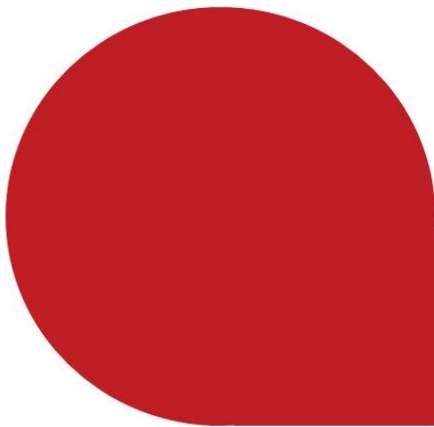




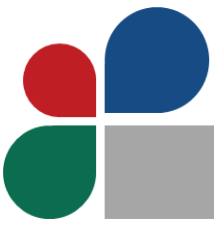
Office of Health Standards Compliance  
Ensuring quality and safety in health care



v1.2

**Security Services**

# **Regulatory Private Acute Hospital Inspection tool**



## Official Sign-Off

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

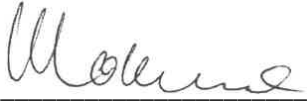
To achieve this mandate, standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

### **Acknowledgements**

There are many people who have contributed to the development of the Regulatory Private Acute Hospital Inspection Tools Version 1.2. The Office of Health Standards Compliance wishes to extend most heartfelt acknowledgement and gratitude to the following:

- The WHO technical team for providing guidance on the very first draft inspection tools database
- OHSC CEO Dr Sipiwe Mndaweni and Executive Manager for Health Standards Design, Systems and Support Ms Winnie Moleko for providing strategic and operational support.
- Former Health Standards Development and Training unit Director Dr Grace Labadarios
- Systems, Data Analysis and Research unit Director Dr Thabiso Makola who is also the Acting Director for Health Standards Development and Training unit
- The Health Standards Development and Training unit (Mr Jabu Nkambule who led the team and worked tirelessly with the leadership of Hospital Association of South Africa (HASA) during various development stages of the tool, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini) and contract workers Ms Thresia Pather and Ms Busi Ngubane for the development of the Private Acute Hospital Inspection tools.
- The internal OHSC teams Compliance Inspectorate; Systems, Data Analysis and Research for their contribution during the development of the Inspection tools and Information Technology and Communication and Stakeholder Relations for providing support.
- Provincial Department of Health private hospital licensing units' personnel (Ms Pinki Belot - Free State Province, Ms Dimakatso Moeketsi and Ms Zandile Nzuza - Kwa-Zulu Natal -Province, Ms Kim Jacobs - Western Cape Province, Ms Bulelwa Peter - Eastern Cape Province, Ms Pakama Nqadala - Northern Cape Province, Ms Lindiwe Mkhathshwa - Mpumalanga Province, and Ms Patience Ntamane - Gauteng Province) for their valuable input and support.
- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.
- The Hospital Association of South Africa (HASA) for their commitment and constructive engagements during the consultative process and for affording the OHSC an opportunity to conduct scoping visits in the private hospital health establishments.

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



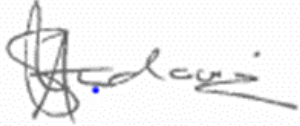
Ms. W Moleko

Executive Manager

Health Standards Development

Analysis and Support

Date: 31/03/2022



Dr. S. Mndaweni

Chief Executive Officer

Date: 31/03/2022

|           |
|-----------|
| Facility: |
| Date:     |

- **Tool Name:** Regulatory Private Acute Hospital inspection tool v1.2 - Final
- **HEs Type:** Hospitals
- **Sector:** Private
- **Specialization:** Private Acute Hospital
- **Created By:** Health Standards Development and Training

## 39 Security Services

### Domain 39.4 GOVERNANCE AND HUMAN RESOURCES

#### Sub Domain 39.4.1 20 Occupational health and safety

**Standard 39.4.1.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

#### **Criterion 39.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted**

**39.4.1.1.1.1** The emergency evacuation plan is prominently displayed at the security guardroom or area.

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

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

Never

| Score | Comment |
|-------|---------|
|       |         |

**39.4.1.1.1.2** The security personnel are familiar with the emergency evacuation procedure.

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

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

| Score | Comment |
|-------|---------|
|       |         |

| Aspects                 | Score | Comment |
|-------------------------|-------|---------|
| 1. Security personnel 1 |       |         |
| 2. Security personnel 2 |       |         |
| 3. Security personnel 3 |       |         |

### Domain 39.5 FACILITIES AND INFRASTRUCTURE

#### Sub Domain 39.5.2 14 Management of buildings and grounds

**Standard 39.5.2.1 14(1)** The health establishment and their grounds must meet the requirements of the building regulations.

