



IDEAL CLINIC AND COMMUNITY HEALTH CENTRE™ DEFINITIONS, COMPONENTS AND CHECKLISTS



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health

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The national Department of Health would like to thank the following organisations for contributing to the Ideal Clinic and Community Health Centre realisation and maintenance process.



European Union



ABBREVIATIONS

A&E

APC:	Adult Primary Care
ART:	Antiretroviral treatment
AYFS:	Adolescent and Youth Friendly Services
BANC:	Basic Antenatal Care
CCMDD:	Central Chronic Medicine Dispensing and Distribution
CDU:	Chronic Dispensing Unit
CHC:	Community health centre
CoGTA:	Cooperative Governance and Traditional Affairs
DCST:	District Clinical Specialist Team
DHIS:	District Health Information System
DHS:	District Health System
DPSA:	Department of Public Service and Administration
EU:	Emergency Unit
EML:	Essential Medicines List
ESMOE:	Essential Steps in the Management of Obstetric Emergencies
HIV:	Human Immunodeficiency Virus
HRH:	Human Resource for Health
ICSM:	Integrated Clinical Services Management
IMCI:	Integrated Management of Childhood Illnesses
IPC:	Infection Prevention and Control
JACCOL:	Jaundice, Anemia, Clubbing, Cyanosis, Oedema and Lymphadenopathy (medical examinations)
MUAC:	Mid-Upper Arm Circumference
MCSRH:	Maternal, Child, and Sexual Reproductive Health
MCWH:	Mother, Child and Women's Health
Min/max:	Minimum/maximum
MMC:	Medical male circumcision
MOU:	Midwife Obstetric Unit
NCD:	Non-communicable diseases
NGO:	Non-Governmental Organisation
NHLS:	National Health Laboratory Services
PACK:	Practical Approach to Care Kit
PCR:	Polymerase Chain Reaction
PDoH:	Provincial Department of Health
PEC:	Patient Experience of Care
PHC:	Primary Health Care
PMDS:	Performance Management and Development System
PPTICRM:	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PSI:	Patient safety incidents
SOP:	Standard Operating Procedure/Protocol
SVS:	Stock Visibility System
TB:	Tuberculosis
TOP:	Termination of pregnancy
WBPHCOT:	Ward Based Primary Health Care Outreach Team

DEFINITION OF IDEAL CLINIC & COMMUNITY HEALTHCARE CENTRE

The purpose of a health facility is to promote health and to prevent illness and further complications through early detection, treatment and appropriate referral. To achieve this, a Community health centre (CHC) should function optimally thus requiring a combination of elements to be present in order to render it an "Ideal CHC".

An Ideal Clinic/CHC is a Clinic/CHC with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic/CHC will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic/CHC".

An Ideal CHC should have a full time doctor, a 24 hour MOU, a 24 hour emergency unit, provide Health Support services (physical rehabilitation by physical therapist and occupational therapist, speech and hearing therapy, dietetics, social worker support) and Oral Health services.

Integrated clinical services management (ICSM) is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who came for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support. ICSM will be a key focus within an Ideal CHC. Developing and sustaining the 'ideal' CHC involves that a number of components are in place and functions well. These components include:

1. Administration
2. Integrated Clinical Services Management
3. Medicines, Supplies and Laboratory Services
4. Human Resources for Health
5. Support Services
6. Infrastructure
7. Health Information Management
8. Communication
9. District Health System Support
10. Implementing Partners and Stakeholders

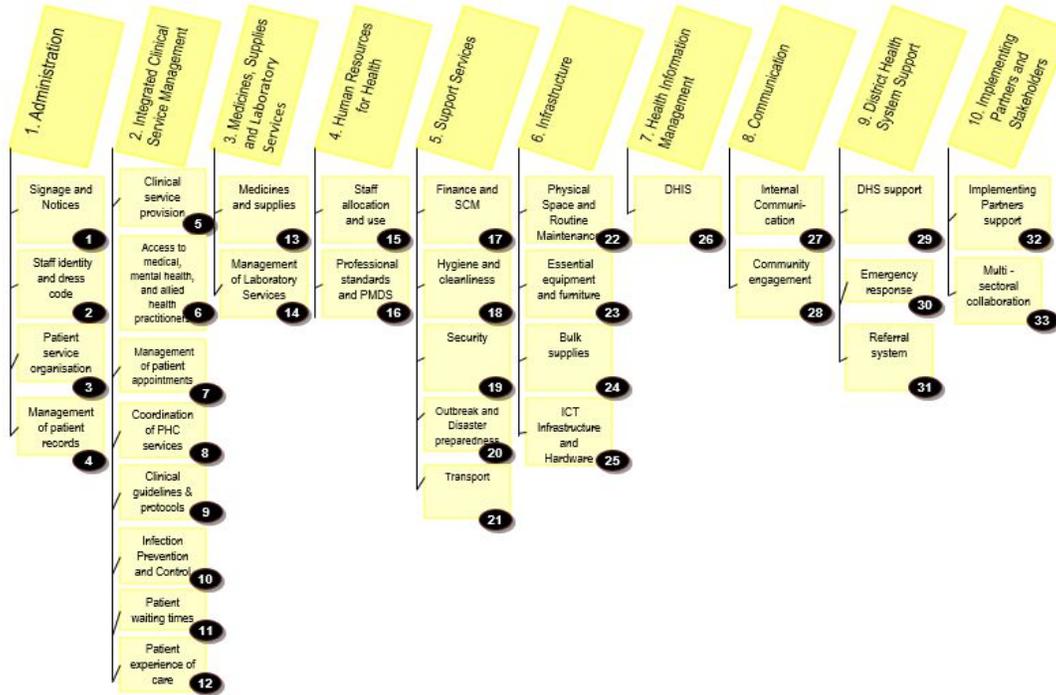
Each of the above components is made up of different numbers of sub-components, each having a number of specific elements that need to be in place.

IDEAL COMMUNITY HEALTH CENTRE REALISATION AND MAINTENANCE COMPONENTS AND SUB-COMPONENTS

Realising and maintaining the Ideal Clinic/CHC involves a number of components. Each of the components is made up of sub-components which consist of a number of elements that need to be in place.

These are:

10 Components and 33 Sub-Components



HOW TO ASSESS

This framework contains a carefully selected set of elements that speaks to quality and safety. The tool is to be used to determine the status of a health facility's performance against these elements.

Colour coding of text:

Text coloured in green indicates the elements that will be regulated according to the Norms and Standards Regulations applicable to different categories of health

Key and description for method of measurement

Key	Method of measurement (MM)
📖	a) Check applicable documents e.g. policies, guidelines, SOP, data, etc.
?	b) Ask staff members and/or clients for their views or level of understanding
😊	c) Objective observations and/or conclusion
👉	d) Test the functionality of equipment/systems

Key and description for level of responsibility

Key	Description
NDoH	National Department of Health
P	Province
D	District
HF	Health facility

Key and description for weights

Key	Description
NNV	Non-negotiable Vitals
V	Vital
E	Essential
I	Important

Performance is scored in line with two colours as follows:

Green Achieved (Yes)

Red Not Achieved (No)

For elements without a checklist

Binary scoring: 1 or 0

Achieved (**Green**): Yes = 1

Not-achieved (**Red**): No = 0

For elements with a checklist

Fractional scoring: e.g. 10/20 measures compliant on checklist, score = 0.5

Achieved (**Green**): NNV = 1; V ≥ 0.8; E ≥ 0.6; I ≥ 0.5

Not-achieved (**Red**): NNV < 1; V < 0.8; E < 0.6; I < 0.5

WEIGHTING OF THE IDEAL CLINIC/CHC ELEMENTS

The Ideal CHC elements are divided into three weight categories namely vital, essential and important.

Definition of weight categories

Non-negotiable Vital

These are elements that can cause loss of life or prolonged period of recovery.

Vital

Extremely important (vital) elements that require immediate and full correction. These are elements that affect direct service delivery to and clinical care of patients and without which there may be immediate and long-term adverse effects on the health of the population.

Essential

Very necessary (essential) elements that require resolution within a given time period. These are process and structural elements that indirectly affect the quality and safety of clinical care given to patients.

Important

Significant (important) elements that require resolution within a given time period. These are process and structural elements that affect the quality of the environment in which healthcare is given to patients

Scoring Ideal Clinic categories

Weights	Clinic Elements	# CHC Elements	# Silver	Gold	Platinum
Non-negotiable Vitals	3	4	100%	100%	100%
Vital	53	65	60-69%	70-79%	≥80%
Essential	104	134	50-59%	60-69%	≥70%
Important	78	77	50-59%	60-69%	≥70%
TOTAL	238	280			

Components, sub-components and elements - Version 20

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU	
1. Administration	1. Signage and notices: Monitor whether there is communication about the facility and the services provided															
	1	All external signage in place	I	☺	P	Y		Y/N	✓							
	2	Facility information board displayed at the entrance of the premises reflects relevant information for the facility	E	☺	D	Y		Y/N	✓							
	3	Disclaimer sign is clearly sign posted at the entrance of the facility	E	☺	D	Y		Y/N	✓							
	4	Vision, mission and values of the province/district are visibly displayed	I	☺	D			Y/N	✓							
	5	Facility organogram with contact details of the facility manager is displayed on a central notice board	I	☺	HF			Y/N	✓							
	6	Patients' Rights Charter is displayed in at least two local languages	I	☺	HF	Y				✓					✓	✓
	7	All service areas within the facility are clearly signposted	I	☺	HF	Y				✓	✓	✓	✓	✓	✓	✓
	2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are in accordance with policy prescripts															
	8	There is a prescribed dress code for all service providers	I	📖	P			Y/N	✓							
	9	All healthcare professional staff members comply with prescribed dress code	I	?☺	HF	Y				✓	✓	✓	✓	✓	✓	✓
	10	All staff members wear an identification tag	I	☺	HF	Y				✓	✓	✓	✓	✓	✓	✓
	3. Patient service organisation: Monitor the processes that enable responsive patients service															
	11	Signposted helpdesk/reception services are available	E	☺📖	HF			Y/N		✓						
	12	There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area	V	?📖	HF	Y				✓						
	13	SOP for triaging of patients in the 24 hour Emergency unit is available	V	?📖	HF	Y										✓
	14	Triage system is visibly displayed	E	☺📖	HF			Y/N								✓
	15	There is a designated individual responsible for the management of queues at the 24 hour Emergency Unit	E	☺	HF			Y/N		✓						✓
	16	Functional wheelchair is available	E	?☺	HF	Y				✓						✓
	4. Management of patient record: Monitor whether patients' records content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether the patient records are managed appropriately															
	17	There is a single patient record irrespective of health conditions	I	☺📖	HF			Y/N		✓						✓
	18	Patient record content adheres to ICSM prescripts at the 8 hour service area	V	☺📖	HF	Y				✓				✓		✓
	19	Patient record content adheres to ICSM prescripts at the 24 Hour Emergency Unit	V	☺📖	HF	Y				✓						
	20	Maternity Case Record including partogram is completed	V	☺📖	HF	Y				✓						
	21	Mothers are provided with a discharge summary report	E	☺📖	HF	Y				✓						
	22	District/provincial SOP/guideline for filing, archiving and disposal of patient records is available	E	📖	P	Y				✓						
23	Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to	E	☺	HF	Y				✓							
24	There is a single location for storage of all active patient records	I	☺	HF			Y/N		✓							
25	Patient records are filed in close proximity to patient registration desk	I	?☺	HF			Y/N		✓							
26	Retrieval of a patient's file takes less than ten minutes	I	?☺	HF			Y/N		✓							

