Facility:

Date:

- **Tool Name:** Regulatory Regional Hospital Inspection tool v1.3 - Final
- **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** Regional
- **Created By:** Jabu Nkambule

19 Intensive Care Unit

Domain 19.1 USER RIGHTS

Sub Domain 19.1.1 *4* User information

Standard 19.1.1.1 *4(1)* The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 19.1.1.1.1 *4(2)(a)(iii)* The health establishment must provide users with information relating to visiting hours where relevant.

19.1.1.1.1.1 The visiting hours for the unit are indicated at the entrance to the unit.

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

Visiting hours must be displayed at the entrance to the unit. Not applicable: Where the visiting hours in the unit are the same as the general visiting hours displayed at the entrance to the health establishment.

Score	Comment

Criterion 19.1.1.1.2 *4(2)(a)(iv)* The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

19.1.1.1.2.1 A complaints toolkit is available.

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

Verify whether the complaint forms, box and poster are available in the unit. Score 1 if compliant and 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Lockable complaints box is visibly placed in the unit.		
2. Complaints box is fixed to wall or a flat surface.		
3. Official complaint forms in at least two commonly spoken official languages are available next to box or there is an indication on the poster where to obtain the forms.		
4. Standardised poster describing process to follow to lodge a complaint is visibly displayed.		
5. Poster on complaints is available in at least two of the official languages commonly spoken in the area.		

Domain 19.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 19.2.1 *6* User health records and management

Standard 19.2.1.1 *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 19.2.1.1.1 *6(2)(b)* The health establishment must ensure confidentiality of health records.

19.2.1.1.1.1 Confidentiality of health records is maintained.

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

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

Score	Comment

Standard 19.2.1.2 ***6(3)*** The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 19.2.1.2.1 ***6(4)(b)*** **The health establishment must record information relating to the examination and health care interventions of users.**

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

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

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

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		
4. Results of investigations requested		
5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Fluid balance chart (where applicable)		
9. Nursing care plan		
10. Date of each entry		
11. Time of each entry		

12. Each entry signed by health care provider making entry.		
13. Designation of signatory		
14. Daily day-time progress notes		
15. Daily night-time progress notes		
16. Medicines administered (signed, dated, time of administration and dose recorded)		
17. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

Unit 2 Health record 2

Aspects	**Score**	**Comment**
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		
4. Results of investigations requested		
5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Fluid balance chart (where applicable)		
9. Nursing care plan		
10. Date of each entry		
11. Time of each entry		
12. Each entry signed by health care provider making entry.		
13. Designation of signatory		
14. Daily day-time progress notes		
15. Daily night-time progress notes		
16. Medicines administered (signed, dated, time of administration and dose recorded)		
17. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

Unit 3 Health record 3

Aspects	Score	Comment
1. Vital signs		
2. Physical examination findings		
3. Investigations requested (where applicable)		
4. Results of investigations requested		
5. Provisional diagnosis		
6. DSM V (applicable to mental health care users only)		
7. Treatment plan		
8. Fluid balance chart (where applicable)		
9. Nursing care plan		
10. Date of each entry		
11. Time of each entry		
12. Each entry signed by health care provider making entry.		
13. Designation of signatory		
14. Daily day-time progress notes		
15. Daily night-time progress notes		
16. Medicines administered (signed, dated, time of administration and dose recorded)		
17. Clear prescription by medical officer for users to be secluded and/or restrained (specific to mental health care users)		

Standard 19.2.1.3 ***6(5)*** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 19.2.1.3.1 ***6*** **A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).**

19.2.1.3.1.1 Health care providers correctly complete forms used for informed consent.

Assessment type: Patient record audit - **Risk rating:** Non negotiable measure

Request three health records of users admitted in the unit at the time of inspection who gave consent to operation or procedure or medical treatment. Examine the consent forms to verify whether they comply with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant. NB: In this unit consent form will not necessarily be signed by the user.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: 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 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005.		
2. Exact nature of operation/procedure or treatment, including site and side, where relevant		
3. User’s full names appear on consent form.		
4. Age of user		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity)		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form is legible. *Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf*		

Unit 2 Health record 2

Aspects	Score	Comment
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: 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 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005.		
2. Exact nature of operation/procedure or treatment, including site and side, where relevant		
3. User’s full names appear on consent form.		
4. Age of user		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity)		

6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. *Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf*		

Unit 3 Health record 3

Aspects	**Score**	**Comment**
1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: 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 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005.		
2. Exact nature of operation/procedure or treatment, including site and side, where relevant		
3. User’s full names appear on consent form.		
4. Age of user		
5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity)		
6. Consent form is signed by health care provider who will perform procedure or delegated person.		
7. Consent form is dated.		
8. All entries on form are legible. *Reference: https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf*		

