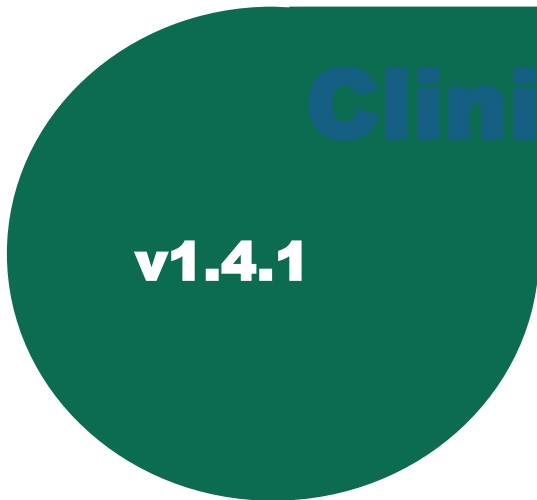
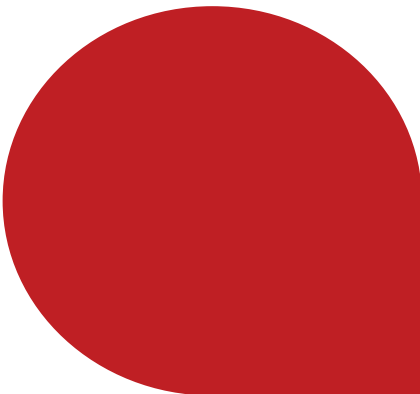




Office of Health Standards Compliance
Ensuring quality and safety in health care



Clinic Manager

v1.4.1

Regulatory Clinic inspection tool

Facility:
Date:

- **Tool Name:** Regulatory Clinic Inspection Tool v1.4.1
- **HEs Type:** Clinics/ PHC
- **Sector:** Public
- **Specialization:** Clinic
- **Created By:** Health Standards Development and Training

1 Clinic 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 Health sector of South Africa Version 2, 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 not applicable for measures 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 to prioritise very sick, frail and elderly health care 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: This could include amongst others: availability of a dedicated person at waiting areas to identify these users and inform other users of the prioritisation process: a notice put in waiting areas and on notice boards informing users that the above-mentioned users will be prioritised; an electronic display at waiting areas indicating that the users mentioned above will be prioritised or it can be any other process.		
2. The procedure is displayed in at least two official local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly users.		
3. In-service training for all health care personnel on prioritization process		
4. Delegate the function of prioritisation process to a designated health care personnel		

5. Conducting random spot checks during the day to determine if the very sick, frail and elderly users are prioritised.		
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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 response time to the health establishment.

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

There are currently no specified Norms for Emergency Medical Services response time. Inspector to accept the pre-determined Emergency Medical Services response times provided by the health establishment. The documented pre-determined Emergency Medical Services response times are available.

Not Applicable: Never

Score	Comment

1.1.2.1.2.2 The health establishment monitors the Emergency Medical Service response times.

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

Monitoring of Emergency Medical Service response time must be documented. 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. For Gateway clinics, this will be monitoring of the response time for the team responsible for transferring the user to the Emergency Unit.

Not applicable: Never

Score	Comment

1.1.2.1.2.3 The health establishment reports delays in Emergency Medical Service response times.

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

Evidence of reporting to District Office or dedicated forum will be required. For Gateway clinics, this will be reporting to the relevant hospital committee. A report or an email sent to the relevant authority or dedicated forum will be required.

Not applicable: Where there have been no delays in Emergency Medical Service response times, or user transfers in Gateway Clinics.

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 in Basic Life Support (BLS).

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

Training should be provided by an accredited service provider. A Basic Life Support certificate from an accredited service provider issued within the previous two years will be required. In clinics with five or more professional nurses, at least 80% must have a certificate (round up from 75% where necessary). In clinics with four professional nurses, at least three must be trained. In clinics 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 target(s) is monitored by the health establishment.

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

Request the waiting times monitoring tools for the previous six months 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 and Conclusion.

Not applicable: Never

Score	Comment

1.1.3.1.1.3 Corrective measures are 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 but not limited to an individual Quality Improvement Plan or the information may be included in a consolidated Quality Improvement Plan 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 A 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 exact nature of the procedure or treatment must be communicated to the user.		
2. The user's full names must appear on the consent form.		
3. The age or date of birth or identity number of users must be reflected on the consent form.		
4. Consent form is signed by user, the legal guardian or any person legally responsible for the user. Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005		
5. The consent form must be signed by the health care provider who will perform the procedure.		
6. The consent form must be dated.		
7. All entries on the form must be legible		

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 policies and guidelines.