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
		27	Records are not left unattended in public areas and only accessible to facility staff	V	☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
		28	Records are not left unattended in clinical service areas	E	☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
		29	Priority stationery (clinical and administrative) is available at the facility in sufficient quantities	I	📖	HF	Y		✓						
5. Clinical service provision: Monitor whether clinical integration of clinical care services allowing for four discrete streams (acute, chronic, MCSRH and health support services) of service delivery is adhered to as per service package and whether this results in improvement in the quality of health service delivering															
2. Integrated Clinical Services Management (ICSM)		30	Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions, preventative and promotive health services and health support services	E	☺	HF		Y/N	✓						
		31	Patients are consulted, examined and counselled in privacy	I	☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
		32	All DS-TB Client Treatment Success Rate is at least 80% or has increased by at least 5% from the previous year	E	📖	HF		Y/N	✓						
		33	All DS-TB Client Lost to Follow Up rate < 5%	E	📖	HF		Y/N	✓						
		34	Antenatal 1st visit rate before 20 weeks rate is at least 75% or has increased by at least 5% from the previous year	E	📖	HF		Y/N	✓						
		35	ART child viral load suppressed rate below 50 at 12 months is at least 45% or has increased by at least 5% from the previous year	E	📖	HF		Y/N	✓						
		36	Immunisation under one year coverage is at least 85% or has increased by at least 5% from the previous year	E	📖	HF		Y/N	✓						
		37	Quality Improvement plan address all areas, is signed and updated quarterly	E	📖	HF	Y		✓						
		38	Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available	E	📖	D		Y/N	✓						
		39	Quarterly maternal and perinatal morbidity and mortality meetings are attended	E	📖	D		Y/N/NA	✓						
		40	Patients are formally handed over at the end of each shift	E	📖	HF	Y		✓						
		41	Correct handover procedure was followed between the facility and EMS	E	📖	HF	Y		✓						
		42	Patients who have been triaged as requiring immediate, very urgent care are seen within the target time frames	E	📖	HF	Y		✓						
		43	Protocols and guidelines regarding examination and stabilization of patients is adhered to	E	📖	HF	Y		✓						
6. Access to medical, mental health, allied health practitioners and adolescent friendly services: Monitor patient and staff access to clinical expertise at PHC level															
		44	Facility has a doctor at all times	V	📖	D		Y/N/NA	✓						
		45	Patients have access to oral health services	I	📖	D		Y/N	✓						
		46	Patients have access to health support services	I	📖	D	Y			✓					
		47	Patients have access to eye health services	I	📖	D		Y/N	✓						
		48	Patients have access to mental health services	E	📖	D		Y/N	✓						
		49	Patients have access to TOP	I	📖	D		Y/N	✓						
		50	Patients have access to MMC	I	📖	D		Y/N	✓						
		51	Adolescent and Youth Friendly Health Services are provided	I	📖	D	Y		✓	✓					
7. Management of patient appointments: Monitor whether an ICSM patient appointment system is adhered to															
		52	ICSM compliant patient appointment system for patients with chronic health conditions or requiring MCSRH and health support services is used	I	📖	HF		Y/N		✓					
		53	Records of booked patients are retrieved not later than the day before the appointment	I	☺	HF		Y/N		✓					

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
		54	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/or patients are enrolled on the CCMDD/CDU programme	E	? ☹	HF		Y/N	✓						
8. Coordination of PHC services: Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, community-based and environmental health services															
		55	Facility does referrals to and receives referrals from school health services in its catchment area	I	☹	D		Y/N	✓						
		56	Facility refers patients with chronic but stable health conditions to home- and community-based services for support	E	☹	HF		Y/N	✓						
		57	Facility refers environmental health related risks to environmental health services	I	☹	D	Y		✓						
9. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied															
2. Integrated Clinical Services Management (ICSM)		58	ICSM compliant package of clinical guidelines is available in all consulting rooms	E	☹	HF	Y		✓	✓				✓	✓
		59	National guidelines on priority health conditions are available in the facility	E	☹	HF	Y		✓					✓	✓
		60	Resuscitation protocol is available	E	☹	HF		Y/N	✓	✓				✓	✓
		61	SOP for refusal of treatment available	E	☹	HF		Y/N	✓	✓				✓	✓
		62	SOP for handover between shifts available	E	☹	HF	Y		✓					✓	✓
		63	SOP for safe administration of medicine is available	V	☹	HF	Y		✓						
		64	SOP for informed consent available	V	☹	HF	Y		✓						
		65	SOP for identification of patients is available	V	☹	HF	Y		✓						
		66	80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit	E	☹	D		Y/N	✓						
		67	80% of professional nurses have been fully trained on Integrated Management of Childhood Illness	E	☹	D		Y/N	✓						
		68	80% of professional nurses have been trained on Basic Life Support	V	☹	D		Y/N	✓						
		69	Professional nurses at the facility are trained on BANC Plus	E	☹	D	Y		✓						
		70	80% of professional nurses at the MOU are trained on ESMOE	E	☹	D		Y/N/NA	✓						
		71	50% of professional nurses are trained on Mother Baby Friendly Initiative	E	☹	D		Y/N/NA	✓						
		72	CHC professional nurses performing Termination of Pregnancy procedure are trained	E	☹	D		Y/N/NA	✓	✓					
		73	National Guideline for Patient Safety Incident Reporting and Learning is available	E	☹	NDoH		Y/N	✓						
		74	Facility/district SOP for Patient Safety Incident Reporting and Learning is available	E	☹	HF	Y		✓						
		75	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning	V	☹	HF	Y		✓						
		76	All SAC 1 adverse events are reported to the next level of management within 24 hours	V	☹	HF		Y/N/NA	✓						
	77	National Clinical Audit Guideline is available	E	☹	NDoH		Y/N	✓							
	78	Clinical audits are conducted annually on priority health conditions	E	☹	HF	Y		✓							
	79	80% of records audited are compliant	E	☹	HF	Y		✓							
	80	Clinical audit meetings are conducted quarterly in line with the guidelines	E	☹	HF		Y/N	✓							
	81	National guidelines are followed for all notifiable medical conditions	V	? ☹	HF	Y		✓							

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU	
2. Integrated Clinical Services Management (ICSM).		82	SOP for the management of patients with highly infectious diseases is available	V		HF	Y		✓							
	10. Infection prevention and control: Monitor adherence to prescribed infection prevention and control policies and procedures															
		83	National Infection Prevention and Control strategic framework is available	E		NDoH		Y/N	✓							
		84	Facility has a functional Infection Prevention and Control programme	E		HF	Y		✓							
		85	SOP on standard precautions is available	V		HF	Y		✓							
		86	All staff have received in-service training in the last two years on standard precautions that is in-line with the SOP	V		HF	Y		✓							
		87	Posters on hand hygiene is displayed	E		HF	Y			✓					✓	✓
		88	Awareness day on hand hygiene is held annually	I		HF		Y/N	✓							
		89	Poster on cough etiquette is displayed in every waiting area	I		HF	Y		✓	✓	✓		✓	✓	✓	✓
		90	Staff wear appropriate personal protective clothing	V		HF	Y			✓		✓		✓	✓	✓
		91	Linen in use is sufficient, clean, appropriately used and not torn	E		HF	Y			✓				✓	✓	
		92	Dirty, soiled and infectious linen are collected in a wheeled cart or trolley	E		HF	Y			✓				✓	✓	✓
		93	Sharps are disposed of appropriately	V		HF	Y			✓		✓		✓	✓	✓
		94	Register for human tissue is available	E		HF		Y/N/NA								✓
		95	An annual risk assessment for infection prevention and control compliance is undertaken by the designated staff member assigned to the infection prevention and control	I		HF		Y/N	✓							
		96	All staff are made aware of the provincial letter/memo/circular that inform staff of the procedure to follow for prophylactic immunisations	E		HF	Y		✓							
	11. Patient waiting time: Monitor adherence to the facility's prescribed waiting times															
		97	National Guideline for the Management of Waiting Times is available	I		NDoH		Y/N	✓							
		98	National target of not more than three hours for total time spent in a facility is visibly displayed at the reception of the 8 hour service areas	E		HF		Y/N		✓						
		99	Waiting time for 24 hour Emergency unit is visibly posted in the waiting area	E		HF		Y/N/NA								✓
		100	Waiting time tools to record waiting time is available	E		HF		Y/N	✓							
		101	Waiting time survey report is available	E		HF		Y/N	✓							
		102	Average time that a patient spends in the facility is no longer than 3 hours at the 8 hour service areas	E		HF		Y/N	✓							
	12. Patient experience of care: Monitor whether an annual patient experience of care survey is conducted and whether patients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time															
		103	National Patient Experience of Care Guideline is available	E		NDoH		Y/N	✓							
		104	Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area	E		HF	Y		✓							
	105	An average overall score of 80% is obtained in the Patient Experience of Care Survey	E		HF		Y/N	✓								
	106	National Guideline to Manage Complaints/Compliments/Suggestions is available	E		NDoH		Y/N	✓								
	107	Complaints/compliments/suggestions toolkit is available at the main entrances/exits	E		HF	Y			✓					✓	✓	
	108	Complaints/compliments/suggestions records comply with the National Guideline to Manage Complaints/Compliments/Suggestions	E		HF	Y		✓								