Sub Domain 19.2.2 ***7*** Clinical management

Standard 19.2.2.1 ***7(1)*** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 19.2.2.1.1 ***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.**

19.2.2.1.1.1 Standardised treatment protocols and guidelines for management of diseases/illnesses are available.

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

Treatment protocols and guidelines for users admitted in the intensive care unit must be available. Request protocols and guidelines used to manage users. Not applicable: Never

Score	**Comment**

19.2.2.1.1.2 Health care personnel have been informed about treatment protocols and guidelines.

Assessment type: Document - **Risk rating:** Essential measure
Documented evidence that personnel have been informed about the treatment protocols and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures indicating that they have read and understood the document (which must be dated and signed), proof of attendance of meeting where protocols and guidelines were discussed or similar evidence for electronic distribution. Not applicable: Never

Score	Comment

Criterion 19.2.2.1.2 *7* Healthcare providers are informed on the health establishment and their specific responsibilities.

19.2.2.1.2.1 Health care personnel have been informed about the Standard Operating Procedures of the unit and health establishment.

Assessment type: Document - **Risk rating:** Essential measure
Documented evidence that personnel have been informed about the Standard Operating Procedures of the unit and health establishment 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 ,standard operating procedures are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available and score 0 if it is not available.

Score	Comment

Aspects	Score	Comment
1. Maintaining confidentiality of user health records in clinical areas		
2. Obtaining informed consent		
3. Identifying users		
4. Conducting and acting on risk assessment of users		
5. Management of emergency resuscitations		
6. Management of users with contagious infections		
7. Standard precautions		
8. Management of adverse events		
9. Support of personnel affected by adverse events		
10. Reporting of adverse drug reactions		

11. Storage of Schedule 5 and 6 medicines		
12. Access to medicines after hours.		
13. Administration of blood		
14. Management of needlestick and sharps injuries		

Standard 19.2.2.2 ***7(2)*** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 19.2.2.2.1 ***7*** **The health establishment implements process to ensure environmental cleanliness.**

19.2.2.2.1.1 All work completed is verified by the cleaning supervisor or delegated health care personnel.

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

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

Score	Comment

19.2.2.2.1.2 The unit is observed to be clean.

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

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

Score	Comment

Criterion 19.2.2.2.2 ***7*** **Procedures to minimise the risk of health care-associated infections must be implemented.**

19.2.2.2.2.1 The incidence of commonly occurring health care-associated infections is monitored monthly.

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

Users receiving care in the intensive care unit are at high risk of contracting health care-associated infections and are at high risk of significant harm from such infections. The occurrence of health care-associated infections must be monitored closely and reported to the infection prevention and control team for analysis and interpretation. This will include but not limited to blood cultures, catheter tips ,central lines tips sent to laboratory for assessment. Not applicable: Never

Score	Comment

19.2.2.2.2.2 Procedures to reduce the incidence of commonly occurring health care-associated infections are implemented.

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

This includes, but is not limited to, the implementation of care bundles, such as catheter-acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI) and ventilator-associated pneumonia (VAP). Not applicable: Never

Score	Comment

19.2.2.2.2.3 Action is taken to improve compliance where gaps are identified.

Assessment type: Document - **Risk rating:** Vital measure
Should the audit demonstrate incomplete adherence to the procedures, action must be taken to improve compliance. This includes, but is not limited to, quality improvement plans. Not applicable: Where no gaps are identified.

Score	Comment

Criterion 19.2.2.2.3 *7* Implementation of standard operating procedures must be monitored.

19.2.2.2.3.1 The storage of sterile packs ensures the integrity of materials.

Assessment type: Observation - **Risk rating:** Essential measure
The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact(not opened or torn). Not applicable: Never

Score	Comment

Criterion 19.2.2.2.4 *7* The management of used and soiled linen must meet infection prevention and control requirements.

19.2.2.2.4.1 The intensive care unit has a designated, access-controlled area for the storage of dirty linen.

Assessment type: Observation - **Risk rating:** Essential measure
The area used to store dirty linen must have a door, which is kept shut. Not applicable: Never

Score	Comment

19.2.2.2.4.2 Dirty linen trolleys are not overflowing.

Assessment type: Observation - **Risk rating:** Essential measure
Linen must be collected frequently enough to avoid excessive accumulation of dirty linen. Not applicable: Never

Score	Comment

Criterion 19.2.2.2.5 *7* The health establishment must have a functional quality management system

19.2.2.2.5.1 Quality improvement plans are developed by health care personnel.

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

Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. NB: Score not applicable where no gaps have been identified.

