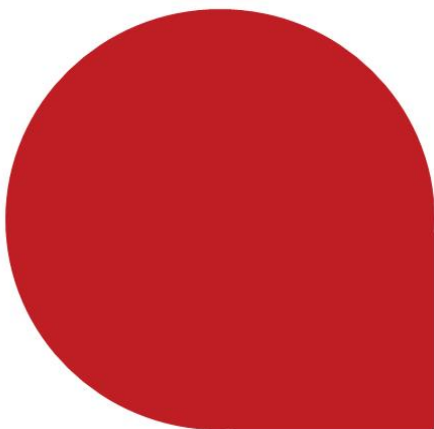




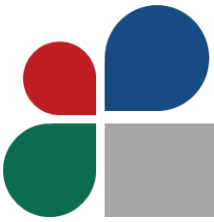
Office of Health Standards Compliance
Ensuring quality and safety in health care



v1.2

**Infection Prevention And
Control**

**Regulatory Private Acute
Hospital Inspection tool**



Official Sign-Off

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

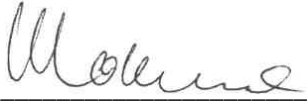
To achieve this mandate, standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

Acknowledgements

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

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- Former Health Standards Development and Training unit Director Dr Grace Labadarios
- Systems, Data Analysis and Research unit Director Dr Thabiso Makola who is also the Acting Director for Health Standards Development and Training unit
- The Health Standards Development and Training unit (Mr Jabu Nkambule who led the team and worked tirelessly with the leadership of Hospital Association of South Africa (HASA) during various development stages of the tool, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini) and contract workers Ms Thresia Pather and Ms Busi Ngubane for the development of the Private Acute Hospital Inspection tools.
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- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.
- The Hospital Association of South Africa (HASA) for their commitment and constructive engagements during the consultative process and for affording the OHSC an opportunity to conduct scoping visits in the private hospital health establishments.

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



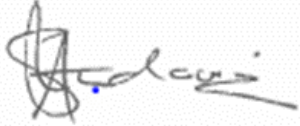
Ms. WMoleko

Executive Manager

Health Standards Development

Analysis and Support

Date: 31/03/2022



Dr. S. Mndaweni

Chief Executive Officer

Date: 31/03/2022

Facility:
Date:

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

3 Infection Prevention And Control

Domain 3.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 3.2.1 7 Clinical management

Standard 3.2.1.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 3.2.1.1.1 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.

3.2.1.1.1.1 National guidelines for strategic priority programmes or health initiatives are available.

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

Verify whether the health establishment has the guidelines listed below. Score 1 if the guideline is available and 0 if not available.

NB: The documents can be available via portal managed by the health establishment.

Score	Comment	
Aspects	Score	Comment
1. National Infection Prevention and Control Strategic Framework 2020 or latest		
2. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
3. Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest		
4. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach and Governance 2017 or latest		
5. National Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB 2015 or latest		
6. National Guidelines on Epidemic Preparedness and Response 2009 or latest		

7. COVID-19 Infection Prevention and Control Guidelines 2020 or latest		
8. Covid-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest		
9. Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest		

3.2.1.1.1.2 Clinical guidelines and policies are communicated to relevant health care personnel.

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

Verify whether there is documented evidence of communication of each guideline listed below to health care personnel responsible for the management of infection prevention and control activities in the health establishment. This may include, but need not be limited to, distribution lists and in-house or external training or shared via portal managed by the health establishment. Score 1 if the evidence is available and 0 if not available. NB: Communication to relevant healthcare personnel indicating the documents are available in a portal is acceptable

Score	Comment	
Aspects	Score	Comment
1. National Infection Prevention and Control Strategic Framework 2020 or latest		
2. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
3. Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest		
4. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach and Governance 2017 or latest		
5. WHO Guidelines on Tuberculosis Infection Prevention and Control 2019 or latest		
6. National Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB 2015 or latest		
7. National Guidelines on Epidemic Preparedness and Response 2009 or latest		
8. COVID-19 Infection Prevention and Control Guidelines 2020 or latest		

9. Covid-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest		
10. Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest		

Criterion 3.2.1.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

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

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

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

Score	Comment

Aspects	Score	Comment
1. Infection prevention and control practices. Explanatory note: This will include but not limited to administrative controls (e.g. IPC structure, programme, training, surveillance) and engineering controls (e.g. Ventilation controls, control of physical spaces)		
2. Standard precautions.		
3. Management of users with contagious infections		

Standard 3.2.1.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 3.2.1.2.1 7 Infection prevention and control management must be led by trained and experienced health care personnel.

