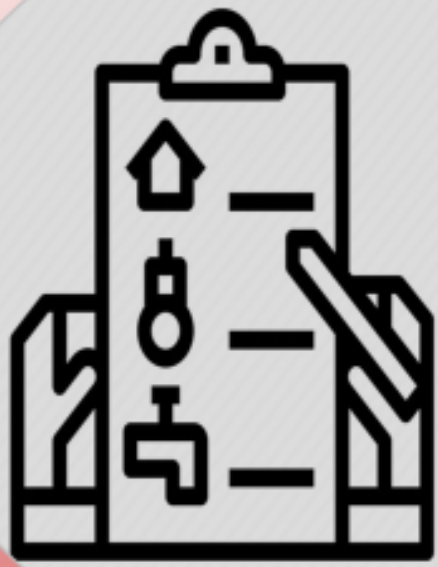
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

# Regulatory Regional Hospital Inspection Tool v1.3



## Isolation Ward

| |
|---|
| Facility:<br><br>Date: |

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

# 30 Isolation Ward

**Domain 30.1 USER RIGHTS**

**Sub Domain 30.1.1 4** User information

**Standard 30.1.1.1 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 30.1.1.1.1 4(2)(a)(iii) The health establishment must provide users with information relating to visiting hours where relevant.**

**30.1.1.1.1.1** The visiting hours or restrictions on visiting for the unit are indicated at the entrance to the unit.

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

Visiting hours or restrictions on visiting (if any) must be displayed at the entrance to 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 |
|---|---|
| | |

**Domain 30.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 30.2.1 6** User health records and management

**Standard 30.2.1.1 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 30.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.**

**30.2.1.1.1.1** 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 30.2.1.2 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 30.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.**

**30.2.1.2.1.1** 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 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 statutory requirements for record keeping. Score 1 if the aspect is compliant and 0 if not compliant.

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

Unit 1 Health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. Investigations requested (where applicable) | | |
| 4. Results of investigations (e.g. Laboratory or Radiology results) | | |
| 5. Provisional diagnosis | | |
| 6. Treatment plan | | |
| 7. Nursing care plan | | |
| 8. Date of each entry | | |
| 9. Time of each entry | | |
| 10. Each entry signed by health care provider making entry. | | |
| 11. Designation of signatory | | |
| 12. Daily day-time progress notes | | |
| 13. Daily night-time progress notes | | |
| 14. Medicines administered (signed, dated, time of administration and dose recorded) | | |

Unit 2 Health record 2

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

| | | |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. Investigations requested (where applicable) | | |
| 4. Results of investigations (e.g. Laboratory or Radiology results) | | |
| 5. Provisional diagnosis | | |
| 6. Treatment plan | | |
| 7. Nursing care plan | | |
| 8. Date of each entry | | |
| 9. Time of each entry | | |
| 10. Each entry signed by health care provider making entry. | | |
| 11. Designation of signatory | | |
| 12. Daily day-time progress notes | | |
| 13. Daily night-time progress notes | | |
| 14. Medicines administered (signed, dated, time of administration and dose recorded) | | |

Unit 3 Health record 3

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. Investigations requested (where applicable) | | |
| 4. Results of investigations (e.g. Laboratory or Radiology results) | | |
| 5. Provisional diagnosis | | |

| | | |
|---|---|---|
| 6. Treatment plan | | |
| 7. Nursing care plan | | |
| 8. Date of each entry | | |
| 9. Time of each entry | | |
| 10. Each entry signed by health care provider making entry. | | |
| 11. Designation of signatory | | |
| 12. Daily day-time progress notes | | |
| 13. Daily night-time progress notes | | |
| 14. Medicines administered (signed, dated, time of administration and dose recorded) | | |

**Standard 30.2.1.3 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 30.2.1.3.1 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).**

**30.2.1.3.1.1** Health care providers correctly complete forms used for informed consent.

**Assessment type:** Patient record audit - **Risk rating:** Non-negotiable measure

Request three health records of users admitted in the unit at the time of inspection who gave consent to operation or procedure or medical treatment. Examine the consent forms to verify whether they comply with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant.