Score	Comment

Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		
3. Healthcare personnel responsible		
4. Time frames		

19.2.2.2.5.2 Corrective action has been taken to improve the quality of service provided where gaps are identified.

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

Evidence must be available that the action specified in the quality improvement plan was implemented. Not applicable: Where there were no gaps identified.

Score	Comment

Criterion 19.2.2.2.6 *7* Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.

19.2.2.2.6.1 Functional, accessible telephones are available in the unit.

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

Maintaining and sustaining communication is essential for user safety. Telephones must be functional and available in the unit. Not applicable: Never

Score	Comment

Criterion 19.2.2.2.7 *7* Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.

19.2.2.2.7.1 Risk assessments are conducted for frail or aged users to identify those users at high

risk of falls or developing pressure sores.

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

Select three health records of frail and/or aged users admitted to the unit at the time of inspection. Verify whether formal risk assessments, including but not limited to Waterlow or Norton scale to determine the user's risk for developing pressure sores, and the Morse fall scale to determine the user's risk of falling were completed on admission. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

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

Criterion 19.2.2.2.8 *7* The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

19.2.2.2.8.1 Administration of blood is recorded.

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

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

Score	Comment

Unit 1 Health record 1

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

7. User’s vital signs recorded and documented prior to administration.		
8. User’s vital signs recorded and documented during administration of blood		
9. User’s vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 2 Healthcare record 2

Aspects	**Score**	**Comment**
1. Clinical indication for blood or blood products		
2. Type of blood product required.		
3. Informed consent completed and signed.		
4. Confirmation of type of blood product prior to administration		
5. User’s documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user’s identity prior to administration		
7. User’s vital signs recorded and documented prior to administration.		
8. User’s vital signs recorded and documented during administration of blood		
9. User’s vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 3 Healthcare record 3

Aspects	**Score**	**Comment**
1. Clinical indication for blood or blood products		
2. Type of blood product required.		
3. Informed consent completed and signed.		

4. Confirmation of type of blood product prior to administration		
5. User’s documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user’s identity prior to administration		
7. User’s vital signs recorded and documented prior to administration.		
8. User’s vital signs recorded and documented during administration of blood		
9. User’s vital signs recorded and documented for 12 hours after administration		
10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Criterion 19.2.2.2.9 *7* Systems must be in place to facilitate user identification.

19.2.2.2.9.1 All users admitted to the unit wear identity bands or any other means of identification.

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

Select three users in the ward and verify whether they are wearing identity bands or have any identification. Score 1 if users are wearing identification and 0 if not.

Score	Comment

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

Criterion 19.2.2.2.10 *7* The management of emergency resuscitations must be guided and monitored to improve user outcomes.

19.2.2.2.10.1 Emergency trolley is stocked with medicines and equipment.

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

Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable). NB: For paediatric items, score Not applicable if the unit does not admit paediatric users.

Score	Comment

Aspects	Score	Comment
Devices to open and protect airway		
1. Laryngoscope handle		
2. Curved blade for laryngoscope size 2 (adult)		
3. Curved blade for laryngoscope size 3 (adult)		
4. Curved blade for laryngoscope size 4 (adult)		
5. Straight blade for laryngoscope size 1 (paediatric)		
6. Endotracheal tubes - uncuffed size 2.5mm (paediatric)		
7. Endotracheal tubes - uncuffed sizes 3mm (paediatric)		
8. Endotracheal tubes - uncuffed size 3.5mm (paediatric)		
9. Endotracheal tubes - uncuffed sizes 4.0mm (paediatric)		
10. Endotracheal tubes - uncuffed size 4.5mm (paediatric)		
11. Endotracheal tubes - uncuffed sizes 5.0mm (paediatric)		
12. Endotracheal tubes - uncuffed sizes 5.5mm (paediatric)		
13. Endotracheal tubes - cuffed sizes 3.0mm (paediatric)		
14. Endotracheal tubes - cuffed sizes 3.5mm (paediatric)		
15. Endotracheal tubes - cuffed sizes 4.0mm (paediatric)		
16. Endotracheal tubes - cuffed sizes 4.5mm (paediatric)		
17. Endotracheal tubes - cuffed sizes 5.0mm (paediatric)		
18. Endotracheal tubes - cuffed sizes 5.5mm (paediatric)		
19. Endotracheal tubes - cuffed sizes 6.0mm (paediatric)		
20. Endotracheal tubes - cuffed sizes 6.5mm (paediatric)		
21. Endotracheal tubes - cuffed sizes 7.0mm (adult)		
22. Endotracheal tubes - cuffed sizes 7.5mm (adult)		
23. Endotracheal tubes - cuffed sizes 8.0mm (adult)		
24. Endotracheal tubes - cuffed sizes 8.5mm (adult		
25. Oropharyngeal airway size 1 (small child)		

