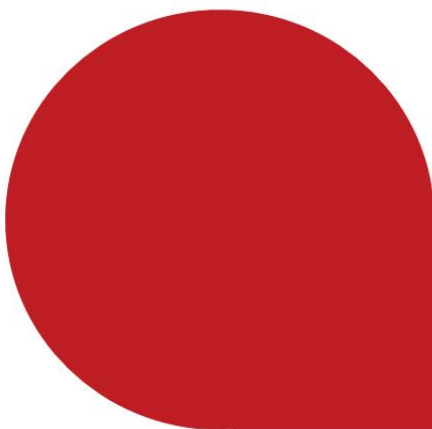




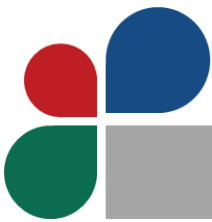
Office of Health Standards Compliance  
Ensuring quality and safety in health care



**v1.2**

**Occupational Health  
And Safety**

**Regulatory Private Acute  
Hospital Inspection tool**



## Official Sign-Off

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

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

### **Acknowledgements**

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- Former Health Standards Development and Training unit Director Dr Grace Labadarios
- Systems, Data Analysis and Research unit Director Dr Thabiso Makola who is also the Acting Director for Health Standards Development and Training unit
- The Health Standards Development and Training unit (Mr Jabu Nkambule who led the team and worked tirelessly with the leadership of Hospital Association of South Africa (HASA) during various development stages of the tool, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini) and contract workers Ms Thresia Pather and Ms Busi Ngubane for the development of the Private Acute Hospital Inspection tools.
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- Provincial Department of Health private hospital licensing units' personnel (Ms Pinki Belot - Free State Province, Ms Dimakatso Moeketsi and Ms Zandile Nzuzo - Kwa-Zulu Natal -Province, Ms Kim Jacobs - Western Cape Province, Ms Bulelwa Peter - Eastern Cape Province, Ms Pakama Nqadala - Northern Cape Province, Ms Lindiwe Mkhathshwa - Mpumalanga Province, and Ms Patience Ntamane - Gauteng Province) for their valuable input and support.
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.
- The Hospital Association of South Africa (HASA) for their commitment and constructive engagements during the consultative process and for affording the OHSC an opportunity to conduct scoping visits in the private hospital health establishments.

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



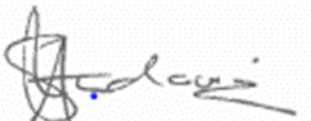
Ms. W Moleko

Executive Manager

Health Standards Development

Analysis and Support

Date: 31/03/2022



Dr. S. Mndaweni

Chief Executive Officer

Date: 31/03/2022

Facility:
Date:

- **Tool Name:** Regulatory Private Acute Hospital inspection tool v1.2 - Final
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital

**Created By:** Health Standards Development and Training

## 4 Occupational Health And Safety

### Domain 4.2 CLINICAL GOVERNANCE AND CLINICAL CARE

#### Sub Domain 4.2.1 6 User health records and management

**Standard 4.2.1.1 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 4.2.1.1.1 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).

**4.2.1.1.1.1** The health records storage area complies with the requirements listed below.

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

Inspect the room or area used to store occupational health records to verify whether it complies with the requirements listed below. Score 1 if compliant and 0 if not compliant. NB: Mark not applicable if records are stored electronically, Inspector to view and confirm electronic records first before scoring not applicable.

Score	Comment	
Aspects	Score	Comment
1. Access control measures are in place. Explanatory note: This may include, but need not be limited to, a functional and monitored lockable security gate, strong room door, access-controlled door or CCTV.		
2. Shelves or cabinets are labelled correctly according to the approved standardised filing system		
3. Storage area is kept clean and dust free		
4. Storage is free of rodents and other pests		

**Standard 4.2.1.2 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 4.2.1.2.1 6** The health establishment must ensure that confidential information or user identifiable data is not divulged without prior consent as per legislation.