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

Unit 1 Health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if “the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health” HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005. | | |

| | | |
|---|---|---|
| 2. Exact nature of operation/procedure or treatment, including site and side, where relevant | | |
| 3. User’s full names appear on consent form. | | |
| 4. Age of user | | |
| 5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity) | | |
| 6. Consent form is signed by health care provider who will perform procedure or delegated person. | | |
| 7. Consent form is dated. | | |
| 8. All entries on form are legible.<br>Reference:<br>https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf | | |

Unit 2 Health record 2

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if “the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health” HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children’s Act, No 38 of 2005. | | |
| 2. Exact nature of operation/procedure or treatment, including site and side, where relevant | | |
| 3. User’s full names appear on consent form. | | |
| 4. Age of user | | |
| 5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity) | | |
| 6. Consent form is signed by health care provider who will perform procedure or delegated person. | | |

| | | |
|---|---|---|
| 7. Consent form is dated. | | |
| 8. All entries on form are legible.<br>Reference:<br>https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf | | |

Unit 3 Health record 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Signatory providing consent was legally entitled to give informed consent. Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c) of the Children's Act, No 38 of 2005. | | |
| 2. Exact nature of operation/procedure or treatment, including site and side, where relevant | | |
| 3. User's full names appear on consent form. | | |
| 4. Age of user | | |
| 5. Consent form is signed by user, his/her legal guardian (for minors) or person legally responsible for the user (adults with diminished mental capacity) | | |
| 6. Consent form is signed by health care provider who will perform procedure or delegated person. | | |
| 7. Consent form is dated. | | |
| 8. All entries on form are legible.<br>Reference:<br>https://www.hpcsa.co.za/Uploads/Professional_Practice/Ethics_Booklet.pdf | | |

**Sub Domain 30.2.2 7** Clinical management

**Standard 30.2.2.1 7(1)** The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

**Criterion 30.2.2.1.1 7 Healthcare providers are informed on the health establishment and their specific responsibilities.**

**30.2.2.1.1.1** Health care personnel have been informed about the Standard Operating Procedures of the unit and health establishment.

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

Documented evidence that personnel have been informed about the Standard Operating Procedures of the unit and health establishment 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. 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. Obtaining informed consent | | |
| 3. Identification of users | | |
| 4. Conducting and acting on risk assessment of users | | |
| 5. Management of emergency resuscitations | | |
| 6. Management of users with contagious infections | | |
| 7. Standard precautions | | |
| 8. Management of adverse events | | |
| 9. Safe administration of blood | | |
| 10. Management of needle stick and sharps | | |

**Standard 30.2.2.2 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.

**Criterion 30.2.2.2.1 7 The health establishment implements process to ensure environmental cleanliness.**

**30.2.2.2.1.1** All work completed is verified by the cleaning supervisor or delegated health care personnel.

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

Daily inspections will ensure the cleanliness of the building. The person responsible for overseeing the cleaning service must inspect the building daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (e.g. checklists/tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

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

**30.2.2.2.1.2** 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, dust and stains. Not applicable: Never

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

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|---|---|
| | |

**Criterion 30.2.2.2.2 7 Procedures to minimise the risk of health care-associated infections must be implemented.**

**30.2.2.2.2.1** The incidence of commonly occurring health care-associated infections is monitored monthly.

**Assessment type:** Document - **Risk rating:** Vital measure
Users receiving care in the isolation unit are at high risk of contracting health care-associated infections and are at high risk of significant harm from such infections. This will include but not limited to blood cultures, catheter tips, central lines tips sent to laboratory for assessment. The occurrence of health care-associated infections must be monitored closely and reported to the infection prevention and control team for analysis and interpretation. Not applicable: Never

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

**30.2.2.2.2.2** 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, the implementation of care bundles, such as catheter-acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI) and ventilator-associated pneumonia (VAP) explanatory note: Not applicable to health establishment who do not ventilate users. Not applicable: Never

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

**30.2.2.2.2.3** Action is taken to improve compliance where gaps are identified.

**Assessment type:** Document - **Risk rating:** Vital measure
Should the audit demonstrate incomplete adherence to the procedures, action must be taken to improve compliance. This includes, but is not limited to, quality improvement plans. Not applicable: Where no gaps are identified.

