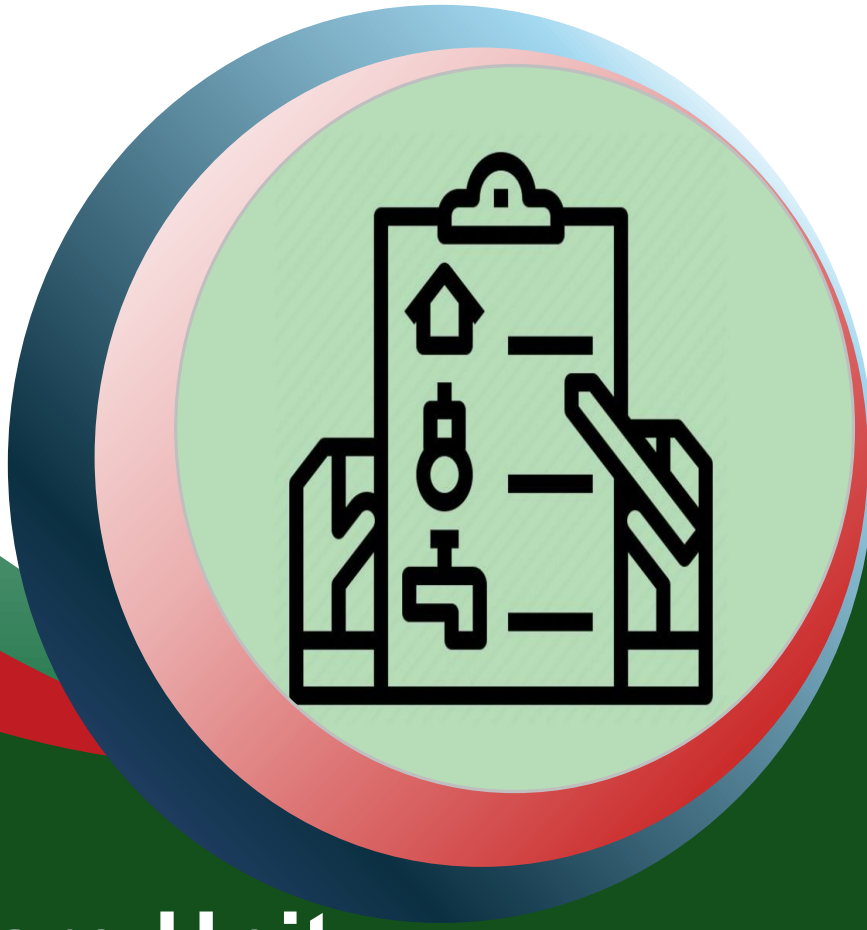
OHSC

Office of Health Standards Compliance

Ensuring quality and safety in health care

# Regulatory Central Hospital Inspection Tool v1.0



## Mental Health Care Unit

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

- **Tool Name:** Regulatory Central Hospital Inspection Tool v1.0
  **HEs Type:** Hospitals
- **Sector:** Public
- **Specialization:** Central
- **Created By:** Health Standards Development and Training

# 22 Mental Healthcare Unit

**Domain 22.1 USER RIGHTS**

**Sub Domain 22.1.1 5** Access to care.

**Standard 22.1.1.1 5(1)** The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

**Criterion 22.1.1.1.1 5(2)(c) The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.**

**22.1.1.1.1.1** Guidelines for examination and stabilisation of acutely violent or unstable mental health care users are adhered to.

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

Select three health records of users presenting with a psychiatric emergency at the time of inspection or health records from the previous month. Verify whether the aspects listed below were documented in the health record. Score 1 if the aspect is documented and 0 if not documented. Score not applicable where no users requiring examination and stabilisation seen at the time of the inspection or in the previous month.

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

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. User was assessed by a mental health care practitioner. | | |
| 2. History of presenting complaint.<br>Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible. | | |
| 3. Physical examination, including vital signs.<br>Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination. | | |
| 4. Categorisation of user according to legal classification in Mental Health Care Act assessment categories. | | |
| 5. Investigations ordered and performed | | |
| 6. Treatment administered, including medicine or sedation | | |

| | | |
|---|---|---|
| 7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used | | |
| 8. Details of receiving doctor or mental health care practitioner and health establishment (where applicable). | | |
| 9. If user was transferred, record indicating that the user was calm and manageable for transfer | | |

