health care personnel involved in delivering these services.

**Criterion 1.3.1.1.1 11(2)** The health establishment must where applicable be accredited by the relevant regulatory body relating to the type of diagnostic service.

**1.3.1.1.1.1** The diagnostic imaging service unit is accredited.

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

Explanatory note: At a community health centre level, check if X-ray or ultrasound is provided at the health establishment. If so, a valid certificate issued by bodies approved by the Department of Health/SAHPRA/SANAS.

Score	Comment

**Domain 1.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 1.4.1 18** Governance

**Standard 1.4.1.1 18(1)** The health establishment must have a functional governance structure with written Terms of Reference.

**Criterion 1.4.1.1.1 18** The health establishment has a functional governance structure.

**1.4.1.1.1.1 CHECKLIST:** A functional Community Health Centre (CHC) Committee is in place.

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

Use the checklist below to check whether the documents are available as evidence that the CHC Committee is functional. Score 1 if the aspect is present and 0 if it is not present.

Score	Comment

Aspects	Score	Comment

<b>Formal Appointment</b>		
1. Signed appointment or acknowledgement letters from the Office of the MEC or delegated person		
2. Adopted and signed constitution or terms of reference as per provincial guidelines.  Explanatory note: It must be stipulated in this document who is authorised to open the complaints box.		
3. Code of conduct for the CHC Committee		
<b>Training</b>		
4. Attendance register for orientation and training conducted within the first 12 months of appointment.  Explanatory Note: Evidence to be requested/obtained from districts or sub-districts)		
<b>Services Planning, Monitoring, Evaluation and meetings</b>		
5. List of community needs as determined by the CHC Committee in the past 12 months.  Explanatory note: This information could be from the health establishment profile, operational plan or minutes of the CHC Committee meetings held, with action plans documented in minutes.		
6. Agendas indicating that community needs were discussed at least twice in the past 12 months		
7. Agendas indicating that progress against the operational plan was discussed at least twice in the past 12 months		
8. Signed minutes indicating that the CHC Committee was informed of progress against the health establishment's operational plan at least twice in the past 12 months		
9. Current year plan indicating scheduled meetings (at least two within the next 12 months)		
10. Attendance registers show that meetings held formed a quorum		

11. Minutes of CHC Committee meetings indicate that statistical data on population health indicators are discussed		
12. Minutes of CHC Committee meetings indicate that the CHC's human resources are discussed		
13. Minutes of CHC Committee meetings indicate that equipment and supplies are discussed		
<b>Complaints, Compliments and Suggestion Management (check record of the past 6 months)</b>		
14. Proof that the CHC Committee (OR any two persons including the CHC Manager) took part in opening complaints boxes according to a stipulated schedule (signed register)		
15. Minutes indicate that the management of complaints, compliments and suggestions are discussed at CHC Committee meetings		
<b>Accountability and Communication</b>		
16. Contact details of CHC Committee members are clearly displayed in the reception area		

**Sub Domain 1.4.2 19 Human resources management**

**Standard 1.4.2.1 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 1.4.2.1.1 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.

**1.4.2.1.1.1** Staffing needs have been determined in line with workload requirements.

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

Explanatory note: Personnel allocation must ensure that all areas of the health establishment are adequately staffed to enhance safe service delivery to health care users. A needs analysis must be done in relation to the workload. Request a document detailing the staffing needs for the health establishment. This can include but is not limited to the approved staff establishment for the community health centre. NB: The staffing needs must have been determined within the past five years. Not applicable: Never

Score	Comment

**1.4.2.1.1.2** Personnel are appointed in line with the determined requirements.

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

Explanatory note: Check if the numbers of personnel appointed in each area are in accordance with the approved posts in that service area. Not applicable: Never

Score	Comment

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**Criterion 1.4.2.1.2 19(2)(b) The health establishment must, as appropriate to the type and size of the establishment, have a performance management and development system in place.**