26. Oropharyngeal airway size 2 (child)		
27. Oropharyngeal airway size 3 (small adult)		
28. Oropharyngeal airway size 4 (medium adult)		
29. Oropharyngeal airway size 5 (large adult)		
30. Nasopharyngeal airway size 3		
31. Nasopharyngeal airway size 4		
32. Nasopharyngeal airway size 5		
33. Plaster or ties for endotracheal tubes		
34. Xylocaine spray or Lubricating gel		
Equipment for difficult Intubation		
35. Introducer		
36. Laryngeal mask airway size 2		
37. Laryngeal mask airway size 3		
38. Laryngeal mask airway size 4		
39. Laryngeal mask airway size 5		
40. Magill forceps (adult)		
41. Magill forceps (paediatric)		
Devices to deliver oxygen/ventilate users		
42. Manual resuscitator device or bag and valve mask (adult)		
43. Manual resuscitator device or bag and valve mask (paediatric)		
44. Oxygen masks		
45. Oxygen supply – ready for use (portable).Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge		
Equipment to diagnose and treat cardiac dysrhythmias		
46. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
47. Cardiac arrest board		
Devices to gain intravascular access		

48. Intravenous administration sets		
49. IV Cannulae		
Medicine		
50. Emergency medicines according to local protocol are available and have not expired.		

19.2.2.2.10.2 Medical supplies and equipment for resuscitation are available.

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

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

Score	Comment

Aspects	Score	Comment
1. Chlorhexidine solution or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Spare batteries for laryngoscope		
6. Spare bulb(where applicable)		
7. Syringe 2ml		
8. Syringe 5ml		
9. Syringe 20ml		
10. Catheter tip syringe 50ml		
11. Needles size 16 G		
12. Needles pink 18 G		
13. Needles green 21G		
14. Scissors		
15. Tourniquet		
16. Stethoscope		

17. Nasogastric tubes size 5 (paediatric)		
18. Nasogastric tubes size 6 (paediatric)		
19. Nasogastric tubes size 8 (paediatric)		
20. Nasogastric tubes size 10 (paediatric)		
21. Nasogastric tubes size 12 (adult / paediatric)		
22. Nasogastric tubes size 14 (adult)		
23. Nasogastric tubes size 16 (adult)		
24. Nasogastric tubes size 18 (adult)		
25. Suction catheter 8F (paediatric)		
26. Suction catheter 10F (paediatric)		
27. Suction catheter 12F (adult)		
28. Suction catheter 14F (adult)		
29. Suction devices (portable)		
30. Yankhauer suction		
31. Resuscitation algorithm		

19.2.2.2.10.3 The emergency trolley in the unit is checked.

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

The checks must be performed at the change of each shift and after every time the trolley is used. Check records from the previous 30 days. Not applicable: Never

Score	Comment

Criterion 19.2.2.2.11 *7* Medical equipment management systems must be in place to minimise the risk of patient safety incidents related to medical equipment.

19.2.2.2.11.1 Healthcare personnel receive training in the use of medical equipment.

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

This includes, but is not limited to, orientation records demonstrating that such training has been conducted, in-service training or training by the supplier of new equipment. Training must be provided for each health care personnel member for each item of equipment they will be required to use in the course of performing their duties. Not applicable: Where there was no new equipment introduced in the past 12 months.

Score	Comment

Sub Domain 19.2.3 *8* Infection prevention and control programmes

Standard 19.2.3.1 ***8(1)*** The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 19.2.3.1.1 ***8(2)(a)*** **The health establishment must ensure that there are hand washing facilities in every service area.**

19.2.3.1.1.1 Hand washing facilities are available.

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

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

Score	Comment

Unit 1 User care area

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

Unit 2 Personnel toilet

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

3. Poster on correct use of alcohol- based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020		
4. Taps. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets		
5. Running water		
6. Plain liquid soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area.		

Unit 3 User toilet

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

Criterion 19.2.3.1.2 ***8(2)(b)*** **The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.**

19.2.3.1.2.1 Isolation room meets the requirements listed below.

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

Inspect the isolation rooms to verify whether they contain the aspects listed below. Score 1 if the aspect is present and 0 if not present. Score NA if, at the time of the inspection, no users requiring isolation were admitted.