Unit 2 User health record 2

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. User was assessed by a mental health care practitioner | | |
| 2. History of presenting complaint.<br>Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible. | | |
| 3. Physical examination, including vital signs.<br>Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination. | | |
| 4. Categorisation of user according to legal classification in<br>Mental Health Care Act assessment categories | | |
| 5. Investigations ordered and performed | | |
| 6. Treatment administered, including medicine or sedation | | |
| 7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used | | |
| 8. Details of receiving doctor or mental health care practitioner and health establishment (where applicable). | | |
| 9. If user was transferred, record indicating that the user was calm and manageable for transfer | | |

Unit 3 User health record 3

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. User was assessed by a mental health care practitioner | | |
| 2. History of presenting complaint.<br>Explanatory note: This may be history available from the user if he/she is able to provide it, from individuals accompanying the user, or records | | |

| | | |
|---|---|---|
| accompanying the user. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible. | | |
| 3. Physical examination, including vital signs.<br>Explanatory note: This may not be possible in an acute situation, but it should be completed as soon as the user is calm enough to permit the examination. | | |
| 4. Categorisation of user according to legal classification in Mental Health Care Act assessment categories | | |
| 5. Investigations ordered and performed | | |
| 6. Treatment administered, including medicine or sedation | | |
| 7. Monitoring of user in accordance with guidelines where physical or chemical restraint is used | | |
| 8. Details of receiving doctor or mental health care practitioner and health establishment (where applicable). | | |
| 9. If user was transferred, record indicating that the user was calm and manageable for transfer | | |

**22.1.1.1.1.2** MHCA Form 22 is completed for mental health care users brought in by the South African Police Service.

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

Select three MHCA form 22 of mental health care users who have been brought in by the South African Police Service for admission at the time of inspection or from the previous month. Verify whether the MHCA Form 22 has been completed. Score 1 if the form is completed and 0 if not completed. Score not applicable where no users were brought in by the South African Police Service for admission.

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

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

**Domain 22.2 CLINICAL GOVERNANCE AND CLINICAL CARE**

**Sub Domain 22.2.1 6** User health records and management.

**Standard 22.2.1.1 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 22.2.1.1.1 6(2)(b) The health establishment must ensure confidentiality of health records.**

**22.2.1.1.1.1** Confidentiality of health records is maintained.

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

In line with section 14 of the National Health Act. 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. Electronic records must be safeguarded with a password or any other security measures.
Not applicable: Never

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

**Standard 22.2.1.2 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 22.2.1.2.1 6(4)(b) The health establishment must record information relating to the examination and health care interventions of users.**

**22.2.1.2.1.1** A clinical assessment and management plan for the user is recorded.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select three health records of users who have been admitted in the unit for at least three days at the time of inspection or health records from the previous month 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 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. DSM V | | |
| 4. Date of each entry | | |
| 5. Time of each entry | | |
| 6. Investigations requested (where applicable) | | |
| 7. Results of investigations requested | | |
| 8. Provisional diagnosis | | |
| 9. Treatment plan | | |
| 10. Nursing care plan | | |
| 11. Medicines administered | | |
| 12. Progress notes | | |
| 13. Designation of signatory | | |
| 14. Prescription for application of restraints (where applicable) | | |
| 15. Each entry signed by health care provider making entry. | | |

Unit 2 User health record 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. DSM V | | |
| 4. Date of each entry | | |
| 5. Time of each entry | | |
| 6. Investigations requested (where applicable) | | |
| 7. Results of investigations requested | | |
| 8. Provisional diagnosis | | |
| 9. Treatment plan | | |
| 10. Nursing care plan | | |
| 11. Medicines administered | | |
| 12. Progress notes | | |
| 13. Designation of signatory | | |
| 14. Prescription for application of restraints (where applicable) | | |
| 15. Each entry signed by health care provider making entry. | | |

Unit 3 User health record 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Vital signs | | |
| 2. Physical examination findings | | |
| 3. DSM V | | |
| 4. Date of each entry | | |
| 5. Time of each entry | | |
| 6. Investigations requested (where applicable) | | |
| 7. Results of investigations requested | | |
| 8. Provisional diagnosis | | |
| 9. Treatment plan | | |

| | | |
|---|---|---|
| 10. Nursing care plan | | |
| 11. Medicines administered | | |
| 12. Progress notes | | |
| 13. Designation of signatory | | |
| 14. Prescription for application of restraints (where applicable) | | |
| 15. Each entry signed by health care provider making entry. | | |

**22.2.1.2.1.2** The admission process for users admitted for 72-hour observation demonstrates adherence to legislated requirements.