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

**Criterion 30.2.2.2.3 7 Implementation of standard operating procedures must be monitored.**

**30.2.2.2.3.1** The storage of sterile packs ensures the integrity of materials.

**Assessment type:** Observation - **Risk rating:** Essential measure
The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact (not opened or torn). Not applicable: Never

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

**Criterion 30.2.2.2.4 7 The management of used and soiled linen must meet infection prevention and control requirements.**

**30.2.2.2.4.1** The isolation 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 |
|---|---|
| | |

**30.2.2.2.4.2** Dirty linen trolleys are not overflowing.

**Assessment type:** Observation - **Risk rating:** Essential measure
Linen must be collected frequently enough to avoid excessive accumulation of dirty linen. Not applicable: Never

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

**Criterion 30.2.2.2.5 7 The health establishment must have a functional quality management system**

**30.2.2.2.5.1** 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 | | |

**30.2.2.2.5.2** Corrective action has been taken to improve the quality of service provided where gaps are identified.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Evidence must be available that the action specified in the quality improvement plan was implemented. Not applicable: Where there were no gaps identified.

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

**Criterion 30.2.2.2.6 7 Communication systems must be available and functional to facilitate adequate user care, and safety of user and health care personnel.**

**30.2.2.2.6.1** Functional, accessible telephones are available in the unit.

**Assessment type:** Observation - **Risk rating:** Essential measure
Maintaining and sustaining communication is essential for user safety. Telephones must be functional and available in the unit.
Not applicable: Never

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

**Criterion 30.2.2.2.7 7 Standardised procedures to identify and mitigate clinical risk must be implemented during the care of vulnerable users.**

**30.2.2.2.7.1** Risk assessments are conducted for frail or aged users to identify those users at high risk of falls 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 ward at the time of inspection. Check if a formal risk assessment was completed on admission, such as the Waterlow or Norton scale to determine the user's risk for developing pressure sores and the Morse falls scale to determine the user's risk of falling. Score 1 if the aspect is compliant and 0 if it is not compliant. Score Not applicable where there were no frail or aged users at the time of inspection.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Health record 1 | | |
| 2. Health record 2 | | |
| 3. Health record 3 | | |

**Criterion 30.2.2.2.8 7 The health establishment must implement systems to ensure that blood and blood products are available and administered safely.**

**30.2.2.2.8.1** Administration of blood is recorded.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select the health records of three users admitted in the unit who had blood administered 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 had blood administered.

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

Unit 1 Health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Clinical indication for blood or blood products | | |

| | | |
|---|---|---|
| 2. Type of blood product required. | | |
| 3. Informed consent completed and signed. | | |
| 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 during administration of blood | | |
| 9. User’s vital signs recorded and documented for 12 hours after administration | | |
| 10. 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 Health record 2

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Clinical indication for blood or blood products | | |
| 2. Type of blood product required. | | |
| 3. Informed consent completed and signed. | | |
| 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 during administration of blood | | |
| 9. User’s vital signs recorded and documented for 12 hours after administration | | |
| 10. 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 Health record 3

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Clinical indication for blood or blood products | | |
| 2. Type of blood product required. | | |
| 3. Informed consent completed and signed. | | |
| 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 during administration of blood | | |

| | | |
|---|---|---|
| 9. User's vital signs recorded and documented for 12 hours after administration | | |
| 10. Details of transfusion recorded. Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations. | | |

**Criterion 30.2.2.2.9 7 Systems must be in place to facilitate user identification.**

**30.2.2.2.9.1** All users admitted to the unit wear identity bands or any other means of identification.

**Assessment type:** Observation - **Risk rating:** Essential measure
Select three users in the ward and verify whether they are wearing identity bands or have any identification. Score 1 if users are wearing identification and 0 if not.

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

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. User 1 | | |
| 2. User 2 | | |
| 3. User 3 | | |

**Criterion 30.2.2.2.10 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

**30.2.2.2.10.1** The emergency trolley in the unit is checked.

**Assessment type:** Document - **Risk rating:** Vital measure
The checks must be performed at the change of each shift and after every time the trolley is used.
Check records from the previous 30 days. Not applicable: Never