**Criterion 39.5.2.1.1 14(2)(b) The health establishment must as appropriate for the type of buildings and grounds of the establishment have a maintenance plan for buildings and the grounds.**

**39.5.2.1.1.1** No obvious safety hazards are observed during the visit.

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

Inspect the security guard room or area for maintenance-related safety hazards, including but not limited to loose electrical wiring, collapsing ceiling, roof or doors. and any other type of safety hazards that represent a risk to the health and safety of personnel, users and visitors. Not applicable: Where there is no security guard room in the health establishment.

| Score | Comment |
|-------|---------|
|       |         |

**Sub Domain 39.5.1 17 Security services**

**Standard 39.5.1.1 17(1)** The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

**Criterion 39.5.1.1.1 17(2)(a)** The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.

**39.5.1.1.1.1** A signed copy of the service level agreement between the security company and the health establishment or Hospital Group 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 responsible accounting officer or designated person. Not applicable: Where the service is not outsourced

| Score | Comment |
|-------|---------|
|       |         |

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

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

**39.5.1.1.1.3** An approved security plan or policy or standard operating procedure or procedure for the health establishment is available.

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

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

| Score | Comment |
|-------|---------|
|       |         |

| Aspects   | Score | Comment |
|---|-------|---------|
| 1. Approved access control system for health establishment  |       |         |
| 2. Management of prohibited items: how to store the items safely and how to return items to rightful owner on their departure   |       |         |
| 3. Communication of security plan to health establishment personnel   |       |         |
| 4. All security personnel (in-house or outsourced) to be registered with Private Security Industry Regulatory Authority (PSIRA) |       |         |
| 5. All vehicles, including vehicles managed by health establishment to be checked when entering and leaving the premises.       |       |         |

**39.5.1.1.1.4** Security guards have received training.

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

Verify whether security guards have been trained. For outsourced services, request records from the service provider. For security guards employed by the health establishment, request training records. If the security guards are PSIRA-accredited, they are acknowledged to have received training. In this case, the security guards on site must wear a valid PSIRA badge. Score 1 if compliant and 0 if not. NB: All PSIRA certificates must be renewed every 12 months for security businesses and every 24 months for security officers. Not applicable: Where the health establishments does not have physical security guards.

| Score | Comment |
|-------|---------|
|       |         |

| Aspects       | Score | Comment |
|---------------|-------|---------|
| 1. Security 1 |       |         |
| 2. Security 2 |       |         |
| 3. Security 3 |       |         |

**39.5.1.1.1.5** The security guards wear uniform.

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

Security guards must be easily identifiable. Verify whether all security guards performing their duties at the health establishment are wearing uniform. Not applicable: Where the health establishments does not have physical security guards.

| Score | Comment |
|-------|---------|
|       |         |

**39.5.1.1.1.6** Functional communication system is available in security services.

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

Maintaining and sustaining communication are essential for effective and efficient operations. This could include but not limited to two-way radios, cell phones and telephones. Not applicable: Never

| Score | Comment |
|-------|---------|
|       |         |

**Criterion 39.5.1.1.2 17 Security systems must safeguard the building, users, visitors and staff.**

**39.5.1.1.2.1** Systems are in place to ensure safe entry to the health establishment premises.

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

Inspect the systems in operation to safeguard occupants of the health establishment. Note that security systems could include but not limited to physical security personnel or systems (boom gates, CCTV, biometrics). Not applicable: Never

| Score | Comment |
|-------|---------|
|       |         |

**39.5.1.1.2.2** Security systems are in place for all areas listed below.

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

Verify whether a security system is in place in the areas listed below. Note that security systems could include but not limited to physical security personnel or systems (boom gates, CCTV, biometrics). Score 1 if a system is in place and 0 if not. NB: For service areas not available in the health establishment score Not applicable.

| Score   | Comment |         |
|---|---------|---------|
|   |         |         |
| Aspects                                       | Score   | Comment |
| 1. Maternity unit                             |         |         |
| 2. Paediatric unit                            |         |         |
| 3. Neonatal unit (where applicable)           |         |         |
| 4. Mental health care unit (where applicable) |         |         |
| 5. Emergency unit                             |         |         |
| 6. Intensive care units                       |         |         |

**39.5.1.1.2.3** Safety and security notices are displayed in the health establishment.

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

Safety and security notices must be displayed in accordance with health and safety legislation, including, but not limited to, signs indicating the following: dangerous weapons not allowed, emergency exits, assembly points, location of stored flammable materials and location of the first aid box. This could also be a disclaimer sign. Not applicable: Never

| Score | Comment |
|-------|---------|
|       |         |

**Criterion 39.5.1.1.3 17 All security incidents must be reported and addressed.**

**39.5.1.1.3.1** Security breaches are recorded in a register.

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

The register may 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 no incidents have occurred, zero reporting must be done. Not applicable: Where no security breaches occurred in the past three months

| Score | Comment |
|-------|---------|
|       |         |

**39.5.1.1.3.2** Remedial action to address security breaches is implemented.

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

Documented evidence of action taken to address security breaches must be available. This may be in the form of a quality improvement plan or a report. Not applicable: Where no security breaches occurred.