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

Select three health records of mental health care users admitted as involuntary or assisted admissions at the time of inspection or health records from the previous month. Verify whether the forms listed below were completed and signed, in accordance with the General Regulations for Mental Health Care Act, 2002 (Act No.17 of 2002). Score 1 if compliant and 0 if not compliant Score not applicable where the aspect is not relevant for the particular user.

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

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Formal application for assisted or involuntary admission was submitted to head of health establishment using form MHCA 04.<br>Explanatory note: In terms of Regulation 10 (1) General Regulations of the Mental Health Care Act, the prescribed form (MHCA 04) must be used to make the application. The form must be stamped, signed and sworn in by commissioner of oaths. | | |
| 2. The mental health care user has been examined by at least two mental health care practitioners and the findings were submitted to head of health establishment on form MHCA 05.<br>Explanatory note: In terms of General Regulations of the Mental Health Care Act - Regulation 10 (4), there must be at least two MHCA 05 forms documenting the findings of examination of each independent mental health care practitioners. In terms of Section 27(4)(b) of the Mental Health Care Act, such mental health care practitioners must not be the same persons making the application and at least one of them must be qualified to conduct physical examination. | | |
| 3. The head of health establishment has completed form MHCA 07 to give notice on his or her decision concerning the application for assisted or involuntary admission.<br>Explanatory note: In terms of Regulation 10(7) of the General Regulations of the Mental Health Care Act, the head of the health establishment must give a written notice on form MHCA 07 to the applicant concerning his or her decision on the application. | | |
| 4. Registered medical practitioner and mental health care provider who conducted 72-hour assessment have both recorded their assessment of the user's physical and mental health status, as well as recommendations concerning further treatment. using form MHCA 06.<br>Explanatory note: In terms of Regulation 11(6) of the General Regulations of the Mental Health Care Act, a written recommendation report using form MHCA 06 must be submitted to the head of the health establishment twelve hours after expiry of 72-hour assessment period. | | |

| | | |
|---|---|---|
| 5. The head of health establishment has recommended an extension of assisted or involuntary admission, in a written request using form MHCA 07.<br>Explanatory notes: In terms Regulation 11(9) of the General Regulations of the Mental Health Care Act, the request for extension must be submitted on form MHCA 07 for approval by the Review Board. Not applicable: Where no extension of admission is required. | | |

Unit 2 User health record 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Formal application for assisted or involuntary admission was submitted to head of health establishment using form MHCA 04.<br>Explanatory note: In terms of Regulation 10 (1) General Regulations of the Mental Health Care Act, the prescribed form (MHCA 04) must be used to make the application. The form must be stamped, signed and sworn in by commissioner of oaths. | | |
| 2. The mental health care user has been examined by at least two mental health care practitioners and the findings were submitted to head of health establishment on form MHCA 05. Explanatory note: In terms of General Regulations of the Mental Health Care Act - Regulation 10 (4), there must be at least two MHCA 05 forms documenting the findings of examination of each independent mental health care practitioners. In terms of Section 27(4)(b) of the Mental Health Care Act, such mental health care practitioners must not be the same persons making the application and at least one of them must be qualified to conduct physical examination. | | |
| 3. The head of health establishment has completed form MHCA 07 to give notice on his or her decision concerning the application for assisted or involuntary admission.<br>Explanatory note: In terms of Regulation 10(7) of the General Regulations of the Mental Health Care Act, the head of the health establishment must give a written notice on form MHCA 07 to the applicant concerning his or her decision on the application. | | |
| 4. Registered medical practitioner and mental health care provider who conducted 72-hour assessment have both recorded their assessment of the user's physical and mental health status, as well as recommendations concerning further treatment. using form MHCA 06.<br>Explanatory note: In terms of Regulation 11(6) of the General Regulations of the Mental Health Care Act, a written recommendation report using form MHCA 06 must be submitted to the head of the health establishment twelve hours after expiry of 72-hour assessment period. | | |
| 5. The head of health establishment has recommended an extension of assisted or involuntary admission, in a written request using form MHCA 07.<br>Explanatory notes: In terms Regulation 11(9) of the General Regulations of the Mental Health Care Act, the request for extension must be submitted on form MHCA 07 for approval by the Review Board. Not applicable: Where no extension of admission is required. | | |