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

**30.2.2.2.10.2** 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** |
|---|---|---|
| **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. Straight blade for laryngoscope size 1 (paediatric) | | |
| 6. Endotracheal tubes - uncuffed size 2.5mm (paediatric) | | |
| 7. Endotracheal tubes - uncuffed sizes 3mm (paediatric) | | |
| 8. Endotracheal tubes - uncuffed size 3.5mm (paediatric) | | |
| 9. Endotracheal tubes - uncuffed sizes 4.0mm (paediatric) | | |
| 10. Endotracheal tubes - uncuffed size 4.5mm (paediatric) | | |
| 11. Endotracheal tubes - uncuffed sizes 5.0mm (paediatric) | | |
| 12. Endotracheal tubes - uncuffed sizes 5.5mm (paediatric) | | |
| 13. Endotracheal tubes - cuffed sizes 3.0mm (paediatric) | | |
| 14. Endotracheal tubes - cuffed sizes 3.5mm (paediatric) | | |
| 15. Endotracheal tubes - cuffed sizes 4.0mm (paediatric) | | |
| 16. Endotracheal tubes - cuffed sizes 4.5mm (paediatric) | | |
| 17. Endotracheal tubes - cuffed sizes 5.0mm (paediatric) | | |
| 18. Endotracheal tubes - cuffed sizes 5.5mm (paediatric) | | |
| 19. Endotracheal tubes - cuffed sizes 6.0mm (paediatric) | | |
| 20. Endotracheal tubes - cuffed sizes 6.5mm (paediatric) | | |
| 21. Endotracheal tubes - cuffed sizes 7.0mm (adult) | | |
| 22. Endotracheal tubes - cuffed sizes 7.5mm (adult) | | |
| 23. Endotracheal tubes - cuffed sizes 8.0mm (adult) | | |
| 24. Endotracheal tubes - cuffed sizes 8.5mm (adult | | |
| 25. Oropharyngeal airway size 1 (small child) | | |
| 26. Oropharyngeal airway size 2 (child) | | |
| 27. Oropharyngeal airway size 3 (adult) | | |
| 28. Oropharyngeal airway size 4 (medium adult) | | |
| 29. Oropharyngeal airway size 5 (large adult) | | |

| | | |
|---|---|---|
| 30. Nasopharyngeal airway size 3 | | |
| 31. Nasopharyngeal airway size 4 | | |
| 32. Nasopharyngeal airway size 5 | | |
| 33. Plaster or ties for endotracheal tubes | | |
| 34. Xylocaine spray or Lubricating gel | | |
| **Equipment for difficult Intubation** | | |
| 35. Introducer | | |
| 36. Laryngeal mask airway size 2 | | |
| 37. Laryngeal mask airway size 3 | | |
| 38. Laryngeal mask airway size 4 | | |
| 39. Laryngeal mask airway size 5 | | |
| 40. Magill forceps (adult) | | |
| 41. Magill forceps (paediatric) | | |
| **Devices to deliver oxygen/ventilate users** | | |
| 42. Manual resuscitator device or bag and valve mask (adult) | | |
| 43. Manual resuscitator device or bag and valve mask (paediatric) | | |
| 44. Oxygen masks | | |
| 45. 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** | | |
| 46. Automated external defibrillator (AED) or defibrillator with pads, paddles and electrodes | | |
| 47. Cardiac arrest board | | |
| **Devices to gain intravascular access** | | |
| 48. Intravenous administration sets | | |
| 49. IV Cannulae | | |
| **Medicine** | | |

| | | |
|---|---|---|
| 50. Emergency medicines according to local protocol are available and have not expired. | | |

**30.2.2.2.10.3** Medical supplies and equipment for resuscitation are 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 |
|---|---|
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|---|---|
| | |

| Aspects | Score | Comment |
|---|---|---|
| 1. Chlorhexidine solution 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. Catheter tip syringe 50ml | | |
| 11. Needles size 16 G | | |
| 12. Needles pink 18 G | | |
| 13. Needles green 21G | | |
| 14. Scissors | | |
| 15. Tourniquet | | |
| 16. Stethoscope | | |
| 17. Nasogastric tubes size 5 (paediatric) | | |
| 18. Nasogastric tubes size 6 (paediatric) | | |
| 19. Nasogastric tubes size 8 (paediatric) | | |

| | | |
|---|---|---|
| 20. Nasogastric tubes size 10 (paediatric) | | |
| 21. Nasogastric tubes size 12 (adult / paediatric) | | |
| 22. Nasogastric tubes size 14 (adult) | | |
| 23. Nasogastric tubes size 16 (adult) | | |
| 24. Nasogastric tubes size 18 (adult) | | |
| 25. Suction catheter 8F (paediatric) | | |
| 26. Suction catheter 10F (paediatric) | | |
| 27. Suction catheter 12F (adult) | | |
| 28. Suction catheter 14F (adult) | | |
| 29. Suction devices (portable) | | |
| 30. Yankhauer suction | | |
| 31. Resuscitation algorithm | | |

