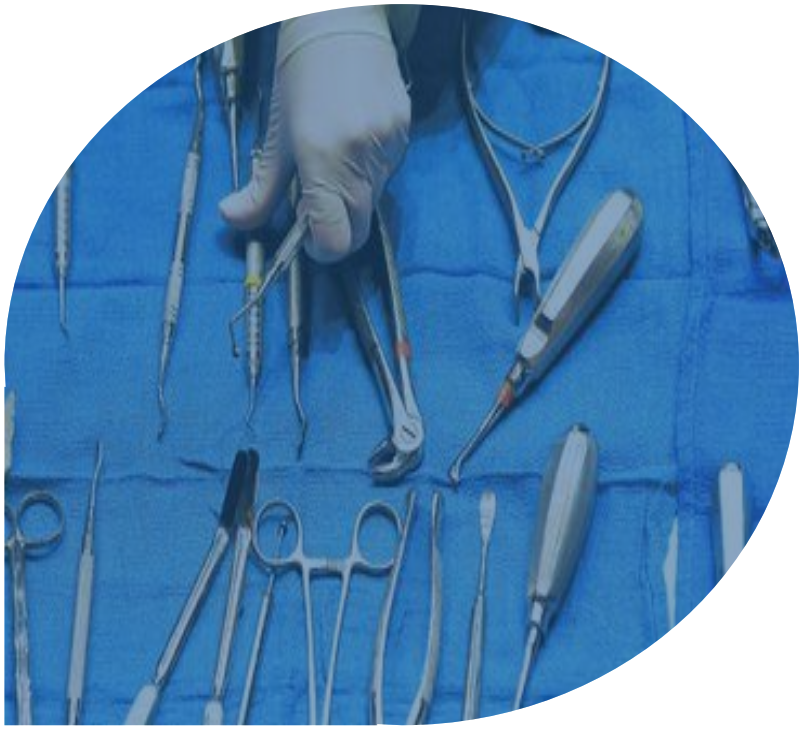
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care



CHC Manager

v1.3

Regulatory CHC inspection tool

Facility: Date:

- **Tool Name:** Regulatory CHC Inspection tool v1.3 - Final
- **HEs Type:** CHC
- **Sector:** Public
- **Specialization:** CHC
- **Created By:** Health Standards Development and Training

1 CHC Manager

Domain 1.1 USER RIGHTS
Sub Domain 1.1.1 4 User information
Standard 1.1.1.1 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 1.1.1.1.1 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

1.1.1.1.1.1 Complaints records reflect compliance with the National Guideline to Manage Complaints, Compliments and Suggestions in the Public Health Sector in South Africa version 2 of 2022.

Assessment type: Document - **Risk rating:** Essential measure
Use the checklist below to check the availability of records required for effective complaints management. Check complaints records for the past three months for statistical data. For complaints letters and redress letters and/or minutes, check the last five resolved complaints for evidence. The evidence requested below can be available manually or electronically. Score 1 if the evidence is available and score 0 if it is not available. In cases where no complaints were received in the past three months, the Complaints Compliance Report for the health establishment as generated from the national web-based information system must show 100% compliance for “Null” reporting for the health establishment for the past three months. Where a “Null” report is available, score NA (not applicable) for aspects marked with an asterisk '*'.

Score	**Comment**

Aspects	**Score**	**Comment**
1. The statistical report for indicators and classifications for complaints is available. Explanatory Note: This will be scored not applicable if there were no complaints logged		
2. Complaints register for logging complaints is available		
If complaints letters are available in the complaints file (check the last 5 complaints resolved)		
3. Complaints file 1*		
4. Complaints file 2*		
5. Complaints file 3*		
6. Complaints file 4*		
7. Complaints file 5*		

Complaints redress letters and/or minutes are available in the complaints file (check the last 5 complaints resolved). Explanatory note: A written letter or report on the outcome of the investigation should be provided to the user, families or supporting persons who lodged the complaint. Redress refers to a range of appropriate responses that can be provided to a user or families/supporting persons by a health establishment. Such responses or remedies can include but are not limited to an apology, an explanation or an acknowledgement of responsibility.		
8. Complaints file 1*		
9. Complaints file 2*		
10. Complaints file 3*		
11. Complaints file 4*		
12. Complaints file 5*		

Sub Domain 1.1.2 5 Access to care
Standard 1.1.2.1 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 1.1.2.1.1 5(2)(a) The health establishment must implement a system of triage.

1.1.2.1.1.1 A standard operating procedure for triaging of users is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	**Comment**

Aspects	**Score**	**Comment**
1. Describe which health care provider(s) should conduct the triage		
2. The location or area where the triage should be conducted		
3. The equipment and material required in the triage area is described		
4. The triage process is described for different categories of users		
5. Documentation of triage findings		

1.1.2.1.1.2 A standard operating procedure to prioritise very sick, frail and elderly users is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of

implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. The prioritization procedure for the health establishment is described. Explanatory Note: Any process as determined by the health establishment will be acceptable.		
2. The procedure for prioritising very sick, frail and elderly users must be communicated to users. Explanatory note: This could be but is not limited to a poster or notice or electronic board displayed in the waiting areas, or health care personnel explaining the prioritization process to users verbally.		
3. In-service training on the prioritisation process must be provided for all health care personnel		

Criterion 1.1.2.1.2 5(2)(b) The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment, and that they are accompanied by a health care provider.

1.1.2.1.2.1 There is a pre-determined emergency medical services (EMS) response time to the health establishment.

Assessment type: Document - **Risk rating:** Essential measure
The pre-determined response times agreed by the EMS and the District Office must be documented and available within the health establishment. The inspector will accept the pre-determined EMS response times, as provided by the health establishment. This could be in the form of a memorandum or poster.
Not applicable: Never.