Unit 3 User health record 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Formal application for assisted or involuntary admission was submitted to head of health establishment using form MHCA 04.<br>Explanatory note: In terms of Regulation 10 (1) General Regulations of the Mental Health Care Act, the prescribed form (MHCA 04) must be used to make the application. The form must be stamped, signed and sworn in by commissioner of oaths. | | |

| | | |
|---|---|---|
| 2. The mental health care user has been examined by at least two mental health care practitioners and the findings were submitted to head of health establishment on form MHCA 05.<br>Explanatory note: In terms of General Regulations of the Mental Health Care Act - Regulation 10 (4), there must be at least two MHCA 05 forms documenting the findings of examination of each independent mental health care practitioners. In terms of Section 27(4)(b) of the Mental Health Care Act, such mental health care practitioners must not be the same persons making the application and at least one of them must be qualified to conduct physical examination. | | |
| 3. The head of health establishment has completed form MHCA 07 to give notice on his or her decision concerning the application for assisted or involuntary admission.<br>Explanatory note: In terms of Regulation 10(7) of the General Regulations of the Mental Health Care Act, the head of the health establishment must give a written notice on form MHCA 07 to the applicant concerning his or her decision on the application. | | |
| 4. Registered medical practitioner and mental health care provider who conducted 72-hour assessment have both recorded their assessment of the user's physical and mental health status, as well as recommendations concerning further treatment using form MHCA 06.<br>Explanatory note: In terms of Regulation 11(6) of the General Regulations of the Mental Health Care Act, a written recommendation report using form MHCA 06 must be submitted to the head of the health establishment twelve hours after expiry of 72-hour assessment period. | | |
| 5. The head of health establishment has recommended an extension of assisted or involuntary admission, in a written request using form MHCA 07.<br>Explanatory notes: In terms Regulation 11(9) of the General Regulations of the Mental Health Care Act, the request for extension must be submitted on form MHCA 07 for approval by the Review Board. Not applicable: Where no extension of admission is required. | | |

**22.2.1.2.1.3** A formal risk assessment is conducted to identify users at high risk of harming themselves or others.

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

Select three health records of users admitted at the time of inspection or health records from the previous month. Verify whether the risk assessments listed below have been completed. Score 1 if the aspect is compliant and 0 if not compliant.

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

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Risk examination conducted for factors related to aggression | | |
| 2. Risk examination conducted for factors related to suicidal risk | | |
| 3. Risk examination conducted for factors related to substance use or abuse and or substance withdrawal. | | |
| 4. Risk examination conducted for factors related to absconding | | |
| 5. Risk examination conducted for factors relating to being sexually inappropriate | | |
| 6. Risk examination conducted for factors related to noncompliance to treatment | | |

| | | |
|---|---|---|
| 7. User has been categorised in terms of risk level (i.e. high, medium, low) | | |
| 8. User has been categorised in terms of the type of risk (i.e. self-harm, violence, other). | | |

Unit 2 User health record 2

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Risk examination conducted for factors related to aggression | | |
| 2. Risk examination conducted for factors related to suicidal risk | | |
| 3. Risk examination conducted for factors related to substance use or abuse and or substance withdrawal. | | |
| 4. Risk examination conducted for factors related to absconding | | |
| 5. Risk examination conducted for factors relating to being sexually inappropriate | | |
| 6. Risk examination conducted for factors related to noncompliance to treatment | | |
| 7. User has been categorised in terms of risk level (i.e. high, medium, low) | | |
| 8. User has been categorised in terms of the type of risk (i.e. self-harm, violence, other). | | |

Unit 3 User health record 3

| **Aspects** | **Score** | **Comment** |
|---|---|---|
| 1. Risk examination conducted for factors related to aggression | | |
| 2. Risk examination conducted for factors related to suicidal risk | | |
| 3. Risk examination conducted for factors related to substance use or abuse and or substance withdrawal. | | |
| 4. Risk examination conducted for factors related to absconding | | |
| 5. Risk examination conducted for factors relating to being sexually inappropriate | | |
| 6. Risk examination conducted for factors related to noncompliance to treatment | | |
| 7. User has been categorised in terms of risk level (i.e. high, medium, low) | | |
| 8. User has been categorised in terms of the type of risk (i.e. self-harm, violence, other). | | |

**22.2.1.2.1.4** The treatment plan for high-risk users is documented.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select three health records of users who were categorised as high-risk at the time of inspection or health records from the previous month and verify if the treatment plan is documented. The treatment plan includes, but is not limited to, specific accommodation, specific chemical or physical restraints, specific observations and monitoring. Score 1 if it is documented and 0 if not.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. User Health Record 1 | | |
| 2. User Health Record 2 | | |
| 3. User Health Record 3 | | |

**22.2.1.2.1.5** Mental health care users are managed using a multidisciplinary therapeutic approach.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select three health records of users who have started biopsychosocial therapeutic care at the time of inspection or health records from the previous month. Verify whether the records indicate that multidisciplinary assessments have been conducted by the categories of health care providers listed below. Score 1 if the assessment by each category of health care provider is documented and 0 if not documented. Manual or electronic records are acceptable. Not applicable where it was not necessary for the particular category of health care provider to assess the mental health care user.

