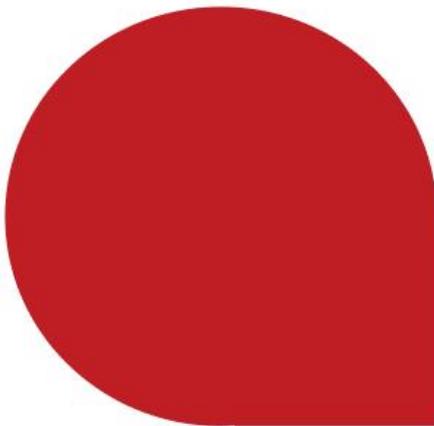




Office of Health Standards Compliance
Ensuring quality and safety in health care



Midwife Obstetric Unit

v1.2

Regulatory CHC inspection tool

Facility:
Date:

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

5 Midwife Obstetric Unit (MOU)

Domain 5.1 USER RIGHTS

Sub Domain 5.1.1 4 User information

Standard 5.1.1.1 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 5.1.1.1.1 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

5.1.1.1.1.1 CHECKLIST: The complaints toolkit is available in the Maternal Obstetric Unit (MOU).

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

Use the checklist below to check whether the complaint forms, box and poster are available in the MOU. Score 1 if the aspect is compliant and 0 if it is not compliant. NB: In small CHC they could have the toolkit in a centralised area.

Score	Comment	
Aspects	Score	Comment
1. Lockable complaint box is visibly placed in the unit		
2. The complaints box is mounted (fixed to the wall or flat surface)		
3. Official complaint forms and a pen are at the box in the unit Explanatory note: The complaints forms must be available in at least two of the commonly spoken official languages in the area		
4. A standardised poster describing the process to follow to lodge a complaint is visibly displayed in the unit		
5. The poster on complaints is available in at least two of the commonly spoken official languages in the area		

Sub Domain 5.1.2 5 Access to care

Standard 5.1.2.1 5(1) The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 5.1.2.1.1 5(2)(b) The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment, and that they are accompanied by a health care provider.

5.1.2.1.1.1 There is a functional telephone in the unit.

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

A telephone that is in working order must be available, this also includes mobile phones/cellphones Not applicable: Never

Score	Comment

5.1.2.1.1.2 Emergency medical service contact number(s) are displayed in areas where telephones are available.

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

Check whether emergency contact numbers are displayed next to each telephone. If the health establishment utilises official mobile phones/cellphones, score positive if the emergency numbers are displayed within the unit. Not applicable: Never

Score	Comment

5.1.2.1.1.3 CHECKLIST: A documented record detailing emergency transport requests is kept.

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

Request the register or book or file or computer record where this information is recorded. Score 1 if the aspect is documented and 0 if it is not documented.

Score	Comment	
Aspects	Score	Comment
1. Date of the request		
2. Details of the user for whom the request was made. Explanatory note: Details must include Name and Surname of user, Date of birth or age or identity number or passport number.		
3. Reason for referral		
4. The time the ambulance was requested		

5. The time the ambulance arrived		
-----------------------------------	--	--

Standard 5.1.2.2 5(3) The health establishment must maintain a system of referral as established by the responsible authority.
Criterion 5.1.2.2.1 5(4)(a) The health establishment must ensure that users are provided with information relating to their referral to another health establishment.

5.1.2.2.1.1 CHECKLIST: Health care providers are able to explain what information they provide to users being referred.

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

Interview three health care providers to establish if they are aware of the information that must be provided to users who are referred. Score 1 if the health care provider provides correct answers and 0 if the health care provider does not provide the correct answers.

Score	Comment

Unit 1 Health care provider 1

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		
2. Where should they go? (the health establishment or service or department referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to CHC or continuity of care will be determined by the service referred to, e.g. follow-up visits)		

Unit 2 Health care provider 2

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		
2. Where should they go? (the health establishment or service or department referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to CHC or continuity of care will be determined by the service referred to, e.g. follow-up visits)		

Unit 3 Health care provider 3

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		

2. Where should they go? (the health establishment or service or department referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to CHC or continuity of care will be determined by the service referred to, e.g. follow-up visits)		

Domain 5.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 5.2.1 6 User health records and management

Standard 5.2.1.1 6(1) The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 5.2.1.1.1 6(2)(c) The health establishment must secure health records with appropriate security control measures in the records storage area and in the clinical service area in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013).

5.2.1.1.1.1 Records are not left unattended in clinical service areas.

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

Observe how user health records are managed in the unit and check whether unauthorised individuals would be able to access the information in the health records. This will include the health records of users waiting to be seen and users who have already been seen but their records have not yet been returned to the records storage area/room, health records being used for clinical audit or other administrative purposes, or health records outside the records storage area/room for any other reason. Such records should be kept in a manner which safeguards against unauthorised access to the content of the record. Not applicable: Never

Score	Comment

Standard 5.2.1.2 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 5.2.1.2.1 6(4)(a) The health establishment must record the biographical data of the user and the identification and contact information of the user and his or her next of kin.

5.2.1.2.1.1 CHECKLIST: Biographical, demographic and contact information of the user is recorded in the Maternity Case Record.