Score	Comment

Unit 1 Isolation room 1

Aspects	Score	Comment
General requirements to be inspected at all times		
1. Single room with door that closes. Explanatory note: In the case of an outbreak, multiple users may be accommodated in the same room, as long as the room is used exclusively to care for users with the outbreak disease, i.e. “Cohorting” of patients. Sporadic, individual cases must be nursed in a room that accommodates a single user only.		
2. Rooms used for infections requiring airborne precautions have adequate ventilation. Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation. Rooms used for users with viral haemorrhagic fevers have ventilation ensuring at least 6-12 air changes per hour.		
3. Hand wash basin with elbow-operated taps		
4. Bin with a close-fitting lid		
5. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan.		
Requirement to be inspected only if there is a user isolated in the room		
6. Alcohol based hand rub inside room		
7. Disinfectant outside of room to disinfect surfaces		
8. Disposable gloves		
9. Bio-hazardous tape for labelling of specimens prior to transporting		
10. Poster/Signs affixed outside the room. Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.		
11. Alcohol based hand rub outside room		

12. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel)		
13. Appropriate measures for discarding infected linen		
14. Appropriate measures for disinfection of equipment		

Unit 2 Isolation room 2

Aspects	**Score**	**Comment**
General requirements to be inspected at all times		
1. Single room with door that closes. Explanatory note: In the case of an outbreak, multiple users may be accommodated in the same room, as long as the room is used exclusively to care for users with the outbreak disease, i.e. “Cohorting” of patients. Sporadic, individual cases must be nursed in a room that accommodates a single user only.		
2. Rooms used for infections requiring airborne precautions have adequate ventilation. Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation. Rooms used for users with viral haemorrhagic fevers have ventilation ensuring at least 6-12 air changes per hour.		
3. Hand wash basin with elbow-operated taps		
4. Bin with a close-fitting lid		
5. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan.		
Requirement to be inspected only if there is a user isolated in the room		
6. Alcohol based hand rub inside room		
7. Disinfectant outside of room to disinfect surfaces		
8. Disposable gloves inside room		
9. Bio-hazardous tape for labelling of specimens prior to transporting		
10. Poster/Signs affixed outside the room . Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.		
11. Alcohol based hand rub outside room		
12. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel)		
13. Appropriate measures for discarding infected linen		
14. Appropriate measures for disinfection of equipment		

Unit 3 Isolation room 3

Aspects	Score	Comment
General requirements to be inspected at all times		
1. Single room with door that closes. Explanatory note: In the case of an outbreak, multiple users may be accommodated in the same room, as long as the room is used exclusively to care for users with the outbreak disease, i.e. “Cohorting” of patients. Sporadic, individual cases must be nursed in a room that accommodates a single user only.		
2. Rooms used for infections requiring airborne precautions have adequate ventilation. Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation. Rooms used for users with viral haemorrhagic fevers have ventilation ensuring at least 6-12 air changes per hour.		
3. Hand wash basin with elbow-operated taps		
4. Bin with a close-fitting lid		
5. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan.		
Requirement to be inspected only if there is a user isolated in the room		
6. Alcohol based hand rub inside room		
7. Disinfectant outside of room to disinfect surfaces		
8. Disposable gloves inside room		
9. Bio-hazardous tape for labelling of specimens prior to transporting		
10. Poster/Signs affixed outside the room. Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.		
11. Alcohol based hand rub outside room		
12. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel)		
13. Appropriate measures for discarding infected linen		
14. Appropriate measures for disinfection of equipment		

19.2.3.1.2.2 Isolation rooms are inspected by the infection prevention and control team following terminal cleaning.

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

The infection prevention and control team must confirm that the terminal cleaning has been performed satisfactorily prior to admission of another user into the room used for isolation. Evidence of this inspection must be available in the intensive care unit. Not applicable: Where no users requiring isolation have been admitted in the previous 12 months.

Score	Comment

Criterion 19.2.3.1.3 *8(2)(c)* The health establishment must ensure there is clean linen to meet the needs of users.

19.2.3.1.3.1 The unit manager has determined the linen requirements for the unit.

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

It is necessary to determine the linen requirements for the intensive care unit, to ensure sufficient linen is available, i.e. the number of linen items required to ensure that all users have clean linen and are warm enough during their admission. It is also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. This may change with the type of users admitted to the intensive care unit, including, but not limited to, users admitted with continence issues or with actively bleeding or suppurating wounds. Not applicable: Never

Score	Comment

19.2.3.1.3.2 Linen rooms or storage cupboards are adequately stocked and well organised.

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

Inspect the area where linen is stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the unit does not have a designated area with a door that can be kept closed.