Component Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
	109	Targets set for complaint indicators are met	E	📖	HF	Y		✓						
13. Medicines and supplies: Monitor consistent availability of required good quality medicines and supplies														
3. Medicines, Supplies and Laboratory Services	110	License for Pharmacy issued by the Director-General of the National Department of Health is available	V	📖	D		Y/N/NA		✓					
	111	Certificate of recording of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up to date	V	📖	HF		Y/N/NA		✓					
	112	Certificate of registration of the responsible pharmacist of the facility with the South African Pharmacy Council available	E	📖	D		Y/N/NA		✓					
	113	Proof of registration of all other pharmacist/s or pharmacist/s assistant with the South African Pharmacy Council available	E	📖	HF		Y/N/NA		✓					
	114	Authorisation for prescribing and dispensing by professional nurse available (Section 56l.6 authorisation)	E	📖	D		Y/N						✓	
	115	Duty roster indicates that a pharmacist is available during operational hours	E	📖	HF		Y/N/NA		✓					
	116	There is access control at the pharmacy/dispensary at all times	E	😊	HF		Y/N		✓					
	117	Legible signage at the entrance of the unit indicates the days and times when service are offered	I	😊	HF		Y/N/NA		✓					
	118	There is a process that prioritises the very sick, frail and elderly patients is implemented	I	?😊	HF	Y			✓					
	119	There is a 'No unauthorised entry' sign on the door	E	😊	HF		Y/N		✓					
	120	SOP for the management of availability of medicines is available	E	📖	HF	Y		✓	✓					
	121	Goods received voucher available and completed according to SOP	E	📖	HF		Y/N		✓					
	Medicines, Supplies and Laboratory Services	122	Hand hygiene facilities are available	V	😊	HF	Y		✓					
		123	Cleaning schedule is available	E	📖	HF		Y/N		✓				
		124	Cleaning is carried out in accordance with the schedule	V	📖	HF		Y/N		✓				
		125	All work completed is signed off by cleaners and verified by manager or delegated staff member	E	📖	HF		Y/N		✓				
		126	Pharmacy/dispensary and waiting area are clean	V	😊	HF	Y			✓				
		127	Medicines are stored to maintain quality in the pharmacy/dispensary	I	😊	HF	Y			✓				
		128	Medicine room/cupboard/trolley is neat	I	😊	HF	Y		✓			✓	✓	
		129	Temperature of the pharmacy/dispensary is maintained within the safety range	V	📖	HF	Y			✓				
		130	Cold chain procedure for vaccines is maintained	V	📖	HF	Y			✓			✓	✓
131		Medicines dispensed for patients are labeled in accordance with applicable legislation	V	📖	HF	Y			✓					
132		The register for schedule 6 medicine is completed correctly	V	📖	HF		Y/N/NA		✓					
133		Schedule 6 medicine in stock correspond with the balance recorded in the register	V	📖	HF		Y/N/NA		✓					
134		An electronic stock management system is used to manage medicine inventory	E	😊📖	HF	Y			✓					
135		Stock take conducted in the past 12 months	V	📖	HF		Y/N		✓					
136		Medicines on the tracer medicine list are available	V	😊📖	HF	Y			✓					
137		Re-ordering stock levels (min/max) are determined for each item on the formulary	V	😊📖	HF		Y/N		✓					
138		Expired medicine is disposed of according to prescribed procedures	E	?	HF	Y			✓					
139		There is no expired medicine on the shelves	V	😊	HF		Y/N		✓					
140		Waste receptacles for pharmaceutical waste are available	V	😊	HF		Y/N		✓					
141	Health care waste is managed appropriately	E	😊	HF	Y			✓						

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU	
3. Medicir		142	Basic medical supplies (consumables) are available	V	☞	HF	Y		✓				✓	✓		
		143	Basic consumables are available for the Rehabilitation treatment area	E	☞	HF	Y					✓				
		144	Basic medical supplies (consumables) are available for the Oral Health services	E	☞	HF	Y				✓					
	14. Management of laboratory services: Monitor consistent availability and use of laboratory services															
			145	The Primary Health Care Laboratory Handbook is available	E	☞	NDoH		Y/N	✓						
			146	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	V	☺	HF	Y		✓				✓	✓	
			147	Required specimen collection materials and stationery are available	V	☺	HF	Y		✓				✓	✓	
		148	Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook	E	☺	HF	Y		✓				✓	✓		
		149	Laboratory results are received from the laboratory within the specified turnaround times	E	☞	HF	Y		✓				✓	✓		
		150	Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme	I	☞	HF		Y/N/NA	✓							
		151	Facility controls rapid test kit performances by running one negative and one positive control on a weekly basis	E	☞	HF		Y/N/NA	✓							
15. Staff allocation and use: Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied																
4. Human Resources		152	Staffing needs have been determined in line with workload requirements	V	?☞	D		Y/N	✓							
		153	Staff appointed in line with determined requirements	V	☞	D	Y		✓	✓	✓	✓	✓	✓	✓	
		154	Facility has a dedicated manager	E	☞	D		Y/N	✓							
		155	Work allocation schedule is signed by all staff members	I	☞	HF		Y/N	✓							
		156	Leave policy is available	I	☞	D		Y/N	✓							
		157	An annual leave schedule is available	I	☞	HF		Y/N	✓							
16. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to DPSA and Department of Labour prescripts																
4. Human Resources for Health		158	Record of staff induction is available	I	☞	HF		Y/N	✓							
		159	All healthcare workers have current registration with relevant professional bodies	V	☞	HF	Y		✓	✓	✓	✓	✓	✓	✓	
		160	Performance Management guidelines are adhered to	E	☞	HF	Y		✓							
		161	Continued staff development needs are determined for the current financial year and submitted to the district manager	I	☞	HF		Y/N								
		162	Training records reflect planned training is conducted as per the district training programme	I	☞	HF		Y/N	✓							
		163	The disciplinary procedure is available	I	☞	HF		Y/N	✓							
		164	The grievance procedure is available	I	☞	HF		Y/N	✓							
		165	Staff satisfaction survey is conducted annually	I	☞	D		Y/N								
		166	The results of the staff satisfaction survey are used to improve the work environment	I	☞	HF		Y/N								
		167	SOP for management of occupational health and safety incidents is available	E	☞	HF	Y		✓							
		168	Health and Safety representative appointed (NA is staff establishment is less than 20 staff members)	E	☞	HF		Y/N/NA								
	169	Health and Safety committee appointed (NA is less than 2 safety reps)	E	☞	HF		Y/N/NA									
	170	Occupational Health and Safety incidents are managed and recorded in a register	E	☞	HF	Y		✓								

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU	
5. Support Services		171	Occupational health and safety risk assessment has been conducted in the past two years	E	☐	HF		Y/N	✓							
		172	Risk mitigation interventions are implemented for identified occupational health and safety incidents	E	☐	HF		Y/N/NA	✓							
	17. Finance and supply chain management: Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision															
			173	Facility has a dedicated budget	I	☐	D		Y/N	✓						
			174	Facility has a SOP for obtaining general supplies	E	☐	HF		Y/N	✓						
	18. Hygiene and cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility															
			175	All cleaners are trained on cleaning	V	☐	HF		Y/N	✓						
			176	Cleaning schedules are available for all areas in the facility	E	☐	HF	Y		✓	✓	✓	✓	✓	✓	✓
			177	Cleaning is carried out in accordance with the schedule	V	☐	HF		Y/N	✓						
			178	All work completed is signed off by cleaners and verified by manager or delegated staff member	E	☐	HF	Y		✓	✓	✓	✓	✓	✓	✓
			179	Disinfectant, cleaning materials and equipment are available	V	?☐	HF	Y		✓	✓				✓	✓
			180	Service areas are clean	V	☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
			181	Hand hygiene and sanitary facilities are available	V	☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
			182	SOP for managing general and health care waste is available	V	☐	HF	Y		✓						
			183	Health care waste is managed appropriately	V	?☺	HF	Y		✓	✓	✓	✓	✓	✓	✓
			184	Central storage area for health care waste is appropriate	E	☺	D	Y		✓						
			185	All toilets are clean, intact and functional	V	?☺	HF	Y		✓	✓					✓
			186	Exterior of the facility is clean and well maintained	E	☺	HF	Y		✓						
			187	A signed waste removal service level agreement between the health department and the service provider is available	E	☐	P		Y/N/NA	✓						
		188	Health care risk waste is removed in line with the contract	V	?☐	HF		Y/N/NA	✓							
		189	The service level agreement for waste removal and disposal of waste is monitored	E	☐	HF		Y/N/NA	✓							
		190	Breaches in waste removal contract are escalated to the relevant authority	E	☐	HF		Y/N/NA	✓							
		191	Records show that pest control is done according to schedule	V	☐	HF		Y/N	✓							
19. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the PHC facility																
		192	Safety and security SOP is available	E	☐	HF	Y		✓							
		193	Perimeter fencing is intact	I	☺	HF		Y/N/NA	✓							
		194	Parking for staff in provided on the facility premises	I	☺	D		Y/N	✓							
		195	There is a standard security guard room OR the facility has an alarm system linked to armed response	I	☺	D	Y		✓							
		196	There is a security guard on duty OR the facility has an alarm system linked to armed response	I	☺	D		Y/N/NA	✓							
		197	Security services rendered according to contract OR provincial security policy	E	☺☐	HF	Y		✓							
		198	Signed copy of the service level agreement between the security company and the provincial department of health is available	E	?☐	D		Y/N	✓							
		199	Security breaches are managed and recorded in a register	E	☐	HF	Y		✓							
		200	There is a security system at the entrance of the units	E	☺	D	Y							✓	✓	
20. Outbreak and Disaster preparedness: Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted																
		201	Functional firefighting equipment is available	V	☺☑	D	Y		✓							
		202	Evacuation plan is displayed in designated areas	I	☐	HF	Y		✓	✓				✓	✓	
		203	Contact numbers of healthcare personnel required in emergencies are available in designated areas	I	☐	HF	Y			✓				✓	✓	