**4.2.1.2.1.1** The health establishment complies with the standard operating procedure for obtaining consent if user-identifiable information is communicated.

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

Select three health records from the previous 12 months of users who have given consent to release their identifiable information to a third party, including, but not limited to, lawyers, insurance companies and statutory bodies. Score 1 if a signed consent form

is available and 0 if not. Score NA (not applicable) where no such requests have been made in the past 12 months. NB: Zero reporting must be available if there were no requests. (In the context of Occupational health and Safety (OHS) the users are staff members who access care at the OHS unit/department)

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

**Sub Domain 4.2.2 7 Clinical management**

**Standard 4.2.2.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 4.2.2.1.1 7 Healthcare providers are informed on the health establishment and their specific responsibilities.**

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

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

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

Score	Comment	
Aspects	Score	Comment
1. Confidentiality of health records		
2. User consent when sharing user-identifiable information with a third party		
3. Compensation for occupational injuries and diseases		
4. Management of Occupational safety in relation to waste management		

**Domain 4.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 4.4.1 20 Occupational health and safety**

**Standard 4.4.1.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 4.4.1.1.1 20(2)(a) An active Health and Safety Committee ensures a safe working environment**

**4.4.1.1.1.1** An occupational health risk assessment has been conducted in all areas of the health establishment in the previous two years.

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

A risk assessment is the process or method of identifying hazards and risk factors that have the potential to cause harm to users and personnel. Inspect the health risk assessment from the previous two years as guided by National Institute of Occupational Health (NIOH) to verify whether the hazards and risks listed below have been considered. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. Chemical hazards		
2. Physical hazards		
3. Biological hazards		
4. Ergonomic hazards		
5. Psychosocial hazards		
Reference: <a href="https://www.nioh.ac.za/wp-content/uploads/2020/05/RiskAssessment-Guideline_General-Workplaces_vf-010520.pdf">https://www.nioh.ac.za/wp-content/uploads/2020/05/RiskAssessment-Guideline_General-Workplaces_vf-010520.pdf</a>		

**4.4.1.1.1.2** Risks identified during the risk assessment are categorised and risk rated.

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

All risks identified must be documented in a risk register and categorised according to agreed criteria, including, but not limited to, the area of the health establishment, type of risk and mitigation actions required. They must be risk rated using a method appropriate for occupational health and safety risks. Not applicable: Never

Score	Comment

**4.4.1.1.1.3** Risk mitigation plans are implemented for all significant risks.

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

All risks rated as significant must be controlled by the development and implementation of risk mitigation plans. Documented evidence must be available of identified risks and the implementation of mitigating actions. The documented evidence may include, but need not be limited to, reports such as hazard identification and risk assessment reports, a quality improvement plan or minutes of meetings in which risk management is discussed, which must be signed and dated. Not applicable: Where no risks were identified

Score	Comment

**4.4.1.1.1.4** The occupational health and safety committee discusses analysed data from occupational risk monitoring activities.

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

The data could be analysed by a different unit and submitted to this committed for discussion. Manual or electronic minutes from the previous quarterly meeting of the occupational health and safety committee must be dated and signed, and include an

attendance register and agenda. The content must reflect discussions on occupational risk monitoring activities. Not applicable: Never

Score	Comment

**4.4.1.1.1.5** The person responsible for health and safety must ensure that fire wardens or marshals have been trained.

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

Fire wardens or marshals must have a certificate of competency, which is awarded on completion of their training. Not applicable: Never

Score	Comment

**Criterion 4.4.1.1.2 20 The health and safety committee must ensure appropriate management of occupational health and safety incidents.**

**4.4.1.1.2.1** Incidents/accidents and/or near misses are reported to the manager and the health and safety representative by the end of the shift or within 24 hours.

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

The register and reports must indicate that all incidents/accidents/near misses have been reported by the end of a shift or within 24 hours. Not applicable: Where no incidents/accidents/near misses have occurred.