Score	Comment

1.1.2.1.2.2 The health establishment monitors the emergency medical services (EMS) response times.

Assessment type: Document - **Risk rating:** Essential measure
Check the register or document for monitoring of Emergency Medical Service response time for the previous three months and verify if it records the name of the user for whom the ambulance is requested, the time the request was made and the time the ambulance arrived.
Not applicable: Never.

Score	Comment

1.1.2.1.2.3 The health establishment reports delays in emergency medical services (EMS) response times to the relevant authority.

Assessment type: Document - **Risk rating:** Essential measure
Explanatory note: Evidence of reporting to the District or Sub-district or designated forum will be required. A report or an email sent to the relevant authority will be required. Reporting can be done monthly or quarterly.
Not applicable: Where there have been no delays in EMS response times.

Score	Comment

Criterion 1.1.2.1.3 5(2)(c) The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.

1.1.2.1.3.1 Professional nurses have received training on Basic Life Support (BLS).

Assessment type: Document - **Risk rating:** Vital measure
Explanatory note: Training should be provided by an accredited service provider. A BLS certificate from an accredited service provider issued within the previous two years will be required. In community health centres with five or more professional nurses, at least 80% must have a certificate (round up from 75% where necessary). In community health centres with four professional nurses, at least three must be trained. In community health centres with three or fewer professional nurses, all of them must be trained. Proof of attendance whilst waiting for a certificate will not be accepted.
Not applicable: Never.

Score	Comment

Standard 1.1.2.2 5(3) The health establishment must maintain a system of referral as established by the responsible authority.
Criterion 1.1.2.2.1 5(4)(a) The health establishment must ensure that users are provided with information relating to their referral to another health establishment.

1.1.2.2.1.1 A standard operating procedure for the referral system is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. District referral network		
2. Referral register		
3. Standardised user referral form		
4. Standardised user referral feedback form		

Sub Domain 1.1.3 22 Waiting times

Standard 1.1.3.1 22 The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

Criterion 1.1.3.1.1 22 Waiting times are monitored, and improvement plans are implemented.

1.1.3.1.1.1 Compliance with waiting time targets is monitored by the health establishment.

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

Request the tools used for the previous six months for monitoring waiting times and assess if the health establishment monitors waiting times.

Not applicable: Never.

Score	Comment

1.1.3.1.1.2 The waiting time survey report is available.

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

The waiting times report from the previous six months must be available, signed and dated. Contents of the report should include but not limited to: Title or name of report, Background information, Targets and Findings, Causes of delays (if any), Recommendations, Conclusion.

Not applicable: Never

Score	Comment

1.1.3.1.1.3 A quality improvement plan indicates corrective measures taken where waiting time targets are not met.

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

There must be documented evidence of action taken to reduce waiting times at the health establishment, aiming towards achievement of the waiting times targets. This could be a Quality Improvement plan (QIP). This does not need to be a stand-alone QIP, the information could be in a consolidated QIP addressing other gaps in the health establishment.

Not applicable: Where waiting time targets are met.

Score	Comment

Domain 1.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 1.2.1 6 User health records and management

Standard 1.2.1.1 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 1.2.1.1.1 6(2)(a) The health establishment must have a health record filing, archiving, disposing, storage and retrieval system which complies with the law.

1.2.1.1.1.1 A standard operating procedure for health records management is available.

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

The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Accessing of user health records		
2. Tracking of user health records		
3. Filing of user health records		
4. Storage of user health records		
5. Archiving of user health records		
6. Disposal of user health records		

Standard 1.2.1.2 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 1.2.1.2.1 6 A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act (Section 7).

1.2.1.2.1.1 The standard operating procedure for informed consent is available.

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

The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. The user's full names must appear on the consent form		
2. The age or date of birth or identity number of users must be reflected on the consent form		
3. The exact nature of the operation/procedure or treatment, including the site and side where relevant, must be communicated to the user		
4. The consent form must be signed by the health care provider who will perform the procedure		

5. The consent form must be dated		
6. All entries on the form must be legible		
7. The consent form must be signed by the user, their legal guardian (for minors) or the person legally responsible for the user (adults with diminished mental capacity). Explanatory note: As described in the National Health Act, this can 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 can 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 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 (Act 38 of 2005)		

Sub Domain 1.2.2 7 Clinical management

Standard 1.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 1.2.2.1.1 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.

1.2.2.1.1.1 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 also be available electronically or via an application programme (app). Check that the most current guidelines are being used. Score 1 if available and score 0 if not available.

Score	**Comment**

Aspects	**Score**	**Comment**
Child, Youth and School Health		
1. Integrated Management of Childhood Illness Chart Booklet, 2019 or latest.		
2. South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017) or latest		
Non-Communicable diseases		
3. National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021) or latest		
HIV		
4. Antiretroviral Treatment Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2019) or latest		
5. National HIV Testing Services Policy (2016) or latest		

6. National Medical Male Circumcision Guidelines (2016) or latest		
7. National guidelines for the management of Viral Hepatitis (2019) or latest		
TUBERCULOSIS		
8. National Tuberculosis Management Guidelines (2014) or latest		
9. National Guidelines for the Management of Tuberculosis in Children (2013) or latest		
10. Management of Rifampicin Resistance - A Clinical Reference Guide (2019) or latest		
Women, Maternal and Reproductive Health		
11. Guidelines for Maternity Care in South Africa (2016) or latest		
12. Cervical Cancer Prevention and Control Policy (2017) or latest		
13. Clinical Guidelines for Breast Cancer Control and Management (2019) or latest		
14. National Contraceptives clinical guidelines (2019) or latest		
15. National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020) or latest		
16. Maternal, Perinatal and Neonatal health policy (2021) or latest		
17. Clinical Guideline for Genetics Services (2021) or latest		
18. National Clinical Guidelines for Safe Conception and Infertility (2019) or latest		

1.2.2.1.1.2 Health care personnel are informed about clinical guidelines and policies.

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

Documented evidence that health care personnel have been informed about the clinical policies and guidelines must be available, this could include but is not limited to distribution lists which include health care personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance of meeting where policies and guidelines are discussed or similar evidence for electronic distribution. Request records from the previous twelve months.

