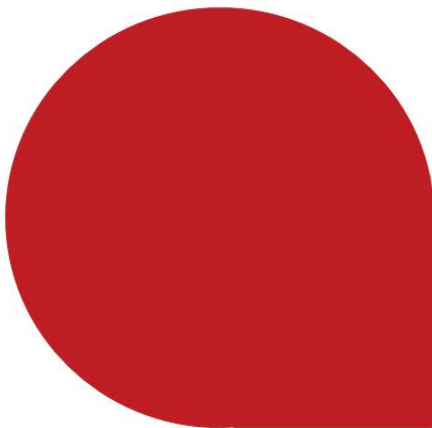




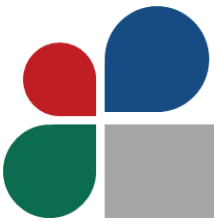
Office of Health Standards Compliance
Ensuring quality and safety in health care



v1.2

Surgical Ward

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.

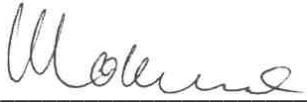
To achieve this mandate, standardised inspection tools aligned to Norms and Standards Regulations applicable to different categories of health establishments promulgated by the Minister of Health in 2018 have been developed for Private Acute Hospitals.

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:

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- Former Health Standards Development and Training unit Director Dr Grace Labadarios
- Systems, Data Analysis and Research unit Director Dr Thabiso Makola who is also the Acting Director for Health Standards Development and Training unit
- The Health Standards Development and Training unit (Mr Jabu Nkambule who led the team and worked tirelessly with the leadership of Hospital Association of South Africa (HASA) during various development stages of the tool, Ms Florina Mokoena, Ms Mosehle Matlala, Ms Busisiwe Mashinini) and contract workers Ms Thresia Pather and Ms Busi Ngubane for the development of the Private Acute Hospital Inspection tools.
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- Provincial Department of Health private hospital licensing units' personnel (Ms Pinki Belot - Free State Province, Ms Dimakatso Moeketsi and Ms Zandile 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.



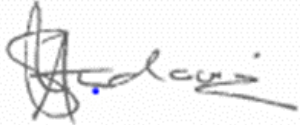
Ms. W Moleko

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

15 Surgical Ward

Domain 15.1 USER RIGHTS

Sub Domain 15.1.1 4 User information

Standard 15.1.1.1 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 15.1.1.1.1 4(2)(a)(iii) The health establishment must provide users with information relating to visiting hours where relevant.

15.1.1.1.1.1 Visiting hours are indicated at the entrance to the unit.

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

Visiting hours must be displayed at the entrance of the unit. Not applicable: Where the visiting hours in the unit are the same as the general visiting hours displayed at the entrance to the health establishment

Score	Comment

Criterion 15.1.1.1.2 4(2)(a)(iv) The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.

15.1.1.1.2.1 A system to provide users with information on complaints management procedure is available.

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

There must be a system in place to inform users on the procedure for lodging complaints in the unit. The system could include but not limited to a person responsible for informing users about the complaints procedure or posters or pamphlet informing users about the complaints procedure, information displayed within the unit informing users about the complaints procedure or where to access information about complaints procedure. This can be a manual or electronic system. Not applicable: Never

Score	Comment

Domain 15.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 15.2.1 6 User health records and management

Standard 15.2.1.1 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 15.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.

15.2.1.1.1.1 Confidentiality of health records is maintained.

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

Observe how user health records are managed in the unit and determine whether unauthorised individuals would be able to access the information in the health records. This includes but not limited to the health records of users admitted to the unit, health records being used for clinical audits or other administrative purposes or health records outside the records storage area or room

of the unit for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the health record. User records may be placed at the foot end of the bed but must not be left open for people to be able to read them when a health care provider is not present. Not applicable: Never

Score	Comment

Standard 15.2.1.2 6(3) The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 15.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.