**Sub Domain 30.2.3 8** Infection prevention and control programmes

**Standard 30.2.3.1 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 30.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.**
**30.2.3.1.1.1** 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 it is 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 correct use of alcohol- based hand rub.<br>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. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets | | |
| 5. Running water | | |
| 6. Plain liquid soap | | |
| 7. Wall mounted soap dispenser | | |
| 8. Paper towels | | |
| 9. Paper towel dispenser | | |
| 10. Bin | | |
| 11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area. | | |

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 correct use of alcohol- based hand rub.<br>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. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets | | |
| 5. Running water | | |
| 6. Plain liquid soap | | |
| 7. Wall mounted soap dispenser | | |
| 8. Paper towels | | |
| 9. Paper towel dispenser | | |

| | | |
|---|---|---|
| 10. Bin | | |
| 11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area. | | |

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 correct use of alcohol- based hand rub.<br>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. Explanatory note: Taps must be elbow-operated in user care areas, but not in toilets | | |
| 5. Running water | | |
| 6. Plain liquid soap | | |
| 7. Wall mounted soap dispenser | | |
| 8. Paper towels | | |
| 9. Paper towel dispenser | | |
| 10. Bin | | |
| 11. Alcohol based hand rub. Explanatory note: Item does not necessarily have to be in the hand washing basin/facility area. | | |

**Criterion 30.2.3.1.2 8(2)(b) The health establishment must provide isolation units or cubicles where users with contagious infections can be accommodated.**

**30.2.3.1.2.1** 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 NA if, at the time of the inspection, no users requiring isolation were admitted.

| **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.** | | |
| 6. Alcohol based hand rub inside room. | | |
| 7. Disinfectant outside of room to disinfect surfaces | | |
| 8. Disposable gloves inside room | | |
| 9. Bio-hazardous tape for labelling of specimens prior to transporting | | |
| 10. 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. | | |
| 11. Alcohol based hand rub outside room. | | |
| 12. People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel) | | |

| | | |
|---|---|---|
| 13. Appropriate measures for discarding infected linen. | | |
| 14. Appropriate measures for disinfection of equipment | | |

**30.2.3.1.2.2** Isolation room for users with viral haemorrhagic disease meets the requirements listed below.

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

Assess whether the isolation area for users with viral haemorrhagic fever complies with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. Score NA where no user has been admitted with viral haemorrhagic fever.

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

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| **General requirements to be inspected at all times.** | | |
| 1. Users with viral haemorrhagic fever to be accommodated in separate single rooms (strict isolation measures) | | |
| 2. People traffic in and out of the room to be controlled (i.e. limited number of visitors and personnel) | | |
| 3. Signage to be displayed to inform community and family about ‘no visitors – highly infectious’ principle. | | |
| 4. Signs to affix to room door to indicate type of precautions in place, i.e. airborne, contact or droplet. | | |
| 5. Alcohol based hand rub is available for health care personnel prior to entering the room | | |
| **Requirement to be inspected only if there is a user isolated in the room.** | | |
| 6. Disinfectant is available to disinfect surfaces | | |
| 7. Forms to be completed prior to entering room. Explanatory note: This is for viral haemorrhagic fevers only. See Appendix E in the Practical Manual for implementation of the National Infection Prevention and Control Strategic Framework. | | |
| 8. Hand wash basin with elbow-operated taps inside room | | |
| 9. Alcohol based hand rub or disinfectant inside room | | |

| | | |
|---|---|---|
| 10. Disposable gloves inside room | | |
| 11. Procedure trolley with equipment for phlebotomy, intravenous line insertion, wound dressings and thermometer | | |
| 12. Bio-hazardous tape for labelling of specimens prior to transporting | | |
| 13. Bin with close-fitting lid | | |
| 14. Health care risk waste container | | |
| 15. Sharps container | | |
| 16. Separate toilet facilities. Explanatory note: This may be a dedicated commode, or urinal and bedpan. | | |
| 17. Appropriate measures for discarding infected linen. | | |
| 18. Ventilation ensuring at least 6–12 air changes per hour. Explanatory note: This is only required at hospitals designated to receive users with viral haemorrhagic fever for ongoing care. | | |
| 19. Ventilation system to be maintained in accordance with manufacturer's instructions. Explanatory note: This is only required at hospitals designated to receive users with viral haemorrhagic fever for ongoing care. | | |

**30.2.3.1.2.3** 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 the terminal cleaning has been performed satisfactorily prior to 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.