Not applicable: Where there have been no newly appointed health care personnel or new or revised clinical policies and/or guidelines in the past twelve months.

Score	Comment

Criterion 1.2.2.1.2 7(2)(b) The health establishment must establish and maintain systems, structures and programmes to manage clinical risks.

1.2.2.1.2.1 Training is provided to professional nurses on clinical guidelines.

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

Use the checklist below to determine whether the training on clinical guidelines is provided to professional nurses. Score 1 if the aspect is compliant and 0 if it is not compliant. For aspects requiring 80% of nurses to be trained, round up from 75% where necessary. This means that in community health centres with four professional nurses, at least three must be trained. In community health centres with three or fewer professional nurses, all of them must be trained.

Score	Comment

Aspects	Score	Comment
1. 80% of professional nurses have been fully trained on Adult Primary Care or Practical Approach to Care Kit		
2. 80% of professional nurses have been trained on Integrated Management of Childhood Illness. Explanatory note: If Integrated Management of Childhood Illness was part of basic Nursing training, mark as compliant. Health establishment must keep a record of Nurses who did Integrated Management of Childhood Illness as part of their basic training. For nurses who did not undergo Integrated Management of Childhood Illness as part of their basic training, a certificate for the Integrated Management of Childhood Illness training is required		
3. 50% of professional nurses at the 8-hour service and emergency unit are trained on Basic Antenatal Care (BANC) Plus		
4. 80% of professional nurses at the MOU are trained on BANC Plus, and ESMOE		

1.2.2.1.2.2 The targets for proxy indicators for clinical risk are met.

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

Request records from the previous quarter and check whether the targets set for proxy indicators for clinical risk are met. Score 1 if the target is met and 0 if the target is not met. For the indicator on Immunisation coverage request annualised records.

Score	Comment

Aspects	Score	Comment
1. TB treatment success rate is at least 90%. (Excluding MDR and XDR users). Explanatory note: Not applicable if CHC does not treat TB users.		
2. Drug susceptible -TB Client Lost to follow up rate < 5%. Explanatory note: Not applicable if CHC does not treat TB users.		
3. Antenatal visit rate before 20 weeks gestation is at least 75%		

4. ART child viral load suppressed rate (12 months) at least 66,7%		
5. Immunisation coverage under one year (annualised) is at least 90%		

1.2.2.1.2.3 There is an improvement in proxy indicators for clinical risk.

Assessment type: Document - **Risk rating:** Vital measure
Records of the previous quarter (current financial year) are compared to records of the previous financial year (same quarter). Compare rates between the quarters and check whether there has been an improvement for proxy indicators for clinical risk. Score 1 if there is an improvement of 5% or more and score 0 if the improvement is less than 5%. Score not applicable if the targets for proxy indicators for clinical risk have been met. For the indicator on Immunisation coverage request annualised records.

Score	Comment

Aspects	Score	Comment
1. TB treatment success rate has increased by at least 5% from the previous year		
2. Antenatal visit rate before 20 weeks gestation has increased by at least 5% from the previous year		
3. ART child viral load suppressed rate (12 months) has increased by at least 5% from the previous year		
4. Immunisation coverage under one year (annualised) has increased by at least 5% from the previous year		

1.2.2.1.2.4 National guidelines are followed for all notifiable medical conditions.

Assessment type: Document - **Risk rating:** Vital measure
Assess if the health establishment complies with the requirements for recording and reporting of notifiable diseases listed below. The evidence could be obtained electronically or manually. Score 1 if compliant; score 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Notifiable medical conditions are recorded in the notification booklet or entered electronically in a web-based system. Explanatory note: The health establishment should be aware of the number of cases of different notifiable diseases presenting in order to identify emerging trends as early as possible and report these to the relevant authority. Look at the GW17 register to see if all diagnosed notifiable diseases have been recorded.		

2. All notifiable diseases are reported using the prescribed form or electronically in a web-based system. Explanatory note: View submissions from the previous six months. The health establishment should produce evidence that the reports have been sent paper based or an electronic notification to the public agency. This could be via a fax, email, post or a messenger.		

1.2.2.1.2.5 The clinical risk aspects listed below are addressed in the quality improvement plan.

Assessment type: Document - **Risk rating:** Vital measure
Request the quality improvement plan from the previous six months and check if the aspects listed below are addressed. The plan should include the gaps identified and the interventions to be implemented. Score 1 if the aspect is compliant and 0 if it is not compliant. Score not applicable where gaps have not been identified for a specific aspect.

Score	Comment

Aspects	Score	Comment
1. Patient safety incident reported (incidents related to clinical care)		
2. Clinical record audit		
3. Annual risk assessment for infection prevention and control		
4. Loss to follow-up of HIV and TB users		
5. Tracer list medicine stock-out		
6. Laboratory specimen collection material stock-out		
7. Complaints statistical data relating to clinical care		

1.2.2.1.2.6 Authorisation for prescribing and dispensing by professional nurse(s) is available (Section 56(6) of the Nursing Act).