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

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Professional nurse | | |
| 2. Medical officer/psychiatrist | | |
| 3. Social worker | | |
| 4. Psychologist | | |
| 5. Occupational therapist | | |

Unit 2 User health record 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Professional nurse | | |
| 2. Medical officer/psychiatrist | | |
| 3. Social worker | | |
| 4. Psychologist | | |

| | | |
|---|---|---|
| 5. Occupational therapist | | |

Unit 3 User health record 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Professional nurse | | |
| 2. Medical officer/psychiatrist | | |
| 3. Social worker | | |
| 4. Psychologist | | |
| 5. Occupational therapist | | |

**Standard 22.2.1.3 6(5)** The health establishment must have a formal process to be followed when obtaining informed consent from the user.

**Criterion 22.2.1.3.1 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).**

**22.2.1.3.1.1** Informed consent forms are completed correctly.

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

Select three health records of users who were seen at the time of inspection or health records from the previous three months and an informed consent for an operation, procedure or treatment was signed. Check whether the details listed below are recorded on the consent forms. Score 1 if the if recorded and 0 if it is not recorded.

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

Unit 1 User health record 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Names and surname of user | | |
| 2. Age, Identity number or date of birth of user | | |
| 3. The exact nature of operation/ procedure or treatment, including side, where relevant. | | |
| 4. Consent form is signed by user, the legal guardian or any person legally responsible for the user.<br>Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005. | | |
| 5. Consent form is signed by health care provider obtaining the consent.<br>Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4 | | |
| 6. Consent form is dated. | | |
| 7. All entries on form are legible. | | |

Unit 2 User health record 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Names and surname of user | | |
| 2. Age, Identity number or date of birth of user | | |
| 3. The exact nature of operation/ procedure or treatment, including side, where relevant. | | |
| 4. Consent form is signed by user, the legal guardian or any person legally responsible for the user.<br>Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005. | | |
| 5. Consent form is signed by health care provider obtaining the consent.<br>Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4 | | |
| 6. Consent form is dated. | | |
| 7. All entries on form are legible. | | |

Unit 3 User health record 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Names and surname of user | | |
| 2. Age, Identity number or date of birth of user | | |
| 3. The exact nature of operation/ procedure or treatment, including side, where relevant. | | |
| 4. Consent form is signed by user, the legal guardian or any person legally responsible for the user.<br>Explanatory note: Signatory providing consent is legally entitled to give informed consent in accordance with section 7 of the National Health Act 61 of 2003, HPCSA, Booklet 4 and Section 129 of the Children's Act 38 of 2005. | | |
| 5. Consent form is signed by health care provider obtaining the consent.<br>Explanatory note: This must be a health care provider legally entitled to obtain the consent in accordance with HPCSA booklet 4, section 4 | | |
| 6. Consent form is dated. | | |
| 7. All entries on form are legible. | | |

**Standard 22.2.1.4 6(6)** The health establishment must issue a discharge report to users in accordance with section 10 of the Act.
**Criterion 22.2.1.4.1 6 Comprehensive discharge reports must be provided to users to ensure continuity of care.**

**22.2.1.4.1.1** Users are issued with a discharge report.

**Assessment type:** Patient record audit - **Risk rating:** Vital measure
Select the health records of three users who were discharged at the time of inspection or health records from the previous month and verify whether copies of the discharge report includes the aspects listed below. Score 1 if compliant and 0 if not compliant or if there is no discharge report available.

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

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 or patient registration/unique identifier | | |
| 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 / or treatment given | | |
| 9. Details of referrals and/or follow-up appointments | | |
| 10. Relevant health education given | | |
| 11. Signature of health care provider completing report | | |
| 12. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where applicable) | | |

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 or patient registration/unique identifier | | |
| 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 / or treatment given | | |
| 9. Details of referrals and/or follow-up appointments | | |

| | | |
|---|---|---|
| 10. Relevant health education given | | |
| 11. Signature of health care provider completing report | | |
| 12. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where applicable) | | |

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 or patient registration/unique identifier | | |
| 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 / or treatment given | | |
| 9. Details of referrals and/or follow-up appointments | | |
| 10. Relevant health education given | | |
| 11. Signature of health care provider completing report | | |
| 12. Ensure that the MHCA 03 was sent to the Mental Health Review Board (where applicable) | | |

**Sub Domain 22.2.2 7** Clinical management.
**Standard 22.2.2.1 7(2)** (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.
**Criterion 22.2.2.1.1 7 Systems must be in place to facilitate user identification.**

**22.2.2.1.1.1** There is a system to identify mental health care users.

**Assessment type:** Document - **Risk rating:** Vital measure
A system used to identify mental health care users is documented. This could be use of photographs or any other system. Select three users in the unit and verify whether they are identified through the system in place. Score 1 if users are identified and 0 if not.