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU	
6. Infrastructure		234	Essential equipment is available and functioning in MOU	V	☺	HF	Y								✓	
		235	Sterile obstetric delivery packs are available	V	☺	HF	Y		✓							✓
		236	Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment	NNV	☺📖	HF	Y									✓
		237	Essential equipment is available and functioning in the TOP and MMC procedure rooms	V	☺	HF	Y		✓							✓
		238	Functional oxygen cylinders with a pressure gauge is available	NNV	☺	HF	Y		✓					✓	✓	
		239	Oxygen available in the cylinder is above the minimum level	NNV	☺	HF	Y		✓					✓	✓	
		240	Imaging service unit is accredited	E	📖	HF		Y/N/NA	✓							
		241	An up to date asset register is available	I	☺📖	HF	Y		✓							
		242	Redundant and non-functional equipment is removed from the facility	I	☺	HF		Y/N	✓							
24. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available																
		243	Facility has a functional piped potable water supply	V	?👉	D		Y/N	✓							
		244	Facility has emergency water supply	V	👉☺	D		Y/N	✓							
		245	Facility has a functional back-up electrical supply available in designated areas	V	?☺	D	Y		✓					✓	✓	
		246	The sewerage system is functional	V	👉☺	D		Y/N	✓							
25. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional																
		247	There is a functional telephone in the facility in designated areas	E	?👉	D	Y			✓	✓			✓	✓	
		248	There is a functional computer	I	?👉	HF		Y/N	✓							
		249	There is functional printer connected to the computer	I	?👉	HF		Y/N	✓							
		250	There is internet access	I	?👉	D		Y/N	✓							
26. District Health Information System (DHIS): Monitor whether there is an appropriate information system that produces information for service planning and decision making																
7. Health Information Management		251	Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members	I	?☺	HF		Y/N	✓							
		252	National District Health Information Management System policy available OR Provincial SOP aligned with National Policy is available	I	📖	HF		Y/N	✓							
		253	Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for Data Management	I	📖	HF		Y/N	✓							
		254	Relevant DHIS registers are available and are kept up to date	I	?☺	HF		Y/N	✓							
		255	Facility submits all monthly data on time to the next level	I	📖	HF		Y/N	✓							
		256	Electronic health patient registration system is functional	E	?👉	D		Y/N	✓							
27. Internal communication: Monitor whether the communications system required for improved quality for service delivery is in place																
8. Communication		257	There are sub-district/district quarterly facility performance review meetings	I	📖	D		Y/N	✓							
		258	A staff meeting is held at least quarterly within the facility	I	📖	HF		Y/N	✓							
		259	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications	E	📖	HF	Y		✓							
28. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee																
		260	There is a functional clinic committee	E	📖	P	Y		✓							
		261	Contact details of clinic committee members are visibly displayed	I	☺	HF		Y/N	✓							

Component	Sub Component	Element #	Element	Weight	MM	Level of respons	Check list	Score	Admin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
		262	The facility hosts an annual open day	I	📖	HF		Y/N	✓						
29. District Health Support (DHS): Monitor the support provided to the facility through guidance from district management, regular Ideal CHC status measurement by the PPTICRM as well as through visits from the district support and health programme managers															
		263	There is a health facility operational plan in line with district health plan	I	📖	HF		Y/N	✓						
		264	District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal CHC Realisation status for the end of year report	E	?📖	D		Y/N	✓						
30. Emergency response: Monitor the effectiveness of emergency responses															
		265	There is a pre-determined EMS response time to the facility	E	?📖	D		Y/N	✓						
		266	Register for emergency transport requests is available	E	📖	D	Y			✓			✓	✓	
		267	Remedial action taken when predetermined EMS response time is not adhered to	E	📖	D		Y/N/NA	✓						
		268	Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	V	📖	HF	Y		✓					✓	✓
		269	SOP available for the handover of patients between the facility and EMS	E	📖	HF	Y		✓						
31. Referral system: Monitor whether patients have access to appropriate levels of health care															
		270	National Referral Policy is available	I	📖	NDoH		Y/N	✓						
		271	District SOP for the referral system is available	E	📖	HF	Y		✓						
		272	There is a referral register that records referred patients	E	📖	HF	Y		✓						
		273	Copy of referral form available in the patient record	E	📖	HF	Y		✓						
32. Implementing partners support: Monitor the support that is provided by implementing partners															
		274	An up to date list of all organisations that provide health related services in the catchment area and implementing health partners is available	I	📖	HF			✓						
		275	The list of implementing health partners shows their areas of focus and business activities	I	?📖	HF			✓						
33. Multi-sectoral collaboration: Monitor the systems in place to respond to the social determinants of health															
		276	There is an official memorandum of understanding between the NDOH and SAPS	I	📖	NDoH			✓						
		277	There is an official memorandum of understanding between the PDOH and Department of Education	I	📖	P			✓						
		278	There is an official memorandum of understanding between the PDOH and the Department of Social Development	I	📖	P			✓						
		279	There is an official memorandum of understanding between the PDOH and Department of Public Works	I	📖	P			✓						
		280	There is an official memorandum of understanding between the PDOH and Department of Transport	I	📖	P			✓						

Checklist for Element 1

All external signage in place

Instruction: Use the checklist to check the facility's external signage. Score: Y (Yes) = if present, N (No) = if not present

Description	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Geographical location signage from main roads							
a. Both directions on each main road	Yes / No						
b. Within 1 km of Clinic/CDC/CHC	Yes / No						
c. No obstructions to visibility	Yes / No						
Facility gate entrance signage							
a. Vehicles and pedestrians will be searched	Yes / No						
b. Entry and parking are at own risk	Yes / No						
c. Directional signage for MOU	Yes / No						
d. Directional signage for 24 hour Emergency Services	Yes / No						
e. Directional signs for deliveries	Yes / No						
Specific external locations:							
a. Emergency Assembly Point	Yes / No						
Waste storage:							
a. Health care Risk Waste (medical waste)	Yes / No						
b. Health care General Waste	Yes / No						
At or near to main entrance of building:							
a. Ambulance parking sign OR area marked on paving	Yes / No						
b. Disabled parking sign OR area marked on paving	Yes / No						

Checklist for Element 2

Facility information board displayed at the entrance of the facility reflects relevant information for the facility

Instruction: Use the checklist to check if the facility information board displayed at the entrance of the facility reflects relevant information for the facility. Score: Y (Yes) = if present, N (No) = if not present

Description	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Information							
Facility's name	Yes / No						
Service hours of the facility	Yes / No						
Physical address of the facility	Yes / No						
Contact details for the facility	Yes / No						
Contact details for the emergency services	Yes / No						
Service package	Yes / No						

Checklist for Element 3

Disclaimer sign is clearly sign posted at the entrance of the facility

Instruction: Use the checklist to check the Disclaimer sign if is posted at the entrance of the facility . Score: Y (Yes) = if present, N (No) = if not present

Description	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Information							
No weapons	Yes / No						
No smoking	Yes / No						
No animals (except for service animals)	Yes / No						
No littering	Yes / No						
No Hawkers	Yes / No						

Checklist for Element 6							
Patients' Rights Charter is displayed in at least two local languages in all waiting areas							
Instruction: Use the checklist to check if the Patients' Rights Charter is displayed in at least two local languages. Score: Y (Yes) = if present, N (No) = if not present							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Area							
Patients' Rights Charter is displayed in at least two local languages in all waiting areas	Yes / No					Yes / No	Yes / No

Checklist for Element 7

All service areas within the facility are clearly sign posted

Instruction: Use the checklist below to check whether all service areas within the facility are clearly signposted. Score Y (Yes) = if present, N (No) = if not present, NA (Not applicable) = if the facility does not have the area/service

Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Internal Branding							
Help Desk/Reception	Yes / No						
Complaints/suggestions/compliments box	Yes / No					Yes / No	Yes / No
Pharmacy/ dispensary			Yes / No				
Time and days services are offered at the pharmacy/dispensary are displayed at the entrance of the pharmacy/dispensary			Yes / No				
Chronic Medicine Collection (CCMDD/CDU)		Yes / No / NA	Yes / No / NA				
24 Hour Emergency Unit	Yes / No					Yes / No	
Midwife Obstetric Unit	Yes / No						Yes / No
Oral Health Services	Yes / No			Yes / No			
X-rays (if applicable)	Yes / No	Yes / No / NA					
Facility Manager – door identifier	Yes / No						
Emergency exit(s)	Yes / No					Yes / No	Yes / No
Exit(s)	Yes / No					Yes / No	Yes / No
Assembly points	Yes / No						
Stairs (if applicable)	Yes / No / NA						
Patient Toilets							
Directional arrows to toilets	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disabled toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Female toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Male toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	
Directional signs for 8 hours service areas - Colour-coded signage for each of the 4 streams of care service areas							
Acute/minor ailments (orange)	Yes / No	Yes / No					
Chronic Diseases (blue)	Yes / No	Yes / No					
MCWH (deep green)	Yes / No	Yes / No					
Health Support Services (yellow)	Yes / No	Yes / No		Yes / No	Yes / No		
Functional room signage (each area/room should be labeled)							
Vital signs		Yes / No					
Counselling room/s		Yes / No					
Consultation room/s		Yes / No					
Dressing room		Yes / No					
Fire-fighting signs:							
At each hose, fire hose pictogram	Yes / No						
At each extinguisher, fire extinguisher pictogram	Yes / No						
Support/admin areas (room name sign on each door)							
Storeroom(s)	Yes / No						
Dirty utility room/slauce	Yes / No						
Laundry	Yes / No / Na						
Cleaner's room	Yes / No						
Linen room	Yes / No						
Staff Kitchen	Yes / No						
Patient records storage room	Yes / No						

Community Outreach Service (if applicable)	Yes / No						
Staff toilet(s)	Yes / No						
Staff room	Yes / No						
Boardroom/multi-purpose meeting room	Yes / No						

Checklist for Element 12

There is a process that prioritises the very sick, frail, and elderly patients at the 8-hour service area

Instruction: Use the checklist to check if there is a process that prioritises the very sick, frail, and elderly patients in the 8-hour service area. Score: Y (Yes) = if present, N (No) = if not present

Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Item							
The process to fast track very sick, frail and elderly users to the front of the queue is implemented. (The process to implement the fast-tracking of vulnerable users must be evident on observation of the waiting room. This should at a minimum include a poster or information provided to users about the process)	Yes / No						
SOP to prioritise the very sick, frail and elderly patients is available	Yes / No						
The SOP to prioritise the very sick, frail and elderly patients covers the following aspects:							
Prioritization procedure for the facility is described	Yes / No						
The procedure is displayed in at least two official languages in the waiting area indicating the prioritisation process	Yes / No						
In-service training of ALL staff on prioritisation process	Yes / No						
Delegate the function of prioritisation process to a designated staff member	Yes / No						
Conduct random spot checks during the day to determine whether the very sick, frail, and elderly patients are prioritised	Yes / No						

Checklist for Element 13

SOP for triaging of patients in the 24 Hour Emergency unit is available

Instruction: Use the checklist to check the SOP for triaging of patients in the 24-hour Emergency unit available. Score: Y (Yes) = if present, N (No) = if not present

Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Supp	8 hr	Phar/Di sp/Med room	Oral	Allied	AE	MOU
Item							
Describe the designation of the healthcare provider/s who should conduct the triage						Yes / No	
Location or area where the triage should be conducted						Yes / No	
Equipment and material required in the triage area						Yes / No	
Triage process is described for different categories of patients						Yes / No	
Documentation of triage findings						Yes / No	

Checklist for Element 16

A Functional wheelchair is available.