15.2.1.2.1.1 A clinical assessment and management plan for the user is recorded in the user health record.

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

Request the health records of three users who have been admitted in the unit for at least three days at the time of inspection and verify compliance with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. NB: Manual or electronic records are acceptable.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		
6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		

10. Each entry is signed by the nurse.		
11. Full names of signatory.		
12. Designation of signatory		

Unit 2 User health record 2

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		
6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		
10. Each entry is signed by the nurse.		
11. Full names of signatory.		
12. Designation of signatory		

Unit 3 User health record 3

Aspects	Score	Comment
1. Vital signs		
2. Physical examination		
3. Fluid monitoring (where applicable)		
4. Nursing care plan		
5. Nurses day-time progress notes		

6. Nurses night-time progress notes		
7. Medicines administered (signed, dated, time of administration and dose recorded)		
8. Date of each entry		
9. Time of each entry		
10. Each entry is signed by the nurse.		
11. Full names of signatory.		
12. Designation of signatory		

Standard 15.2.1.3 6(5) The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 15.2.1.3.1 6 A documented procedure which describes the information to be collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act (Section 7).

15.2.1.3.1.1 Confirmation of informed consent is documented in the user health records.

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

Request three health records of users who gave written consent to procedures and medical treatment. Examine whether confirmation of informed consent is documented in the health records. This could be a specific form designed for this purpose by the health establishment or notes made by a healthcare provider in the health record. Score 1 if the aspect is compliant and 0 if not compliant. NB: Manual or electronic records are acceptable.

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

Standard 15.2.1.4 6(6) The health establishment must issue a discharge report to users in accordance with section 10 of the Act.

Criterion 15.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.

15.2.1.4.1.1 The health records of discharged users include a discharge report.

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

Select health records of three users who have been discharged in the previous week and verify whether the discharge report contains the aspects listed below. Score 1 if the aspect is present and 0 if not present. NB: Manual or electronic records are acceptable.

Score	Comment

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Unit 1 User health record 1

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		
8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		
10. Relevant health education given		
11. Signature of health care provider completing report		

Unit 2 User health record 2

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		

8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		
10. Relevant health education given		
11. Signature of health care provider completing report		

Unit 3 User health record 3

Aspects	Score	Comment
1. Name and surname of user		
2. Date of birth or Identity number or passport number		
3. Date of admission		
4. Date of discharge		
5. Provisional diagnosis/reason for admission		
6. Name of unit to which user was admitted (this may be a name or alphanumeric details)		
7. Final diagnosis on discharge		
8. Medicine and treatment		
9. Details of referrals and/or follow-up appointments		
10. Relevant health education given		
11. Signature of health care provider completing report		

Sub Domain 15.2.2 7 Clinical management

Standard 15.2.2.1 7(1) The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 15.2.2.1.1 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.

15.2.2.1.1.1 Clinical guidelines and policies are communicated to relevant health care personnel

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

Documented evidence that personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures indicating that they have read and understood the document (which must be dated and signed), proof of attendance of meeting where policies and guidelines were discussed or similar evidence for electronic distribution. Score 1 if such evidence is available and 0 if not available. NB: Communication to relevant healthcare personnel indicating the documents are available in a portal is acceptable.

Score	Comment
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Aspects	Score	Comment
1. Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest		
2. Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest		
3. National Infection Prevention and Control Strategic Framework 2020 or latest		
4. Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach & Governance 2017 or latest		
5. National clinical guidelines of PEP in occupational and nonoccupational exposures 2020 or latest		

Criterion 15.2.2.1.2 7 Healthcare providers are informed on the health establishment and their specific responsibilities.

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

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

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

Score	Comment	
Aspects	Score	Comment
1. Confidentiality of user health records		
2. Confirmation of informed consent		
3. Identification of users		
4. Care of the terminally ill		
5. Conducting and acting on risk assessments		
6. Management of emergency resuscitations		

7. Management of users with contagious infections		
8. Management of adverse events		
9. Storage of Schedule 5 and 6 medicines		
10. Safe administration of medicines to users		
11. Safe administration of blood		

Standard 15.2.2.2 7(2) (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

Criterion 15.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.

15.2.2.2.1.1 All cleaning work completed is verified by the supervisor or delegated person.

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

Daily inspections will ensure the cleanliness of the ward. The person responsible for overseeing the cleaning service must inspect the ward 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 (including, but not limited to, checklists/ tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

Score	Comment

15.2.2.2.1.2 The unit is observed to be clean.

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

Inspector to observe general cleanliness of the unit including but not limited to whether the unit is free of dirt and stains. Not applicable: Never

Score	Comment

Criterion 15.2.2.2.2 7 Implementation of standard operating procedures must be monitored.