Score	Comment

**4.4.1.1.2.2** Accidents resulting in an injury are recorded in WCL2 forms and submitted to the human resources department.

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

Copies of submitted forms must be retained by the occupational health service. Zero reporting must be documented if there were no accidents reported. Not applicable: Where no accidents resulting in an injury has been recorded in the previous 12 months or where no OHS services are available onsite

Score	Comment

**4.4.1.1.2.3** First medical reports for Occupational disease (W.CL.22) are available.

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

W.CL.22, First Medical report in respect of an occupational disease compensation for occupational injuries and diseases forms are completed and submitted to the human resources department or other relevant authority. Copies of submitted forms must be retained by the occupational health service. Zero reporting must be documented if there were no incidents reported. Not applicable: Where no occupational diseases have been diagnosed in the previous 12 months or where no OHS services are available onsite.

Score	Comment

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**Criterion 4.4.1.1.3 20 Information regarding occupational health and safety matters must be readily available to employees.**

**4.4.1.1.3.1** Health care workers are informed about the process to access vaccines.

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

Health care workers must have access to relevant vaccines, which include but is not limited to HEP B, COVID 19, FLU. Documented evidence that the process to access the vaccines was communicated to health care workers must be available. It must be dated and signed. Not applicable: Never

Score	Comment

**4.4.1.1.3.2** A policy or standard operating procedure or procedure or guideline for compensation of occupational injuries and diseases is available.

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

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

Score	Comment

Aspects	Score	Comment
1. Procedure for reporting the injury or incidence		
2. Procedure for registration of a claim		
3. Medical report on extent and progress of injury		
4. Medical report on employee's fitness to resume duty		
5. Resumption of duty report completed and submitted to the compensation commissioner		
6. Record keeping of copies of all forms by employee and employer Reference: <a href="https://www.labourguide.co.za/injuries-on-duty/177claiming-procedure-for-injuries-on-duty">https://www.labourguide.co.za/injuries-on-duty/177claiming-procedure-for-injuries-on-duty</a>		

**4.4.1.1.3.3** Occupational Health and Safety Act and relevant regulations are available.

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

Verify whether the documents listed below are available. Score 1 if available and 0 if not available.

Score	Comment



Aspects	Score	Comment
1. Hazardous biological agents (HBA) regulations		
2. Hazardous chemical Agents (HCA) regulations. ( <a href="https://www.gov.za/sites/default/files/gcis_document/202103/44348rg11263gon280.pdf">https://www.gov.za/sites/default/files/gcis_document/202103/44348rg11263gon280.pdf</a> )		
3. General Occupational safety regulations (GSR)		
4. General administrative regulations (GAR)		

**Criterion 4.4.1.1.4 20 A medical surveillance plan for at-risk personnel must be implemented, based on a health risk assessment.**

**4.4.1.1.4.1** Medical surveillance is conducted on healthcare personnel at high risk due to occupational exposure.

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

The medical surveillance programme must include the aspects listed below. The documents must include detailed explanations of how each stage of the programme is to be implemented. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Score	Comment	
Aspects	Score	Comment
1. Documentation of occupational exposures requiring medical surveillance		
2. Documentation of employees exposed to occupational hazards requiring surveillance.		
3. Schedule of examinations required for each occupational hazard, which will include baseline and/or pre-employment examination, periodic examinations (where required) for the duration of employment and exit examinations on leaving employment		
4. Recall system to ensure all employees requiring medical surveillance are notified to attend medical surveillance reviews		
5. Follow-up system for employees who fail to attend their periodic screening appointments		
6. Screening tests required for each occupational hazard requiring medical surveillance		

7. Clinical guidelines for the management of screening results		
8. Documentation of the system for requesting, reviewing and acting on screening results		

**Criterion 4.4.1.1.5 20 The health and safety committee must ensure effective management of reported health and safety incidents.**

**4.4.1.1.5.1** Occupational health and safety incidents, including near misses, are recorded in a register.

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

Request the register and verify whether it complies with the aspects listed below. Closed cases/incidents logged in the register must contain the details as indicated below. The register may be manual or electronic. All columns in the register must be completed. In cases where no serious patient safety incidents occurred, zero reporting must be done. Score 1 if compliant and 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Summarised description of incident		
2. Summary of investigation conducted		
3. Outcome of investigation		
4. Recommendation/s		
5. Date corrective actions or recommendation/s implemented		

**4.4.1.1.5.2** Investigations into reported incidents and near misses are completed within thirty days of the incident being reported.

