Facility:

Date:

- **Tool Name:** Regulatory District Hospital Inspection tool v1.3 - Final
- **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** District
- **Created By:** Mosehle Matlala

5 Clinical Management Group(CMG)

Domain 5.1 USER RIGHTS

Sub Domain 5.1.1 ***5*** Access to care

Standard 5.1.1.1 ***5(1)*** The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 5.1.1.1.1 ***5(2)(a)*** **The health establishment must implement a system of triage.**

5.1.1.1.1.1 The algorithm used for triage is available.

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

The algorithm for triage used by the health establishment must be available. Not applicable: Never

Score	Comment

5.1.1.1.1.2 A standard operating procedure for triage is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure must be aligned with an algorithm approved by a recognised national or international body, such as the Emergency Medicine Society of South Africa. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Assess the user using an approved triage algorithm.		
2. Assign a triage category to the user in accordance with the triage algorithm.		
3. Document the triage category in the user's health record.		
4. Direct the user to the correct waiting or treatment area, in accordance with the triage category assigned.		
5. Ensure that users triaged as requiring immediate care are transferred directly into the care of the appropriate health care provider, in accordance with their condition and triage category.		
6. Triage to be done at every level as user condition/category can change.		
7. Deceased users must be certified dead by the doctor on duty. *Reference: https://emssa.org.za/wp-content/uploads/2011/04/SATS-Manual-A5-LR-spreads.pdf*		

Criterion 5.1.1.1.2 ***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.**

5.1.1.1.2.1 A standard operating procedure for accessing emergency medical transport services is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Contact number of the service(s)		
2. Backup number/s		
3. Forms to be completed.		
4. Documents to accompany the user.		

Criterion 5.1.1.1.3 ***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.**

5.1.1.1.3.1 A standard operating procedure for managing psychiatric emergencies is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Identification and management of users at risk of suicide or self-harm		
2. Identification and management of users at risk of harming others		
3. Identification and management of users at risk of substance withdrawal		
4. How to defuse a potentially violent or aggressive situation without using restraint.		
5. Criteria for applying physical restraint.		
6. Safe techniques for applying physical restraint.		
7. Monitoring required following the application of physical restraint.		
8. Criteria for applying chemical restraint.		
9. Medicines to be used for chemical restraint.		
10. Monitoring required following the application of chemical restraint.		
11. Criteria for applying mechanical restraint.		

12. Safe techniques for applying mechanical restraint.		
13. Monitoring required following the application of mechanical restraint.		

Standard 5.1.1.2 ***5(3)*** The health establishment must maintain a system of referral as established by the responsible authority.

Criterion 5.1.1.2.1 ***5(4)(a)*** **The health establishment must ensure that users are provided with information relating to their referral to another health establishment.**

5.1.1.2.1.1 A standard operating procedure for referral of users is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Hospital referral network		
2. Standardised referral register		
3. Standardised patient referral form		
4. Standardised patient referral feedback form		

Domain 5.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 5.2.1 ***6*** User health records and management

Standard 5.2.1.1 ***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 5.2.1.1.1 ***6(2)(b)*** **The health establishment must ensure confidentiality of health records.**

5.2.1.1.1.1 A standard operating procedure on maintenance of confidentiality of user health records is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure must address how confidentiality will be maintained while records are in use in the clinical area. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Management of paper records to prevent unauthorised access during the episode of care. Explanatory note: This will include all records in user care areas, i.e. records of users receiving care and records in the user care area for administrative purposes. It may include, but need not be limited to, auditing.		
2. Protection of electronic health records against unauthorised access or viewing. Explanatory note: This may include, but need not be limited to, measures such as locking the screen when leaving the monitor unattended, locking the room where computers used for accessing user information are kept, and adjusting the screen to avoid unauthorised viewing. Explanatory note: Aspect not applicable if health establishment not using electronic health records.		
3. Regular updating of software according to alerts from the developer to prevent security breaches. Explanatory note: Aspect not applicable if health establishment not using electronic health records. *Reference: https://www.medicalprotection.org/southafrica/advice-booklets/common-problems-managing-the-risks-in-hospital-practice-in-south-africa/respect-for-patient-confidentiality https://samedical.org/images/attachments/guidelines-on-maintaining-confidentiality-in-wards-013.pdf*		

Standard 5.2.1.2 ***6(5)*** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 5.2.1.2.1 ***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).**

5.2.1.2.1.1 A standard operating procedure for obtaining informed consent is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. The diagnosis and prognosis to be clearly explained to the user.		