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

Check whether user health records contain the required details as listed below. Select the records of users seen at the time of inspection. Score 1 if detail is recorded and 0 if detail is not recorded.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Name and surname		
2. User file number		
3. Health establishment name		

4. ID/refugee/passport number or date of birth		
Demographic details		
5. Residential address		
6. Personal contact details		
7. Name and surname of parents or guardian (if user is a minor)		
8. Next of kin contact details		

Unit 2 Health record 2

Aspects	Score	Comment
1. Name and surname		
2. User file number		
3. Health establishment name		
4. ID/refugee/passport number or date of birth		
Demographic details		
5. Residential address		
6. Personal contact details		
7. Name and surname of parents or guardian (if user is a minor)		
8. Next of kin contact details		

Criterion 5.2.1.2.2 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

5.2.1.2.2.1 CHECKLIST: The clinical assessment and management plan for the user is recorded in the Maternity Case Record.

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

Check whether user health records contain the details listed below. Select the records of users who have delivered and completed the post-natal visits. Score 1 if the detail is recorded and 0 if the detail is not recorded.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Health risk factors (alcohol, smoking, other substances, physical activity, diet, sexual behaviour)		
2. Family history of chronic conditions/congenital disorders		
3. Known chronic conditions		
4. Surgical history		
5. Allergies		
6. Planned pregnancy		
7. Parity		
8. Gravidity		
9. Booked under 20 weeks		
10. LNMP (Last normal menstrual period)		
11. EDD (expected date of delivery)		
12. Future contraception selected		
13. Infant feeding discussed		
14. Risk assessment		
Clinical management		
15. Height of user		
16. Weight		
17. Body mass index (BMI) calculated		

18. Temperature at every visit		
19. Blood pressure at each visit		
20. Pulse rate at each visit		
21. Blood sugar(where applicable)		
22. Urine dipstick(where applicable)		
23. Basic screening where indicated (HIV, TB, STI, Diabetes)		
24. Current chronic condition		
Examination		
25. General(this will include but not limited to respiratory, cardiovascular, abdominal, central nervous system, musculoskeletal, mental state)		
26. Vaginal examination		
27. Diagnosis		
28. Investigations/tests - Pap smear		
29. Investigations/tests - Syphilis		
30. Investigations/tests - Rhesus status		
31. Investigations/tests - Hb		
32. Investigations/tests - HIV		
33. Gestational growth chart completed with each visit from 20 weeks onwards		
34. Symphysis fundal height (SFH) at each visit		
35. Intrauterine growth restriction (IUGR) assessed		
36. Maternal and foetal risks listed		

37. Foetal movements felt		
38. Foetal presentation from 36 weeks		
39. Observation chart for antenatal problem admissions completed fully		
40. Observation chart completed fully (if diagnosis of labour is doubtful)		
Decision: assessment, diagnosis and management		
41. Foetal heart rate		
42. Maternal and foetal risks listed		
43. Admission findings countersigned		
44. Method of placenta delivery		
45. Findings on placenta examination		
46. Findings on membranes examination		
47. Vital signs checked		
48. State of perineum		
49. State of uterus		
50. Blood loss checked		
51. Feeding initiated		
52. Birth time		
53. Risk factors to baby		
54. Konakion administered		
55. Eye prophylaxis administered		

56. Health Care Practitioner's name and surname		
57. Health Care Practitioner's designation		
58. Date signed by Health Care Practitioner		

Unit 2 Health record 2

Aspects	Score	Comment
1. Health risk factors (alcohol, smoking, other substances, physical activity, diet, sexual behaviour)		
2. Family history of chronic conditions/congenital disorders		
3. Known chronic conditions		
4. Surgical history		
5. Allergies		
6. Planned pregnancy		
7. Parity		
8. Gravidity		
9. Booked under 20 weeks		
10. LNMP (Last normal menstrual period)		
11. EDD (expected date of delivery)		
12. Future contraception selected		
13. Infant feeding discussed		
14. Risk assessment		
Clinical management		
15. Height of user		

16. Weight		
17. Body mass index (BMI) calculated		
18. Temperature at every visit		
19. Blood pressure at each visit		
20. Pulse rate at each visit		
21. Blood sugar(where applicable)		
22. Urine dipstick(where applicable)		
23. Basic screening where indicated (HIV, TB, STI, Diabetes)		
24. Current chronic condition		
Examination		
25. General(this will include but not limited to respiratory, cardiovascular, abdominal, central nervous system, musculoskeletal, mental state)		
26. Vaginal examination		
27. Diagnosis		
28. Investigations/tests - Pap smear		
29. Investigations/tests - Syphilis		
30. Investigations/tests - Rhesus status		
31. Investigations/tests - Hb		
32. Investigations/tests - HIV		
33. Gestational growth chart completed with each visit from 20 weeks onwards		
34. Symphysis fundal height (SFH) at each visit		

35. Intrauterine growth restriction (IUGR) assessed		
36. Maternal and foetal risks listed		
37. Foetal movements felt		
38. Foetal presentation from 36 weeks		
39. Observation chart for antenatal problem admissions completed fully		
40. Observation chart completed fully (if diagnosis of labour is doubtful)		
Decision: assessment, diagnosis and management		
41. Foetal heart rate		
42. Maternal and foetal risks listed		
43. Admission findings countersigned		
44. Method of placenta delivery		
45. Findings on placenta examination		
46. Findings on membranes examination		
47. Vital signs checked		
48. State of perineum		
49. State of uterus		
50. Blood loss checked		
51. Feeding initiated		
52. Birth time		
53. Risk factors to baby		

54. Konakion administered		
55. Eye prophylaxis administered		
56. Health Care Practitioner's name and surname		
57. Health Care Practitioner's designation		
58. Date signed by Health Care Practitioner		

Standard 5.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 5.2.1.3.1 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).