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

The rapid investigation of an incident will enable the rapid identification of its causes, which in turn will allow rapid control of risks and prevent the future occurrence of similar incidents. Not applicable: Where no occupational health and safety incidents have been reported

Score	Comment

**4.4.1.1.5.3** Action is taken to address gaps identified in the investigation of occupational health and safety incidents.

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

Such action will prevent the recurrence of occupational health and safety incidents. Not applicable: Where no gaps have been identified.

Score	Comment

**Criterion 4.4.1.1.6 20 Measures must be in place to minimise the incidence of critical occupationally acquired injuries and diseases.**

**4.4.1.1.6.1** A policy or standard operating procedure or procedure or guideline for management of occupational safety in relation to waste management is available.

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

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

Score	Comment	
Aspects	Score	Comment
1. Use of personal protective equipment and clothing		
2. Forms to be completed to report occupational health and safety incidents		
3. Process for submitting completed forms		
4. Format for register to record occupational health and safety incidents		
5. Analysis of incidents to establish trends		

**4.4.1.1.6.2** Health care personnel at risk have been offered prophylactic immunisations/vaccinations for high-risk infections.

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

To protect health care personnel against high-risk infections, prophylactic immunisations/vaccinations must be offered to all healthcare personnel at risk. Records must be kept of all health care personnel offered immunisations/ vaccinations; all immunisations/vaccinations administered. This could include but not limited to Hepatitis B, Covid 19. Not applicable: Never

Score	Comment

**4.4.1.1.6.3** The actions listed below are taken and documented where health care personnel have refused prophylactic immunisations or vaccinations offered.

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

Review the evidence provided for the aspects listed below. Score 1 if compliant and 0 if not compliant.

Score	Comment	
Aspects	Score	Comment
1. The refusal is documented in the human resources record of the health care personnel concerned		

2. Refusal is signed by the healthcare personnel.		

**4.4.1.1.6.4** Correct personal protective equipment for each relevant risk has been determined.

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

Risks identified during the risk assessment that can be controlled by personal protective equipment must be followed by the identification of the correct personal protective equipment to be used and the minimum specifications for the personal protective equipment for procurement purposes. Not applicable: Never

Score	Comment

**4.4.1.1.6.5** Personal protective equipment procured meets minimum specification requirements.

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

Risks identified during the risk assessment that can be controlled by PPE must be followed by the identification of the correct PPE to be used and the minimum specifications for PPE for procurement purposes. The specifications must be made available to supply chain structures to ensure procurement of appropriate PPE. Not applicable: Never

Score	Comment

**4.4.1.1.6.6** The health establishment has a reporting system in place for needlestick or sharps injuries.

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

The health establishment must have a system to report needlestick or sharps injuries. Registers, reports or specific forms may be used for this purpose. The system may be manual or electronic. Not applicable: Never

Score	Comment

**4.4.1.1.6.7** Health care personnel who experience needlestick or sharps injuries receive counselling and postexposure prophylaxis.

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

Documented evidence must be available to demonstrate that personnel who have had a needlestick or sharps injury receive counselling and prophylaxis in accordance with nationally approved guidelines. Zero reporting must be documented if there were no incidents reported. Not applicable: Where no needlestick or sharps injuries have been reported

Score	Comment

**4.4.1.1.6.8** Health care personnel who experience needlestick or sharps injuries have been re-tested for bloodborne diseases.