**1.4.2.1.2.1 CHECKLIST:** The performance management system is adhered to.

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

Request eight performance management files which have been finalised for the following categories of health care personnel: One doctor, professional nurse, enrolled nurse, nursing assistant, pharmacist, artisan/handyman, admin clerk and a cleaner. Check if these comply with the aspects listed below. Score 1 if the file is compliant and 0 if it is not compliant. Score N/A for categories of staff not appointed at the health establishment: For aspect 4 refer to DPSA guideline using this link:[http://www.dpsa.gov.za/dpsa2g/documents/ep/2017/14\\_4\\_1\\_p\\_15\\_09\\_2017%20directive.pdf](http://www.dpsa.gov.za/dpsa2g/documents/ep/2017/14_4_1_p_15_09_2017%20directive.pdf)

Score	Comment

Unit 1 Doctor

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 2 Professional Nurse

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		

4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 3 Enrolled nurse

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 4 Nursing Assistant

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 5 Pharmacist

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		

2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 6 Artisan/Handyman

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 7 Admin Clerk

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 8 Cleaner

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

**Criterion 1.4.2.1.3 19(2)(c) The health establishment must, as appropriate to the type and size of the establishment, have a system to monitor that health care personnel maintain their professional registration with the relevant councils on an annual basis.**

**1.4.2.1.3.1 CHECKLIST:** Health care providers hold current registration with relevant health professional bodies.

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

Use the checklist below to check whether personnel working at the health establishment are registered with relevant professional bodies. A copy of registration certificate or card issued by professional bodies must be available. NB: For nurses, the following evidence must be accepted (a) a copy of the last published issue of a register or any supplementary list purported to be printed and published in terms of section 35 of the Act;(b) a South African Nursing Council certificate of registration ; (c) a South African Nursing Council annual practising certificate (APC); (d) a certified copy under the hand of the Registrar of the entry of the person's name in the register; (e) eRegister published (displayed on the Internet) in terms of section 35 of the Nursing Act, 2005 can legally be used by employers to verify that a person is registered in terms of the Nursing Act, 2005. Score 1 if they hold current registration and 0 if they do not hold current registration. Score NA (not applicable) for categories of personnel not appointed at the health establishment. NB: Please note other Statutory bodies/councils will issue a virtual card which must be accepted.

Score	Comment	
Aspects	Score	Comment
<b>Nurses</b>		
1. Clinical Nurse Practitioner		
2. Professional nurse		
3. Enrolled nurse		
4. Nursing assistant		
<b>Medical officers</b>		
5. Medical Officer		

<b>Pharmacy/dispensary</b>		
6. Pharmacist (where applicable)		
7. Pharmacist assistant (where applicable)		
<b>Oral health</b>		
8. Dentists (where applicable)		
9. Dental therapist (where applicable)		
10. Oral hygienist (where applicable)		
<b>Allied health professionals</b>		
11. Physiotherapist (where applicable)		
12. Occupational therapist (where applicable)		
13. Psychologist (where applicable)		
14. Social worker (where applicable)		
15. Optometrist (where applicable)		
16. Speech therapist (where applicable)		
17. Audiologist (where applicable)		
18. Nutritionist or dietician (where applicable)		

**Sub Domain 1.4.3 20** Occupational health and safety

**Standard 1.4.3.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 1.4.3.1.1 20(2)(a) An active Health and Safety Committee ensures a safe working environment**

**1.4.3.1.1.1 CHECKLIST:** Occupational health and safety incidents are recorded in a register.

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

Request the register and check if it complies with the aspects listed below. Closed cases/incidents logged in the register must contain the details as indicated below. The register can be manual or electronic. All columns in the register must be completed. Zero reporting will be required if no incidents have occurred. Score 1 if compliant and score 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Summary description of incident		
2. Summary of investigation conducted		
3. Outcome of investigation		



4. Recommendation/s		
5. Date recommendations implemented		

**1.4.3.1.1.2** An occupational health and safety risk assessment has been conducted in the past two years.

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

Explanatory note: A risk assessment is the process or method of identifying hazards and risk factors that have the potential to cause harm to users and personnel. The occupational health and safety risk assessment conducted in the previous two years must be available. The reports must be signed and dated. Not applicable: Never

Score	Comment

**1.4.3.1.1.3** Risk mitigation interventions are implemented for identified risks.

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

Explanatory note: There must be documented evidence of identified risks and the implementation of mitigating actions. The documented evidence could include reports, such as hazard identification and risk assessment (HIRA) reports, or minutes of meetings in which risk management is discussed, which must be signed and dated. Not applicable: Never