3.2.1.2.1.1 Infection prevention and control link nurses or champions are appointed for each user care area.

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

Using the checklist below, verify whether infection prevention and control link nurses or champions are appointed for each user care area, have undergone training in accordance with the requirements of the Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework. Score 1 if the evidence is provided and 0 if not. NB: Units not applicable to level of care or health establishment must be scored not applicable. IPC champion will not necessarily be a nurse.

Score	Comment

Unit 1 Link nurse or champion appointed or designated in writing

Aspects	Score	Comment

1. Emergency unit		
2. Maternity unit		
3. Medical unit		
4. Surgical unit		
5. Paediatric unit		
6. Operating theatre		
7. ICU		
8. High care		
9. CSSD		
10. Cleaning services		
11. Laundry Services		
12. Pharmacy		

Unit 2 Training undergone

Aspects	Score	Comment
1. Emergency unit		
2. Maternity unit		
3. Medical unit		
4. Surgical unit		
5. Paediatric unit		
6. Operating theatre		
7. ICU		
8. High care		
9. CSSD		
10. Cleaning services		
11. Laundry Services		
12. Pharmacy		

Criterion 3.2.1.2.2 7 The infection prevention and control management structure must identify and manage risk in relation to health care-associated infections.

3.2.1.2.2.1 A strategy to manage health care-associated infections is available.

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

Verify whether the document includes and explains the aspects listed below. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment	
Aspects	Score	Comment
1. Clear definitions for health care-associated infections		
2. Activities to monitor infection rates in the health establishment		
3. Activities to monitor ESKAPE organisms (Enterococcus faecium, Staphylococcus Aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa and Enterobacter spp)		
4. Identification of outbreaks of health care-associated infections		
5. Investigation of an outbreak of health care-associated infections in the health establishment		
6. Response to limit transmission of infection during an outbreak		
7. Internal reporting processes required for health care-associated infections		
8. External reporting processes required for health care-associated infections		
9. Evaluation of the effectiveness of the strategy to prevent and respond to health care associated infections Reference: http://intranet/sites/Policies/Records/Outbreak%20Management.pdf		

3.2.1.2.2.2 An annual infection prevention and control audit is conducted.

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

The purpose of the audit is to review activities currently in place to control risks. Request the audit report from the previous 12 months, this could also be captured in the Infection Prevention and Control

Assessment Framework tool or template. Not applicable: Never

Score	Comment

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3.2.1.2.2.3 Remedial action is taken where gaps are identified.

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

The infection prevention and control committee must respond to gaps by developing and implementing action plans or quality improvement plans to close the gaps. Not applicable: Where no gaps have been identified

Score	Comment

Criterion 3.2.1.2.3 7 The health establishment management structure must implement an effective health care-associated infections surveillance programme.

3.2.1.2.3.1 The incidence of common health care-associated infections is monitored monthly.

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

Manual or electronic monthly statistics of common health care-associated infections over a period of six months must be available. Not applicable: Never

Score	Comment

3.2.1.2.3.2 Corrective action is taken where surveillance data indicates a spike in infections or increasing levels of infections over time.

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

Healthcare Associated Infections with the same identification and antibiogram that are epidemiologically linked or existing problems are identified, appropriate action must be implemented immediately in accordance with the documented strategy to manage health care-associated infections. Not applicable: Where no adverse infection rates have occurred.

Score	Comment

Criterion 3.2.1.2.4 7 The health establishment must report information on health care-associated infections and notifiable diseases to the appropriate public health agencies.