5.2.1.3.1.1 CHECKLIST: Forms used for informed consent are completed correctly by health care providers.

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

Use the checklist below to check whether user records comply. Select records of users who were seen at the time of inspection and signed informed consent for a procedure. Score 1 if the detail is recorded and 0 if it is not recorded.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. User's full name(s) and surname are written on the consent form		
2. The user's age or date of birth or identity number is documented in the consent form		
3. The exact nature of the operation/procedure/treatment is written on the consent form		
4. The name of the person who signed the consent is documented (it could be the parent or guardian) Explanatory note: This aspect is not applicable where the user signed the consent form		
5. The consent form is signed by the user or parent/guardian		
6. The consent form is signed by the health care provider		
7. The consent form is dated		

Unit 2 Health record 2

Aspects	Score	Comment
1. User's full name(s) and surname are written on the consent form		
2. The user's age or date of birth or identity number is documented in the consent form		
3. The exact nature of the operation/procedure/treatment is written on the consent form		
4. The name of the person who signed the consent is documented (it could be the parent or guardian) Explanatory note: This aspect is not applicable where the user signed the consent form		
5. The consent form is signed by the user or parent/guardian		
6. The consent form is signed by the health care provider		
7. The consent form is dated		

Standard 5.2.1.4 6(6) The health establishment must issue a discharge report to users in accordance with section 10 of the Act.
Criterion 5.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.

5.2.1.4.1.1 CHECKLIST: Discharge summaries are available in user health records.

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

Request the Midwife Obstetric Unit (MOU) admission register and select the health records of two users who have been discharged from the unit in the previous week. Use the checklist below to check whether the discharge summaries include the information listed below. Score 1 if the aspect is included and 0 if it is not included.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of delivery		
4. Date of discharge		
5. Type of delivery		
6. Name of the health establishment to which the user was admitted		
7. Examination on discharge conducted		

8. Contraception discussed		
9. Feeding options discussed		
10. Medicine and treatment given		
11. Postnatal advice on discharge		
Information regarding baby:		
12. Gender		
13. Weight		
14. Head circumference (cm)		
15. Length (cm)		
16. BCG given		
17. Polio given		
18. Health care provider's name and surname		
19. Health care provider's designation		
20. Health care provider's signature		
21. Date signed by health care provider		

Unit 2 Health record 2

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of delivery		
4. Date of discharge		
5. Type of delivery		
6. Name of the health establishment to which the user was admitted		
7. Examination on discharge conducted		
8. Contraception discussed		
9. Feeding options discussed		
10. Medicine and treatment given		
11. Postnatal advice on discharge		

Information regarding baby:		
12. Gender		
13. Weight		
14. Head circumference (cm)		
15. Length (cm)		
16. BCG given		
17. Polio given		
18. Health care provider's name and surname		
19. Health care provider's designation		
20. Health care provider's signature		
21. Date signed by health care provider		

Sub Domain 5.2.2 7 Clinical management

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

Criterion 5.2.2.1.1 7(2)(a) The health establishment must ensure that clinical policies and guidelines for priority health conditions issued by the national department are available and communicated to health care personnel.

5.2.2.1.1.1 CHECKLIST: National guidelines on priority health conditions are available.

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

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

Score	Comment	
Aspects	Score	Comment
1. Guidelines for Maternity Care in South Africa (2016)		
2. Clinical Guidelines for Breast Cancer Control and Management (2019)		
3. National Contraceptives clinical guidelines (2019)		
4. National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020)		

5. Maternal, Perinatal and Neonatal health policy (2021)		
6. Clinical Guideline for Genetics Services (2021)		
7. National Clinical Guidelines for Safe Conception and Infertility (2021)		

Criterion 5.2.2.1.2 7(2)(b) The health establishment must establish and maintain systems, structures and programmes to manage clinical risks.

5.2.2.1.2.1 CHECKLIST: A standard operating procedure for identification of users is available.

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

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

Score	Comment	
Aspects	Score	Comment
1. Procedure for identification including determination of correct information		
2. Method of identification (e.g. wrist bands) writing the wristband (Surname, name and number and allergies)		
3. Applying the identification band/item		
4. Removal of identification band/item		
5. Specific precautions for managing at risk users such as babies and intellectually challenged users.		

5.2.2.1.2.2 CHECKLIST: A standard operating procedure for handover between shifts at the Midwife Obstetric Unit (MOU) is available.

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

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

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

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

5.2.2.1.2.3 CHECKLIST: A standard operating procedure for the handover of users from the healthcare provider to emergency medical services (EMS) personnel is available.

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

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

Score	Comment	
Aspects	Score	Comment
1. Documentation of EMS arrival time		
2. Documentation of handover time		
3. Method of transfer of user from MOU to ambulance		
4. Identification of users		
5. Maternal clinical condition		
6. Monitoring of maternal vital signs		
7. Documentation of clinical condition of baby (where relevant)		

8. Documentation of treatment and interventions		
9. Monitoring of user during transfer		
10. The receiving health establishment expecting the user		
11. Name of the health care provider who accepted the transfer at the health establishment expecting the user		
12. Documentation of known medical history		
13. Transfer letter and/or maternity records to be handed over to the receiving health establishment		
14. The name and designation of the health care provider receiving the user		
15. Signatures of transferring and receiving personnel		
16. Target time frames for the completion of user handover Explanatory note: The maximum time to be taken to complete the handover must be described in order to avoid keeping EMS staff long in the HE.		