Instruction: Use the checklist below to check if a Functional wheelchair is available. Score Y (Yes) = if present, N (No)

Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Di sp/Med room	Oral	Allied	AE	MOU
Area							
A Functional wheelchair is available.		Yes / No				Yes / No	Yes / No

Checklist for Element 18

Patient records adheres to ICSM prescripts at the 8 hour service area

Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts. Randomly select seven records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below. Y (Yes) = recorded, N (No) = not recorded.

Description	Score												
	8 hr Non-clinical							8 hr clinical services			24 hr clinical serv		
	Admin & Admin Support							8hr	Disp/Med room	Oral	Allied	AE	MOU
	Adult Acute/minor ailments	Adult Chronic	Adult maternal health	Sick child(IMCI)	Well Baby	Oral	Allied						

Type of information/notes

Administrative details (on cover of record)

Facility's name	Yes/No												
Name and surname	Yes/No												
Patient file number	Yes/No												
ID/Refugee/passport number OR date of birth	Yes/No												
Gender	Yes/No												

Demographic details

Residential address	Yes/No												
Personal contact details	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Name and surname of parents or guardian				Yes/No	Yes/No	Yes/No	Yes/No						
Contact details of parents or guardian				Yes/No	Yes/No	Yes/No	Yes/No						
Next of kin contact details	Yes/No												
Employment contact details (if employed)	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Marital status	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Gender	Yes/No												

Patient profile – first visit

Type of employment	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Social (type of employment, living conditions, social assistance, cooking method)	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Social(school grade, social assistance, nutrition, where child resides)				Yes/No	Yes/No	Yes/No	Yes/No						
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Family history of chronic conditions	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Known chronic conditions	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Surgical history	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Allergies	Yes/No												

Clinical management

Length/Height of patient at the 1st visit	Yes/No												
Weight at every visit	Yes/No												
Body mass index (BMI) calculated at the 1st and 7th visit	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Weight-for-height z score				Yes/No	Yes/No								
MUAC (every 3 months)			Yes/No	Yes/No	Yes/No								

	Adult Acute/minor ailments	Adult Chronic	Adult maternal health	Sick child (MCI)	Well Baby	Oral	Allied							
Strength of medication	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Quantity	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Dosage	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Dosage form	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Batch number (applicable for immunizations)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Prescriber's name and surname	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Prescriber's qualification	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Prescriber's signature	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Date signed by prescriber (Date of issue of prescription)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Dispenser's name and surname	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Dispenser's signature	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
SANC/HPCSA number	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Consent form (where applicable)														
Patient's full names and surname are written on the consent form	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The user's age or date of birth or identity number is documented in the consent	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The exact nature of the operation/procedure/treatment is written	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The consent form is signed by the patient or parent/guardian	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The consent form is signed by the health care provider	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The consent form is dated	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							
The information is legible	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na							

Checklist for Element 19

Patient records adhere to ICSM prescripts at the 24-hour Emergency Unit

Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts. Randomly select three records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below. Y (Yes) = recorded, N (No) = not recorded.

Description	Score								
	8 hr Non-clinical			8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp			8 hr	Phar/Di sp/Med room	Oral	Allied	AE	MOU
	Pt record from 24hr AE								
	Record 1	Record 2	Record 3						

Type of information/notes

Administrative details (on cover of record)

Facility's name	Yes / No	Yes / No	Yes / No						
Name and surname	Yes / No	Yes / No	Yes / No						
Patient file number	Yes / No	Yes / No	Yes / No						
ID/Refugee/passport number OR date of birth	Yes / No	Yes / No	Yes / No						
Gender	Yes / No	Yes / No	Yes / No						

Demographic details

Residential address	Yes / No	Yes / No	Yes / No						
Personal contact details	Yes / No	Yes / No	Yes / No						
Name and surname of parents or guardian	Yes / No	Yes / No	Yes / No						
Contact details of parents or guardian	Yes / No	Yes / No	Yes / No						
Next of kin contact details	Yes / No	Yes / No	Yes / No						
Employment contact details (if employed)	Yes / No	Yes / No	Yes / No						
Marital status	Yes / No	Yes / No	Yes / No						
Gender	Yes / No	Yes / No	Yes / No						

Patient profile – first visit

Type of employment	Yes / No	Yes / No	Yes / No						
Social (type of employment, living conditions, social assistance, cooking method)	Yes / No	Yes / No	Yes / No						
Social(school grade, social assistance, nutrition, where child resides)	Yes / No	Yes / No	Yes / No						
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes / No	Yes / No	Yes / No						
Family history of chronic conditions	Yes / No	Yes / No	Yes / No						
Known chronic conditions	Yes / No	Yes / No	Yes / No						
Surgical history	Yes / No	Yes / No	Yes / No						
Allergies	Yes / No	Yes / No	Yes / No						

Clinical management

Length/Height of patient at the 1st visit	Yes / No	Yes / No	Yes / No						
Weight at every visit	Yes / No	Yes / No	Yes / No						
Body mass index (BMI) calculated at the 1st and 7th visit	Yes / No	Yes / No	Yes / No						
Weight-for-height z score	Yes / No	Yes / No	Yes / No						
MUAC (every 3 months)	Yes / No	Yes / No	Yes / No						
Temperature	Yes / No	Yes / No	Yes / No						
Blood pressure at every visit	Yes / No	Yes / No	Yes / No						
Respiratory rate	Yes / No	Yes / No	Yes / No						
Pulse rate at every visit	Yes / No	Yes / No	Yes / No						
Blood sugar as per guidelines	Yes / No	Yes / No	Yes / No						

	Pt record from 24hr AE								
	Record 1	Record 2	Record 3						
Urine dipstick as per guidelines	Yes / No	Yes / No	Yes / No						
Basic screening where indicated (HIV, TB, STI, Diabetes)	Yes / No	Yes / No	Yes / No						
Current chronic condition	Yes / No	Yes / No	Yes / No						
Adherence to medication	Yes / No	Yes / No	Yes / No						
Reported side effects of medication	Yes / No	Yes / No	Yes / No						
Other hospital/doctor visits	Yes / No	Yes / No	Yes / No						
Presenting complaints	Yes / No	Yes / No	Yes / No						
Examination									
General (JACCOL)	Yes / No	Yes / No	Yes / No						
Respiratory	Yes / No	Yes / No	Yes / No						
Cardiovascular	Yes / No	Yes / No	Yes / No						
Gastro intestinal	Yes / No	Yes / No	Yes / No						
Mental state	Yes / No	Yes / No	Yes / No						
Central nervous system (CNS)	Yes / No	Yes / No	Yes / No						
Musculo-skeletal	Yes / No	Yes / No	Yes / No						
Diagnosis	Yes / No	Yes / No	Yes / No						
Patient management									
Investigation/tests requested	Yes / No	Yes / No	Yes / No						
Date of investigation/test requested	Yes / No	Yes / No	Yes / No						
Results of investigations/test recorded	Yes / No	Yes / No	Yes / No						
Health education provided	Yes / No	Yes / No	Yes / No						
Treatment prescribed	Yes / No	Yes / No	Yes / No						
Rehabilitation (where applicable)	Yes / No	Yes / No	Yes / No						
Referral (where applicable)	Yes / No	Yes / No	Yes / No						
Date of next visit indicated (where applicable)	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's name and surname	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's qualification	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's signature	Yes / No	Yes / No	Yes / No						
Date signed by Health Care Practitioner	Yes / No	Yes / No	Yes / No						
HPCSA Number	Yes / No	Yes / No	Yes / No						
Prescription									
Patient's name and surname	Yes / No	Yes / No	Yes / No						
ID number	Yes / No	Yes / No	Yes / No						
Age	Yes / No	Yes / No	Yes / No						
Allergies	Yes / No	Yes / No	Yes / No						
Name of medication	Yes / No	Yes / No	Yes / No						
Strength of medication	Yes / No	Yes / No	Yes / No						
Quantity	Yes / No	Yes / No	Yes / No						
Dosage	Yes / No	Yes / No	Yes / No						
Dosage form	Yes / No	Yes / No	Yes / No						
Batch number (applicable for immunizations)	Yes / No	Yes / No	Yes / No						
Prescriber's name and surname	Yes / No	Yes / No	Yes / No						
Prescriber's qualification	Yes / No	Yes / No	Yes / No						
Prescriber's signature	Yes / No	Yes / No	Yes / No						
Date signed by prescriber (Date of issue of prescription)	Yes / No	Yes / No	Yes / No						
Dispenser's name and surname	Yes / No	Yes / No	Yes / No						
Dispenser's signature	Yes / No	Yes / No	Yes / No						
SANC/HPCSA number	Yes / No	Yes / No	Yes / No						
Consent form (where applicable)									

	Pt record from 24hr AE								
	Record 1	Record 2	Record 3						
Patient's full names and surname are written on the consent form	Yes / No	Yes / No	Yes / No						
The user's age or date of birth or identity number is documented in the consent form	Yes / No	Yes / No	Yes / No						
operation/procedure/treatment is written on the	Yes / No	Yes / No	Yes / No						
The consent form is signed by the patient or parent/guardian	Yes / No	Yes / No	Yes / No						
The consent form is signed by the health care provider	Yes / No	Yes / No	Yes / No						
The consent form is dated	Yes / No	Yes / No	Yes / No						
The information is legible	Yes / No	Yes / No	Yes / No						

Checklist for Element 20

Maternity Case Record including partogram is completed

Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts
Scoring - in column for score mark as follows:
Check - randomly select five records of female patients seen in the past three months in the MOU. Audit the last visit. Y (Yes) = recorded, N (No) = not recorded.