3.2.1.2.4.1 Health care-associated infections are reported.

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

Manual or electronic records of submissions of health care associated infections data from the previous six months must be available. This could include but not limited to the hospital group's own reporting system. Not applicable: Never

Score	Comment

3.2.1.2.4.2 All diagnosed notifiable diseases have been recorded.

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

Request the register, which may be manual or electronic. Review the register to verify whether the required information has been entered for each case. Not applicable: Where no notifiable diseases have been diagnosed in the previous 12 months

Score	Comment

3.2.1.2.4.3 The reporting of notifiable diseases is done in accordance with national guidelines.

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

Notification may be made manually or electronically. Inspect the system to ensure that the correct forms have been used. Forms may be accessed from the NICD website:

<https://www.nicd.ac.za/notifiable-medical-conditions/notification-forms/> Not applicable: Where no notifiable diseases have been diagnosed in the previous 12 months

Score	Comment

Criterion 3.2.1.2.5 7 Standard operating procedures to guide the implementation of infection prevention and control practices must be available.

3.2.1.2.5.1 A comprehensive policy or standard operating procedure or procedure or guideline covering standard precautions and transmission-based precautions is available.

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

Verify whether the aspects listed below are included and explained in the document. The information may be detailed in a single document or several separate documents. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional).NB: Document could be from the corporate head office (signed by the CEO or delegated person), electronic date and signature is acceptable. The document must meet these requirements to be considered for review. Score 1 if the aspect is included and explained and 0 if not included or not explained.

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

3.2.1.2.5.2 A policy or standard operating procedure or procedure or guideline for management of users with contagious infections is available.

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

Verify whether the aspects listed below are included and explained in the document. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (recommended/optional), date of implementation, date of next review (Documents must be reviewed at a minimum every 5 years), summary of changes made to each version of the document (recommended/optional). NB: Document could be from the corporate head office. Score 1 if the aspect is included and explained 0 if not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Users with contagious infections are accommodated in a designated room or area in the health establishment.		
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.		

3.2.1.2.5.3 A policy or standard operating procedure or procedure or guideline for conducting terminal cleaning is available.

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

Verify whether the aspects listed below are included and explained in the document. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional).NB: Document could be from the corporate head office (signed by the CEO or delegated person), electronic date and signature is acceptable. The document must meet these requirements to be considered for review. Score 1 if the aspect is included and explained 0 if not included or not explained.

Score	Comment

Aspects	Score	Comment
1. Personal protective clothing used		
2. Equipment to be used		
3. Type of detergent		
4. Procedure for handling linen from isolation room or contaminated area		
5. Procedure for handling medical waste		
6. Criteria for cleaning entire isolation room or contaminated area		
7. Management of mobile equipment		
8. Removal and discarding of used personal protective equipment		

3.2.1.2.5.4 A policy or standard operating procedure or procedure or guideline for managing chemical and biohazardous spills is available.

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

Verify whether the aspects listed below are included and explained in the document. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional).NB: Document could be from the corporate head office (signed by the CEO or delegated person), electronic date and signature is acceptable. The document must meet these requirements to be considered for review. Score 1 if the aspect is included and explained 0 if not included or not explained.

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. Hand hygiene performed as last step in process		
12. Removal and disposal of personal protective equipment		

3.2.1.2.5.5 A policy or standard operating procedure or procedure or guideline for infection prevention and control practices is available.

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

Verify whether the aspects listed below are included and explained in the document. The document must as minimum comply with the following requirements: Title of the document, Name of the health establishment or hospital group, 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, documents must be reviewed at a minimum every 5 years, summary of changes made to each version of the document (optional).NB: Document could be from the corporate head office (signed by the CEO or delegated person), electronic date and signature is acceptable. The document must meet these requirements to be considered for review. Score 1 if the aspect is included and explained 0 if not included or not explained.

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.		

Criterion 3.2.1.2.6 7 Implementation of standard operating procedures must be monitored.