2. All treatment options to be discussed with the user, including risks, benefits, probability of success, costs (where relevant), consequences and follow up care.		
3. The right to refuse treatment and/or withdraw consent at any point prior to the intervention to be explained.		
4. The right to a second opinion before providing consent to be communicated.		
5. The exact nature of the operation/procedure/treatment to be explained to the user and written on the consent form.		
6. The health care provider to verify whether the user or the person legally permitted to act on the user’s behalf has understood all the information provided as part of the consent process.		
7. Guidance for obtaining consent in an emergency where the user is unable to provide consent and next of kin/legal guardian is not available.		
8. User's full name(s) and surname to be written on the consent form.		
9. The user's age or date of birth or identity number to be written on the consent form.		
10. The consent form to be signed by the user or a person legally permitted to do so. Explanatory note: Ordinarily, the user will sign the consent form, but when unable do so, another person may sign on his/her behalf. As described in the National Health Act, this may 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 may 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 9. In the case of a child, the age to give consent is 12 years or over, in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c).		
11. The name of the person who signed the consent form to be documented.		
12. The consent form to be signed by the health care provider who will perform the procedure or delegated person.		
13. The information to be legible.		
14. The consent form to be dated		

Sub Domain 5.2.2 ***7*** Clinical management

Standard 5.2.2.1 ***7(1)*** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 5.2.2.1.1 ***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.**

5.2.2.1.1.1 National guidelines on national strategic priority programmes or health initiatives are available.

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

Verify whether the health establishment has copies of the guidelines listed below. Score 1 if the guideline is available and 0 if not available. NB Electronic or Manual documents are acceptable. NB Electronic or Manual documents are acceptable.

Score	Comment

Aspects	Score	Comment
1. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest		
2. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Paediatrics) 2017 or latest		
3. Guidelines for Maternity Care in South Africa 2016 or latest		
4. New-born Care Charts: Management of Sick and Small Newborns in Hospital 2014 or latest		
5. National Consolidated Guidelines for the Management of HIV in Adults, Adolescents, Children and Infants and prevention of Mother to child transmission 2020 or latest		
6. Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019)		
7. National Tuberculosis Management Guidelines 2014 or latest		
8. Management of Rifampicin resistance - A clinical reference guide (2019)		
9. Guidelines for the Treatment of Malaria in South Africa 2018 or latest		
10. National Infection Prevention and Control Strategic Framework 2020 or latest		
11. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
12. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach Governance 2017 or latest		
13. National Guidelines on Epidemic Preparedness and Response 2009 or latest		
14. COVID-19 Infection Prevention and Control Guidelines 2020 or latest		
15. Covid-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest		
16. Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest		

17. Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest		
18. National clinical guidelines of PEP in occupational and non-occupational exposures 2020 or latest		
19. Policy Guidelines on 72-hour Assessment of Involuntary Mental Health Care Users, 2012 or latest		
20. Policy Guidelines on Seclusion and Restraint of Mental Health Care Users, March 2012 or latest		
21. Policy Guidelines on Electroconvulsive Therapy, March 2012 or latest		
22. National Referral Policy for SA Health Services and Implementation Guidelines Aug 2020		

Standard 5.2.2.2 ***7(2)*** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.
Criterion 5.2.2.2.1 ***7*** **Standard operating procedures to guide the implementation of infection prevention and control practices must be available.**

5.2.2.2.1.1 Standard operating procedures for infection prevention and control practices cover all aspects of infection prevention and control.