Score	Comment

Aspects	Score	Comment
1. Designated area for storage of linen		
2. Area is locked.		
3. Linen is stored on shelves.		
4. Area is well organised.		
5. Clean linen is available		

Criterion 19.2.3.1.4 *8(2)(d)* The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

19.2.3.1.4.1 Personal protective equipment is worn.

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

Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn and 0 if not worn. Score NA where, at the time of the inspection, health care personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 User care area 1: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable		
3. Gloves – sterile		
4. Fluid-resistant disposable gowns		
5. Protective face shields or goggles		
6. Face masks		
7. N95 or KN95 or FFP2 respirators		
8. Head gear.(where applicable) Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin.		
9. Gumboots or disposable, fluid-resistant, knee-length overboots.(where applicable)		

Unit 2 User care area 2: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable		
3. Gloves – sterile		
4. Fluid-resistant disposable gowns		
5. Protective face shields or goggles		
6. Face masks		
7. N95 or KN95 or FFP2 respirators		
8. Head gear.(where applicable) Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin.		
9. Gumboots or disposable, fluid-resistant, knee-length overboots(where applicable)		

Unit 3 Cleaner 1: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable		
3. Domestic gloves		
4. Fluid-resistant disposable gowns		
5. Protective face shields or goggles		
6. Face masks		
7. N95 or KN95 or FFP2 respirators		
8. Head gear.(where applicable) Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin.		
9. Gumboots or disposable, fluid-resistant, knee-length overboots(where applicable)		

Unit 4 Cleaner 2: Worn

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable		
3. Domestic gloves		
4. Fluid-resistant disposable gowns		
5. Protective face shields or goggles		
6. Face masks		
7. N95 or KN95 or FFP2 respirators		
8. Head gear.(where applicable) Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin.		
9. Gumboots or disposable, fluid-resistant, knee-length overboots(where applicable)		

Sub Domain 19.2.4 ***9*** Waste management

Standard 19.2.4.1 ***9(1)*** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 19.2.4.1.1 ***9(2)(a)*** **The health establishment must have appropriate waste containers at the point of waste generation.**

19.2.4.1.1.1 The intensive care unit has appropriate containers for the disposal of all types of waste.

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

Verify whether the waste containers listed below are available. Health care risk waste containers must

have the appropriate international hazard symbol and be marked as prescribed in SANS 10248-1: Management of Health Care Waste, Part 1: Management of healthcare risk waste from a health facility. Score 1 if the waste container is available and 0 if not available. Where a particular type of waste is not generated in the unit, score NA.

Score	Comment

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

Criterion 19.2.4.1.2 ***9(2)(b)*** **The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

19.2.4.1.2.1 Sharps are safely managed and discarded in clinical areas.

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

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

Score	Comment

Unit 1 Clinical area 1

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps transported in a receiver when sharps containers not in immediate vicinity of procedure. Explanatory note: This is applicable in situations where procedures are carried out in areas where it is not practical to have a sharps container available, e.g. at the user’s bedside. Score NA if this is not observed during the inspection.		
3. Sharps containers have correctly fitting lids.		
4. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
5. Syringes with attached needles are discarded in their entirety.		

Unit 2 Clinical area 2

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps transported in a receiver when sharps containers not in immediate vicinity of procedure. Explanatory note: This is applicable in situations where procedures are carried out in areas where it is not practical to have a sharps container available, e.g. at the user's bedside. Score NA if this is not observed during the inspection.		
3. Sharps containers have correctly fitting lids.		
4. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
5. Syringes with attached needles are discarded in their entirety.		

Unit 3 Clinical area 3

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharps transported in a receiver when sharps containers not in immediate vicinity of procedure. Explanatory note: This is applicable in situations where procedures are carried out in areas where it is not practical to have a sharps container available, e.g. at the user's bedside. Score NA if this is not observed during the inspection.		
3. Sharps containers have correctly fitting lids.		
4. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharps container.		
5. Syringes with attached needles are discarded in their entirety.		

19.2.4.1.2.2 There is a temporary healthcare risk waste storage area.

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

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

Score	Comment

Aspects	Score	Comment

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

Sub Domain 19.2.5 ***21*** Adverse events

Standard 19.2.5.1 ***21(1)*** The health establishment must have a system to monitor and report all adverse events.

Criterion 19.2.5.1.1 ***21(2)(b)*** **The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.**

19.2.5.1.1.1 Health care personnel are aware of the procedure to report adverse events.

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

Interview three health care personnel to establish their awareness on reporting of adverse events Score 1 if they are able to explain the aspects listed below and 0 if not.