5.2.2.1.2.4 CHECKLIST: Health records demonstrate that the correct handover procedure was followed between healthcare providers and emergency medical services (EMS) personnel.

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

Review the health records of three users who required EMS transfer and check if the aspects listed below have been documented. Score 1 if the aspect is documented and 0 if it is not documented.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Arrival time of EMS		
2. Handover time		
3. Method of transfer of user from ambulance to MOU		
4. Confirmation of user identity		
5. Maternal clinical condition		
6. Maternal vital signs		
7. Clinical condition of the baby (where applicable)		
8. Treatment given (where applicable)		

9. Documentation of known medical history(where user was able to provide)		
10. Transfer letter and/or maternity records to be handed over to the receiving health establishment		
11. The name and designation of the health care provider receiving the user		
12. Signatures of transferring and receiving personnel		

Unit 2 Health record 2

Aspects	Score	Comment
1. Arrival time of EMS		
2. Handover time		
3. Method of transfer of user from ambulance to MOU		
4. Confirmation of user identity		
5. Maternal clinical condition		
6. Maternal vital signs		
7. Clinical condition of the baby (where applicable)		
8. Treatment given(where applicable)		
9. Documentation of known medical history(where user was able to provide)		
10. Transfer letter and/or maternity records to be handed over to the receiving health establishment		
11. The name and designation of the health care provider receiving the user		
12. Signatures of transferring and receiving personnel		

Standard 5.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 5.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.

5.2.2.2.1.1 All work completed is verified by the cleaning supervisor or a delegated member of 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

5.2.2.2.1.2 CHECKLIST: The areas listed below are clean

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

Verify whether the service areas listed below are clean. Inspector to observe general cleanliness of the area including but not limited to whether the area is free of dirt and stains. Score 1 if the area is clean and score 0 if not clean. Score not applicable if an indicated area does not exist in the health establishment

Score	Comment	
Aspects	Score	Comment
1. Antenatal unit		
2. Delivery room/area		
3. Postnatal room/area		
4. User toilet		
5. Staff toilet		

Criterion 5.2.2.2.7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

5.2.2.2.2.1 CHECKLIST: The emergency trolley is stocked with the medicines, medical supplies and equipment.

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

Check whether the emergency trolley is sufficiently stocked with medicine, medical supplies and the equipment listed below. Check whether the equipment and medicine are available on the emergency trolley and check the expiry date of the medicine and medical supplies. Score 1 if the item is available and functional and not expired (if applicable) and 0 if it is not available and not functional or expired (if applicable).NB: This measure can be scored not applicable if there is an emergency trolley in another clinical area (e.g. the emergency unit or clinical service area) which is immediately adjacent to the MOU.

Score	Comment	
Aspects	Score	Comment
Applicable to Health establishments with a permanent appointed Doctor		
1. Laryngoscope handle with functional batteries		

2. Adult curved blades for laryngoscope size 2		
3. Adult curved blades for laryngoscope size 3		
4. Adult curved blades for laryngoscope size 4		
5. Paediatric laryngoscope handle		
6. Paediatric straight blades for laryngoscope, size 00		
7. Paediatric straight blades for laryngoscope, size 0		
8. Paediatric straight blades for laryngoscope size 1		
9. Endotracheal tubes - uncuffed size 2.5mm		
10. Endotracheal tubes - uncuffed size 3mm		
11. Endotracheal tubes - uncuffed size 3.5mm		
12. Endotracheal tubes - uncuffed size 4mm		
13. Endotracheal tubes - uncuffed size 4.5mm		
14. Endotracheal tubes, cuffed, size 3.0mm		
15. Endotracheal tubes, cuffed, size 4.0mm		
16. Endotracheal tubes - cuffed size 5mm		
17. Endotracheal tubes - cuffed size 6mm		
18. Endotracheal tubes - cuffed size 7mm		
19. Endotracheal tubes - cuffed size 8mm		
20. Laryngeal mask airways size 3 or size 4 or size 5		
21. Tape to hold endotracheal tube in place		
22. Adult-size introducer, intubating stylet or bougie for endotracheal tubes		

23. Paediatric size introducer, intubating stylet or bougie for endotracheal tubes		
Equipment for all health establishments (with and without a permanently appointed doctor)		
24. Oropharyngeal airways (Guedel) size 00		
25. Oropharyngeal airways (Guedel) size 0		
26. Oropharyngeal airways (Guedel) size 1		
27. Oropharyngeal airways (Guedel) size 2		
28. Oropharyngeal airways (Guedel) size 3		
29. Oropharyngeal airways (Guedel) size 4		
30. Oropharyngeal airways (Guedel) size 5		
31. Magill's forceps (adult)		
32. Magill's forceps (paediatric)		
33. Manual bag valve mask/ manual resuscitator or self-inflating bag with compatible masks (adult)		
34. Manual bag valve mask/ manual resuscitator or self-inflating bag with compatible masks (paediatric)		
35. Reservoir mask for oxygen (paediatric)		
36. Reservoir mask for oxygen (adult)		
37. Face mask for nebuliser or face mask with nebuliser chamber or spacers for MDIs (adult)		
38. Face mask for nebuliser or face mask with nebuliser chamber or spacers for MDIs (paediatric)		