3.2.1.2.6.1 A hand washing drive or campaign is held at least annually.

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

A record must be kept of activities to promote adequate hand hygiene to reduce health care associated infections. This may include, but not limited to pictures, videos, presentations and/or attendance registers confirming that such events have taken place. Not applicable: Never

Score	Comment

3.2.1.2.6.2 Hand hygiene audits are conducted and managed effectively.

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

Request the hand hygiene audit report for the previous quarter. Evidence may be manual or electronic, a minimum of 200 episodes must be observed throughout the health establishment. The information must be communicated to the various units to make them aware of their performance. Where gaps in performance are identified, action must be taken to improve hand hygiene practices within the health establishment. This may include, but not limited to, quality improvement plans, training or increased audit frequency. Score 1 if the item is compliant and 0 if not. Score N/A for actions taken, where no gaps in performance are identified by the audit. Units not available in the level of care or health establishment must be scored not applicable.

Score	Comment

Unit 1 Hand hygiene report available and communicated to the service area

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency unit		
3. Maternity unit		
4. Medical unit		
5. Surgical unit		
6. Paediatric unit		
7. Operating theatre		
8. ICU		
9. High care		

Unit 2 Audit reports demonstrate adherence of 80% as a minimum

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency unit		
3. Maternity unit		

4. Medical unit		
5. Surgical unit		
6. Paediatric unit		
7. Operating theatre		
8. ICU		
9. High care		

Unit 3 Actions taken where gaps are identified

Aspects	Score	Comment
1. Overall performance for the health establishment		
2. Emergency unit		
3. Maternity unit		
4. Medical unit		
5. Surgical unit		
6. Paediatric unit		
7. Operating theatre		
8. ICU		
9. High care		

3.2.1.2.6.3 Bacterial swabs are performed in accordance with infection control guidelines.

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

Evidence of laboratory results for particle counts from theatre must be available if major reconstruction has been carried out, where a theatre has been commissioned, or where there has been an infection outbreak in the previous 12 months within the health establishment. Not applicable: Where a theatre has not been commissioned, no major reconstruction has been carried out and/or there have been no infection outbreaks in the previous 12 months

Score	Comment

Criterion 3.2.1.2.7 7 Health care personnel receive ongoing in-service education according to their roles and responsibilities.

3.2.1.2.7.1 The annual in-service education and training plan is available.

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

Verify whether the aspects listed below are included in the training plan. Score 1 if the aspect is included and 0 if not included.

Score	Comment

Aspects	Score	Comment
1. Infection prevention and control education		
2. Standard precautions		
3. Response to disease outbreaks		
4. Hand hygiene		
5. Use of personal protective equipment		
6. Management of hazardous and biohazardous spills(includes bodily and chemical spills)		

3.2.1.2.7.2 At least 50% of health care personnel have been trained in standard precautions in the previous financial year.

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

Request the total number of health care providers at the health establishment and the number who have been trained in standard precautions in the previous financial year. If 50% of the total number have been trained in all aspects of standard precautions, allocate a compliant score. Not applicable:

Never

Score	Comment

Sub Domain 3.2.2 8 Infection prevention and control programmes

Standard 3.2.2.1 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 3.2.2.1.1 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

3.2.2.1.1.1 The infection prevention and control team confirm terminal cleaning following the release of infectious users from the isolation room.

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

The infection prevention and control team is responsible for ensuring that rooms used for the care of users with infections requiring isolation are cleaned and decontaminated after the user has been permanently moved out of the isolation room, to confirm that the room is safe to accommodate noninfected users. This may be by means of a cleaning checklist or report or other documentation.

Document must be signed and dated. Not applicable: Never

Score	Comment

Domain 3.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 3.4.1 20 Occupational health and safety

Standard 3.4.1.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 3.4.1.1.1 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

3.4.1.1.1.1 Health care personnel are trained in the management of the relevant infectious disease during an outbreak.

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

Documented evidence of training regarding the management of infections and limiting transmission of the infection following an outbreak must be available. This may include, but need not be limited to, inservice training or training provided by service provider or relevant authority. Not applicable: Where there have been no outbreaks in the previous 12 months.