Assessment type: Document - **Risk rating:** Vital measure
The Nursing Act, 2005 (Act No. 33 OF 2005) section 56(6)(iii) permits the keeping of prescribed medicines and their supply, administering or prescribing on the prescribed conditions. In order to effect this provision of the Nursing Act, a letter from the Director General Health or designated person authorising nurses to prescribe and dispense must be available. Please note an individual letter for each healthcare provider is required.
Not applicable: Never.

Score	Comment

1.2.2.1.2.7 The health establishment conducts clinical audits of each priority programme at least annually.

Assessment type: Document - **Risk rating:** Essential measure
Request the clinical audit reports/documents and assess if the health establishment has conducted clinical audits for the conditions/programmes listed below. Score 1 if compliant and score 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. HIV/TB.		
2. Non-Communicable Diseases (e.g., Diabetes and Hypertension).		
3. Maternal health (Antenatal Care and Postnatal Care).		
4. Well baby		
5. Sick child (Integrated Management of Childhood Illnesses)		

1.2.2.1.2.9 A standard operating procedures for handover between shifts is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. The individual responsible for conducting the handover (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		

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

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of

implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Validity of the prescription must be checked before administration		
2. Verification of medicine to be administered		
3. Route of administration		
4. Administration of parenteral medicines		
5. Administration of Schedule 5 and 6 medicines		
6. Reporting of medication errors/adverse drug reactions		
7. Recording of medication administered		

1.2.2.1.2.11 Quarterly maternal and perinatal morbidity and mortality meetings are attended.

Assessment type: Document - **Risk rating:** Vital measure
The purpose of maternal and perinatal morbidity and mortality is to improve user safety. If meetings are held at District or Sub-district or hospital level, there must be evidence of health establishment participation in these meetings. Manual or electronic minutes of the meeting from the previous quarter must be available.
Not applicable: Never.

Score	Comment

Criterion 1.2.2.1.3 7 The health establishment implements process to ensure environmental cleanliness.

1.2.2.1.3.1 Cleaning personnel are trained on the aspects listed below.

Assessment type: Document - **Risk rating:** Essential measure
Review in-service training records from the previous 12 months and select three cleaning personnel to verify whether they have received training on the aspects listed below. Score 1 if training has been provided and 0 if not provided. Score not applicable if there has been no new cleaning equipment or change in cleaning material or newly appointed cleaning personnel in the previous 12 months.

Score	Comment

Unit 1 Cleaning personnel 1

Aspects	Score	Comment
1. Use of cleaning equipment		
2. Use of cleaning materials		
3. Use of disinfectants		
4. Use of detergents		
5. Implementation of infection control procedures, including but not limited to personal protective equipment to be worn		

Unit 2 Cleaning personnel 2

Aspects	Score	Comment
1. Use of cleaning equipment		
2. Use of cleaning materials		
3. Use of disinfectants		
4. Use of detergents		
5. Implementation of infection control procedures, including but not limited to personal protective equipment to be worn		

Unit 3 Cleaning personnel 3

Aspects	Score	Comment
1. Use of cleaning equipment		
2. Use of cleaning materials		
3. Use of disinfectants		
4. Use of detergents		
5. Implementation of infection control procedures, including but not limited to personal protective equipment to be worn		

1.2.2.1.3.2 Cleaning work completed is verified by the cleaning supervisor or a 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 and signed daily by the delegated health care personnel.

Not applicable: Never.

Score	Comment

1.2.2.1.3.3 Pest control is done according to schedule.

Assessment type: Document - **Risk rating:** Vital measure
Implementing regular pest control measures will ensure that infestations of the building are prevented. This may not include routine pest removal but must include as a minimum regular inspection to determine whether pest control measures, e.g., fumigation, are required. Where measures were not required, documented confirmation of the visit and inspection must be available. For health establishments that are not provided with an invoice, evidence of the inspection can include signatures in the visitor's book, a report confirming the absence of pests, or similar proof.
Not applicable: Never.

Score	Comment

Standard 1.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.
Criterion 1.2.2.2.1 7 Systems must be in place to facilitate user identification.

1.2.2.2.1.1 A standard operating procedure for identification of users is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

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.		

Criterion 1.2.2.2.2 7 Communication during user handover must be standardised to advance user safety.

1.2.2.2.2.1 A standard operating procedure for the handover of users from the health care provider to Emergency Medical Services personnel is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Documentation of arrival time for Emergency Medical Services		
2. Documentation of handover time		
3. Method of transfer of user from health establishment to ambulance		
4. Identification of the user		
5. User clinical condition		
6. Vital signs recorded		
7. Documentation of clinical condition of baby (where applicable)		
8. Documentation of treatment and interventions		
9. The receiving health establishment expecting the user		
10. Documentation of known medical history		
11. Transfer letter and/or records to accompany user		
12. Signatures of transferring health care provider		

Criterion 1.2.2.2.3 7 Standard operating procedures for the management of complaints must be implemented.

1.2.2.2.3.1 A standard operating procedure for the management of complaints is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Procedure for lodging complaints (including telephonic complaints)		
2. Procedure for acknowledgement of complaints		
3. Procedure for investigating complaints.		
4. Procedure for determining required action to be taken according to severity of complaint (risk rating)		
5. Procedure for identifying patterns in system failures (categorisation)		
6. Procedure for redress		
7. Timelines to be met		
8. Procedure for recording statistical data on complaints.		
9. Monitoring mechanisms and their response timelines		
10. Mechanism to enable children to participate in complaints process.		