Score	Comment

Unit 1 Health care personnel 1

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Unit 2 Health care personnel 2

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Unit 3 Health care personnel 3

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)		

Domain 19.3 CLINICAL SUPPORT SERVICES

Sub Domain 19.3.1 ***10*** Medicines and medical supplies

Standard 19.3.1.1 ***10(1)*** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 19.3.1.1.1 ***10(2)(a)*** **The health establishment must implement and maintain a stock control system for medicine and medical supplies.**

19.3.1.1.1.1 The stock control system shows minimum and maximum levels and/or reorder levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Never

Score	Comment

19.3.1.1.1.2 Stock levels of medicine on the shelves correspond with recorded stock levels in the stock control system.

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

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

Score	Comment

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

19.3.1.1.1.3 The entries in the schedule 5 and 6 drug registers are complete and correct.

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

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

Score	Comment

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

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

Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 1 if there is correspondence 0 if not. Score not applicable where schedule 5 and 6 medicines are not held in the ward.

Score	Comment

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

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

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

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Never

Score	Comment

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

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

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

Score	Comment

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

Criterion 19.3.1.1.2 ***10(2)(b)*** **The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

19.3.1.1.2.1 Basic medical supplies (consumables) are available.

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

Use the checklist below to check availability of medical and dressing supplies. Check the storeroom for availability of the items listed below. Score 1 if the item is available and not expired and 0 if the item is not available or expired.

Score	Comment

Aspects	Score	Comment
1. Intravenous administration set 20 drops/ml.		
2. Intravenous administration set 60 drops/ml.		
3. Blood administration set 10 drops/ml.		
4. Urinary (Foley's) catheter silicone/latex 10f		
5. Urinary (Foley's) catheter silicone/latex 12f		
6. Urinary (Foley's) catheter silicone/latex 14f		
7. Urinary (Foley's) catheter silicone/latex 18f		
8. Urine drainage bag		
9. Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, adults		
10. Face mask for nebuliser or face mask with nebuliser chamber (adult)		
11. Nasogastric feeding tube 600mm fg10		
12. Nasogastric feeding tube 1000mm fg12		
13. Nasogastric feeding tube 1000mm fg14		
14. Nasogastric feeding tube 600mm fg16		

15. Nasogastric feeding tube 600mm fg18		
16. Disposable aprons		
17. HB strips/slides		
18. Ultrasound gel medium viscosity (where doppler or ultrasound machines are available)		
19. Gloves exam non-sterile large /box		
20. Gloves exam non-sterile medium /box		
21. Gloves exam non-sterile small /box		
22. Gloves surgical sterile size 6 or 6.5		
23. Gloves surgical sterile size 7 or 7.5		
24. Gloves (surgical sterile) size 8		
25. Facemasks		
26. Particulate respirator masks (e.g. N95 or KN95 or FFP2 respirators)		
27. Goggles, glasses protective or face shield		
28. Gown, isolation (Single use, disposable, made of nonwoven material)		
29. Intravenous cannula 18g green/box		
30. Intravenous cannula 20g pink/box		
31. Intravenous cannula 22g/blue/box		
32. Intravenous cannula 24g yellow/box		
33. Needles: 18 (pink) or 20 (yellow)/box		
34. Needles: 21 (green)/box		
35. Syringes 3-part 2ml/box		
36. Syringes 3-part 5ml/box		
37. Syringes 3-part 10 or 20ml/box		
38. Insulin syringe with needle/box		
39. Basic disposable dressing pack (should contain at the very least cotton wool balls, swabs, disposable drape)		
40. Gauze swabs plain non-sterile 100x100x8ply (pack)		
41. Gauze paraffin 100x100 (box)		

42. Bandage crepe		
43. Adhesive micro-porous surgical tape 24/25mm or 48/50mm		
44. Gauze absorbent grade 1 burn (pack)		
45. 70% isopropyl alcohol prep pads 24x30 1ply or 2 ply (box)		
46. Plaster roll 2.5cm or 5cm or 7.5cm or 10 cm		
47. Cotton wool balls 1g (500s)		
48. Stockinette 100mm or 150mm (roll)		
49. Blade stitch cutter sterile/pack		

Sub Domain 19.3.3 *12* Blood services

Standard 19.3.3.1 *12(1)* Hospitals and CHCs must ensure that users have access to blood and blood products when required.

Criterion 19.3.3.1.1 *12(2)(c)* The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

19.3.3.1.1.1 All adverse blood reactions are reported to relevant forum.

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

Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions and that 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

19.3.3.1.1.2 Action is taken where adverse blood reactions were reported.

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

Documented evidence reflecting the actions that were taken following the investigation must be available All necessary actions identified during the investigation to avoid similar incidents (i.e. where the adverse blood reaction was avoidable) must be implemented. Not applicable: Where no adverse blood reactions were reported.