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

**Criterion 30.2.3.1.3 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.**

**30.2.3.1.3.1** The manager has determined the linen requirements for the unit.

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

It is necessary to determine the linen requirements for the unit, to ensure sufficient linen is available,
i.e. the number of linen items required to ensure that all users have clean linen and are warm enough during their admission. It is also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. This may change with the type of users admitted to the unit, including, but not limited to, users admitted with continence issues or with actively bleeding or suppurating wounds. Not applicable: Never

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

| | |
|---|---|
| | |
| | |

**30.2.3.1.3.2** Linen rooms or storage cupboards are adequately stocked and well organised.

**Assessment type:** Observation - **Risk rating:** Essential measure
Inspect the area where linen is stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the unit does not have a designated area with a door that can be kept closed.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Designated area for storage of linen | | |
| 2. Area is locked. | | |
| 3. Linen is stored on shelves. | | |
| 4. Area is well organised. | | |
| 5. Clean linen is available | | |

**Criterion 30.2.3.1.4 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.**

**30.2.3.1.4.1** Personal protective equipment is worn in the isolation unit.

**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 Outside isolation room healthcare provider: Worn

| Aspects | Score | Comment |
|---|---|---|
| 1. Latex or nitrile gloves – non-sterile | | |
| 2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable | | |
| 3. Plastic apron | | |
| 4. Fluid-resistant disposable gowns | | |

| | | |
|---|---|---|
| 5. Protective face shields or goggles | | |
| 6. Face masks | | |
| 7. N95 or KN95 or FFP2 respirators | | |
| 8. Head gear Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin. | | |
| 9. Gumboots or disposable, fluid-resistant, knee-length overboots | | |

Unit 2 Inside isolation room healthcare provider: Worn

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Latex or nitrile gloves – non-sterile | | |
| 2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable | | |
| 3. Plastic apron | | |
| 4. Fluid-resistant disposable gowns | | |
| 5. Protective face shields or goggles | | |
| 6. Face masks | | |
| 7. N95 or KN95 or FFP2 respirators | | |
| 8. Head gear. Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin. | | |
| 9. Gumboots or disposable, fluid-resistant, knee-length overboots | | |

Unit 3 Outside isolation room cleaner: Worn

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Latex or nitrile gloves – non-sterile | | |
| 2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable | | |

| | | |
|---|---|---|
| 3. Plastic apron | | |
| 4. Fluid-resistant disposable gowns | | |
| 5. Protective face shields or goggles | | |
| 6. Face masks | | |
| 7. N95 or KN95 or FFP2 respirators | | |
| 8. Head gear. Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin. | | |
| 9. Gumboots or disposable, fluid-resistant, knee-length overboots | | |

Unit 4 Inside isolation room cleaner: Worn

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Latex or nitrile gloves – non-sterile | | |
| 2. Scrub suits. Explanatory note: Scrub suits should preferably be disposable | | |
| 3. Plastic apron | | |
| 4. Fluid-resistant disposable gowns | | |
| 5. Protective face shields or goggles | | |
| 6. Face masks | | |
| 7. N95 or KN95 or FFP2 respirators | | |
| 8. Head gear. Explanatory note: Coveralls with a neck flap and attached hood are recommended to prevent splashes coming into contact with the skin. | | |
| 9. Gumboots or disposable, fluid-resistant, knee-length overboots | | |

**Sub Domain 30.2.4 9** Waste management

**Standard 30.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

**Criterion 30.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.**

**30.2.4.1.1.1** The unit has appropriate containers for the 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 30.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**30.2.4.1.2.1** Sharps are safely managed and discarded in clinical areas.

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

Select three clinical areas in the isolation unit and verify whether sharps and needles 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. NB: Note that some units might not have three clinical areas.

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

Unit 1 Clinical area 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Sharps containers available at site of use | | |
| 2. Sharps 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 Clinical area 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Sharps containers available at site of use | | |
| 2. Sharps 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 Clinical area 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Sharps containers available at site of use | | |
| 2. Sharps 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. | | |

**Domain 30.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 30.3.1 10** Medicines and medical supplies

**Standard 30.3.1.1 10(1)** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

**Criterion 30.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.**

**30.3.1.1.1.1** The stock control system shows minimum and maximum levels and/or reorder levels for medicine.

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

Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on bin cards, or equivalent. The system may be manual or electronic. Not applicable: Never

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

**30.3.1.1.1.2** Stock levels of medicine on the shelves correspond with recorded stock levels in the stock control system

**Assessment type:** Observation - **Risk rating:** Essential measure
Select five items held as stock and verify the number of items available against 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 | | |

**30.3.1.1.1.3** The entries in the schedule 5 and 6 drug registers are complete and correct.

**Assessment type:** Document - **Risk rating:** Vital measure
All columns in the provincially provided registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. The inspector must confirm that all sections of the register have been completed correctly. Not applicable: Where schedule 5 and 6 medicines are not held in the isolation unit.