Sub Domain 1.2.3 8 Infection prevention and control programmes
Standard 1.2.3.1 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 1.2.3.1.1 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

1.2.3.1.1.1 The standard operating procedure for the management of users with highly infectious diseases is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment

1. Users with highly infectious diseases are accommodated in a designated room or area in the community health centre		
2. Cleaning and disinfection of the designated room or area is conducted immediately after the user leaves the area or room		
3. Availability of personal protective equipment.		

Criterion 1.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

1.2.3.1.2.1 The manager has determined the linen requirements for the health establishment.

Assessment type: Document - **Risk rating:** Essential measure
It is necessary to determine the linen requirements for the health establishment, to ensure sufficient linen is available. The linen requirements must be documented for cloth or disposable linen.
Not applicable: Never.

Score	Comment

Criterion 1.2.3.1.3 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.

1.2.3.1.3.1 A standard operating procedure for standard precautions is available.

Assessment type: Document - **Risk rating:** Vital measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Patient placement		
4. Appropriate use of antiseptics, disinfectants and detergents		
5. Respiratory hygiene and cough etiquette		
6. Injection safety, prevention of injuries from sharp instruments.		

7. Environmental cleanliness		
8. Decontamination of medical devices		
9. Handling of linen and laundry		
10. Principles of asepsis		
11. Post-exposure prophylaxis		

1.2.3.1.3.2 Health care workers have been trained in standard precautions in the past two years.

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

Request training records (this could be but not limited to attendance registers) for the previous twenty-four months and select two health care providers and two health care workers (cleaning personnel) to determine if they have received in-service training on standard precautions on the topics listed below. Score 1 if the health care personnel have been trained and score 0 if they have not been trained.

Not applicable if there have been no revised or new relevant guidelines or where there have been no newly appointed health care personnel in the previous twenty-four months.

Score	Comment

Unit 1 Healthcare Provider 1

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Prevention of respiratory infections		
4. Injection safety, prevention of injuries from sharp instruments and post-exposure prophylaxis		
5. Sharps safety		
6. Environmental cleanliness		
7. User Care equipment		
8. Handling of linen		

Unit 2 Healthcare Provider 2

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Prevention of respiratory infections		

4. Injection safety, prevention of injuries from sharp instruments and post-exposure prophylaxis		
5. Sharps safety		
6. Environmental cleanliness		
7. User Care equipment		
8. Handling of linen		

Unit 3 Cleaner 1

Aspects	**Score**	**Comment**
1. Hand hygiene		
2. Personal Protective Equipment		
3. Environmental cleanliness		
4. Handling of linen		
5. Waste management and disposal		

Unit 4 Cleaner 2

Aspects	**Score**	**Comment**
1. Hand hygiene		
2. Personal Protective Equipment		
3. Environmental cleanliness		
4. Handling of linen		
5. Waste management and disposal		

1.2.3.1.3.3 Health care personnel are made aware of the communication from relevant authority that informs about the procedure for accessing prophylactic vaccinations.

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

Request the documents stated in the checklist below to verify whether health care personnel are made aware of the communication from the district or provincial office or any relevant authority informing them about the procedure for accessing prophylactic vaccinations for high- risk infections. The document must be dated within the past five years. Score 1 if compliant and score 0 if not compliant.

Score	**Comment**

Aspects	**Score**	**Comment**

1. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office that informs personnel of the procedure to follow for prophylactic vaccinations is available. Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.		
2. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office indicating the recommended vaccinations as determined by the disease profile of the health establishment or region is available. Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.		
3. Letter or memo or circular or policy from the provincial head of health or the delegated personnel member at the provincial office indicating the procedure to follow to obtain prophylactic vaccinations, including who will bear the cost of vaccinations is available. Explanatory note: Request the letter or memo or circular or policy addressing the aspect listed above.		
4. Health care personnel have signed an acknowledgment indicating that they are aware of and know the contents of the letter or memo or circular or policy and its application. Explanatory note: The documented evidence could include distribution lists, in-service training records or meeting sessions; health care personnel signatures should be in the record (dated and signed).		

Sub Domain 1.2.4 9 Waste management

Standard 1.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 1.2.4.1.1 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

1.2.4.1.1.1 A standard operating procedures for handling, storage and safe disposal of waste is available.

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

The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	**Comment**

Aspects	**Score**	**Comment**
1. Segregation containers		
2. Handling of segregated waste		
3. Storage of segregated waste		
4. Collection of waste		
5. Disposal of waste		

1.2.4.1.1.2 A copy of the signed waste removal service level agreement (SLA) between the health department and the service provider is available.

Assessment type: Document - **Risk rating:** Essential measure
This is to ensure proper management of waste. The service level agreement (SLA) must be valid (not expired) and signed by the service provider and the relevant authority.
Not applicable: Never.

Score	Comment

1.2.4.1.1.3 The service level agreement (SLA) for waste removal and disposal of waste is monitored.

Assessment type: Document - **Risk rating:** Vital measure
Monitoring compliance with the SLA will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings, reports, receipts and disposal certificates.
Not applicable: Never.

Score	Comment

1.2.4.1.1.4 Identified breaches in the service level agreement (SLA) are escalated to the relevant authority.

Assessment type: Document - **Risk rating:** Essential measure
This will ensure that the SLA is honoured, and actions are taken to rectify any breaches identified. Evidence reflecting escalation of the breaches to the relevant authority must be available. This must be recorded in a document (evidence of submission to the relevant authority must be available) or sent electronically via email.
Not applicable: Where there are no breaches of the SLA.