Description	Score												
	8 hr Non-clinical					8 hr clinical services			24 hr clinical serv				
	Admin & Admin Supp					8 hr	Phar/Di	sp/Med	room	Oral	Allied	AE	MOU
	Pt record from MOU												
	Record 1	Record 2	Record 3	Record 4	Record 5								

Type of information/notes

Administrative details (on cover of record)

CHC's name	Yes / No											
Name and surname	Yes / No											
Patient file number	Yes / No											
ID/Refugee/passport number OR date of birth	Yes / No											

Demographic details

Residential address	Yes / No											
Personal contact details	Yes / No											
Name and surname of parents or guardian (if applicable)	Yes / No											
Contact details of parents or guardian (if applicable)	Yes / No											
Next of kin contact details	Yes / No											
Employment contact details (if employed)	Yes / No											
Marital status	Yes / No											

Patient profile

Type of employment	Yes / No											
Social (type of employment, living conditions, social assistance, cooking method)	Yes / No											
Social (school grade, social assistance, nutrition, where child resides)	Yes / No											
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes / No											
Family history of chronic conditions/congenital disorders	Yes / No											
Known chronic conditions	Yes / No											
Surgical history	Yes / No											
Allergies	Yes / No											

Antenatal record

Planned pregnancy	Yes / No											
Booked under 20 weeks	Yes / No											
Booked after 20 weeks	Yes / No											

	Pt record from MOU										
	Record 1	Record 2	Record 3	Record 4	Record 5						
LNMP (Last normal menstrual period)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
EDD (expected date of delivery)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Future contraception selected	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Infant feeding discussed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Risk assessment	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical management											
Height of patient	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Weight	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Body mass index (BMI) calculated	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Temperature	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood pressure	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Pulse rate	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood sugar as per guidelines	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Urine dipstick as per guidelines	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Basic screening where indicated (HIV, TB, STI, Diabetes,)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Current chronic condition	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Adherence to medication	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Reported side effects of medication	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Other hospital/doctor visits	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Examination											
General (JACCOL)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Respiratory	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Cardiovascular	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Gastro intestinal	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Vaginal examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Mental state	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Diagnosis	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Patient management											
Investigations/tests - PAP smear	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – Syphilis	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – Rhesus	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – Hb	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – HIV	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
with each visit from 20 weeks	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Symphysis fundal height (SFH) at each visit	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Intrauterine growth restriction (IUGR) assessed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Maternal and foetal risks listed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Foetal movements felt	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Foetal presentation from 36 weeks	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Partogram completed fully: (Each assessment section to be fully completed)											
Observation chart for antenatal problem admissions completed fully	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Observation chart completed fully (if diagnosis of labour is doubtful)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Completed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Decision: assessment, diagnosis and management	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						

	Pt record from MOU										
	Record 1	Record 2	Record 3	Record 4	Record 5						
Foetal heart rate	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Method of placenta delivery	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Findings on placenta examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Findings on membranes examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
State of perineum	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
State of uterus	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood loss checked	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Feeding initiated	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Maternal and foetal risks listed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Admission findings counter signed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Assessment of Newborn form completed:											
a. Birth time	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
b. Birth date	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
c. Risk factors to baby	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
d. Konakion administered	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
e. Eye prophylaxis administered	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's name and surname	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's qualification	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's signature	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Date signed by Health Care Practitioner	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
HPCSA Number	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Consent form (where applicable)											
Patient's full names and surname are written on the consent form	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The user's age or date of birth or identity number is documented in the consent form	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The exact nature of the operation/procedure/treatment is written on the consent form	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The consent form is signed by the patient or parent/guardian	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The consent form is signed by the health care provider	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The consent form is dated	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
The information is legible	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						

Checklist for Element 21

Mothers are provided with a discharge summary report

Use the checklist below to verify that the discharge report describes the information listed Scoring – in column for score mark as follows: Check – randomly select
 two discharge reports Y (Yes) = compliant; N (No) = not compliant.

Description	Score							
	8 hr Non-clinical		8 hr clinical services			24 hr clinical services		
	Admin & Admin Supp		8hr	Phar/ Disp/ Med room	Oral	Allied	AE	MOU
	Discharge report 1	Discharge report 2						
Item								
Name and Surname of Patient	Yes / No	Yes / No						
Date of birth	Yes / No	Yes / No						
Identity number or passport number	Yes / No	Yes / No						
Date of delivery	Yes / No	Yes / No						
Date of discharge	Yes / No	Yes / No						
Type of delivery	Yes / No	Yes / No						
Name of the facility to which the patient was admitted	Yes / No	Yes / No						
Examination on discharge conducted	Yes / No	Yes / No						
Family Planning (contraception) discussed	Yes / No	Yes / No						
Feeding options discussed	Yes / No	Yes / No						
Medicine and treatment given	Yes / No	Yes / No						
Postnatal advice on discharge	Yes / No	Yes / No						
Information regarding baby:								
Gender	Yes / No	Yes / No						
Weight	Yes / No	Yes / No						
Head circumference	Yes / No	Yes / No						
Length	Yes / No	Yes / No						
BCG given	Yes / No	Yes / No						
Polio given	Yes / No	Yes / No						
Name and surname of health care provider	Yes / No	Yes / No						
Health care provider's qualification	Yes / No	Yes / No						
Signature of health care provider completing the report	Yes / No	Yes / No						
Date signed by health care provider	Yes / No	Yes / No						

Checklist for Element 22

District/Provincial SOP/guideline for archiving and disposal of patient records is aligned to the National guideline.

Use the checklist below to verify that the SOP/guideline describes the topics as listed.
 Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant

Description	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Geographical location signage from main roads							
Accessing of patient records	Yes / No						
Tracking of patient records	Yes / No						
Filing of patient records	Yes / No						
Storage of patient records	Yes / No						
Archiving of patient records	Yes / No						
Disposal of patient records	Yes / No						

Checklist for Element 23

Guideline for accessing, tracking, filing, archiving and disposal of patient records is adhered to

Use the checklist below to determine whether the facility adheres to the SOP for filing, archiving and disposal of patient records

Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Patient record storage room adheres to the following:							
Lockable with a security gate OR electronically controlled entrance (tag)	Yes / No						
There is a 'No unauthorised entry' sign on the door	Yes / No						
Shelves OR cabinets to store files	Yes / No						
Lowest shelf OR cabinets start at least 100 mm off the floor and the top of shelving is not less than 320 mm from the ceiling to allow airflow	Yes / No						
Aisle and shelves OR Cabinets labeled correctly according to SOP	Yes / No						
Counter or sorting table or dedicated shelves to sort files	Yes / No						
Light is functional and allows for all areas of the room to be well lit	Yes / No						
Room is clean and dust free	Yes / No						
Filing for patient records adheres to the following:							
Facility has a patient record for patients that consulted at the facility	Yes / No						
Standardised unique record registration number assigned to files	Yes / No						
Record registration number is clearly displayed on the cover of the patient record	Yes / No						
All patient records are filed as per SOP	Yes / No						
A tracking system is in place to check that all patient records that were issued for the day are returned to the patient records storage room/registry by the end of the day	Yes / No						
Annual register available of archived records	Yes / No						
Annual register available of disposed records	Yes / No						
Copy of disposal certificates available. Copies must correspond with entries in disposal register	Yes / No						
Access for patient to their records							
The SOP/guideline for filing, archiving and disposal of patient records describes the process to follow for patients to access their patient record	Yes / No						

Checklist for Element 29

Priority stationery is available at the facility in sufficient quantities

Use the checklist below to check stationary availability
 Y (Yes) = complaint, N (No) = not compliant.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
	Facility minimum required quantity (Record must be available stipulating the facility's minimum required quantities)						
Goods and supplies order forms/books	Yes / No						
Patient record for adults	Yes / No						
Patient record for children	Yes / No						
Road to Health Booklet for Boys and Girls	Yes / No						
Appointment Cards – General	Yes / No						
Patient information registers/Tick sheet	Yes / No						
WBPHCOT referral forms	Yes / No						
General referral forms	Yes / No						
Sick note	Yes / No						
Maternity Case Record with Partogram	Yes / No						
Refusal of treatment forms	Yes / No						

Checklist for Element 31

Patients are consulted, examined and counselled in privacy

Use the checklist below to check whether patients are consulted, examined and counselled in privacy

Scoring - in column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Mod room	Oral	Allied	AE	MOU
Patients are consulted, examined and counselled in privacy		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Note: Always confidentiality is highly critical for all our patients. For example: When a pharmacist speaks to patients (explaining medication usage) its vital to ensure that other patients do not hear what is being said by the pharmacist (and/or other clinician).

Checklist for Element 37							
Quality Improvement plan to address all areas, is signed and updated quarterly.							
Use the checklist below to check whether the facility's quality improvement plan addresses all areas, is signed and updated quarterly							
Scoring - in column for score mark as follows: Y (Yes) = Compliant, N (No) = Not compliant.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp /Med room	Oral	Allied	AE	MOU
Quality improvement plan is updated quarterly	Yes / No						
Quality improvement plan is signed by the facility manager	Yes / No						
Quality improvement plan address the following:							
Elements failed on the Ideal Clinic (and/or CHC) framework	Yes / No						
Gaps identified in the following areas are addressed:							
Patient experience of care surveys	Yes / No						
Complaints	Yes / No						
Patient safety incidents	Yes / No						
Clinical record audit	Yes / No						
Annual risk assessment for infection prevention and control	Yes / No						
Occupational health and safety register	Yes / No						
Security breaches	Yes / No						
Loss to follow-up of HIV and TB patients	Yes / No						
Tracer list medicine stock-out	Yes / No						
Laboratory specimen collection material stock-out	Yes / No						
Waiting Time	Yes / No						

Checklist for Element 40

Patients are formally handed over at the end of each shift

Scoring - in column for score mark as follows: Check – Select two records of patients in each of the areas as indicated who was handed over between shifts.
Y (Yes) = Compliant, N (No) = Not compliant.