Assessment type: Document - **Risk rating:** Essential measure
Verify whether the aspects listed below are included and explained in the standard operating procedure. The information may be detailed in a single document or in several separate documents. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
Management and structure		
1. The allocated person’s daily responsibilities		
2. Training and qualification requirements for the departmental infection prevention and control (IPC) link person		
3. Roles and responsibilities of the multidisciplinary infection prevention and control committee		
4. Procedure to follow when reporting notifiable diseases.		
5. Feedback mechanism to relevant clinical teams for health care-associated infections that are not notifiable.		
Employee development and education programme		
6. Plan for health care personnel development and training in infection prevention and control		
Infection control measures		
7. Measures to be implemented for controlling infection within the health establishment.		
8. Details of the infection surveillance programme, including the collection, analysis and dissemination of statistics.		
9. Audit tool for assessing hand hygiene practices.		

5.2.2.2.1.2 Comprehensive standard operating procedures covering standard precautions are available.

Assessment type: Document - **Risk rating:** Essential measure
Verify whether the aspects listed below are included and explained in the standard operating procedure. The information may be detailed in a single document or in several separate documents. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Effective hand hygiene practices		
2. The use of personal protective equipment, including personal respirators.		
3. Safe injection practices		
4. Disposal of sharps		
5. Disposal of health care waste		
6. User isolation		
7. Cohorting of users		
8. Care of equipment (cleaning and disinfection of potentially contaminated equipment)		

9. Environmental control (cleaning of environment and all potentially contaminated surfaces)		
10. Handling and storage of dirty linen		
11. Handling and storage of clean linen		
12. Airborne precautions		
13. Respiratory hygiene or cough etiquette		
14. Droplet precautions		
15. Contact precautions (may include, but need not be limited to, hand washing, protective clothing, and wearing of mask and gloves)		
16. Formidable epidemic precautions (all precautionary measures in place to contain progression and prevent spread and complications)		
17. Measures for the disposal of infected linen		

5.2.2.2.1.3 Standard Operating Procedures for reducing the risk of health care-associated infections are available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Catheter-acquired urinary tract infection (CAUTI)		
2. Central line-associated bloodstream infection (CLABSI)		
3. Surgical site infection (SSI)		
4. Prevention of ventilator-associated pneumonia (VAP) in adults.(Not applicable if the health establishment does not have facilities to ventilate users)		

Criterion 5.2.2.2.2 *7* Formal processes are in place to manage clinical risk.

5.2.2.2.2.1 A standard operating procedure for the management of clinical risk is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Establishment of the clinical risk management structure		
2. Clinical risk assessments are conducted in every clinical department at least annually.		
3. Identification of clinical hazards		
4. Risk rating of identified hazards		
5. Compilation of the clinical risk register		
6. Standardised approach to clinical risk mitigation		

5.2.2.2.2.2 A functional clinical risk management structure is in place.

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

Request the terms of reference of the clinical risk management structure Verify whether the documentation complies with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. NB: Any format for the structure will be acceptable, as long as the requirements stipulated in the measures are met. A single structure covering multiple functions will be acceptable, or any other configuration of multiple structures.

Score	Comment

Aspects	Score	Comment
1. Interdisciplinary membership required.		

2. Term in office		
3. Roles and responsibilities of structure members		
4. Accountability of the structure		
5. Frequency of meetings		
6. Quorum for the structure		

5.2.2.2.2.3 Clinical risks identified in the health establishment are managed.

Assessment type: Document - **Risk rating:** Vital measure
Request minutes from the previous quarter and assess whether the following aspects have been discussed. Score 1 if discussed and 0 if not.

Score	Comment

Aspects	Score	Comment
1. Clinical risks		
2. Patient safety incidents		
3. Analysed data from patient safety incident monitoring system		

5.2.2.2.2.4 Annual clinical risk assessments are conducted in every clinical department of the health establishment.

Assessment type: Document - **Risk rating:** Vital measure
The purpose of these assessments is to identify risk to users, healthcare workers and visitors consequent to receiving care. This will include but not limited to the risk of exposure to ionising radiation as a result of mobile X-rays being taken in wards, risk assessments related to health care-associated infections. Inspector to first determine the clinical areas available in the health establishment ,document from the previous year must be available, dated and signed.

Score	Comment

Criterion 5.2.2.2.3 *7* Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.

5.2.2.2.3.1 A standard operating procedure for the care of the terminally ill which addresses the needs of the user and their family is available.