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: Never

Score	Comment

Criterion 1.2.2.1.2 7 The health establishment implements process to ensure environmental cleanliness.

1.2.2.1.2.1 Cleaning personnel are trained on the aspects listed below.

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

Review in-service training records from the previous twelve 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.

Not applicable: If there has been no new cleaning equipment or change in cleaning material or newly appointed cleaning personnel in the previous twelve 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		

1.2.2.1.2.2 Cleaning work completed is verified by the clinic manager or a delegated health care personnel.

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

Daily inspections to monitor 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

1.2.2.1.2.3 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

Criterion 1.2.2.1.3 7 The health establishment monitors indicators of clinical risk and implements actions to mitigate risk when necessary.

1.2.2.1.3.1 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 assess if the aspects listed below are addressed. The plan should contain the gaps identified and the interventions to be implemented. Score 1 if compliant and score 0 if not compliant.

Not applicable: Where gaps have not been identified for a specific aspect.

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

1.2.2.1.3.2 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, hypertension, etc.)		
3. Maternal health (Antenatal Care & Postnatal Care)		
4. Well baby		
5. Sick child (Integrated Management of Childhood Illness)		

1.2.2.1.3.4 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 to identify emerging trends as early as possible and report these to the relevant authority. Review the GW17 register or web-based system to ascertain if 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.		

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

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

Request records from the previous quarter to determine whether the targets set for proxy indicators of clinical risk are met. Score 1 if the targets are met and score 0 if the targets are not met. For the indicator on Immunization coverage request annualized records.

Score	Comment	
Aspects	Score	Comment
1. Tuberculosis treatment success rate is at least 90% (Excluding MDR and XDR patients)		
2. Drug susceptible -Tuberculosis Lost to follow up rate < 5%		

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%		

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

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

Records of the previous quarter (current financial year) are compared to records of the previous financial year (same quarter).

Compare rates between the records and check whether there has been 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 Immunization coverage request annualized records.

Score	Comment	
Aspects	Score	Comment
1. Tuberculosis 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 (12 months) rate has increased by at least 5% from the previous year		
4. Immunization coverage under one year (annualized) has increased by at least 5% from the previous year		

1.2.2.1.3.7 Authorisation for prescribing and dispensing by professional nurses is available.

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

The Nursing Act, 2005 (Act No. 33 OF 2005) section 56(6)(iii) permits 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 health care provider is required.

Not applicable: Never

Score	Comment

1.2.2.1.3.8 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 compliant and score 0 if not compliant. For aspects one and two below: In clinics with five or more professional nurses, at least 80%

must have a certificate (round up from 75% where necessary). In clinics with four professional nurses, at least three must be trained. In clinics with three or less professional nurses, all of them must be trained.

Score	Comment	
Aspects	Score	Comment
1. 80% of professional nurses have been 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. The 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 health establishment are trained on Basic Ante Natal Care Plus		

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

1.2.2.2.1.1 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 health establishment		
2. Cleaning and disinfection of the designated room or area is conducted immediately after the user leaves the area or room		
3. Availability of personal protective equipment.		

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 clinic 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. Airborne precautions		
4. Contact precautions		
5. Droplet precautions		
6. Safe injection practices		
7. Environmental controls		
8. Decontamination of medical devices		
9. Handling of linen and laundry		

1.2.3.1.3.2 Health care workers have been trained on standard precautions.

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

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Unit 1 Healthcare Provider 1

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Airborne precautions		
4. Contact precautions		
5. Droplet precautions		
6. Safe injection practices		
7. Environmental controls		
8. Decontamination of medical devices		
9. Handling of linen		

Unit 2 Healthcare Provider 2

Aspects	Score	Comment
1. Hand hygiene		
2. Personal Protective Equipment		
3. Airborne precautions		
4. Contact precautions		
5. Droplet precautions		
6. Safe injection practices		
7. Environmental controls		
8. Decontamination of medical devices		
9. Handling of linen		

Unit 3 Cleaning personnel 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 Cleaning personnel 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 informed 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 relevant authority that informs the health care personnel of the procedure to follow for accessing prophylactic vaccinations is available.		
2. Letter or memo or circular or policy from the relevant authority indicating the recommended vaccinations is available.		
3. Letter or memo or circular or policy from the relevant authority indicating who will bear the cost of vaccinations.		
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 and it should be in the record (signed and dated).		

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 procedure 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 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 must be valid (not expired) and signed by the service provider and the relevant authority.

Not applicable: In Gateway clinics where waste is removed to the central storage area of the hospital.