Score	Comment

Sub Domain 1.2.5 21 Adverse events
Standard 1.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.
Criterion 1.2.5.1.1 21(2)(a) The health establishment must have a register for all adverse events.

1.2.5.1.1.1 Adverse events (Patient Safety Incidents) are recorded in a register.

Assessment type: Document - **Risk rating:** Essential measure
Request the Patient Safety Incident register and verify whether entries are completed. Check entries from the previous three months. The register can be manual or electronic. Score 1 if compliant and 0 if not compliant or where the register is not available.

Score	Comment

Aspects	Score	Comment
1. Reference Number.		
2. Date and time of incident		
3. Patient's name and surname		
4. Age		
5. Gender		
6. Location (ward/ department/ area)		
7. Type of PSI		
8. SAC score		
9. Reporting date of SAC 1 incidents		
10. Number of working days to report SAC 1 incident		
11. Summary of incident		
12. Finding (all incidents) and recommendations by Patient Safety Committee		
13. Class according to incident type		
14. Class according to contributing factor		
15. Patient outcome		
16. Organisational outcome		
17. Date PSI closed		
18. Type of closure		
19. # of working days to close		
20. PSI Type of Behaviour		

Criterion 1.2.5.1.2 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.

1.2.5.1.2.1 A standard operating procedure for patient safety incident reporting and learning is available.

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

The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
MANAGEMENT OF PATIENT SAFETY INCIDENTS - Patient Safety Committee		
1. Terms of reference		
2. Designation of members of the committee		
Process to manage patient safety incidents		
3. Identifying patient safety incidents		
4. Immediate action		
5. Prioritisation		
6. Notification		
7. Investigation		
8. Classification		
9. Analysis		
10. Implementation of recommendations		
11. Learning		

1.2.5.1.2.2 Patient Safety incident reporting and learning procedure is adhered to.

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

Use the checklist below to check that the standard operating procedure is adhered to. Review the statistical report for indicators for two quarters back for example if the current quarter is quarter 4 review quarter 2 this will allow for the 60 working days to close PSI cases. Score 1 if compliant with targets below 0 if not. In cases where no incidents occurred in the past three months, the Patient Safety Incident Compliance report for the health establishment as generated from the national web-based information system must show 100% compliance for “Null” reporting for the health establishment for the past three months. In this case, score Not Applicable for the relevant aspects as indicated below.

Score	Comment

Aspects	Score	Comment
1. 90% of SAC 1 incidents reported to the next level within 24 hours		
2. 90% of PSI cases closed		

3. 90% of PSI cases closed within 60 working days		

1.2.5.1.2.3 All Severity Assessment Code (SAC) 1 adverse events are reported to the next level of management within 24 hours.

Assessment type: Document - **Risk rating:** Vital measure
Severity Assessment Code 1 adverse events are events which cause serious harm or death (specifically caused by health care rather than the health care user's underlying condition or illness). The relevant columns in the patient safety incident register should be completed. It should be indicated in the register that this event has been escalated to the structure dealing with serious patient safety incidents. In cases where there were no serious patient safety incidents, zero reporting should be done.
Not applicable: Where there have been no SAC 1 incidents in the previous three months.

Score	Comment

Domain 1.3 CLINICAL SUPPORT SERVICES
Sub Domain 1.3.1 10 Medicines and medical supplies
Standard 1.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.
Criterion 1.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

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

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Cleaning of the pharmacy/dispensary		
2. Storage and organisation of the pharmacy/ dispensary		
3. Security and control of access to the pharmacy/dispensary (within and outside normal working hours)		
4. Cold chain management		
5. Management of medicines in the consulting room		
6. Pest Control		

7. Calculation and use of minimum, maximum and re-order stock levels		
8. Completion and management of stock (bin) cards and/or electronic stock monitoring system		
9. Stock taking procedure		
10. Management of short-dated stock		
11. Procurement (ordering) of medicines		
12. Ordering and delivering schedule for stock		
13. Receipt of medicines into the pharmacy/dispensary (ordered or borrowed stock)		
14. Managing return of stock to the depot		
15. Managing stock transfers between health establishments		
16. Medicine availability monitoring procedure/guide		
17. Separation and handling of expired, obsolete, unusable or patient returned medicines (Schedule 0 - 4 medicines)		
18. Disposal of expired, obsolete, unusable and patient returned medicines (Schedule 0 - 4 medicines)		
19. Managing recall of medicines		
20. Storage and control of Schedule 5 and Schedule 6 medicines		

Domain 1.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 1.4.1 18 Governance

Standard 1.4.1.1 18(1) The health establishment must have a functional governance structure with written Terms of Reference.

Criterion 1.4.1.1.1 18 The health establishment has a functional governance structure.

1.4.1.1.1.1 There is a functional Community Health Centre (CHC) Committee.

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

Use the checklist below to check whether the documents are available as evidence that the CHC Committee is functional. Score 1 if the aspect is present and 0 if it is not present.