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

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

**Criterion 22.2.2.1.2 7 The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

**22.2.2.1.2.1** Emergency trolley is stocked with medicines, medical supplies 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 (a minimum of two different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 3. Endotracheal tubes-adult (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 4. Oropharyngeal airway (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 5. Plaster or ties for endotracheal tubes. | | |
| 6. Lubricating gel | | |
| **Equipment for difficult Intubation.** | | |
| 7. Introducer | | |
| 8. Laryngeal mask airway (a minimum of three different sizes as determined by the user profile seen in the unit and resuscitation protocol). | | |
| 9. Magill forceps (adult) | | |
| **Devices to deliver oxygen/ventilate users.** | | |
| 10. Manual resuscitator device or bag and valve mask (adult). | | |
| 11. Oxygen masks-rebreather | | |
| 12. Portable oxygen cylinder. Explanatory note: An oxygen cylinder fitted with a regulator to adjust the flowrate must be available . | | |
| **Equipment to diagnose and treat cardiac dysrhythmias.** | | |
| 13. Automated external defibrillator (AED) with pads or defibrillator with conducting gel, pads, paddles and electrodes. | | |
| 14. Cardiopulmonary Resuscitation board | | |

| | | |
|---|---|---|
| **Devices to gain intravascular access.** | | |
| 15. Intravenous administration sets | | |
| 16. IV Cannulae (a minimum of three different sizes). | | |
| **Medicine.** | | |
| 17. Emergency medicines according to local protocol are available and have not expired. | | |

**22.2.2.1.2.2** 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** |
|---|---|
| | |

| **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 (a minimum of three different sizes) | | |
| 8. Catheter tip syringe 50ml | | |
| 9. Needles (a minimum of three different sizes) | | |
| 10. Scissors | | |
| 11. Tourniquet | | |
| 12. Stethoscope | | |
| 13. Nasogastric tubes (a minimum of three different sizes). | | |
| 14. Suction catheters (a minimum of three different sizes). | | |
| 15. Suction devices (portable) | | |
| 16. Yankhauer suction | | |

| | | |
|---|---|---|
| 17. Nasal cannula | | |
| 18. Blood administration set | | |
| 19. Local resuscitation protocol or Resuscitation Algorithm | | |

**22.2.2.1.2.3** The emergency trolley and emergency equipment are checked in accordance with agreed unit practice.

**Assessment type:** Document - **Risk rating:** Vital measure
Request a documented practice for checking the emergency trolley and verify whether it is checked as documented. This will include but is not limited to checking of the defibrillator/Automated External Defibrillator. Request documented records of checking from the previous month.
Not applicable: Never

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

**Criterion 22.2.2.1.3 7 The management of used and soiled linen must meet infection prevention and control requirements.**

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

**Assessment type:** Observation - **Risk rating:** Essential measure
Dirty linen must be stored in closed bags in a designated area (dirty linen room). The door of the dirty linen room must be kept closed and access to the room must be restricted. Reference: Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020, page 70.
Not applicable: Never

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

**Criterion 22.2.2.1.4 7 The health establishment must have a functional quality management system.**

**22.2.2.1.4.1** 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. Score not applicable where no gaps have been identified.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Gaps identified | | |
| 2. Activities required to address gaps | | |
| 3. Health care personnel responsible | | |
| 4. Time frames | | |

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

**Assessment type:** Document - **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 |
|---|---|
| | |

**Sub Domain 22.2.3 8** Infection prevention and control programmes.

**Standard 22.2.3.1 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 22.2.3.1.1 8(2)(a) The health establishment must ensure that there are hand washing facilities in every service area.**

**22.2.3.1.1.1** Hand washing facilities are available in the unit.

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

Select three areas in the unit and inspect the handwashing facilities for the items listed below. Score 1 If the item is available and 0 if not available.