Item	Score									
	8 hr Non-clinical				8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp				8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
	AE Record 1	AE Record 2	MOU Record 1	MOU Record 2						
Time of patient handover is documented	Yes / No	Yes / No	Yes / No	Yes / No						
Obstetric history (gravidity and parity)			Yes / No	Yes / No						
Antenatal history			Yes / No	Yes / No						
Vital signs	Yes / No	Yes / No	Yes / No	Yes / No						
Stage of labour			Yes / No	Yes / No						
Progress of labour			Yes / No	Yes / No						
Time next examination is due			Yes / No	Yes / No						
Treatment required during the next shift	Yes / No	Yes / No	Yes / No	Yes / No						
Signature to confirm handover done	Yes / No	Yes / No	Yes / No	Yes / No						
Condition of patient is documented after handover	Yes / No	Yes / No	Yes / No	Yes / No						

Checklist for Element 41

Correct handover procedure was followed between the facility and EMS

Use the checklist below to check whether the correct procedure was followed between the facility and EMS

Scoring - in column for score mark as follows: Check – Select two records of patients in each area as indicated who were transferred via EMS according to EMS register. Note if the facility does not have a 24 hour Emergency unit, assess in the 8 hour emergency unit. Y (Yes) = compliant; N (No) = not compliant; NA = as indicated

Item	Score									
	8 hr Non-clinical				8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp				8 hr	Phar/Dis p/Med	Oral	Allied	AE	
	AE Record 1	AE Record 2	MOU Record 1	MOU Record 2						
Arrival time of EMS	Yes / No	Yes / No	Yes / No	Yes / No						
Handover time	Yes / No	Yes / No	Yes / No	Yes / No						
Method of transfer of patient from facility to ambulance	Yes / No	Yes / No	Yes / No	Yes / No						
Confirmation of patient identity	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical condition	Yes / No	Yes / No	Yes / No	Yes / No						
Vital signs	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical condition of the baby (where applicable)	Yes / No	Yes / No	Yes / No	Yes / No						
Method of transferring patient from facility to ambulance, i.e. walking, stretcher or wheelchair	Yes / No	Yes / No	Yes / No	Yes / No						
Treatment provided	Yes / No	Yes / No	Yes / No	Yes / No						
Treatment required during transfer	Yes / No	Yes / No	Yes / No	Yes / No						
Monitoring required during transfer	Yes / No	Yes / No	Yes / No	Yes / No						
The receiving facility expecting the patient	Yes / No	Yes / No	Yes / No	Yes / No						
Name of the health care provider who telephonically accepted the transfer at the receiving hospital	Yes / No	Yes / No	Yes / No	Yes / No						
Previous/known medical history (treatment given to user, how the patient was managed by EMS prior to arriving at the facility)	Yes / No	Yes / No	Yes / No	Yes / No						
Transfer letter and/or maternity records to be handed over to the receiving facility (where applicable)	Yes / No / Na	Yes / No / Na	Yes / No / Na	Yes / No / Na						
The name and designation of the health care provider receiving the patient	Yes / No	Yes / No	Yes / No	Yes / No						
Signatures of transferring and receiving personnel	Yes / No	Yes / No	Yes / No	Yes / No						

Checklist for Element 42

Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames

Use the checklist below to check whether patients have been triaged as required
 Scoring - in column for score mark as follows: Check – randomly select records of three patients who were triaged as requiring immediate, urgent or very urgent care. Compare the time the patient was triaged with the time the patient was seen to evaluate whether the patient was seen within the triage time scale as indicated on the triage algorithm. Y (Yes) = if patient was seen within the target time frame, N (No) = if patient was not seen within the target time frame.

Item	Score								
	8 hr Non-clinical			8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp			8 Hour	Phar/Di p/Med room	Oral Health	Allied	AE	MOU
	AE Record 1	AE Record 2	AE Record 3						
Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames	Yes/No	Yes/No	Yes/No						

Checklist for Element 43

Protocol and guidelines regarding examination and stabilisation of patients is adhered to

Use the checklist below to check whether patients have been stabilised according to guidelines and protocols

Scoring - in column for score mark as follows:

Check – randomly select records of three patients who were triaged as requiring immediate, very urgent care.

Item	Score								
	8 hr Non-clinical			8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp			8hr	Phar/Di sp/Med room	Oral Health	Allied	AE	MOU
	AE Record 1	AE Record 2	AE Record 3						
Triage category or score	Yes / No	Yes / No	Yes / No						
Initial clinician's assessment	Yes / No	Yes / No	Yes / No						
Medical history	Yes / No	Yes / No	Yes / No						
Physical examination	Yes / No	Yes / No	Yes / No						
Investigations ordered	Yes / No	Yes / No	Yes / No						
Provisional diagnosis	Yes / No	Yes / No	Yes / No						
Final diagnosis (N/A where final diagnosis has not been made prior to transfer)	Yes / No / NA	Yes / No / NA	Yes / No / NA						
Interventions made to stabilize the patient	Yes / No	Yes / No	Yes / No						
All vital signs have been monitored	Yes / No	Yes / No	Yes / No						
Transfer arrangements for the receiving facility	Yes / No	Yes / No	Yes / No						

Checklist for Element 46

Patients have access to health support services

Use the checklist below to check whether patients have access to health support services

Scoring - in column for score mark as follows:

Y (Yes) = if patients have access onsite or via referral (referral facilities for each service must be describe in the facility's), N (No) = if patients don't have access on site or via referral

Item	Score					
	8 hr Non-clinical Admin & Admin Supp	8 Hour clinical services			24 hr clinical services	
		8hr	Phar/Disp/Med room	Oral Health	Allied	AE
Occupational therapy services				Yes / No		
Physiotherapy services				Yes / No		
Dietetic services				Yes / No		
Social work services				Yes / No		
Speech and hearing services				Yes / No		

Checklist for Element 51

Adolescent and Youth Friendly Health services are available

Use the checklist below to check whether the facility renders services that are adolescent and youth friendly

Scoring –in column for score mark as follows:

Y (Yes) = if present and compliant; N (No) = if not present or not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/med room	Oral Health	Allied	AE	MOU
The National Adolescent and Youth Health Policy is available	Yes/No	Yes/No					
A poster indicating that the facility allocates dedicated time to consult adolescents and youth after school hours is visibly posted in the reception area and in consulting room(s) where AYFS are provided	Yes/No	Yes/No					
Facility's AYFS poster displays its comprehensive integrated package of AYFS services provided	Yes/No						
The facility's staff development plan makes provision for all healthcare professionals to be trained in AYFS	Yes/No						
The training register/record reflect that the healthcare professionals providing comprehensive integrated package of services to young people are trained on AYFS	Yes/No						
Facility's clinic committee includes a representative of the adolescent and youth sector aged 18-24 years	Yes/No						
Facility has a brief profile of adolescents and youth in its catchment area, including their challenges	Yes/No						

Checklist for Element 57

Facility refers environmental health related risks to environmental health services

Use the checklist below to check whether the facility has access to and refers environmental health risks to environmental health services

Scoring - in column for score mark as follows: Y (Yes) = if available and compliant; N (No) = if not available or not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Contact details of the environmental health services is available at the facility	Yes/No						
No stagnant water outside the perimeters of the facility	Yes/No						
No overgrown vegetation outside the perimeters of the facility	Yes/No						
No litter 100 meters outside the perimeters of the facility	Yes/No						

Checklist for Element 58							
The ICSM compliant package of clinical guidelines is available in all consulting rooms							
Use the checklist below to check the availability of ICSM compliant package of clinical guidelines							
Scoring - in column for score mark as follows:							
Check – randomly select consulting rooms in the areas as indicated							
Y (Yes) = present, N (No) = not present.							
Area	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Integrated Management of Childhood Illness Chart Booklet, 2022 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2023 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No

* Guidelines can also be available electronically or via apps

Checklist for Element 59

National guidelines on priority health conditions are available in the facility

Use the checklist below to check the availability of national guidelines
 Scoring - in column for score mark as follows:
 Check - whether a copy of the guidelines and policies are available in an office that is accessible to staff at the areas as indicated
 Y (Yes) = present, N (No) = not present.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Mod room	Oral Health	Allied	AE	MOU
Child, Youth and School Health							
Integrated School Health Policy 2012		Yes/No				Yes/No	Yes/No
South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017) or latest version		Yes/No				Yes/No	Yes/No
Non-Communicable diseases (NCD)							
National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021) or latest version		Yes/No				Yes/No	Yes/No
HIV							
Antiretroviral Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2023) or latest version		Yes/No				Yes/No	Yes/No
National HIV Testing Services Policy (2024) or latest version		Yes/No				Yes/No	Yes/No
National Medical Male Circumcision Guidelines (2016) or latest version		Yes/No				Yes/No	Yes/No
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2023) AGL SOPs* or latest version		Yes/No				Yes/No	Yes/No
National guidelines for the management of Viral Hepatitis (2019) or latest version		Yes/No				Yes/No	Yes/No
TB							
National Tuberculosis Management Guidelines (2014) or latest version		Yes/No				Yes/No	Yes/No
National Guidelines for the Management of Tuberculosis in Children (2013) or latest version		Yes/No				Yes/No	Yes/No
National Guidelines on the Tuberculosis infection (2023 or latest version)		Yes/No				Yes/No	Yes/No
Clinical Management of Rifampicin Resistance Tuberculosis 2023 or latest version		Yes/No				Yes/No	Yes/No
Women, Maternal and Reproductive Health							
Guidelines for Maternity Care in South Africa (2016) or latest version		Yes/No				Yes/No	Yes/No
Cervical Cancer Prevention and Control Policy (2017) or latest version		Yes/No				Yes/No	Yes/No
Clinical Guidelines for Breast Cancer Control and Management (2019) or latest version		Yes/No				Yes/No	Yes/No
National Contraceptives clinical guidelines (2019) or latest version		Yes/No				Yes/No	Yes/No

National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020) or latest version		Yes/No				Yes/No	Yes/No
Maternal, Perinatal and Neonatal health policy (2021) or latest version		Yes/No				Yes/No	Yes/No
Clinic Guideline for Genetics Services (2021) or latest version		Yes/No				Yes/No	Yes/No
National Clinical Guidelines for Safe Conception and Infertility (2021) or latest version		Yes/No				Yes/No	Yes/No
National integrated Sexual & Reproductive Health and Rights Policy (2019)		Yes/No				Yes/No	Yes/No
National Clinical Guideline for Implementation of Choice on Termination of Pregnancy Act (2019)		Yes/No				Yes/No	Yes/No
National integrated Sexual & Reproductive Health and Rights Policy (2019)		Yes/No				Yes/No	Yes/No

* Guidelines can also be available electronically or via apps

Checklist for Element 62

SOP for handing over between shifts

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant.