Score	Comment

**1.4.3.1.1.4** Personnel who experience needle stick injuries receive post-exposure prophylaxis.

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

Explanatory note: Proactive management of needle stick injuries is necessary to prevent the development of blood-borne diseases. Documented evidence must be available to demonstrate that personnel who have had a needle stick injury receive prophylaxis in accordance with nationally approved guidelines. Not applicable: Where no needle stick injuries have been reported

Score	Comment

**1.4.3.1.1.5** CHECKLIST: A standard operating procedure for management of occupational health and safety incidents is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Standardised form to be completed to report an occupational health and safety incident		
2. Process for submitting completed forms		
3. Format for register to record occupational health and safety incidents.		
4. Analysis of incidents to establish trends.		

**Domain 1.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 1.5.1 17 Security services**

**Standard 1.5.1.1 17(1)** The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

**Criterion 1.5.1.1.1 17(2)(a)** The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

**1.5.1.1.1.1 CHECKLIST:** The standard operating procedure for safety and security is available.

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

Check the standard operating procedure to see if the aspects listed below are included and explained.

Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter is required, document can manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. High risk areas and the specific security needs for these areas		
2. Access control within the health establishment		
3. Reporting of security incidents (format for register for security breaches)		
4. Training of personnel on the management of alarms (where applicable)		
5. Provision of guarding services (where applicable)		

6. Patrolling of the health establishment		
7. Equipment for personnel		

**1.5.1.1.1.2** A signed copy of the service level agreement between the security company and the Provincial department of health is available.

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

Explanatory note: This is to ensure the safety and security of users and personnel in the health establishment. The service level agreement must be valid (not expired) and signed by the service provider and the responsible accounting officer. Not applicable: Where the service is not outsourced

Score	Comment

**1.5.1.1.1.3** A designated person monitors the service level agreement for security services.

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

Explanatory note: Monitoring compliance with the service level agreement will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings or reports. Not applicable: Where the service is not outsourced

Score	Comment

**1.5.1.1.1.4** Security breaches are recorded in a register.

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

Explanatory note: The register can be manual or electronic. All columns in the register must be completed. The register must include the following: name of affected person (if applicable), date of incident, time of incident and nature of incident. In cases where there are no incidents, zero reporting must be done. Not applicable: Where there were no security breaches in the past three months

Score	Comment

**1.5.1.1.1.5** Remedial actions to address security breaches are implemented.

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

Explanatory note: There must be documented evidence of action taken to address security breaches. This could be a quality improvement plan or a report. Not applicable: Where there were no security breaches.

Score	Comment

**1.5.1.1.1.6 CHECKLIST:** Security services are rendered in the health establishment.

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

Use the checklist below to check whether the security services are rendered in the health establishment. Score 1 if the aspect is compliant and 0 if it is not compliant. Score NA (not applicable) for whichever option is not in operation at the community health centre.

Score	Comment	
Aspects	Score	Comment
<b>If armed response is available</b>		
1. Response time is indicated in the register for security breaches		
2. Response to security breaches is within the response time indicated in the register		
<b>If security guards are available</b>		
3. Duty patrol register updated (Occurrence book – OB book)		

**1.5.1.1.1.7 CHECKLIST:** Security guards have received training.

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

Verify whether security guards have been trained. For outsourced services, request records from the service provider. For security guards employed by the health establishment, request training records. If the security guards are PSIRA-accredited, they are acknowledged to have received training. In this case, the security guards on site must wear a valid PSIRA badge. Score 1 if compliant and 0 if not. NB: All PSIRA certificates must be renewed every 12 months for security businesses and every 24 months for security officers. Not applicable: Where the health establishments does not have physical security guards.

Score	Comment	
Aspects	Score	Comment
1. Security 1		
2. Security 2		
3. Security 3		

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 Community Health Centre (CHC).