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

Unit 1 Area 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Functional hand wash basin.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets. | | |
| 3. Plain liquid soap. | | |
| 4. Wall mounted soap dispenser | | |
| 5. Paper towel dispenser with disposable hand paper towels | | |
| 6. General waste container.<br>Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84). | | |

Unit 2 Area 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Functional hand wash basin.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets. | | |
| 3. Plain liquid soap. | | |
| 4. Paper towel dispenser with disposable hand paper towels | | |

| | | |
|---|---|---|
| 5. General waste container.<br>Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84). | | |

Unit 3 Area 3

| Aspects | Score | Comment |
|---|---|---|
| 1. Functional hand wash basin.<br>Explanatory note: The basin should not be blocked, broken, or have cracks. | | |
| 2. Taps are functional and not broken.<br>Explanatory Note: Taps must be elbow or non-touch operated in user care areas, except in toilets. | | |
| 3. Plain liquid soap. | | |
| 4. Wall mounted soap dispenser | | |
| 5. Paper towel dispenser with disposable hand paper towels | | |
| 6. General waste container.<br>Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84). | | |

**22.2.3.1.1.2** Alcohol based hand rub is available.

**Assessment type:** Observation - **Risk rating:** Vital measure
Select three areas and observe whether alcohol-based hand rub is available. Alcohol-based hand rub will not be available in user care areas. Score 1 if available and 0 if not available.

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

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

**22.2.3.1.1.3** Posters on hand hygiene are displayed.

**Assessment type:** Observation - **Risk rating:** Essential measure
Select three areas and observe whether posters on hand hygiene are displayed. This could be a single hand hygiene poster or individual posters for hand washing or correct use of alcohol-based hand rub. Score 1 if available and 0 if not available.

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

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

**Criterion 22.2.3.1.2 8(2)(c) The health establishment must ensure there is clean linen to meet the needs of users.**

**22.2.3.1.2.1** The unit 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 stay in the unit. 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. A document indicating linen requirements for the unit must be available.
Not applicable: Never

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

**22.2.3.1.2.2** 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 | Comment |
|---|---|
| | |

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

**Criterion 22.2.3.1.3 8(2)(d) The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.**

**22.2.3.1.3.1** 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 0 if not worn.
Not applicable: 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 1

| Aspects | Score | Comment |
|---|---|---|
| 1. Non-sterile or sterile gloves | | |
| 2. Disposable gowns or aprons | | |
| 3. Protective face shields or goggles | | |
| 4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent | | |

Unit 2 Clinical area 2

| Aspects | Score | Comment |
|---|---|---|
| 1. Non-sterile or sterile gloves | | |
| 2. Disposable gowns or aprons | | |
| 3. Protective face shields or goggles | | |
| 4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent | | |

Unit 3 Cleaner

| Aspects | Score | Comment |
|---|---|---|
| 1. Domestic gloves | | |
| 2. Disposable gowns or aprons | | |
| 3. Protective face shields or goggles | | |
| 4. Face masks or N95 or KN95 or FFP2 respirators or approved equivalent | | |

**Sub Domain 22.2.4 9** Waste management.
**Standard 22.2.4.1 9(1)** The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.
**Criterion 22.2.4.1.1 9(2)(a) The health establishment must have appropriate waste containers at the point of waste generation.**

**22.2.4.1.1.1** 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 health care risk waste from a health facility. Score 1 if the waste container is available and 0 if not available. Not applicable: Where a particular type of waste is not generated in the unit.

| 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 22.2.4.1.2 9(2)(b) The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

**22.2.4.1.2.1** Sharps are safely managed and discarded.

**Assessment type:** Observation - **Risk rating:** Vital measure
Select three areas and verify whether sharps and needles are correctly managed.. Score 1 if the aspect is compliant and 0 if not compliant. 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).<br>Explanatory note: This does not apply where it is not possible to see inside the sharps 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).<br>Explanatory note: This does not apply where it is not possible to see inside the sharps 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).<br>Explanatory note: This does not apply where it is not possible to see inside the sharps container. | | |
| 4. Syringes with attached needles are discarded in their entirety. | | |

**22.2.4.1.2.2** 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 | 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 22.2.5 21** Adverse events.
**Standard 22.2.5.1 21(1)** The health establishment must have a system to monitor and report all adverse events.
**Criterion 22.2.5.1.1 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.**

**22.2.5.1.1.1** 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.<br>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.<br>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.<br>Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans) | | |

**Domain 22.3 CLINICAL SUPPORT SERVICES**

**Sub Domain 22.3.1 10** Medicines and medical supplies.

**Standard 22.3.1.1 10(1)** The health establishment must comply with the provisions of the Pharmacy Act, 1974 and the Medicines and Related Substances Act, 1965.