Assessment type: Document - **Risk rating:** Vital measure
Verify whether the aspects listed below are included and explained in the standard operating procedure, which must address the needs of the user and his/her family, friends and carers. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
Development and implementation of the plan		
1. Assessment of the user's needs to be made using a multidisciplinary approach.		
2. Development of a multidisciplinary care plan to be tailored to the user's specific needs.		
3. The user and his/her family, carers and/or friends to be included in the development of the plan.		
4. The care plan to be documented and shared with all members of the team, including the user and his/her family, carers and friends.		
5. Care to be provided in accordance with the plan.		
Content of the plan		
6. Pain management		
7. Supportive equipment		
8. Personal hygiene		
9. Prevention of bedsores		
10. Prevention of falls		
11. Nutritional requirements		
12. Psychosocial and spiritual requirements *References: https://www.up.ac.za/media/shared/62/Palliative%20Care%20Resources/final-npfspc-august-2017.zp166876.pdf* *https://sahivsoc.org/Files/HIV%20Palliative%20Care%20Guidelines%2022%20October%202018%20MR%20(003).pdf*		

5.2.2.2.3.2 A standard operating procedure for conducting risk assessments for mental health users is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: Requirement not applicable where mental healthcare users are not admitted. 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Risk assessment to include consideration of: • aggression • violence • suicidal ideation • self-harm • substance withdrawal • risk of absconding		
2. Categorisation of at-risk users to be documented in the user health record.		
3. Categorisation of at-risk users to be documented in the relevant unit register.		
4. All relevant health care personnel to be informed of the at-risk user		
5. Formal handover of at-risk users to take place at shift changes.		
6. User care plan to include specific risk mitigation measures.		
7. Delivery of care in accordance with the care plan		

5.2.2.2.3.3 A standard operating procedure for the management of users detained for 72 hour observations is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: Requirements not applicable where the health establishment does not admit mental health care users for 72-hour observation. 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Formal application for assisted or involuntary admission to be submitted to the head of the health establishment using Form MHCA 04		
2. Application form to be stamped, signed and sworn in by a commissioner of oaths.		
3. User to be examined by two mental health care practitioners or one practitioner and one mental health care provider, who are to submit their findings to the head of the health establishment on Form MHCA 05		
4. Head of health establishment to complete Form MHCA 07 to sanction admission and continue with 72-hour assessment.		
5. Registered medical practitioner and another mental health care practitioner who conducted the 72-hour assessment to both record their assessment findings of the physical and mental health of the user admitted for the 72-hour assessment, as well as their recommendations concerning further treatment on Form MHCA 06 within 12 hours of expiry of the 72-hour assessment		
6. Assessment findings to be submitted to the head of the health establishment on Form MHCA 06 and a copy to be kept in the user's health records.		
7. If the head of the health establishment is of the opinion that an extension to the involuntary admission is required, the request must be submitted to the Mental Health Review Board (MHRB) for approval on Form MHCA 08		
8. Copies of all forms to be kept in the user's records.		
9. Copies of forms to be handed to health care providers involved in the care of the user, in accordance with the General Regulations relating to the Mental Health Care Act, 2002		

Criterion 5.2.2.2.4 *7* The health establishment must monitor clinical outcomes to improve service delivery.

5.2.2.2.4.1 The health establishment participates in morbidity and mortality meetings.

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

Documented evidence of participation in morbidity and mortality meetings must be available for the areas listed below, including, but not limited to, attendance registers, and minutes of meetings that include action to be taken to prevent similar incidents from occurring. NB: Please note that some health establishments might have combined sessions/meeting to discuss the morbidity and mortality issues.

Score	Comment

Aspects	Score	Comment
1. Maternal and perinatal		

2. Neonatal (where applicable)		
3. Paediatric		
4. Medical		
5. Surgical		

5.2.2.2.4.2 Morbidity and mortality statistics at the health establishment are monitored.

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

These statistics must be collected at least quarterly and be made available for discussion at management meetings. Request records of statistics discussed at Management meeting in the previous quarter. Not applicable: Never

Score	Comment

5.2.2.2.4.3 Improvement programmes are implemented to address concerns with mortality and morbidity in the health establishment.