Score	Comment

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

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 collection register, monitoring checklists, minutes of meetings, reports, receipts and disposal certificates.

Not applicable: In Gateway Clinics where waste is stored in a central location which accommodates both hospital and clinic waste, as the hospital will be responsible for this function.

Score	Comment

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

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

This will ensure that the service level agreement 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 relevant authority must be available) or sent electronically via email.

Not applicable: Where there are no breaches of contract or in Gateway clinics where waste is removed to the central store of the hospital.

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 Incidents 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 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. Organizational outcome		
17. Date PSI closed		
18. Type of closure		
19. Number 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 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 are no serious patient safety incidents.

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 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. Storage and organisation of the medicine room/dispensary.		
2. Security and control of access to the medicine room/dispensary (within and outside normal working hours)		
3. Cold chain management		
4. Management of medicines in the consulting room		
5. Calculation and use of minimum, maximum and re-order stock levels		
6. Stock taking procedure		
7. Procurement (ordering) of medicines		
8. Ordering and delivering schedule for stock		
9. Receipt of medicines into the medicine room/dispensary (ordered or borrowed stock)		
10. Managing return of stock to the depot		
11. Managing stock transfers between health establishments		
12. Medicine availability monitoring procedure/guide		
13. Disposal of expired, obsolete, unusable and patient returned medicines (Schedule 0 - 4 medicines)		

14. Managing recall of medicines		
15. Storage and control of Schedule 5 and Schedule 6 medicines		
16. Emergency medicine cupboard or trolley management		

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 Clinic Committee.

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

Use the checklist below to check whether the documents are available as evidence that the Clinic Committee is functional. Score 1 if they are available and score 0 if they are not available.

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 Clinic Committee		
Training		
4. Attendance register for orientation and training conducted within the first twelve months of appointment. Explanatory Note: Evidence to be requested/obtained from districts or subdistricts).		
Services Planning, Monitoring, Evaluation and meetings		
5. List of community needs as discussed by the Clinic Committee in the past twelve months. Explanatory note: This information could be from the health establishment profile, operational plan or minutes of Clinic Committee meetings held with community meetings with action plans.		

6. Agendas indicate that community needs and progress against the operational plan was discussed at least twice in the past twelve months.		
7. Signed minutes indicate that progress against the operational plan was discussed at least twice in the past twelve months.		
8. The current year plan indicates scheduled meetings (at least two within the next twelve months).		
9. Attendance registers show that meetings held formed a quorum		
10. Minutes of Clinic Committee meetings indicate that statistical data on population health indicators are discussed		
11. Minutes of Clinic Committee meetings indicate that the clinic's human resources situation is discussed		
12. Minutes of Clinic Committee meetings indicate that the situation relating to equipment and supplies is discussed		
Complaints, Compliments and Suggestion Management (check record of the past 6 months)		
13. Minutes indicate that the management of complaints are discussed at Clinic Committee meetings		
Accountability and Communication		
14. Contact details of Clinic 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 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

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

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

Health care personnel allocation will ensure that 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 staffing needs for the health establishment. This could include but is not limited to approved staff establishment for the clinic. Staffing needs must have been determined in the past five years. 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 five performance management files which have been finalized for the following categories of health care personnel: one professional nurse, one enrolled nurse, one nursing assistant, one administrative personnel and one cleaning personnel. Assess if they comply with the aspects listed below. Score 1 if the aspect is compliant and score 0 if it is not compliant. Score not applicable for the categories of health care personnel not appointed at the health establishment.

Score	Comment

Unit 1 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 monthly as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 2 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 monthly as per DPSA guidelines		

5. Annual (final) assessment report (PMDS)		
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Unit 3 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 monthly as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 4 Administrative personnel

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 monthly as per DPSA guidelines		
5. Annual (final) assessment report (PMDS)		

Unit 5 Cleaning personnel.

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 monthly 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 have current registration with relevant health professional bodies.

Assessment type: Document - **Risk rating:** Essential 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 CHECKLIST: 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 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 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 the 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

1.4.3.1.1.3 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

1.4.3.1.1.4 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 complaint and score 0 if not compliant.

Score	Comment

Aspects	Score	Comment
1. Summary of description of incident		

2. Summary of investigation conducted		
3. Outcome of investigation		
4. Recommendation/s		
5. Date recommendations implemented		

1.4.3.1.1.5 Remedial actions to address identified occupational Health and Safety incidents are implemented.

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

Interventions implemented for each health and safety incident are documented.

Not Applicable: Where there are not health and safety incidents.