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

Active follow-up of cases must be implemented to ensure early diagnosis and effective treatment for personnel who develop a blood-borne disease. There must be evidence of a recall system for personnel and follow-up of those who fail to report for re-testing. Documented evidence of retesting for affected personnel members must be available. Zero reporting must be documented if there were no incidents reported. Not applicable: Where no needlestick or sharps injuries have been reported

Score	Comment

**Criterion 4.4.1.1.7 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.**

**4.4.1.1.7.1** An internal disaster management plan is available.

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

Internal disaster/emergency plan refers to incidents within the health establishment including, but not limited to, fire, bomb scares, building collapse. Not applicable: Never

Score	Comment

**4.4.1.1.7.2** An external disaster management plan is available.

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

External disasters refers to major incidents happening outside the health establishment including, but not limited to, road traffic accidents involving a large number of people, train crashes and mass shootings, or natural disasters including, but not limited to, floods and earthquakes. Not applicable: Never

Score	Comment

**4.4.1.1.7.3** The health establishment conducts annual drills to test the effectiveness of its disaster plan.

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

The health establishment must have a co-ordinated and effective response to a disaster by ensuring that all personnel members are aware of their responsibilities and familiar with the tasks they must perform. Documented evidence of the drill must be available, detailing the nature of the disaster, listing the participants and describing the response to the situation. All drills listed below must have been carried out in the previous year. Request the report of the disaster drills conducted in the previous 12 months. Verify whether the report includes all aspects of the plans for the situations listed below. Score 1 for each aspect tested and 0 for each aspect not tested.

Score	Comment

Aspects	Score	Comment
1. Emergency (e.g., Major car accident)		
2. Fire		
3. Natural disaster		

**Criterion 4.4.1.1.8 20 A programme for the prevention and control of respiratory infections must be in place.**

**4.4.1.1.8.1** Respirators are fit-tested for relevant healthcare personnel.

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

Fit testing is recommended to ensure an adequate fit and maximum protection and to prevent air leaks around the edges of the respirator. Face types and shapes differ, as do designs of respirators. Once the correct respirator has been selected, further fit testing is not necessary if the same type of respirator is used and the wearer's face has not changed due to significant weight loss or gain. Request a record of personnel for whom fit testing has been carried out. The records must be signed and dated. Not applicable: Never

Score	Comment

**Criterion 4.4.1.1.9 20 Responsibilities in terms of the Occupational Health and Safety Act must be assigned in writing.**