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

Where areas of concern are identified with regards to mortality and morbidity statistics in the health establishment, quality improvement plans must be developed and implemented to improve performance. Not applicable: Where no areas of concern are identified.

Score	Comment

5.2.2.2.4.4 Reports of clinical audits conducted in the health establishment are reviewed by the management at least annually.

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

“Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit standards/ criteria and the implementation of change. Aspects of structure (input), processes and outcomes of care are selected and systematically evaluated against explicit standards. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in health care delivery. Minutes of the previous year’s meeting documenting discussions relating to clinical audit reports must be available. Manual or electronic minutes from the previous year must be dated and signed and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) Not applicable: Never

Score	Comment

5.2.2.2.4.5 Health outcomes of the national strategic priority programmes or health initiatives are monitored against prescribed targets.

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

Request documents from the previous 12 months and verify that outcome indicators listed below are recorded and compared to the target for the health establishment. Score 1 if the indicator has been monitored against the prescribed target and 0 if not.

Score	Comment

Aspects	Score	Comment
1. Inpatient crude death rate		
2. Average length of stay		
3. Inpatient bed utilisation rates		
4. Neonatal death in facility rate		
5. Live birth under 2500g in facility rate		
6. Maternal mortality in facility ratio		
7. Death under 5 years against live birth rate		
8. Child under 5 years pneumonia case fatality		
9. Malaria case fatality rate (endemic provinces only)		

Criterion 5.2.2.2.5 *7* The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

5.2.2.2.5.1 A standard operating procedure for the administration of blood is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Checking of informed consent for transfusion		
2. Verification of order for transfusion, user, blood product to be transfused, blood group and expiry date of blood product, which is conducted by the doctor and a registered nurse.		
3. The correct filters and intravenous administration set to be used according to the blood or blood product to be transfused.		
4. Criteria for blood warming		
5. Identification of user prior to commencement of transfusion		
6. Recording of baseline vital signs prior to commencement of the transfusion		
7. Aseptic technique followed when commencing transfusion.		
8. Transfusion rate as per Doctors instructions		
9. Vital signs checked every 15 minutes for the first hour, every 30 minutes for the second hour and hourly thereafter, for each unit transfused.		
10. Vital signs to be monitored after completion of the transfusion.		
11. No medicines or other fluid to be added to the blood products before or during a transfusion.		
12. Criteria for retaining or returning empty blood product bags to the blood bank. *Reference: https://sanbs.org.za/wp-content/uploads/2016/09/Clinical_Guidelines_5th-Edition_2014.pdf*		

Criterion 5.2.2.2.6 *7* A functional audit committee that ensures quality use of medicines must be in place.

5.2.2.2.6.1 The terms of reference for the pharmaceutical and therapeutics committee include the details listed below.

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

Verify whether the aspects listed below are included in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Multidisciplinary membership required.		
2. Roles and responsibilities of forum members		
3. Strategy to optimise rational and quality use of medicine in the health establishment.		

5.2.2.2.6.2 The minutes of the drug utilisation and audit or pharmaceutical and therapeutics committee or relevant structure demonstrate that actions have been taken to optimise the rational and quality use of medicine.

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

The WHO's definition of rational use of medicines is: "Users receive medications appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community." Quality use of medicine refers to selecting management options wisely; considering the place of medicines in treating illness and maintaining health, choosing suitable medicines if a medicine is considered necessary; using medicines safely and effectively. Minutes of meetings documenting discussions relating to rational and quality use of medicines must be available, which demonstrate evaluation of the optimal use of medicines, including, but not limited to, protecting users against antibiotic resistance, adherence to evidence-based guidelines and cost-effectiveness of care. Not applicable: Never Reference: Promoting Rational Use of Medicines: Core Components - WHO Policy Perspectives on Medicines, No. 005, September 2002; https://apps.who.int/medicinedocs/en/m/abstract/Js21654en/

Score	Comment

5.2.2.2.6.3 Minutes of the drug utilisation and audit or pharmaceutical and therapeutics committee or relevant demonstrate that adherence to recommendations on antibiotic usage is monitored.