Score	**Comment**

Aspects	**Score**	**Comment**
Formal Appointment		

1. Signed appointment or acknowledgement letters from the Office of the MEC or delegated person		
2. Adopted and signed constitution or terms of reference as per provincial guidelines. Explanatory note: It must be stipulated in this document who is authorised to open the complaints box.		
3. Code of conduct for the CHC Committee		
Training		
4. Attendance register for orientation and training conducted within the first 12 months of appointment. Explanatory Note: Evidence to be requested/obtained from districts or sub-districts)		
Services Planning, Monitoring, Evaluation and meetings		
5. List of community needs as determined by the CHC Committee in the past 12 months. Explanatory note: This information could be from the health establishment profile, operational plan or minutes of the CHC Committee meetings held, with action plans documented in minutes.		
6. Agendas indicating that community needs were discussed at least twice in the past 12 months		
7. Signed minutes indicating that the CHC Committee was informed of progress against the health establishment's operational plan at least twice in the past 12 months		
8. Current year plan indicating scheduled meetings (at least two within the next 12 months)		
9. Attendance registers show that meetings held formed a quorum		
10. Minutes of CHC Committee meetings indicate that statistical data on population health indicators are discussed		
11. Minutes of CHC Committee meetings indicate that the CHC's human resources are discussed		
12. Minutes of CHC Committee meetings indicate that equipment and supplies are discussed		
Complaints, Compliments and Suggestion Management (check record of the past 6 months)		
13. Minutes indicate that the management of complaints, compliments and suggestions are discussed at CHC Committee meetings		
Accountability and Communication		
14. Contact details of CHC Committee members are available.		

Sub Domain 1.4.2 19 Human resources management

Standard 1.4.2.1 19(1) The health establishment must ensure that they have systems in place to manage health care personnel in line with relevant legislation, policies and guidelines.

Criterion 1.4.2.1.1 19(2)(a) The health establishment must, as appropriate to the type and size of the establishment, have and implement a human resource plan that meet the needs of the health establishment.

1.4.2.1.1.1 Staffing needs have been determined in line with workload requirements.

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

Health care personnel allocation must ensure that all areas of the health establishment are adequately staffed to enhance safe service delivery to health care users. A needs analysis must be done in relation to the workload. Request a document detailing the staffing needs for the health establishment. This can include but is not limited to the approved staff establishment for the community health centre. The staffing needs must have been determined within the past five years.

Not applicable: Never.

Score	Comment

1.4.2.1.1.2 Health care personnel are appointed in line with the determined requirements.

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

Check if the numbers of health care personnel appointed in each area are in accordance with the approved posts in that service area.

Not applicable: Never.

Score	Comment

Criterion 1.4.2.1.2 19(2)(b) The health establishment must, as appropriate to the type and size of the establishment, have a performance management and development system in place.

1.4.2.1.2.1 The performance management system is adhered to.

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

Request eight performance management files which have been finalised for the following categories of health care personnel: One doctor, professional nurse, enrolled nurse, nursing assistant, pharmacist, artisan/handyman, admin clerk and a cleaner. Check if these comply with the aspects listed below. Score 1 if the file is compliant and 0 if it is not compliant. Score not applicable for categories of health care personnel not appointed at the health establishment.

Score	Comment

Unit 1 Doctor

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		

2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 2 Professional Nurse

Aspects	**Score**	**Comment**
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 3 Enrolled nurse

Aspects	**Score**	**Comment**
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 4 Nursing Assistant

Aspects	**Score**	**Comment**
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 5 Pharmacist

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 6 Artisan/Handyman

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 7 Admin Clerk

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		
2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 8 Cleaner

Aspects	Score	Comment
1. Performance Management Agreement is signed by the supervisor and employee		

2. Annual work plan activities are aligned to the operational plan of the health establishment		
3. Completed Personal Development Plan (PDP) or equivalent is available		
4. Objectives and targets are formally reviewed every six months as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Criterion 1.4.2.1.3 19(2)(c) The health establishment must, as appropriate to the type and size of the establishment, have a system to monitor that health care personnel maintain their professional registration with the relevant councils on an annual basis.

1.4.2.1.3.1 Health care providers hold current registration with relevant health professional bodies.

Assessment type: Document - **Risk rating:** Vital measure
Randomly sample five files of health care providers and verify whether they have current registration with the relevant professional/statutory bodies. A copy of the registration certificate or card issued by the professional body must be available. For nurses the following evidence must be accepted (a) a copy of the last published issue of a register or any supplementary list purported to be printed and published in terms of section 35 of the Act; (b) a South African Nursing Council certificate of registration ; (c) a South African Nursing Council annual practising certificate (APC); (d) a certified copy under the hand of the Registrar of the entry of the person's name in the register; (e) eRegister published (displayed on the Internet) in terms of section 35 of the Nursing Act, 2005 can legally be used by employers to verify that a person is registered in terms of the Nursing Act, 2005. Other Statutory bodies/councils will issue a virtual card which must be accepted. Score 1 if compliant and 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Health care provider 1		
2. Health care provider 2		
3. Health care provider 3		
4. Health care provider 4		
5. Health care provider 5		

Sub Domain 1.4.3 20 Occupational health and safety
Standard 1.4.3.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.
Criterion 1.4.3.1.1 20(2)(a) An active Health and Safety Committee ensures a safe working environment.

1.4.3.1.1.1 A standard operating procedure for management of occupational health and safety incidents is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. Standardised form to be completed to report an occupational health and safety incident		
2. Process for submitting completed forms		
3. Format for register to record occupational health and safety incidents.		
4. Analysis of incidents to establish trends.		

1.4.3.1.1.2 Occupational health and safety incidents are recorded in a register.

Assessment type: Document - **Risk rating:** Essential measure
Request the register and check if it complies with the aspects listed below. Closed cases/incidents logged in the register must contain the details as indicated below. The register can be manual or electronic. All columns in the register must be completed. Zero reporting will be required if no incidents have occurred. Score 1 if compliant and score 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Summary description of incident		
2. Summary of investigation conducted		
3. Outcome of investigation		
4. Recommendation/s		
5. Date recommendations implemented		

1.4.3.1.1.3 An occupational health and safety risk assessment has been conducted in the past two years.

Assessment type: Document - **Risk rating:** Essential 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 health care personnel. The occupational health and safety risk assessment conducted in the previous two years must be available. The reports must be signed and dated.
Not applicable: Never.