15.2.2.2.2.1 Procedures to reduce the incidence of commonly occurring health care-associated infections are implemented.

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

This includes but is not limited to implementation of care IPC bundles, Best care always bundles. Catheter-acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI). Not applicable: Never

Score	Comment

15.2.2.2.2.2 The storage of sterile packs ensures the integrity of materials.

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

The storage of sterile packs must be in such a way that it prevents physical damage to packages, avoids exposure of packages to moisture and or becoming soiled. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Not applicable: Where no sterile packs are stored in the unit

Score	Comment

Criterion 15.2.2.2.3 7 The management of used and soiled linen must meet infection prevention and control requirements.

15.2.2.2.3.1 The unit has a designated, access-controlled area for the storage of dirty linen.

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

The area used to store dirty linen must have a door, which is kept shut. Not applicable: Never

Score	Comment

Criterion 15.2.2.2.4 7 The health establishment must have a functional quality management system

15.2.2.2.4.1 Quality improvement plans are developed by health care personnel.

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

Request the quality improvement plan of the unit from the previous six months. Verify whether the aspects listed below are documented. Score if aspect is documented and 0 if not. NB: Score not applicable where no gaps have been identified

Score	Comment	
Aspects	Score	Comment
1. Gaps identified		
2. Activities required or implemented to address gaps		
3. Healthcare personnel responsible		
4. Time frames		

15.2.2.2.4.2 Implementation of quality improvement plans is monitored.

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

Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports. Not applicable: Where there were no gaps identified

Score	Comment

Criterion 15.2.2.2.5 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.

15.2.2.2.5.1 The Nurse call bed system is functional and easily accessible by the user.

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

Nurse call systems are equipment used by a user to alert or communicate with a caregiver. Observe whether the system is available and functional in at least three areas of the unit. Score 1 if available and functional and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Clinical area 1		
2. Clinical area 2		
3. Bathroom or toilet		

Criterion 15.2.2.2.6 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.

15.2.2.2.6.1 Risk assessments are conducted for frail or aged users to identify users at high risk of falling or developing pressure sores.

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

Select three health records of frail and/or aged users admitted to the unit at the time of inspection. Verify whether formal risk assessments, including but not limited to Waterlow or Norton scale to determine the user’s risk for developing pressure sores, and the Morse fall scale to determine the user’s risk of falling, were completed on admission. Score 1 if the aspect is compliant and 0 if not compliant.

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

Criterion 15.2.2.2.7 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.

15.2.2.2.7.1 Administration of blood is recorded.

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

Select the health records of three users who were administered blood and verify whether the aspects listed below are documented. Score 1 if the aspect is documented and 0 if not documented. NB: Score Not applicable if there were no users who received blood at the time of inspection

Score	Comment

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Unit 1 User health record 1

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 2 User health record 2

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		

5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Unit 3 User health record 3

Aspects	Score	Comment
1. Clinical indication for blood or blood products		
2. Type of blood product required		
3. Confirmation of informed consent.		
4. Confirmation of type of blood product prior to administration		
5. User's documentation checked prior to administration. Explanatory note: The unit of blood has a tag that has user details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the user information prior to administration.		
6. Confirmation of user's identity prior to administration		
7. User's vital signs recorded and documented prior to administration		
8. User's vital signs recorded and documented.		
9. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.		

Criterion 15.2.2.2.8 7 Systems must be in place to facilitate user identification.

15.2.2.2.8.1 All users admitted in the unit wear identity bands or any other identification.

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

Select three users in the unit and verify whether they are wearing identity bands or have any identification. Score 1 if users have identification and 0 if not.

Score	Comment

Unit 1 Healthcare user 1

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		
3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery (where applicable)		
5. Identification used for users with allergies (where applicable)		

Unit 2 Healthcare user 2

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		
3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery (where applicable)		
5. Identification used for users with allergies (where applicable)		

Unit 3 Healthcare user 3

Aspects	Score	Comment
1. Means of identification applied		
2. Means of identification not causing injury		
3. User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.		
4. Identification used for procedure/surgery (where applicable)		
5. Identification used for users with allergies (where applicable)		

Criterion 15.2.2.2.9 7 Communication during user handover must be standardised to advance user safety.