Score	Comment

1.4.3.1.1.6 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 A 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 this service is provided)		
6. Patrolling of the health establishment		
7. Equipment for security personnel		
8. Documentation of response time for security breaches/incidents		

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

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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 should 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 identified 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 compliant and score 0 if not compliant. Score not applicable for whichever option is not in operation at the clinic.

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).		
4. There is access control system in the health establishment.		

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 twenty-four 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 Clinics.

Acknowledgments

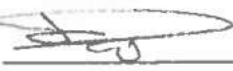
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It is hereby certified that the Regulatory Clinic Inspection tools version 1.4.1 was updated by the Office of Health Standards Compliance.



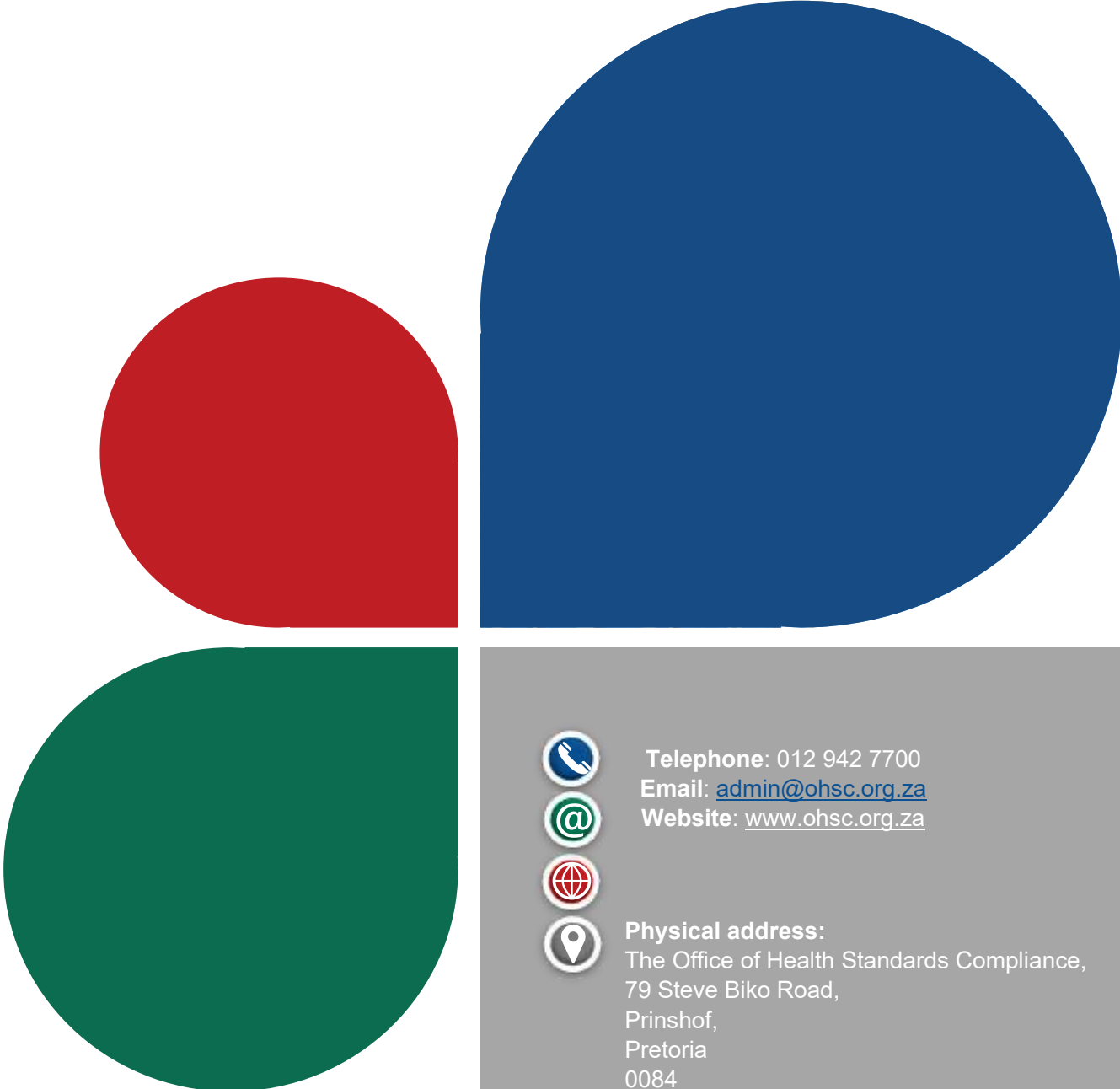
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