| Score | Comment |
|-------|---------|
|       |         |

**Criterion 39.5.1.1.4 17 Internal and external lighting must be adequate to protect users, visitors and personnel.**

**39.5.1.1.4.1** Nightly inspections are conducted to confirm that all areas are well lit.

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

Lighting must be checked regularly to ensure early detection and replacement of non-functional lights to reduce the risk of accidents and incidents. Documented evidence of nightly inspections will be required for compliance. The document must indicate which areas were inspected and the findings. If the document simply states that all is in order, the measure will be scored non-compliant. Not applicable: Never

| Score | Comment |
|-------|---------|
|       |         |

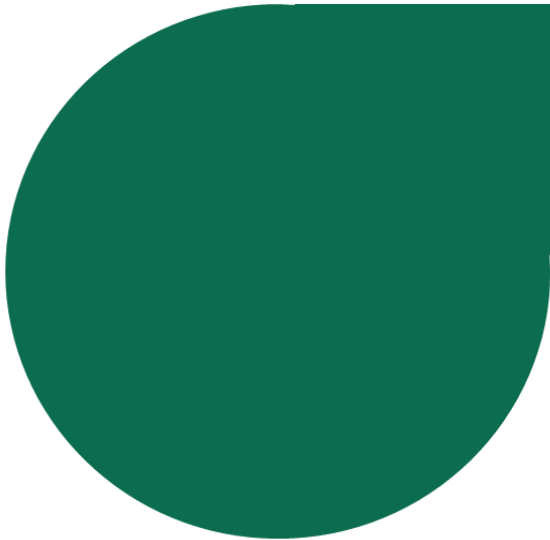
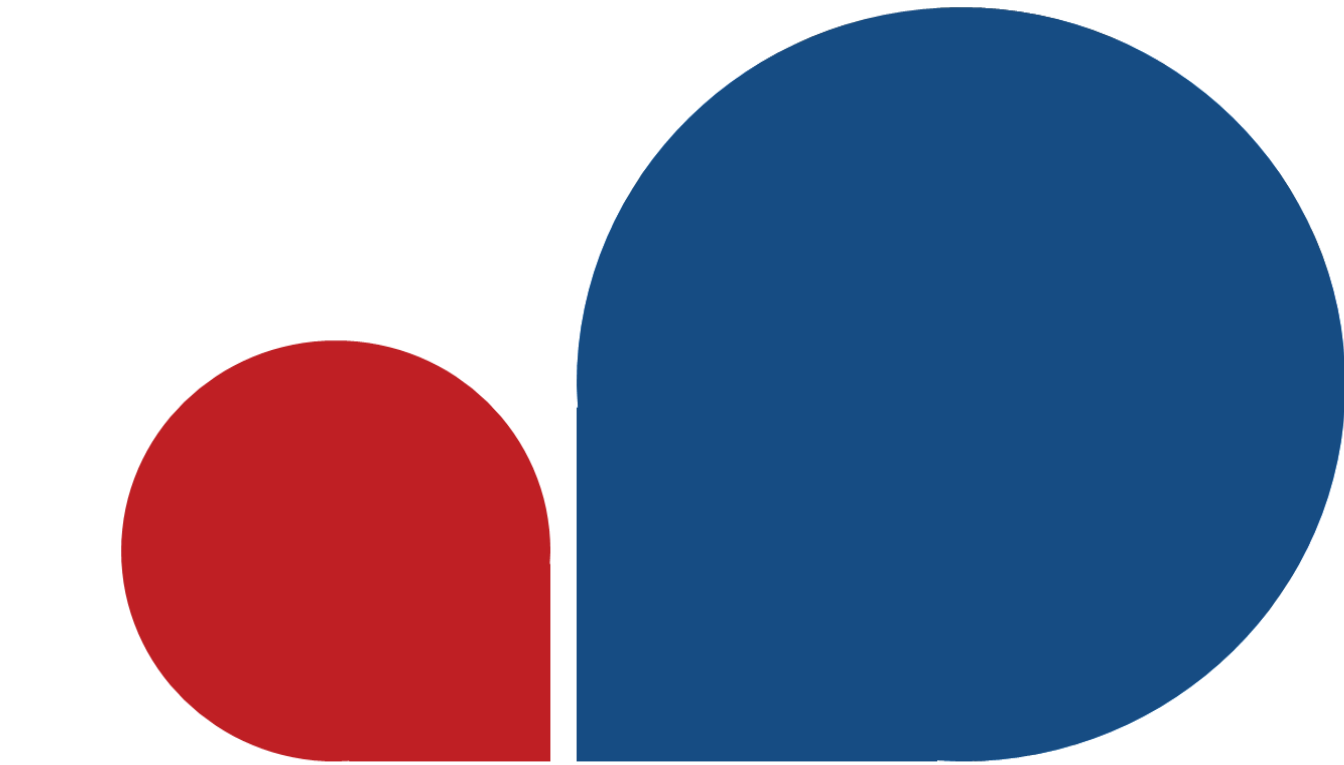
**39.5.1.1.4.2** Non-functional lighting observed during night inspections is reported to relevant unit.

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

A record showing that non-functional lighting has been reported must be available. This record can be manual or electronic Not applicable: Where there were no challenges with lighting.

| Score | Comment |
|-------|---------|
|       |         |





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**ISBN:**

978-0-620-90157-4