15.2.2.2.9.1 User safety checks are applied to all users transferred from one unit to another within the health establishment.

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

Request the internal transfer form completed for three users who have been transferred from one unit to another within the health establishment at the time of inspection. Score 1 if the transfer form has been completed and 0 if not completed. NB: Not applicable where there were no users transferred.

Score	Comment

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

Criterion 15.2.2.2.10 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.

15.2.2.2.10.1 Emergency trolley is stocked with medicines and equipment.

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

Inspect the contents of the emergency trolley against the aspects listed below. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment

Aspects	Score	Comment
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Devices to open and protect airway		
1. Laryngoscope handle		
2. Curved blade for laryngoscope size 2 (adult)		
3. Curved blade for laryngoscope size 3 (adult)		
4. Curved blade for laryngoscope size 4 (adult)		
5. Endotracheal tubes (a minimum of five different sizes as determined by the user profile seen in the unit and resuscitation protocol).		
6. Oropharyngeal airway size 3 (small adult)		
7. Oropharyngeal airway size 4 (medium adult)		
8. Oropharyngeal airway size 5 (large adult)		
9. Plaster or ties for endotracheal tubes		
10. Lubricating gel		
Equipment for difficult Intubation		
11. Introducer		
12. Laryngeal mask airway size 3		
13. Laryngeal mask airway size 4		
14. Laryngeal mask airway size 5		
15. Magill forceps (adult)		
Devices to deliver oxygen/ventilate users		
16. Manual resuscitator device or bag and valve mask (adult)		
17. Oxygen masks- re breather 60%		

18. Oxygen supply – ready for use (portable). Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge		
Equipment to diagnose and treat cardiac dysrhythmias		
19. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes		
20. Cardiac arrest board		
Devices to gain intravascular access		
21. Intravenous administration sets		
22. IV Cannulae		
Medicine		
23. Emergency medicines according to local protocol are available and have not expired.		

15.2.2.2.10.2 Medical supplies and equipment for resuscitation is available.

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

Inspect whether medical supplies and equipment used for resuscitation is available. The items may be available in the trolley or vicinity of the trolley. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable).

Score	Comment	
Aspects	Score	Comment
1. Chlorhexidine or Alcohol swabs		
2. Eye protection		
3. Facemask		
4. Gloves		
5. Spare batteries for laryngoscope		
6. Spare bulb (where applicable)		

7. Syringe 2ml		
8. Syringe 5ml		
9. Syringe 20ml		
10. Cather tip syringe 50ml		
11. Needles pink 18 G		
12. Needles green 21G		
13. Scissors		
14. Tourniquet		
15. Stethoscope		
16. Nasogastric tubes size 12 (adult)		
17. Nasogastric tubes size 14 (adult)		
18. Nasogastric tubes size 16 (adult)		
19. Nasogastric tubes size 18 (adult)		
20. Suction catheter 12F (adult)		
21. Suction catheter 14F (adult)		
22. Suction devices (portable)		
23. Yankhauer suction		
24. Nasal cannula		
25. Blood administration set		
26. Resuscitation algorithm		

15.2.2.2.10.3 The emergency trolley is checked in accordance with agreed unit practice.

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

Checking of the emergency trolley will vary from different units. Request a documented practice for checking the emergency trolley and verify whether it is checked as documented. Request documented records of checking the emergency trolley from the previous 30 days. Not applicable: Never

Score	Comment

Sub Domain 15.2.3 8 Infection prevention and control programmes

Standard 15.2.3.1 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 15.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.

15.2.3.1.1.1 Hand washing facilities are available.

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

Verify whether the hand washing items listed below are available. Score 1 if the item is available and 0 if not available.

Score	Comment

Unit 1 User care area

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on the correct use of alcohol-based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020.		
4. Taps		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Unit 2 Personnel toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		

3. Poster on the correct use of alcohol-based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020.		
4. Taps		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		
7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Unit 3 User toilet

Aspects	Score	Comment
1. Hand washing basin. Explanatory note: The basin must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks.		
2. Poster on correct hand washing technique		
3. Poster on the correct use of alcohol-based hand rub. Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the health establishment as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020.		
4. Taps		
5. Running water		
6. Plain liquid soap or Chlorhexidine based soap		

7. Wall mounted soap dispenser		
8. Paper towels		
9. Paper towel dispenser		
10. Bin		
11. Alcohol based hand rub		

Criterion 15.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.