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- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

**It is hereby certified that these Regulatory Community Health Centres (CHC) Inspection tools version 1.2 was developed by the Office of Health Standards Compliance.**

**Ms W Moleko**

**Signature:**



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

**Date: 18/08/2022**

**Dr Siphwe Mndaweni**

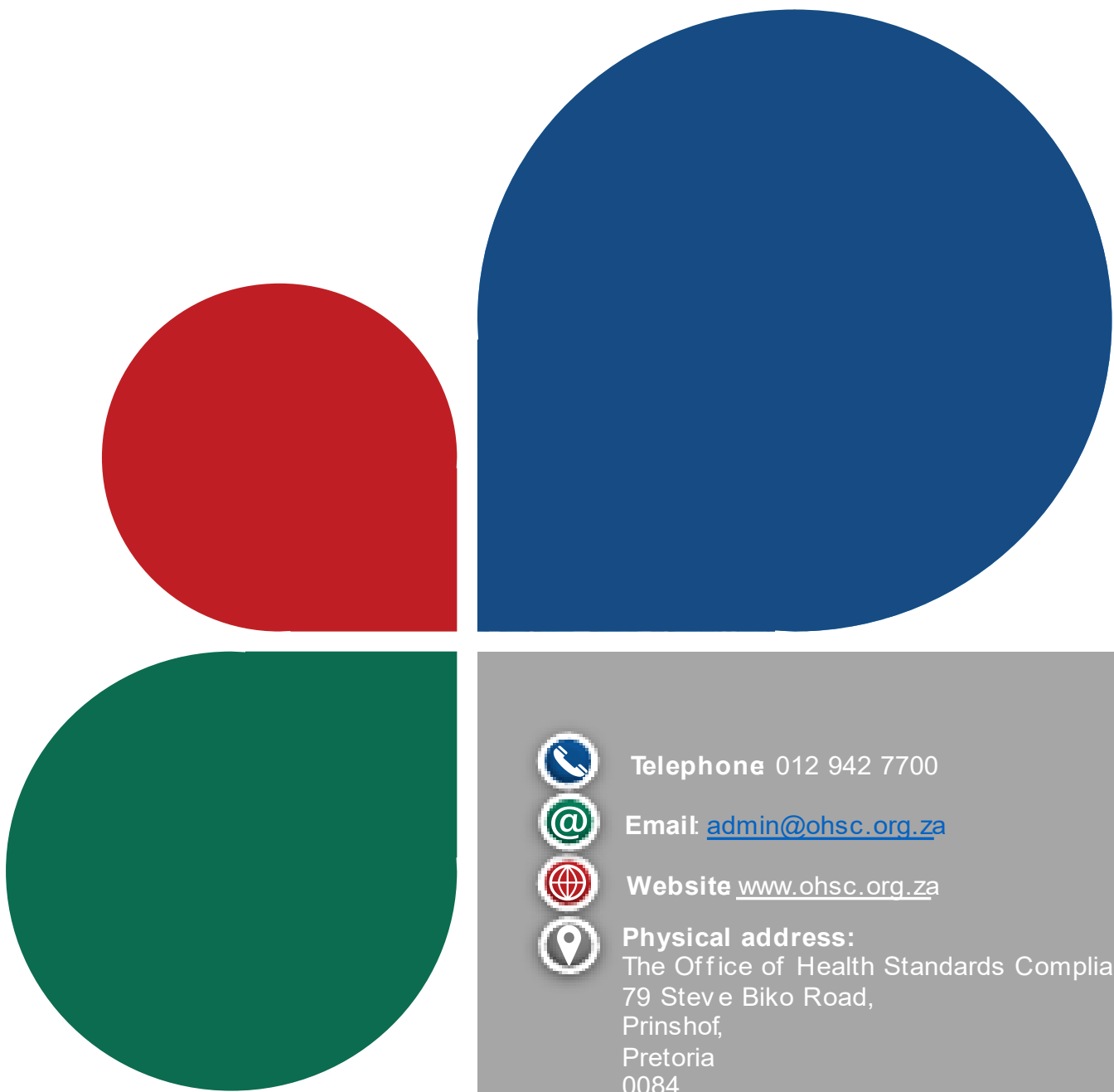
**Signature:**



**Chief Executive Officer: OHSC**

**Date:**

18/08/2022



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