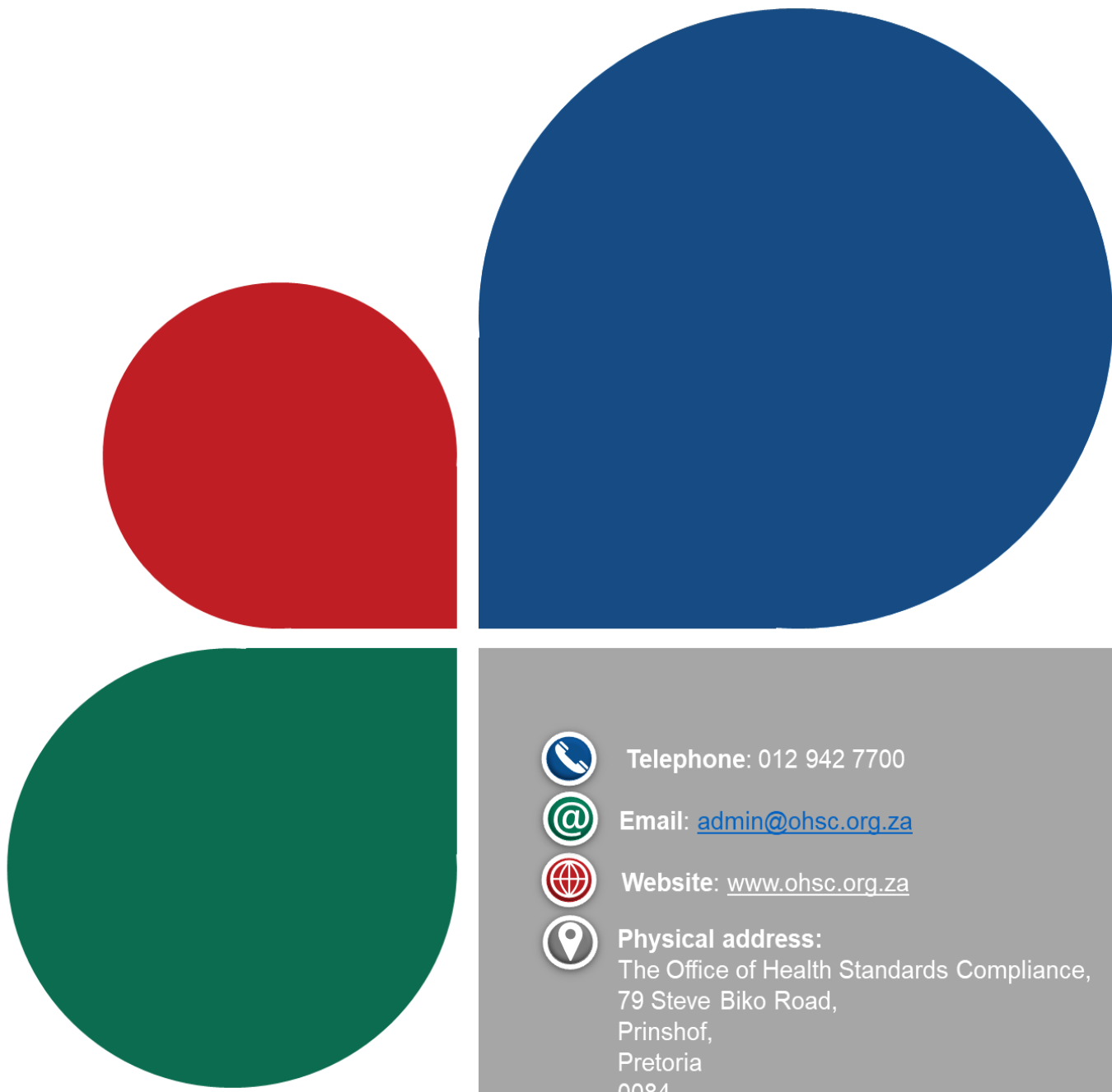
**4.4.1.1.9.1** Responsible persons are designated by means of signed letters of appointment that outline their responsibilities.

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

Request the occupational health and safety file to verify whether the aspects listed below are available. Score 1 if the aspect is available and 0 if not available.

Score	Comment

Aspects	Score	Comment
1. The Hospital Manager of the health establishment has been assigned duty for occupational health and safety by the relevant authority, in accordance with Section 16.2 of the Occupational Health and Safety Amendment Act No. 181 of 1993		
2. Section 17.1 appointments have been made for all health and safety representatives by the Hospital Manager of the health establishment		
3. The Hospital Manager of the health establishment has appointed a health and safety committee in writing in accordance with Section 19 of the Act		
4. A copy of the appointment letter is on file for each designated member, signed by the appointee and the manager		
5. The term of office for the health and safety committee members are indicated in writing in each appointment letter		
6. The roles and responsibilities of the health and safety committee are detailed in the appointment letter		
7. Each designated member has his/her roles and responsibilities detailed in an appointment letter		
8. One health and safety representative is appointed for every 50 employees. Explanatory note: Request the total number of personnel within the health establishment and divide that by the total number of safety representatives/committee members to verify that one representative has been appointed for every 50 employees. Not applicable if health establishment has less than 50 employees		



Telephone: 012 942 7700



Email: [admin@ohsc.org.za](mailto:admin@ohsc.org.za)



Website: [www.ohsc.org.za](http://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



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