**Criterion 22.3.1.1.1 10(2)(a) The health establishment must implement and maintain a stock control system for medicine and medical supplies.**

**22.3.1.1.1.1** The stock control system shows minimum and maximum levels and/or re-order levels for medicine.

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

Randomly sample five items held as stock and verify whether minimum, maximum and/or reorder levels are documented. The levels must be recorded on the bin cards or equivalent. The system may be manual or electronic. Score 1 if compliant and 0 if not compliant.

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

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

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

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

Randomly sample 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 compliant and 0 if not compliant. .

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

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

**22.3.1.1.1.3** The entries in the schedule 5 and/or 6 drug register are complete.

**Assessment type:** Document - **Risk rating:** Vital measure
All columns in the registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. Verify whether all sections of the register have been completed correctly.
Not applicable: Never

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

**22.3.1.1.1.4** Schedule 5 and 6 medicines in stock correspond with the balance recorded in the register.

**Assessment type:** Document - **Risk rating:** Vital measure
Randomly sample 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 | Comment |
|---|---|
| | |

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

**22.3.1.1.1.5** Physical stock of medical supplies corresponds with stock control system.

**Assessment type:** Observation - **Risk rating:** Essential measure
Randomly sample 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 | | |

**Criterion 22.3.1.1.2 10(2)(b) The health establishment must ensure the availability of medicines and medical supplies for the delivery of services.**

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

**Assessment type:** Observation - **Risk rating:** Vital measure
Request the list of medical supplies/consumables for the unit and randomly sample five items from various categories to verify whether the sampled items are available and not expired (where applicable). Document the name of the non-compliant items that

were sampled. Score 1 if the sampled item is available and not expired (where applicable) or 0 if not available or expired or if there is no list of medical supplies/consumables available.

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

| Aspects | Score | Comment |
|---|---|---|
| **Surgical supplies** | | |
| 1. Item 1 | | |
| 2. Item 2 | | |
| 3. Item 3 | | |
| 4. Item 4 | | |
| 5. Item 5 | | |
| **Dressing supplies** | | |
| 6. Item 1 | | |
| 7. Item 2 | | |
| 8. Item 3 | | |
| 9. Item 4 | | |
| 10. Item 5 | | |
| **Laboratory supplies** | | |
| 11. Item 1 | | |
| 12. Item 2 | | |
| 13. Item 3 | | |
| 14. Item 4 | | |
| 15. Item 5 | | |
| **Other supplies** | | |
| 16. Item 1 | | |
| 17. Item 2 | | |
| 18. Item 3 | | |
| 19. Item 4 | | |
| 20. Item 5 | | |

**Sub Domain 22.3.2 13** Medical equipment.

**Standard 22.3.2.1 13(1)** Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

**Criterion 22.3.2.1.1 13(2)(b) The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.**

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

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

Request the list of medical equipment for the unit and randomly sample ten different items and check whether the sampled equipment is available and functional. Document the name of the non-compliant equipment that was sampled. Score 1 if the sampled item is available and functional or 0 if not available or not functional or if the list is not available.

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

| Aspects | Score | Comment |
|---|---|---|
| 1. Equipment 1 | | |
| 2. Equipment 2 | | |
| 3. Equipment 3 | | |
| 4. Equipment 4 | | |
| 5. Equipment 5 | | |
| 6. Equipment 6 | | |
| 7. Equipment 7 | | |
| 8. Equipment 8 | | |
| 9. Equipment 9 | | |
| 10. Equipment 10 | | |

**Domain 22.5 FACILITIES AND INFRASTRUCTURE**

**Sub Domain 22.5.1 15** Engineering services.

**Standard 22.5.1.1 15(1)** The health establishment must ensure that engineering services are in place.

**Criterion 22.5.1.1.1 15(2) The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

**22.5.1.1.1.1** An oxygen cylinder with pressure gauge is available.

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

An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available.

Not applicable: Never

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

**22.5.1.1.1.2** 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. Not applicable: Never

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

**22.5.1.1.1.3** Portable suction is available in the unit.

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

This is to ensure that users have access to suction when required. Verify whether portable suction is available and functional in the unit.

Not applicable: Never

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

## 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 Central Hospitals.

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**It is hereby certified that the Regulatory Central Hospital Inspection Tools version 1.0 was developed by the Office of Health Standards Compliance.**

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