<p>39. Automatic External Defibrillator (AED) or defibrillator. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .</p>		
<p>40. Electrodes for defibrillator. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .</p>		
<p>41. Defibrillator pads. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .</p>		
<p>42. Conductive gel. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .</p>		
<p>43. Intravenous cannula 18g green and appropriate strapping</p>		
<p>44. Intravenous cannula 20g pink and appropriate strapping</p>		
<p>45. Intravenous cannula 22g blue and appropriate strapping</p>		
<p>46. Intravenous cannula 24g yellow and appropriate strapping</p>		
<p>47. Syringes 3-part: 2ml</p>		
<p>48. Syringes 3-part: 5ml</p>		
<p>49. Syringes 3-part: 10 or 20ml</p>		
<p>50. Syringes: insulin syringes</p>		
<p>51. Admin set 20 drops/ml 1.8m /pack</p>		
<p>52. Admin set paed 60 drops/ml 1.8m /pack</p>		
<p>53. Needles: 18 (pink) or 20 (yellow)</p>		

54. Needles: 21 (green)		
55. Needles: 22 (black) or 23 (blue)		
56. Stethoscope		
57. Rescue scissors (to cut clothing)		
58. Nasogastric tubes: 600mm fg 8		
59. Nasogastric tubes: 1000mm fg 10 or 12		
60. Water-soluble lubricant / lubricating jelly		
Present individually or in a combined multifunctional diagnostic monitoring set		
61. Pulse oximeter with adult & paediatric probes		
Emergency medicines (check expiry dates)		
62. Activated charcoal		
63. Adrenaline 1mg/ml (Epinephrine) ampoule		
64. Amlodipine 5mg or 10mg tablets		
65. Aspirin 100mg or 300mg tablets		
66. Atropine 0.5mg or 1mg ampoule		
67. Calcium gluconate 10% ampoule		
68. Furosemide 10mg or 20MG/2ml ampoule		
69. Hydrocortisone 100mg/ml vial or 200mg/2ml vial		
70. Insulin short acting vial (stored in the medicine fridge)		
71. Ipratropium 0.25mg/2ml or 0.5mg/2ml unit dose vial for nebulisation		
72. Isosorbide dinitrate, sublingual, 5mg tablets		

73. Lidocaine / Lignocaine IM 1% or 2% vial		
74. Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)		
75. Midazolam (1mg/ml or 5mg/ml) or Diazepam 5mg/ml ampoule (To be locked away in the vicinity of the trolley)		
76. Nifedipine 5mg or 10mg capsules		
77. Prednisone 5 mg tablets		
78. Promethazine 25mg/2ml or 25mg/1ml ampoule		
79. Salbutamol nebulising solution or 2.5mg/2.5ml or 5mg/2.5ml unit dose vials for nebulisation		
80. Thiamine 100mg vial		
81. Water for injection		
IV Solutions		
82. 50% dextrose (20ml ampoule or 50ml bag) or 10% dextrose 1L solution		
83. Paediatric solutions e.g. ½ strength Darrows(200ml or 500ml) solution and neonatalyte 200ml solution		
84. Sodium chloride 0.9% 1L solution		

Sub Domain 5.2.3 8 Infection prevention and control programmes

Standard 5.2.3.1 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 5.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.

5.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.

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

Check whether the hand washing facilities and items listed below are available. Select an antenatal section/area, a delivery room/area and a postnatal section/area for review. Score 1 if the aspect is available and 0 if it is not available.

Score	Comment

Unit 1 Antenatal room or area

Aspects	Score	Comment
1. Functional hand wash basin Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.		
2. Taps are functional with running water		
3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin.		
6. Alcohol based hand rub		

Unit 2 Delivery room or area

Aspects	Score	Comment
1. Functional hand wash basin Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.		
2. Taps are functional with running water		
3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin		
6. Alcohol based hand rub		

Unit 3 Postnatal room or area

Aspects	Score	Comment
1. Functional hand wash basin Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.		
2. Taps are functional with running water		

3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin.		
6. Alcohol based hand rub		

Criterion 5.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

5.2.3.1.2.1 CHECKLIST: The linen in use at the Midwife Obstetric Unit (MOU) is sufficient, clean, appropriately used and not torn.

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

Use the checklist below to check whether the linen is sufficient, clean, appropriately used and not torn (meaning it is not ripped, split, slit, cut, lacerated or in disrepair). Score 1 if the aspect is compliant and 0 if it is not compliant.