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

Manual or electronic minutes from the previous quarter of the structure discussing infection prevention and control must reflect that data in relation to antibiotic prescribing practices is discussed at every meeting. Antibiotic usage may be discussed at the pharmacovigilance structures (pharmaceutical and therapeutics committee or equivalent). Not applicable: Never

Score	Comment

Criterion 5.2.2.2.7 *7* Systems to mitigate the risk of medicine-related patient safety incidents must be implemented.

5.2.2.2.7.1 A standard operating procedure for safe administration of medicines to users is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. User identification to be confirmed prior to administration of medicine.		
2. The correct medicine to be confirmed prior to administration.		
3. The correct dose to be confirmed as per the user medicine chart.		
4. Medicine to be administered in accordance with the prescribed frequency and time.		
5. Medicine to be administered via the correct route.		
6. The validity of the prescription to be verified prior to administration.		
7. Administration of parenteral medicine		
8. Administration of Schedule 5 and 6 medicine		
9. Process for recording the administration of medicine.		
10. Process for reporting medicine errors and adverse drug reactions		

Criterion 5.2.2.2.8 *7* Authorisation must be confirmed for all research projects involving users at the health establishment.

5.2.2.2.8.1 A letter of permission from the province or district for each research project at the health establishment is available.

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

Any research project must be authorised by the relevant authority or designated persons. Request copies of authorisation letters for all research projects conducted in the health establishment in the past 12 months. Where no research projects were conducted in the past 12 months ,the health establishment can document zero reporting or document in minutes of clinical management group. Not applicable: Where no research projects were conducted in the health establishment in the past 12 months.

Score	Comment

Criterion 5.2.2.2.9 *7* Systems must be in place to facilitate user identification.

5.2.2.2.9.1 A standard operating procedure for identifying users is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. User identity to be confirmed before each clinical intervention to ensure that the correct user is receiving the correct care.		
2. User identity to be confirmed by at least two identifiers and may include, but need not be limited to, the user's name and date of birth.		
3. Users to be encouraged to participate in the identification process, which may include, but need not be limited to, volunteering personal information for confirmation.		
4. Method of identification (may include, but need not be limited to, wristbands with the user's surname, name, hospital number and allergies)		
5. Applying the identification band or item		
6. Removal of identification band/item		
7. Specific precautions for managing at-risk users, including, but not limited to, babies and intellectually challenged users.		

Criterion 5.2.2.2.10 *7* The management of emergency resuscitations must be guided and monitored to improve user outcomes.

5.2.2.2.10.1 Minutes from the previous quarter of the structure reviewing resuscitations indicate that resuscitations are discussed.

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

Manual or electronic minutes from the previous quarterly meeting must be dated and signed and include an attendance register. The content must reflect discussions on improving the management of resuscitations and improving outcomes of future resuscitation attempts. Not applicable: Where no resuscitation attempts have occurred.

Score	Comment

5.2.2.2.10.2 A standard operating procedure for the management of emergency resuscitations is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Procedure for calling out resuscitation team.		
2. Documentation of resuscitation details		
3. Debriefing sessions		
4. Referral protocol for users transferred to another health establishment after the resuscitation.		
5. Sensitive management of user's family and/or visitors during a resuscitation		
6. All documentation completed during resuscitations to be audited. Explanatory note: This requirement is for documentation audits, i.e. checking that all required fields have been completed with relevant information.		
7. All actions taken during resuscitations to be audited. Explanatory note: This requirement is for clinical audits, i.e. confirmation that the actions taken are in accordance with the health establishment's resuscitation protocols.		
8. Resuscitation audit reports to be included as part of the health establishment's morbidity and mortality reviews.		

5.2.2.2.10.3 The terms of reference of the structure responsible for reviewing resuscitations are available.

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

Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Interdisciplinary membership required.		
2. Term in office		
3. Roles and responsibilities of forum members		
4. Accountability of the forum		
5. Frequency of meetings		
6. Quorum for the structure		

5.2.2.2.10.4 Remedial action is taken to address gaps identified during the review of resuscitation attempts, to improve resuscitation outcomes.