15.2.3.1.2.1 Isolation room meets the requirements listed below.

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

Inspect the isolation rooms to verify whether they contain the aspects listed below. Score 1 if the aspect is present and 0 if not present.

Score	Comment	
Aspects	Score	Comment
General requirements to be inspected at all times		
1. Single room with door that closes. Explanatory note: In the case of an outbreak, multiple users may be accommodated in the same room, as long as the room is used exclusively to care for users with the outbreak disease, i.e. "Cohorting" of patients. Sporadic, individual cases must be nursed in a room that accommodates a single user only.		
2. Rooms used for infections requiring airborne precautions have adequate ventilation. Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation. Rooms used for users with viral haemorrhagic fevers have ventilation ensuring at least 6-12 air changes per hour.		
3. Hand wash basin with elbow-operated taps		
4. Bin with a close-fitting lid		
5. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan.		

Requirement to be inspected only if there is a user isolated in the room (Score NA if, at the time of the inspection, no users requiring isolation have been admitted.)

6. Alcohol based hand rub inside room		
7. Disinfectant outside of room to disinfect surfaces		
8. Disposable gloves		
9. Poster/Signs affixed outside the room. Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.		
10. Alcohol based hand rub outside room		
11. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel) Explanatory note: This will include but not limited to posters on the door, restrictions allowing immediate or a certain number of family members for visiting or guidance from hospital policy		
12. Appropriate measures for discarding infected linen		
13. Appropriate measures for disinfection of equipment		

15.2.3.1.2.2 Isolation rooms are inspected by the infection prevention and control team following terminal cleaning.

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

The infection prevention and control team must confirm that terminal cleaning has been performed satisfactorily prior to the admission of another user into the room used for isolation. Evidence of this inspection must be available in the ward. Not applicable: Where no users requiring isolation have been admitted in the previous 12 months. Not applicable: Where no users requiring isolation have been admitted in the previous 12 months

Score	Comment

Criterion 15.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.

15.2.3.1.3.1 There is a designated area for storage of linen.

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

This could include but is not limited to a room or a storage cupboard. Not applicable: Never

Score	Comment

15.2.3.1.3.2 There is sufficient stock of linen in accordance with the number of users in unit.

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

The minimum and maximum number of linen items required for all users must be available in the linen storage area as determined by the unit. Not applicable: Never

Score	Comment

Criterion 15.2.3.1.4 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.

15.2.3.1.4.1 Personal protective equipment is worn.

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

Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn and 0 if not worn. Score NA where, at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing.

Score	Comment

Unit 1 Clinical area/ward

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

Unit 2 Isolation room

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Gloves – sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		

5. Face masks		
6. N95 or KN95 or FFP2 masks or approved equivalent.		

Unit 3 Cleaner

Aspects	Score	Comment
1. Latex or nitrile gloves – non-sterile		
2. Disposable gowns or aprons		
3. Protective face shields or goggles		
4. Face masks		
5. Domestic gloves		
6. N95 or KN95 or FFP2 masks or approved equivalent (where applicable)		

Sub Domain 15.2.4 9 Waste management

Standard 15.2.4.1 9(1) The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 15.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.

15.2.4.1.1.1 The unit has appropriate containers for disposal of all types of waste.

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

Verify whether the waste containers listed below are available. Health care risk waste containers must have the appropriate international hazard symbol and be marked as prescribed in SANS 10248-1: Management of Health Care Waste, Part 1: Management of healthcare risk waste from a health facility. Score 1 if the waste container is available and 0 if not available. Where a particular type of waste is not generated in the unit, score NA.

Score	Comment

Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow)		
3. General waste (black, beige, white or transparent packaging can be used)		

Criterion 15.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.