Score	Comment

Unit 1 Antenatal area/room

Aspects	Score	Comment
1. All beds are covered with linen		
2. Two sets of linen for each bed are available in the storeroom (i.e. couch cover, two draw sheets, two sheets, two pillowcases)		
3. Disposable linen - at least 30 draw sheets or linen savers per consultation room		
4. The linen is clean		
5. The linen is not torn		
6. The linen is appropriately used for its intended purpose		
7. Mattresses have a washable cover		
8. Mattress covers are clean		
9. Mattresses are intact		

Unit 2 Delivery area/room

Aspects	Score	Comment
1. All beds are covered with linen		
2. Two sets of linen for each bed are available in the storeroom (i.e. couch cover, two draw sheets, two sheets, two pillowcases)		
3. Disposable linen - at least 30 draw sheets or linen savers per consultation room		
4. The linen is clean		
5. The linen is not torn		
6. The linen is appropriately used for its intended purpose		
7. Mattresses have a washable cover		
8. Mattress covers are clean		
9. Mattresses are intact		

Unit 3 Postnatal area/room

Aspects	Score	Comment
1. All beds are covered with linen		
2. Two sets of linen for each bed are available in the storeroom (i.e. couch cover, two draw sheets, two sheets, two pillowcases)		
3. Disposable linen - at least 30 draw sheets or linen savers per consultation room		
4. The linen is clean		
5. The linen is not torn		
6. The linen is appropriately used for its intended purpose		
7. Mattresses have a washable cover		
8. Mattress covers are clean		
9. Mattresses are intact		

5.2.3.1.2.2 A wheeled cart or trolley is used to collect dirty, soiled and infectious linen.

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

Observe if the health establishment has a wheeled cart or trolley for collecting soiled and infectious linen. Not applicable: Never

Score	Comment

Criterion 5.2.3.1.3 8(2)(d) The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.

5.2.3.1.3.1 CHECKLIST: 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 0 if not worn. Score not applicable where at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Antenatal room/area worn

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

Unit 2 Delivery room/area

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

Unit 3 Postnatal room/area

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

Sub Domain 5.2.4 9 Waste management

Standard 5.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 5.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

5.2.4.1.1.1 CHECKLIST: There are appropriate containers for disposal of all types of waste.

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

Check if the waste containers listed below are available. Score 1 if the waste container is available and score 0 if it is not available. Where a particular type of waste is not generated in the unit, score NA (not applicable).

Score	Comment

Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow) Explanatory note: Sharps are disposed of in impenetrable, tamperproof containers		
3. General waste (black, beige, white or transparent packaging can be used)		
4. Anatomical waste (red bucket with tight fitting lid) Explanatory note: This will be applicable where anatomical waste is generated such as but not limited to products of conception and placentas.		
5. Sanitary bins (box/container with red bag)		

5.2.4.1.1.2 CHECKLIST: Health care waste is managed as required by waste management practices.

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

Use the checklist below to check whether health care risk waste is managed as required. Score 1 if the aspect is compliant and score 0 if it is not compliant. * If disposable boxes for sanitary waste with gel granules in the bottom of the box for treating the waste are used, no bag is required and the health establishment can score 1.

Score	Comment

Unit 1 Staff toilet

Aspects	Score	Comment
1. Sanitary disposal bins with functional lids or healthcare risk waste box with a lid.		
2. * Sanitary disposal bins or boxes lined with red plastic bags		
3. Sanitary disposal bins or boxes are clean and not overflowing		
4. Bins available for general waste		
5. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 2 User toilet

Aspects	Score	Comment
1. Sanitary disposal bins with a functional lids or healthcare risk waste box with a lid.		
2. * Sanitary disposal bins or boxes lined with red plastic bags		
3. Sanitary disposal bins or boxes are clean and not overflowing		
4. Bins available for general waste		
5. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 3 Antenatal room/area

Aspects	Score	Comment
1. Health care risk waste disposal bins with functional lids or health care risk waste box		
2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		
4. Health care risk waste disposal bins or boxes are not overflowing		
5. Bins available for general waste		
6. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 4 Delivery room/area

Aspects	Score	Comment
1. Health care risk waste disposal bins with functional lids or health care risk waste box		
2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		
4. Health care risk waste disposal bins or boxes are not overflowing		
5. Bins available for general waste		
6. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 5 Postnatal room/area

Aspects	Score	Comment
1. Health care risk waste disposal bins with functional lids or health care risk waste box		

2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		
4. Health care risk waste disposal bins or boxes are not overflowing		
5. Bins available for general waste		
6. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Criterion 5.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

5.2.4.1.2.1 CHECKLIST: Sharps are safely managed and discarded in the Midwife Obstetric Unit (MOU).

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

Use the checklist below to check whether sharps are safely managed and discarded. Score 1 if compliant, score 0 if not compliant

Score	Comment

Unit 1 Antenatal area/room

Aspects	Score	Comment
1. Waste is properly segregated Explanatory note: Only sharps are discarded into the container; no gloves, papers or any other waste is discarded into the container.		
2. Sharps containers are discarded when they reach the limit mark		
3. Sharps containers are placed on a work surface or in wall mounted brackets		
4. Sharps containers have correctly fitting lids		
5. Needles are not recapped before disposal (not applicable for safety needles and syringes)		

Unit 2 Delivery area/room

Aspects	Score	Comment
1. Waste is properly segregated Explanatory note: Only sharps are discarded into the container; no gloves, papers or any other waste is discarded into the container.		
2. Sharps containers are discarded when they reach the limit mark		
3. Sharps containers are placed on a work surface or in wall mounted brackets		
4. Sharps containers have correctly fitting lids		
5. Needles are not recapped before disposal (not applicable for safety needles and syringes)		