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

This requirement seeks to ensure that the health establishment takes action to improve the outcome of future resuscitation attempts. Minutes must reflect action taken to ensure that good practices identified are shared with all health care personnel and incorporated into standard operating procedures where relevant, and that health care personnel receive training in response to gaps identified in interventions that could have been managed more successfully. Not applicable: Where no resuscitation attempts have occurred, or where no gaps were identified.

Score	Comment

Criterion 5.2.2.2.11 *7* Standard operating procedures for decontamination processes must be available.

5.2.2.2.11.1 A standard operating procedure for decontamination processes is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure. The information may be detailed in a single document or in several separate documents. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Procedure for decontamination of reusable devices		
2. Procedure for decontamination of surgical instruments		

3. Procedure for single-use devices		
4. Handling of potentially infectious instruments and materials		
5. Safe management and use of hazardous chemicals.		
6. Procedure for packing and assembly of instruments		
7. Testing and use of sterilisation equipment.		
8. Tracking system for product sterilisation, identification, recording and recalls		
9. Checking and safe handling of used instruments		
10. Transportation to central sterile services department (CSSD)		
11. Schedule for performing manual cleaning.		
12. Responsibilities for various aspects of the decontamination cycle for sterilisation services		

5.2.2.2.11.2 Standard operating procedures for the use of decontamination and sterilisation supplies, instruments and equipment are available.

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

Verify whether the details on the correct use of the agents and equipment listed below are included and explained in the standard operating procedure. The information may be detailed in a single document or in several separate documents. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Cleaning of steam autoclaves		
2. Monitoring of steam autoclaves		
3. Steam sterilisation procedure		
4. Quality control of all equipment		
5. Action to be taken in the event of equipment breakdown.		

5.2.2.2.11.3 A standard operating procedure detailing the procedure for sterilisation of used instruments from start to finish is available.

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

Verify whether the details listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Detergent to be mixed according to manufacturer’s instructions.		
2. Packing to be done in wraps according to the manufacturer’s instructions and the South African National Standard (SANS, ISO 11607)		
3. Autoclave indicator slip (policeman) to be included in all sets and towels.		
4. Tracking system indicators to be marked on packs and sets.		

Criterion 5.2.2.2.12 *7* Medicines must be stored and managed in compliance with the Pharmacy Act 53 of 1974, the Medicines and Related Substances Act 101 of 1965 and the relevant rules and regulations.

5.2.2.2.12.1 A standard operating procedure for the management of medicines is available.

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

Verify whether the aspects listed below are included and explained in the standard operating procedure for the management of medicines. The information can be detailed in a single document or several separate documents. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment

1. Cleaning of pharmacy		
2. Storage and organisation of pharmacy		
3. Security and control of access to pharmacy (within and outside normal working hours)		
4. Cold chain management		
5. Emergency medicine cupboard or trolley management		
6. Management of medicines in consulting room(e.g.at OPD)		
7. Pest control		
8. Calculation and use of minimum, maximum and reorder stock levels.		
9. Completion and management of stock (bin) cards and/or electronic stock monitoring system		
10. Stocktaking (counting) procedure		
11. Management of short-dated stocK.		
12. Procurement (ordering) of medicines		
13. Ordering and delivery schedule for stock		
14. Receipt of medicines into the pharmacy (ordered or borrowed stock)		
15. Managing return of stock to the depot		
16. Issuing of medicines to wards		
17. Managing stock transfers between health establishments		
18. Medicine availability monitoring procedure/guide		
19. Separation and handling of expired, obsolete, unusable or user-returned medicines (schedule 0 to 4 medicines)		
20. Disposal of expired, obsolete, unusable and user-returned medicines (schedule 0 to 4 medicines)		
21. Managing recall of medicines		
22. Storage and control of schedule 6 medicines		
23. Separation and disposal of expired, obsolete and unusable medicines (schedule 5 and schedule 6 medicines)		

Criterion 5.2.2.2.13 *7* A system to manage adverse drug reactions must be implemented.

5.2.2.2.13.1 Minutes from the previous quarter of the forum monitoring adverse drug reactions demonstrate that adverse drug reaction reports are reviewed.

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

Manual or electronic minutes from the previous quarter must be signed and dated and include an attendance register. The content must reflect discussions on the review of reports on adverse drugs reactions. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse drug reactions were reported.