15.2.4.1.2.1 Sharps are safely managed and discarded in the unit.

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

Select three clinical areas and verify whether sharps, needles and the collection of sharps are correctly managed in accordance with the health establishment's standard operating procedures. Score 1 if the aspect is compliant and 0 if not compliant.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharp's containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container.		
4. Syringes with attached needles are discarded in their entirety		

Unit 2 Area 2

Aspects	Score	Comment
1. Sharps containers available at site of use		
2. Sharp's containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container.		
4. Syringes with attached needles are discarded in their entirety		

Unit 3 Area 3

Aspects	Score	Comment
1. Sharps containers available at site of use		

2. Sharp's containers have correctly fitting lids.		
3. Needles are not recapped before disposal (not applicable where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used). Explanatory note: This does not apply where it is not possible to see inside the sharp's container.		
4. Syringes with attached needles are discarded in their entirety		

15.2.4.1.2.2 There is a temporary healthcare risk waste storage area.

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

In all areas where waste is held for collection and removal to the central storage area, a designated area for temporary storage of waste must be available. Some health establishments will have a purpose-built temporary waste storage area, others will utilise a specific area within the available space. Score 1 if the aspect is compliant and 0 if not compliant or where there is no designated area. Score NA for any aspects not found in the temporary waste storage area.

Score	Comment	
Aspects	Score	Comment
1. Space available to store waste containers		
2. Area is well ventilated		
3. Area is well lit		
4. Area has impervious floor surfaces (waterproof or resistant, not cracked)		

Sub Domain 15.2.5 21 Adverse events

Standard 15.2.5.1 21(1) The health establishment must have a system to monitor and report all adverse events.

Criterion 15.2.5.1.1 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.

15.2.5.1.1.1 Health care personnel are aware of the procedure to report adverse events.

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

Interview three health care personnel to establish their awareness on reporting of adverse events. Score 1 if they are able to explain the aspects listed below and 0 if not.

Score	Comment

Unit 1 Health care personnel 1

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans		

Unit 2 Health care personnel 2

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans		

Unit 3 Health care personnel 3

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans		

Domain 15.3 CLINICAL SUPPORT SERVICES

Sub Domain 15.3.1 10 Medicines and medical supplies

Standard 15.3.1.1 10(1) The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

Criterion 15.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.

15.3.1.1.1.1 The stock control system shows minimum and maximum levels and/or reorder/preferred levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

15.3.1.1.1.2 Stock levels of medicine on the shelves corresponds with recorded stock levels in the stock control system.

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

Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if there is correspondence and 0 if not.

Score	Comment	
Aspects	Score	Comment
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

15.3.1.1.1.3 The entries in the schedule 5 and 6 drug register are complete and correct.

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

Select three medicines from the schedule 5 and 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 0 if the medicines do not correlate or if any of the columns have not been completed.

Score	Comment	
Aspects	Score	Comment
1. Medicine 1		
2. Medicine 2		
3. Medicine 3		

15.3.1.1.1.4 The stock control system shows minimum and maximum levels and/or reorder/preferred levels for medical supplies.

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

Each item held as stock must have documented minimum, maximum and/or reorder/preferred levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic.

Not applicable: Never

Score	Comment

15.3.1.1.1.5 Physical stock of medical supplies corresponds with stock control system.

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

Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic.

Score	Comment	
Aspects	Score	Comment
1. Item 1		
2. Item 2		
3. Item 3		
4. Item 4		
5. Item 5		

Criterion 15.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.

15.3.1.1.2.1 Medical supplies (consumables) are available.

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

The unit is expected to have a list of basic medical supplies/consumables according to the needs of the users. Request the list of medical supplies/consumables for the unit and randomly select twenty-five items and check whether the selected items are available and not expired (where applicable). Score 0 if any of the selected items are not available or they are expired or if there is no list of medical supplies/consumables available. NB: Please note other health establishment might have less than twenty-five items in the unit list. Not applicable: Never

Score	Comment

Sub Domain 15.3.3 12 Blood services

Standard 15.3.3.1 12(1) Hospitals and CHCs must ensure that users have access to blood and blood products when required.

Criterion 15.3.3.1.1 12(2)(c) The health establishment must ensure that adverse blood reactions are reported to a committee in the health establishment that monitor adverse incidents.

15.3.3.1.1.1 All adverse blood reactions are documented and reported monthly to the forum responsible for patient safety incidents.

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

There is documented manual or electronic evidence that adverse blood reactions are reported to the relevant forum. Request evidence from the previous quarter. If no incidents were reported, zero reporting must be recorded. Not applicable: Where no adverse blood reactions have occurred

Score	Comment

15.3.3.1.1.2 Corrective action is taken where adverse blood reactions were reported.

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

Documented evidence reflecting the action taken following the investigation to prevent similar incidents must be available must be available. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse blood reactions were reported.