Unit 3 Postnatal area/room

Aspects	Score	Comment
1. Waste is properly segregated Explanatory note: Only sharps are discarded into the container; no gloves, papers or any other waste is discarded into the container.		
2. Sharps containers are discarded when they reach the limit mark		
3. Sharps containers are placed on a work surface or in wall mounted brackets		
4. Sharps containers have correctly fitting lids		
5. Needles are not recapped before disposal (not applicable for safety needles and syringes)		

5.2.4.1.2.2 The register for human tissue is available and all columns are completed in full.

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

A register must be available for the documentation of human tissue/anatomical waste. Entries made in the register must be complete. The register can be electronic or manual. Not applicable: Never

Score	Comment

Domain 5.3 CLINICAL SUPPORT SERVICES

Sub Domain 5.3.1 13 Medical equipment

Standard 5.3.1.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 5.3.1.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

5.3.1.1.1.1 CHECKLIST: Essential equipment is available and functional at the Midwife Obstetric Unit (MOU).

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

Use the checklist below to check whether essential equipment is available and functional. Check the areas listed below and assess if the listed equipment is available and functional. Score 1 if the item is available and functional and 0 if it is not available or not functional.

Score	Comment

Unit 1 Antenatal room or area

Aspects	Score	Comment
1. Stethoscope		
2. Fetoscope		
3. Non-invasive Blood pressure machine, wall-mounted or portable		
4. Adult, paediatric and large cuffs (for Blood pressure machine)		
5. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
6. Peak flow meter		
7. Patella hammer		
8. Tape measure		
9. Clinical thermometers		
10. Ceiling-mounted or mobile examination lamp		
11. Adult clinical scale up to 150 kg		
12. Bassinet with trolley and mattress		

13. Glucometer		
14. HB meter		
15. Height measure		
16. Urine specimen jars		
17. CTG machine (cardiotocograph) or Doppler foetal monitor		
18. Rescue scissors		
19. Autoclave, stand-alone, mobile, approx. 100L. (NB: This could be stored in any area of the health establishment including sluice room)		
20. Instruments washing tray with lid 183mm x 140 x 17 mm (This could be located in any area of the health establishment)		

Unit 2 Delivery room or area

Aspects	Score	Comment
1. Stethoscope		
2. Fetoscope		
3. Non-invasive blood pressure machine, wall-mounted or portable		
4. Adult, paediatric and large cuffs (for blood pressure machine)		
5. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
6. Peak flow meter		
7. Patella hammer		
8. Tape measure		
9. Clinical thermometers		

10. Ceiling-mounted or mobile examination lamp		
11. Baby scale		
12. Bassinet with trolley and mattress		
13. Glucometer		
14. HB meter		
15. Urine specimen jars		
16. CTG machine (cardiotocographic) or Doppler foetal monitor.		
17. Incubator		
18. Infant warmer		
19. Suction unit, mobile, electrical, 2 x 2lL bottle		
20. Rescue scissors		
21. Autoclave, stand-alone, mobile, approx. 100L. (NB: This could be stored in any area of the health establishment including sluice room)		
22. Instruments washing tray with lid 183mm x 140 x 17 mm (This could be located in any area of the health establishment)		
23. Freezer for storing products of conception. Explanatory note: (This could be located anywhere in the health establishment)		

Unit 3 Postnatal room or area

Aspects	Score	Comment
1. Stethoscope		
2. Non-invasive blood pressure machine, wall-mounted or portable		
3. Adult, paediatric and large cuffs (for blood pressure machine)		

4. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
5. Peak flow meter		
6. Patella hammer		
7. Tape measure		
8. Clinical thermometers		
9. Ceiling-mounted or mobile examination lamp		
10. Adult clinical scale up to 150 kg		
11. Baby scale		
12. Bassinet with trolley and mattress		
13. Glucometer		
14. HB meter		
15. Height measure		
16. Urine specimen jars		
17. Incubator		
18. Infant warmer		
19. Suction unit, mobile, electrical, 2 x 2IL bottle		
20. Rescue scissors		
21. Autoclave, stand-alone, mobile, approx. 100L. (NB: This could be stored in any area of the health establishment including sluice room)		
22. Instruments washing tray with lid 183mm x 140 x 17 mm (This could be located in any area of the health establishment)		

5.3.1.1.1.2 CHECKLIST: Sterile obstetric delivery packs are available at the Midwife Obstetric Unit (MOU).

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

Use the checklist below to check whether at least three sterile delivery packs are available. Score 1 if the packs are available and not expired and score 0 if it is not available or expired. Note: Sterile packs must be labelled with the contents of the pack. If the pack is not labelled, score 0.

Score	Comment

Unit 1 Delivery pack 1

Aspects	Score	Comment
Included in the pack		
1. Stitch scissor - 1		
2. Episiotomy scissor - 1		
3. Cord scissor - 1		
4. Dissecting forceps non-toothed (plain) - 1		
5. Dissecting forceps toothed - 1		
6. Artery forceps, straight, long - 2		
7. Needle holder - 1		
8. Small bowl - 2		
9. Kidney dishes OR receivers (big) - 2		
Extras - not part of the pack but they must be sterile		
10. Basin - 1		
11. Stainless-steel round bowl, large - 1		
12. Green towels - 4		
13. Linen or disposable gowns - 2		
14. Gauze swabs - 5		
15. Vaginal tampons - 1		
16. Sanitary towels - 2		
17. Round cotton wool balls- 1 pack		
18. Umbilical cord clamps - 2		