Score	Comment

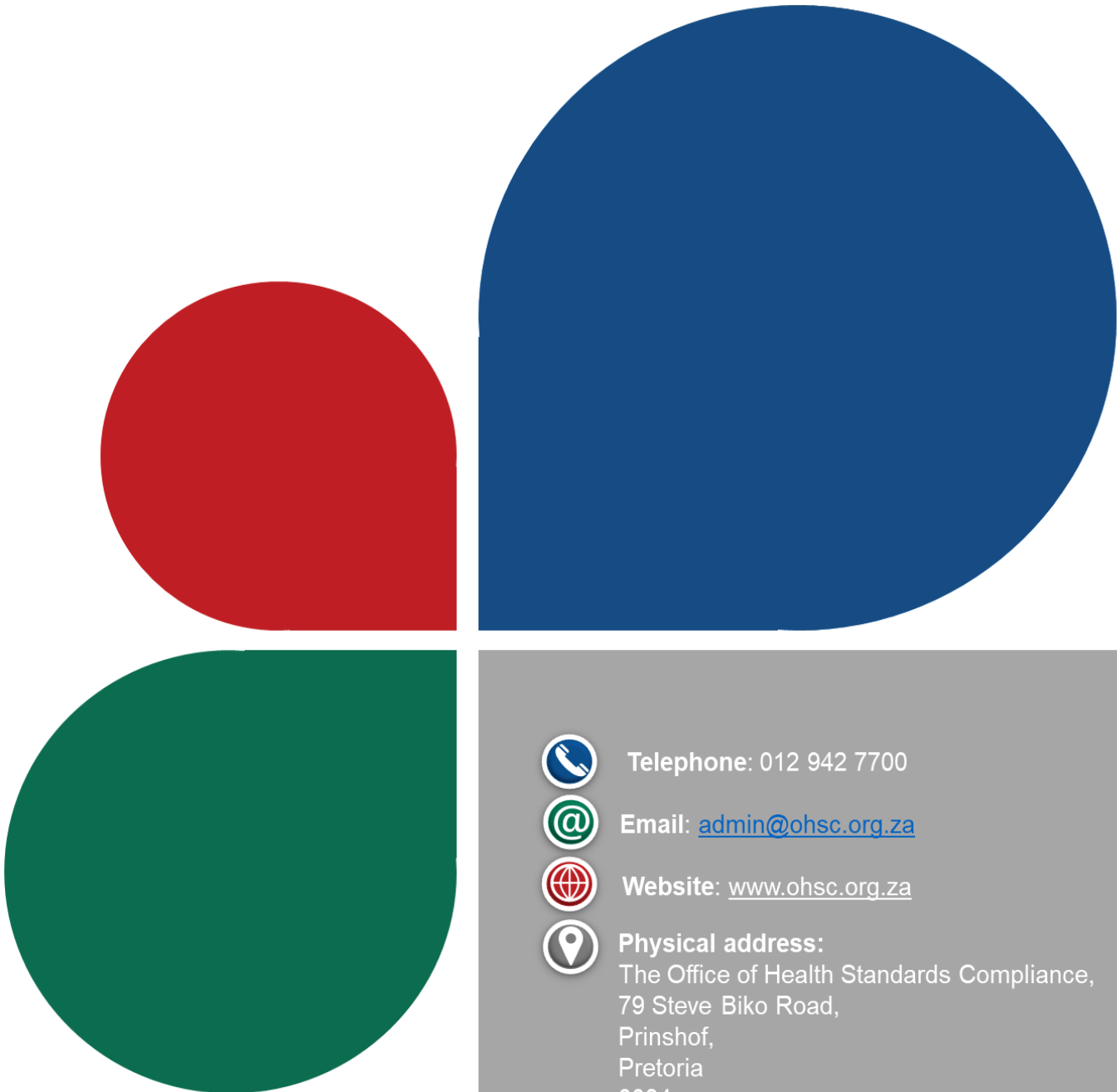
Criterion 3.4.1.1.2 20 A programme for the prevention and control of respiratory infections must be in place.

3.4.1.1.2.1 Respirators approved by a recognised regulatory body are available.

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

The respirators must be available for all health care personnel exposed to serious contagious respiratory infections. Respirators must be approved by a recognised body/ regulatory authority. The respirators will include but not limited to N95,KNP5,FFP2. Not applicable: Never

Score	Comment



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