Score	Comment

Sub Domain 15.3.2 13 Medical equipment

Standard 15.3.2.1 13(1) Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 15.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.

15.3.2.1.1.1 Functional medical equipment for the surgical unit is available.

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

Essential equipment to deliver basic user care must be available in the unit. Request the list of medical equipment for the unit and randomly select twenty equipment items. Check whether the selected equipment is available and functional. Score 0 if any of the selected equipment is not available or not functional or if the list is not available.

Score	Comment

Domain 15.4 GOVERNANCE AND HUMAN RESOURCES

Sub Domain 15.4.1 19 Human resources management

Standard 15.4.1.1 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 15.4.1.1.1 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.

15.4.1.1.1.1 Staffing levels for the unit as determined by acuity levels are available.

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

Documented staffing levels for the unit are available. Request staffing levels from the previous three months. Not applicable: Never

Score	Comment

Sub Domain 15.4.2 20 Occupational health and safety

Standard 15.4.2.1 20(1) The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

Criterion 15.4.2.1.1 20(2)(b) Awareness of safety and security issues must be promoted

15.4.2.1.1.1 The healthcare personnel are familiar with the emergency evacuation procedure.

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

Interview three health care 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. Healthcare personnel 1		
2. Healthcare personnel 2		
3. Healthcare personnel 3		

Criterion 15.4.2.1.2 20 The health establishment must have a disaster management plan in place, which is communicated to health care personnel and tested annually.

15.4.2.1.2.1 The actions to be taken when the disaster management response is activated are visibly displayed.

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

The actions to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. This may be displayed in any manner relevant to the size and complexity of the health establishment, including, but not limited to, a single summary sheet of actions to be taken, action cards to be retrieved by allocated individuals to remind them of the tasks for which they are responsible, or any other method chosen by the health establishment. Not applicable: Never

Score	Comment

15.4.2.1.2.2 The name and contact details of the fire wardens or marshals are prominently displayed.

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

A fire warden or marshal is a designated person within a department who is allocated responsibilities to help support the ongoing management of fire safety, by contributing to the safety of people in the event of a fire evacuation. An individual permanently placed in the unit must be designated as the fire warden or marshal. Not applicable: Never

Score	Comment

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15.4.2.1.2.3 All fire-fighting equipment is checked by the fire warden/marshal on a monthly basis.

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

These checks must be conducted in addition to the annual servicing of equipment to ensure that the fire-fighting equipment is functional. Request records from the previous three months. Not applicable:

Never

Score	Comment

Domain 15.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 15.5.1 14 Management of buildings and grounds

Standard 15.5.1.1 14(1) The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 15.5.1.1.1 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.

15.5.1.1.1.1 No obvious safety hazards are observed during the visit.

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

Inspect the surroundings for maintenance-related safety hazards in the unit. This will include but is not limited to loose electrical wiring, collapsing ceiling, roof, doors or any other type of safety hazards that represent a risk to the health and safety of personnel, users and visitors. Not applicable: Never

Score	Comment

Criterion 15.5.1.1.2 14(2)(d) The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.

15.5.1.1.2.1 The unit has natural ventilation or functional mechanical ventilation.

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

The national building regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space mechanically or passively through either ducting or apertures open to the outside, including, but not limited to, windows or ventilation grilles. Verify whether the unit has passive ventilation (windows, doors that can be opened and ventilation grilles) or functional mechanical ventilation (i.e. a ducting system). Not applicable: Never

Score	Comment

Sub Domain 15.5.2 15 Engineering services

Standard 15.5.2.1 15(1) The health establishment must ensure that engineering services are in place.

Criterion 15.5.2.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.

15.5.2.1.1.1 The unit has a functional system to supply piped oxygen to clinical areas.

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

This is to ensure that users have access to piped oxygen when required. Verify whether piped oxygen is available and functional in clinical areas in the ward. Randomly check a minimum of three areas.

Not applicable: Never

Score	Comment

15.5.2.1.1.2 An oxygen cylinder with pressure gauge is available.

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

This is to ensure that users have access to portable oxygen when required as back up. An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available.