Score	Comment

1.4.3.1.1.4 Risk mitigation interventions are implemented for identified risks.

Assessment type: Document - **Risk rating:** Essential measure
There must be documented evidence of identified risks and the implementation of mitigating actions. The documented evidence could include reports, such as hazard identification and risk assessment (HIRA) reports, or minutes of meetings in which risk management is discussed, which must be signed and dated.
Not applicable: Never.

Score	Comment

1.4.3.1.1.5 Health care personnel who experience needle stick injuries receive post-exposure prophylaxis.

Assessment type: Document - **Risk rating:** Vital measure
Proactive management of needle stick injuries is necessary to prevent the development of blood-borne diseases. Documented evidence must be available to demonstrate that health care personnel who have had a needle stick injury receive prophylaxis in accordance with nationally approved guidelines.
Not applicable: Where no needle stick injuries have been reported.

Score	Comment

Criterion 1.4.3.1.2 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

1.4.3.1.2.1 A disaster or emergency management plan is available.

Assessment type: Document - **Risk rating:** Essential measure
Disaster or emergency refers to incidents including but not limited to, fire, floods, bomb threats, building collapse or any other situation that would warrant evacuation in order to protect the lives and safety of users and health care personnel.
Not applicable: Never.

Score	Comment

Domain 1.5 FACILITIES AND INFRASTRUCTURE
Sub Domain 1.5.1 17 Security services
Standard 1.5.1.1 17(1) The health establishment must have systems to protect users, health care personnel and property from security threats and risks.
Criterion 1.5.1.1.1 17(2)(a) The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

1.5.1.1.1.1 The standard operating procedure for safety and security is available.

Assessment type: Document - **Risk rating:** Essential measure
The aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. 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 relevant authority responsible for approving the standard operating procedures, designation of the approver, date of implementation or approval, date of next review (Documents must be reviewed regularly up to the maximum of every 5 years). The document can be manual or electronic. The information may be detailed in a single document or in several documents.

Score	Comment

Aspects	Score	Comment
1. High risk areas and the specific security needs for these areas		
2. Access control within the health establishment		
3. Reporting of security incidents (format for register for security breaches)		
4. Training of security personnel on the management of alarms (where applicable)		
5. Provision of guarding services (where applicable)		
6. Patrolling of the health establishment		
7. Equipment for security personnel		

1.5.1.1.1.2 A signed copy of the service level agreement between the security company and the Provincial department of health is available.

Assessment type: Document - **Risk rating:** Essential measure
This is to ensure the safety and security of users and personnel in the health establishment. The service level agreement must be valid (not expired) and signed by the service provider and the relevant authority.
Not applicable: Where the service is not outsourced.

Score	Comment

1.5.1.1.1.3 A designated person monitors the service level agreement for security services.

Assessment type: Document - **Risk rating:** Essential measure
Monitoring compliance with the service level agreement will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings or reports.
Not applicable: Where the service is not outsourced.

Score	Comment

1.5.1.1.1.4 Security breaches are recorded in a register.

Assessment type: Document - **Risk rating:** Essential measure
The register can be manual or electronic. All columns in the register must be completed. The register must include the following: name of affected person (if applicable), date of incident, time of incident and nature of incident. In cases where there are no incidents, zero reporting must be done.
Not applicable: Where there were no security breaches in the past three months.

Score	Comment

1.5.1.1.1.5 Remedial actions to address security breaches are implemented.

Assessment type: Document - **Risk rating:** Essential measure
There must be documented evidence of action taken to address security breaches. This could be a quality improvement plan or a report.
Not applicable: Where there were no security breaches.

Score	Comment

1.5.1.1.1.6 Security services are rendered in the health establishment.

Assessment type: Document - **Risk rating:** Essential measure
Use the checklist below to check whether the security services are rendered in the health establishment. Score 1 if the aspect is compliant and 0 if it is not compliant. Score not applicable for whichever option is not in operation at the community health centre.

Score	Comment

Aspects	Score	Comment
If armed response is available		
1. Response time is indicated in the register for security breaches		
2. Response to security breaches is within the response time indicated in the register		
If security guards are available		

3. Duty patrol register updated (Occurrence book - OB book)		

1.5.1.1.1.7 Security officers are registered with the relevant regulatory authority.

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

Select records of three security officers working at the health establishment and request proof of registration with The Private Security Industry Regulatory Authority. The Private Security Industry Regulatory Authority (PSIRA) is the regulatory authority for the private security industry. Security officers' certificate must be renewed every 24 months. For outsourced services, the health establishment must have records from the service provider. Score 1 if registered and 0 if not registered or if registration has expired. Not applicable: Where the health establishments do not have physical security officers.

Score	Comment

Aspects	Score	Comment
1. Security officer 1		
2. Security officer 2		
3. Security officer 3		

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 Centres (CHC).

Acknowledgements

There are many people who have contributed to the update of the Regulatory CHC Inspection Tools version 1.3. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- Health Standards Development and Training unit team (Ms Izelle Loots, Mr Jabu Nkambule, Ms Busisiwe Mashinini, Ms Derelene Hans and Ms Charlotte Ndlovu) for the update of the CHC inspection tools.
- The internal OHSC teams (Compliance Inspectorate, for their contribution during the update of the CHC inspection tools).
- National Department of Health for their input and commenting on the inspection tools.

It is hereby certified that the Regulatory CHC Inspection tools version 1.3 was updated by the Office of Health Standards Compliance.

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ISBN:

978-0-620-90157-4