Score	Comment

Sub Domain 19.3.2 *13* Medical equipment

Standard 19.3.2.1 *13(1)* Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 19.3.2.1.1 *13(2)(b)* The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

19.3.2.1.1.1 Functional essential medical equipment is available in the unit.

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

Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the

equipment is available and functional and 0 if not available or not functional. Score NA if the equipment is not required for the level of care provided.

Score	Comment

Aspects	Score	Comment
1. Blood warmer		
2. Diagnostic set, portable, battery operated		
3. Diagnostic set wall mounted		
4. Defibrillator with monitor on trolley		
5. Electrocardiograph (ECG) machine		
6. Mobile examination lamp		
7. Glucometer		
8. Haemoglobinometer		
9. Blood gas and electrolyte analyser		
10. Humidifier		
11. Nebuliser(Explanatory note: This can be a nebulising machine or a nebuliser mask connected to oxygen point)		
12. Spirometer, mechanical (adult)		
13. Spirometer, mechanical (paediatric)		
14. Syringe pump 5ml to 50ml (if required)		
15. Infusion pumps		
16. Drip hanger, wall/ceiling mounted		
17. Drip stand, mobile with double hook		
18. Bed (intensive care unit)		
19. Bed, cot, complete with collapsible sides and mattress (child)		
20. Instruments for minor procedures		
21. Laryngoscope, four-blade set in carry case		
22. Non-invasive blood pressure (NIBP) and blood-oxygen saturation (SaO2) monitor on a trolley		

23. Cuffs for blood pressure machine (paediatric, adult and obese)		
24. User warmer, forced air warming		
25. Oxygen cylinder regulator		
26. Oxygen cylinder trolley		
27. Regulator and flow meter for oxygen (dial-a-flow) with bullnose		
28. Resuscitation bag (adult)		
29. Stethoscope		
30. Suction unit, mobile, electrical, two bottles		
31. Suction unit regulator controller for pipeline system (two disposable bags)		
32. Temperature meter		
33. Ventilator, life support on trolley with humidifier and three circuits (adult)		
34. Ventilator, complete with humidifier and user circuit (paediatric).NB: Only applicable in units admitting children		
35. Ventilator, life support for transport use		
36. Continuous Positive Airway Pressure(CPAP) ventilator		
37. Medicine refrigerator		
38. Vital signs monitor, portable – electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, pulse, peripheral capillary oxygen saturation (SpO2) machine, temperature, respiration and printer (haemodynamic monitor)		
39. Capnograph		
40. Weights for traction, set		
41. User lifting device		
42. Wheelchair, porter type with drip rod		

Domain 19.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 19.4.1 ***20*** Occupational health and safety

Standard 19.4.1.1 ***20(1)*** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 19.4.1.1.1 ***20(2)(b)*** **Awareness of safety and security issues must be promoted**

19.4.1.1.1.1 The emergency evacuation plan is prominently displayed

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

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

Score	Comment

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

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

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

Score	Comment

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

Criterion 19.4.1.1.2 *20* The health establishment must have a disaster management plan in place, which is updated annually and in response to personnel turnover.

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

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

The actions to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. This may be displayed in any manner relevant to the size and complexity of the health establishment, including, but not limited to, a single summary sheet of actions to be taken, action cards to be retrieved by allocated individuals to remind them of the tasks for which they are responsible, or any other method chosen by the health establishment. Not applicable: Never

Score	Comment

Domain 19.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 19.5.1 *14* Management of buildings and grounds

Standard 19.5.1.1 *14(1)* The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 19.5.1.1.1 *14(2)(b)* The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.

19.5.1.1.1.1 No obvious safety hazards are observed during the visit.

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

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

Score	Comment

Criterion 19.5.1.1.2 ***14(2)(d)*** **The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.**

19.5.1.1.2.1 The unit has natural ventilation or functional mechanical ventilation.

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

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

Score	Comment

Sub Domain 19.5.2 ***15*** Engineering services

Standard 19.5.2.1 ***15(1)*** The health establishment must ensure that engineering services are in place.

Criterion 19.5.2.1.1 ***15(2)*** **The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

19.5.2.1.1.1 The intensive care unit has a functional system to supply piped oxygen to clinical areas.

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

This is to ensure that users have access to piped oxygen when required. Verify whether piped oxygen is available and functional in all the clinical areas in the unit. Not applicable: Never

Score	Comment

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

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

This is to ensure that users have access to piped suction when required. Verify whether piped suction is available and functional in all the clinical areas in the unit. Not applicable: Never

Score	Comment