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

**30.3.1.1.1.4** The schedule 5 and 6 medicines held in the isolation unit correspond with the quantities documented in the drug register.

**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 1 if there is correspondence 0 if not. Score not applicable where schedule 5 and 6 medicines are not held in the ward.

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

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

**Criterion 30.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

**30.3.1.1.2.1** Basic medical supplies (consumables) are available.

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

Use the checklist below to check availability of medical and dressing supplies. Check the storeroom for availability of the items listed below. Score 1 if the item is available and not expired and 0 if the item is not available or expired.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Intravenous administration set 20 drops/ml. | | |
| 2. Intravenous administration set 60 drops/ml. | | |
| 3. Blood administration set 10 drops/ml. | | |
| 4. Urinary (Foley's) catheter silicone/latex 10f | | |
| 5. Urinary (Foley's) catheter silicone/latex 12f | | |
| 6. Urinary (Foley's) catheter silicone/latex 14f | | |
| 7. Urinary (Foley's) catheter silicone/latex 18f | | |
| 8. Urine drainage bag | | |
| 9. Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, adults | | |
| 10. Face mask for nebuliser or face mask with nebuliser chamber (adult) | | |
| 11. Nasogastric feeding tube 600mm fg10 | | |
| 12. Nasogastric feeding tube 1000mm fg12 | | |
| 13. Nasogastric feeding tube 1000mm fg14 | | |
| 14. Nasogastric feeding tube 600mm fg16 | | |
| 15. Nasogastric feeding tube 600mm fg18 | | |
| 16. Disposable aprons | | |

| | | |
|---|---|---|
| 17. HB strips/slides | | |
| 18. Ultrasound gel medium viscosity (where doppler or ultrasound machines are available) | | |
| 19. Gloves exam non-sterile large /box | | |
| 20. Gloves exam non-sterile medium /box | | |
| 21. Gloves exam non-sterile small /box | | |
| 22. Gloves surgical sterile size 6 or 6.5 | | |
| 23. Gloves surgical sterile size 7 or 7.5 | | |
| 24. Gloves surgical sterile size 8 | | |
| 25. Facemasks | | |
| 26. Particulate respirator masks (e.g. N95 or KN95 or FFP2 respirators) | | |
| 27. Goggles, glasses protective or face shield | | |
| 28. Gown, isolation (Single use, disposable, made of nonwoven material) | | |
| 29. Intravenous cannula 18g green/box | | |
| 30. Intravenous cannula 20g pink/box | | |
| 31. Intravenous cannula 22g/blue/box | | |
| 32. Intravenous cannula 24g yellow/box | | |
| 33. Needles: 18 (pink) or 20 (yellow)/box | | |
| 34. Needles: 21 (green)/box | | |
| 35. Syringes 3-part 2ml/box | | |
| 36. Syringes 3-part 5ml/box | | |

| | | |
|---|---|---|
| 37. Syringes 3-part 10 or 20ml/box | | |
| 38. Insulin syringe with needle/box | | |
| 39. Basic disposable dressing pack (should contain at the very least cotton wool balls, swabs, disposable drape) | | |
| 40. Gauze swabs plain non-sterile 100x100x8ply (pack) | | |
| 41. Gauze paraffin 100x100 (box) | | |
| 42. Bandage crepe | | |
| 43. Adhesive micro-porous surgical tape 24/25mm or 48/50mm | | |
| 44. Gauze absorbent grade 1 burn (pack) | | |
| 45. 70% isopropyl alcohol prep pads 24x30 1ply or 2 ply (box) | | |
| 46. Plaster roll 2.5cm or 5cm or 7.5cm or 10 cm | | |
| 47. Cotton wool balls 1g (500s) | | |
| 48. Stockinette 100mm or 150mm (roll) | | |
| 49. Blade stitch cutter sterile/pack | | |

**Sub Domain 30.3.3 12** Blood services

**Standard 30.3.3.1 12(1)** Hospitals and CHCs must ensure that users have access to blood and blood products when required.