Not applicable: Never

Score	Comment

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

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

Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge. Not applicable: Never

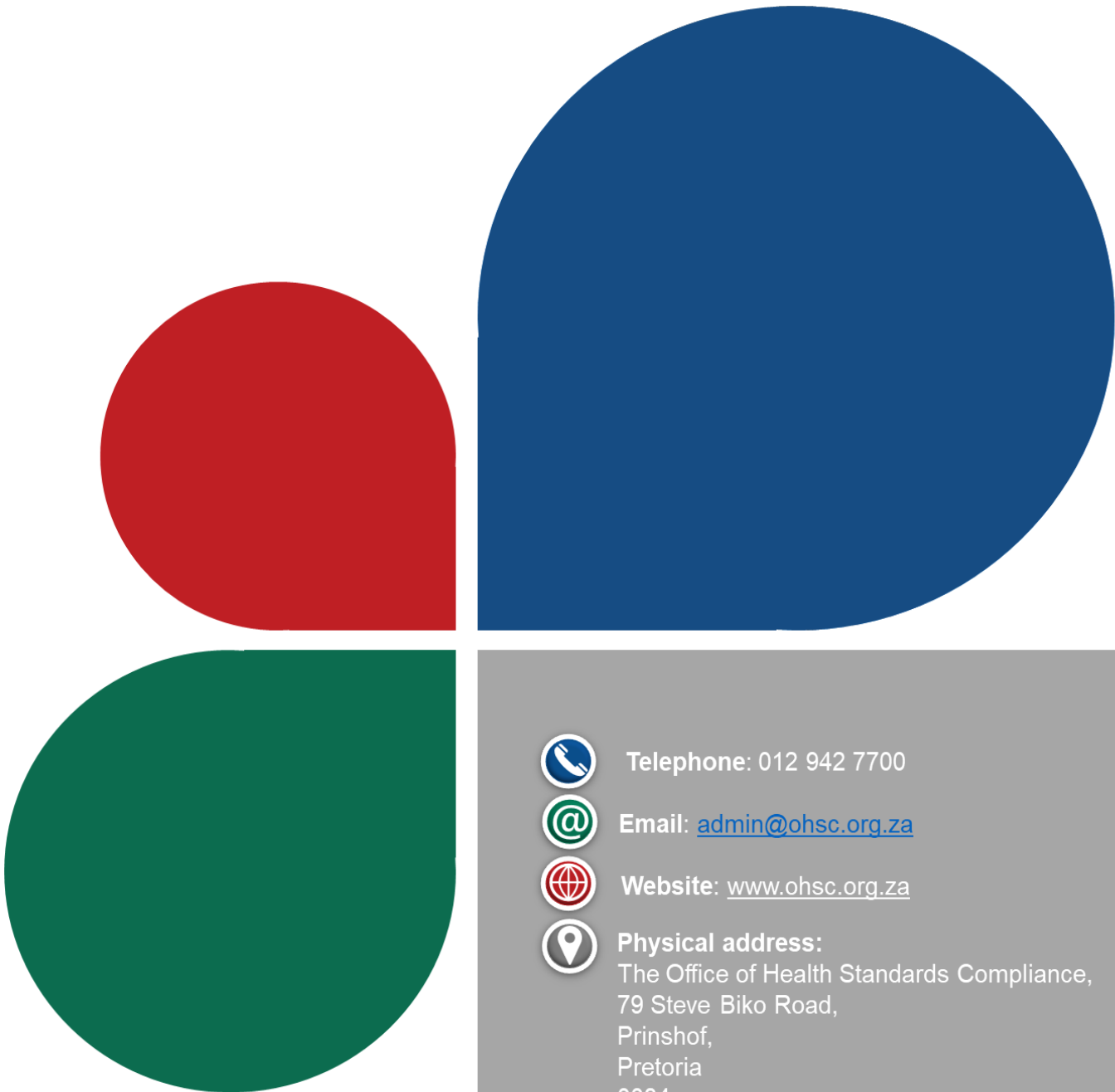
Score	Comment

15.5.2.1.1.4 A functional system is in place to supply piped suction to clinical areas.

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

This is to ensure that users have access to piped suction when required. Verify whether piped suction or vacuum is available and functional in the clinical areas in the unit. Randomly check a minimum of three areas. Not applicable: Never

Score	Comment



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