Unit 2 Delivery pack 2

Aspects	Score	Comment
Included in the pack		
1. Stitch scissor - 1		
2. Episiotomy scissor - 1		
3. Cord scissor - 1		
4. Dissecting forceps non-toothed (plain) - 1		
5. Dissecting forceps toothed - 1		
6. Artery forceps, straight, long - 2		
7. Needle holder - 1		
8. Small bowl - 2		
9. Kidney dishes OR receivers (big) - 2		
Extras - not part of the pack but they must be sterile		
10. Basin - 1		
11. Stainless-steel round bowl, large - 1		
12. Green towels - 4		
13. Linen or disposable gowns - 2		
14. Gauze swabs - 5		
15. Vaginal tampons - 1		
16. Sanitary towels - 2		
17. Round cotton wool balls- 1 pack		
18. Umbilical cord clamps - 2		

Unit 3 Delivery pack 3

Aspects	Score	Comment
Included in the pack		
1. Stitch scissor - 1		
2. Episiotomy scissor - 1		
3. Cord scissor - 1		
4. Dissecting forceps non-toothed (plain) - 1		

5. Dissecting forceps toothed - 1		
6. Artery forceps, straight, long - 2		
7. Needle holder - 1		
8. Small bowl - 2		
9. Kidney dishes OR receivers (big) - 2		
Extras - not part of the pack but they must be sterile		
10. Basin - 1		
11. Stainless-steel round bowl, large - 1		
12. Green towels - 4		
13. Linen or disposable gowns - 2		
14. Gauze swabs - 5		
15. Vaginal tampons - 1		
16. Sanitary towels - 2		
17. Round cotton wool balls- 1 pack		
18. Umbilical cord clamps - 2		

5.3.1.1.1.3 An oxygen cylinder with pressure gauge is available.

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

An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flow rate must be available. Not applicable:
Where an oxygen cylinder is available in an immediately adjacent ward or unit

Score	Comment

5.3.1.1.1.4 The oxygen available in the cylinder is above the minimum level.

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

Oxygen levels must not be below the minimum level in accordance with local policy. Not applicable:
Where an oxygen cylinder is available in an immediately adjacent ward or unit

Score	Comment

Domain 5.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 5.5.2 14 Management of buildings and grounds

Standard 5.5.2.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 5.5.2.1.1 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.

5.5.2.1.1.1 CHECKLIST: Clinical service areas have natural ventilation or functional mechanical ventilation.

Assessment type: Observation - **Risk rating:** Vital 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 such as windows or ventilation grilles. Check if the areas listed below have passive ventilation (windows, doors that can be opened and ventilation grilles) or functional mechanical ventilation (i.e. ducting system). Score 1 if the aspect is compliant and 0 if it is not compliant.

Score	Comment	
Aspects	Score	Comment
1. Antenatal room or area		
2. Delivery room or area		
3. Postnatal room or area		

Sub Domain 5.5.3 15 Engineering services

Standard 5.5.3.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 5.5.3.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

5.5.3.1.1.1 The Midwife Obstetric Unit (MOU) has access to a functional back-up electrical supply in case of power supply disruptions.

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

This is to ensure provision of uninterrupted power supply to the service. Records of monitoring of the availability of emergency power during power disruptions must be kept. Records should demonstrate the date and time of power disruptions and indicate if the emergency power supply was activated or not. Not Applicable: Never

Score	Comment

Sub Domain 5.5.1 17 Security services

Standard 5.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 5.5.1.1.1 17(2)(a) The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks. **5.5.1.1.1.1** There is a security system at the Midwife Obstetric Unit (MOU).

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

The aim is to ensure the safety of users and health care personnel. Check the availability of access control measures, including but not limited to security guards, CCTV or gated entry at the access and exit points. Not applicable: Never

Score	Comment

--	--

Official Sign-Off

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

To achieve this mandate standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Community Health Centre (CHC).

Acknowledgements

There are many people who have contributed to the development of the Regulatory Community Health Centre (CHC) Inspection Tools Version 1.2. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- The WHO technical team for providing guidance on the very first draft inspection tools database
- Health Standards Development and Training unit team (Dr Grace Labadarios, Mr Jabu Nkambule, Ms Florina Mokoena, Mr Daniel Ndlovu) for the development of the CHC inspection tools.
- The internal OHSC teams (Compliance Inspectorate, Certification and Enforcement, Complaints and Assessment, Complaints and Investigation, Systems, Data Analysis and Research) for their contribution during the development of the Community Health Centre inspection tools and (Information Technology and Communication and Stakeholder Relations) for providing and support.
- National Department of Health, Ms Ronel Steinhobel, Dr Shaidah Asmall, Mr Kgwiti Mahlako for reviewing and commenting on the inspection tools.
- Provincial Department of Health personnel, Quality Assurance Managers, District Managers, Programme Managers Facility/Operational Managers for their valuable feedback.
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

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

Ms W Moleko

Signature:



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

Date: 18/08/2022

Dr Siphwe Mndaweni

Signature:



Chief Executive Officer: OHSC

Date:

18/08/2022



Telephone: 012 942 7700



Email: admin@ohsc.org.za



Website: www.ohsc.org.za



Physical address:
The Office of Health Standards Compliance,
79 Steve Biko Road,
Prinshof,
Pretoria
0084



Postal Address:
Private Bag X21
Arcadia
0007



ISBN:
978-0-620-90157-4