**Criterion 30.3.3.1.1 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.**

**30.3.3.1.1.1** All adverse blood reactions are reported to relevant forum.

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

Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions and that it has considered and discussed the reported incidents. If no incidents were reported, zero reporting must be done. Not applicable: Where no adverse blood reactions have occurred.

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

**Sub Domain 30.3.2 13** Medical equipment

**Standard 30.3.2.1 13(1)** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

**Criterion 30.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.**

**30.3.2.1.1.1** Functional essential medical equipment is available in the unit.

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

Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional and 0 if not available or not functional. Score NA if the equipment is not required for the level of care provided.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Diagnostic set (portable or wall mounted) | | |
| 2. Defibrillator with monitor on trolley | | |
| 3. Electrocardiograph (ECG) machine | | |
| 4. Glucometer | | |
| 5. Haemoglobinometer | | |
| 6. Thermometer | | |
| 7. Nebuliser (Explanatory note: This can be a nebulising machine or a nebuliser mask connected to oxygen point) | | |
| 8. Spirometer, mechanical (adult) | | |
| 9. Spirometer, mechanical (paediatric) | | |
| 10. Drip hanger, wall or ceiling mounted. | | |
| 11. Drip stand mobile with double hook | | |
| 12. Infusion pump | | |
| 13. Syringe pump 5ml to 50ml (if required) | | |
| 14. Resuscitation bag (adult) | | |

| | | |
|---|---|---|
| 15. Oxygen cylinder trolley | | |
| 16. Oxygen flow meter, single | | |
| 17. Stethoscope | | |
| 18. Refrigerator | | |
| 19. Vital signs monitor, portable – electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, pulse, peripheral capillary oxygen saturation (SpO2) machine, temperature, respiration (haemodynamic monitor) | | |
| 20. Cuffs for blood pressure machine (paediatric, adult and obese) | | |

**Domain 30.4 GOVERNANCE AND HUMAN RESOURCES**

**Sub Domain 30.4.1 20** Occupational health and safety

**Standard 30.4.1.1 20(1)** The health establishment must comply with the requirements of the Occupational Health and Safety Act, 1993.

**Criterion 30.4.1.1.1 20(2)(b) Awareness of safety and security issues must be promoted**

**30.4.1.1.1.1** The emergency evacuation plan is prominently displayed.

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

The evacuation plan must include but is not limited to route/directions to be followed during evacuation, emergency exits and assembly point(s). This must be visibly displayed. Not applicable:

Never

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

**30.4.1.1.1.2** 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 | | |

**Domain 30.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 30.5.1 14** Management of buildings and grounds

**Standard 30.5.1.1 14(1)** The health establishment and their grounds must meet the requirements of the building regulations.

**Criterion 30.5.1.1.1 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.**

**30.5.1.1.1.1** 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, including but not limited to loose electrical wiring, collapsing ceiling or roof, collapsing 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 30.5.1.1.2 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.**

**30.5.1.1.2.1** The unit has negative pressure ventilation system.

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

Negative room pressure is an isolation technique used to prevent cross-contamination from room to room. It includes a ventilation that generates "negative pressure" (pressure lower than of the surroundings) to allow air to flow into the isolation room but not escape from the room, as air will naturally flow from areas with higher pressure to areas with lower pressure, thereby preventing contaminated air from escaping the room. This system must be available in the isolation room. Not applicable: Never

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

**Sub Domain 30.5.2 15** Engineering services

**Standard 30.5.2.1 15(1)** The health establishment must ensure that engineering services are in place.

**Criterion 30.5.2.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

**30.5.2.1.1.1** 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 unit. Not applicable: Never

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

**30.5.2.1.1.2** 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 is available and functional in the clinical areas in the unit. Not applicable: Never

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

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

## 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 Regional Hospitals.

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- The Certification and Enforcement Committee of the OHSC Board for reviewing the tools and for recommending to the Board for approval.

**It is hereby certified that the Regulatory Regional Hospital Inspection tools version 1.3 was developed by the Office of Health Standards Compliance.**

**Ms W Moleko**
**Executive Manager: Health Standards Development Analysis and Support**

**Signature:** 

**Date:** 10/08/2022

**Dr Siphiwe Mndaweni**
**Chief Executive Officer: OHSC**

**Signature:** 

**Date:** 10/08/2022

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