Score	Comment

5.2.2.2.13.2 The minutes from the previous quarter of the forum responsible for the monitoring of adverse drug reactions demonstrate that appropriate action is taken to reduce the likelihood of adverse drug reactions.

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

Manual or electronic minutes from the previous quarter must be signed and dated and include an attendance register. The content must reflect discussions on the action taken by the health establishment to reduce the likelihood of adverse drugs reactions. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse drug reactions were reported.

Score	Comment

5.2.2.2.13.3 A standard operating procedure for the reporting of adverse drug reactions is available.

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

Verify whether the information to be reported in the standard operating procedure includes the aspects listed below. Score 1 if the aspect is included and 0 if not included. 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Name of health establishment reporting adverse drug reaction.		

2. User’s details, including name, registration number, age and gender.		
3. Details about medicine suspected to have caused the reaction.		
4. Details of all other medicines the user was taking at the time of the reaction.		
5. Date and time of reaction		
6. Description of reaction		
7. Interventions made in response to reaction.		
8. User outcome		
9. Laboratory results, if available		
10. Details of any other medical conditions of the user		
11. Name and qualification of person reporting adverse drug reaction *Reference: https://www.sahpra.org.za/wpcontent/uploads/2020/01/6.04_ARF1_v5.1_27Jan2020.pdf*		

Sub Domain 5.2.3 ***9*** Waste management
Standard 5.2.3.1 ***9(1)*** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.
Criterion 5.2.3.1.1 ***9(2)(b)*** **The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

5.2.3.1.1.1 A standard operating procedure for handling, storage and safe disposal of waste is available.

Assessment type: Document - **Risk rating:** Essential measure
Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure must cover both general and health care risk waste. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Containerisation		
2. Intermediate storage		
3. Internal transportation		
4. Central storage		
5. Collection		
6. Disposal		
7. Treatment		

Domain 5.3 CLINICAL SUPPORT SERVICES
Sub Domain 5.3.1 ***12*** Blood services
Standard 5.3.1.1 ***12(1)*** Hospitals and CHCs must ensure that users have access to blood and blood products when required.
Criterion 5.3.1.1.1 ***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.**

5.3.1.1.1.1 All adverse blood reactions are reported to relevant forum.

Assessment type: Document - **Risk rating:** Vital measure
Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions and that it has considered and discussed the reported incidents. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse blood reactions have occurred.

Score	Comment

5.3.1.1.1.2 Action is taken to prevent the recurrence of adverse blood reactions where gaps in management are identified.

Assessment type: Document - **Risk rating:** Vital measure
Documented evidence must be available reflecting action taken where the root cause analysis identified gaps in management of the administration of blood or blood products. Not applicable: Where no adverse blood reactions were reported.

Score	Comment

Domain 5.4 GOVERNANCE AND HUMAN RESOURCES
Sub Domain 5.4.1 ***20*** Occupational health and safety
Standard 5.4.1.1 ***20(1)*** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.
Criterion 5.4.1.1.1 ***20*** **Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.**

5.4.1.1.1.1 A standard operating procedure for the cleaning of hazardous and biohazardous spills is available.

Assessment type: Document - **Risk rating:** Essential measure
Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure should incorporate body fluids, including, but not limited to, blood or vomit and all hazardous substances used in the health establishment, including, but not limited to chemical reagents in

the laboratory or chemotherapy solutions. Score 1 if the aspect is included and explained and 0 if 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional). The document must meet these requirements to be considered for review, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Initial management to be implemented by first person to notice the spill. Explanatory note: This may include covering the spill with paper towels or placing a spill sock around a chemical spill		
2. Details on who to contact to clean up spill		
3. Personal protective equipment to be worn		
4. Cleaning agents to be used		
5. Correct dilution of cleaning agents where relevant		
6. Correct procedure for cleaning up solid waste, including sharps		
7. Procedure for cleaning up spills		
8. Disposal of waste		
9. Cleaning of cleaning equipment		
10. Disinfection of cleaning equipment		
11. Removal and disposal of personal protective equipment		
12. Hand hygiene performed as last step in process		