Item	Score							
	8 hr Non-clinical		8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp		8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
	AE	MOU						
Procedure describes who must conduct the handovers	Yes / No	Yes / No						
Describe the handover process (is it face to face/documentated)	Yes / No	Yes / No						
Minimum details to be provided at handover (summary of patient condition, procedure and treatment required)	Yes / No	Yes / No						
When handovers should take place (frequency)	Yes / No	Yes / No						

Checklist for Element 63

SOP for safe administration of medicine

Use the checklist below to check whether the SOP covers the topics as listed
 Scoring –in column for score mark as follows:
 Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Infused room	Oral Health	Allied	AE	MOU
Check validity of prescription before administration	Yes / No						
Verification of medicine to be administered	Yes / No						
Route of administration	Yes / No						
Parental medicine	Yes / No						
Schedule 5 and 6 administration	Yes / No						
Reporting of medication errors	Yes / No						
Recording of medication administration	Yes / No						

Checklist for Element 64

SOP for informed consent is available

Use the checklist below to check whether the SOP covers the topics as listed
 Scoring –in column for score mark as follows:
 Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Mod room	Oral Health	Allied	AE	MOU
Signatory providing consent must be legally entitled	Yes/No						
Exact nature of the procedure or treatment must be communicated to the patient	Yes/No						
Patient's full names must appear on the consent form	Yes/No						
Age/date of birth or identity number of patients must be reflected on the consent form	Yes/No						
Consent form must be signed by the health care provider who will perform the procedure	Yes/No						
The consent form must be dated	Yes/No						
All entries on the form must be legible	Yes/No						

Checklist for Element 65

SOP for identification of patients is available

Use the checklist below to check whether the SOP covers the topics as listed

Scoring –in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/IM ed room	Oral Health	Allied	AE	MOU
Procedure for identification including determination of correct information	Yes/No						
Method of identification (e.g. wrist band) and information to be included (name, surname, telephone number, allergies)	Yes/No						
Applying the identification band/item	Yes/No						
Removal of identification band/item	Yes/No						
Specific precautions for managing at risk patients such as babies and intellectually challenged patients	Yes/No						

Checklist for Element 69

Professional nurses at the facility are trained on BANC Plus

Use the checklist below to check whether professional nurses are trained in BANC Plus
 Scoring –in column for score mark as follows: Y (Yes) = available; N (No) = not available.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp /Med room	Oral Health	Allied	AE	MOU
50% of nurses are trained on BANC Plus in the 8 hour service area	Yes/No						
50% of nurses are trained on BANC Plus in the 24 hour Emergency unit	Yes/No						
80% of nurses are trained on BANC Plus in the MOU	Yes/No						

Checklist for Element 74

Facility/district SOP for patient safety incident reporting and learning is available

Use the checklist below to check whether the SOP covers the aspects as listed

Scoring –in column for score mark as follows:

Y (Yes) = available; N (No) = not available.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Suppl	8hr	Phar/Disp/med room	Oral Health	Allied	AE	MOU
Terms of reference of the patient safety committee which reviews PSI is clearly documented	Yes / No						
Designation of members of the committee	Yes / No						
Identifying patient safety incidents	Yes / No						
Immediate action	Yes / No						
Prioritisation	Yes / No						
Notification	Yes / No						
Investigation	Yes / No						
Classification	Yes / No						
Analysis	Yes / No						
Implementation of recommendations	Yes / No						
Learning	Yes / No						

Checklist for Element 75

Patient Safety Incident management records comply with the National Guideline for Patient Safety Incident Reporting and Learning

Use the checklist below to check the availability of records required for the effective management of Patient Safety Incidents (PSI)

Scoring - In column for score mark as follows:

Check patient safety records for the past three months.

Note: In cases where no incidents occurred in the past three months. The Patient Safety Incident Compliance report for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'NA'. Y (Yes) = available, N (No) = not available or Compliance report does not show 100% for "Null" reporting, NA (Not Applicable) = if facility did not record and patient safety incidents in the past three months

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Infused room	Oral Health	Allied	AE	MOU
Patient Safety Incident Register	Yes / No / Na						
Completed Patient safety incident form with investigation report is available for all patient safety incident cases that have been closed on the Patient Safety Incident Register	Yes / No / Na						
Statistical report for classifications of agents involved	Yes / No / Na						
Statistical report for classifications of incident type	Yes / No / Na						
Statistical report for classifications of incident outcome	Yes / No / Na						
Statistical report for Indicators for patient safety incidents	Yes / No / Na						

Checklist for Element 78

Clinical audits are conducted annually on priority health conditions

Use the checklist below to check whether clinical audits are conducted for all the priority health conditions annually

Scoring - In the column for score mark as follows: Y (Yes) = audit conducted, N (No) = audit not conducted if the condition has not been audited in the current financial year as the next due date for audit is still to come; assess the previous financial year's records for that condition.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Im ed room	Oral Health	Allied	AE	MOU
HIV/TB	Yes/No						
NCD (diabetes and hypertension)	Yes/No						
Maternal health (ANC &PNC)	Yes/No						
Well baby	Yes/No						
Sick child (IMCI)	Yes/No						

Checklist for Element 79

80% of records audited are compliant

Use the checklist below to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures

Scoring - In the column for score mark as follows:

Y (Yes) = compliant, N (No) = scored less than 80%. Audit the current financial year records, if the condition has not been audited in the current financial year as the next due date for adult is still to come; assess the previous financial year's records for that condition.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
HIV/TB	Yes/No						
NCD (diabetes and hypertension)	Yes/No						
Maternal health (ANC &PNC)	Yes/No						
Well baby	Yes/No						
Sick child (IMCI)	Yes/No						

Checklist for Element 81

National guidelines are followed for all notifiable medical conditions

Use the checklist below to determine whether the National guidelines are followed for all notifiable medical conditions

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Notifiable Medical Conditions booklet available or have access to the web-based application to report Notifiable Medical Conditions	Yes/No						
All notifiable diseases are reported using the prescribed form or the web-based application	Yes/No						
Proof of submission of completed forms available	Yes/No						

Checklist for Element 82

SOP for the management of patients with highly infectious diseases is available

Use the checklist below to check whether to topics listed are described in the SOP

Scoring – in column for score mark as follows:

Y (Yes) = present; N (No) = not present

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Room identified or dedicated area to isolate patients with suspected highly infectious disease.	Yes / No						
Procedure for terminal cleaning of the identified room to isolate patients with suspected highly infectious disease is detailed.	Yes / No						
Personal Protective equipment required for treatment of infectious patients and cleaning of the room is listed.	Yes / No						

Checklist for Element 84

Facility has a functional Infection Prevention and Control programme

Use the checklist below to check whether the content of the SOP describes the items as listed

Scoring – in column for score mark as follows:

Y (Yes) = present; N (No) = not present

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/med room	Oral Health	Allied	AE	MOU
Facility has a designated staff member who is responsible for IPC	Yes / No						
Terms of reference of the IPC committee is available	Yes / No						
Designation of committee members is set out in the terms of reference	Yes / No						
IPC committee meet at a minimum quarterly (check attendance registers)	Yes / No						

Checklist for Element 85

SOP for standard precautions is available

Use the checklist below to check whether the content of the SOP describes the items listed

Scoring – in column for score mark as follows:

Y (Yes) = present; N (No) = not present

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Infused room	Oral Health	Allied	AE	MOU
Hand hygiene	Yes / No						
Personal Protective Equipment	Yes / No						
Patient placement	Yes / No						
Appropriate use of antiseptics, disinfectant and detergents	Yes / No						
Respiratory hygiene and cough etiquette	Yes / No						
Injection safety, prevention of injuries from sharp instruments, post- exposure prophylaxis and medical surveillance	Yes / No						
Environmental cleanliness	Yes / No						
Health care waste management	Yes / No						
Decontamination of medical devices	Yes / No						
Handling of linen and laundry	Yes / No						
Principles of asepsis	Yes / No						

Checklist for Element 86

All staff have received in-service training on infection control standard precautions that is in-line with the SOP in the last two years

Use the checklist below to check whether staff has received in-service training on infection prevention and control in the past 2 years

Scoring - in column for score mark as follows:

Check– randomly select two health care professional and two cleaners from the facility's staff establishment. If the facility has less than four staff members on their staff establishment, check all the staff
 Y (Yes) = staff member was trained; N (No) = staff member was not trained; NA (Not applicable) = if there are fewer than 4 staff members

Topics included in training	Score									
	8 hr Non-clinical				8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp				8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
	Healthcare Professional 1	Healthcare Professional 2	Cleaner 1	Cleaner 2						

Healthcare professionals received training on:

Hand hygiene	Yes / No	Yes / No / Na								
Personal Protective Equipment	Yes / No	Yes / No / Na								
Patient placement	Yes / No	Yes / No / Na								
Appropriate use of antiseptics, disinfectant and detergents	Yes / No	Yes / No / Na								
Respiratory hygiene and cough etiquette	Yes / No	Yes / No / Na								
Injection safety, prevention of injuries from sharp instruments, post- exposure prophylaxis and medical surveillance	Yes / No	Yes / No / Na								
Environmental cleanliness	Yes / No	Yes / No / Na								
Health care waste management	Yes / No	Yes / No / Na								
Decontamination of medical devices	Yes / No	Yes / No / Na								
Handling of linen and laundry	Yes / No	Yes / No / Na								
Principles of asepsis	Yes / No	Yes / No / Na								

Cleaners received training on:

Hand hygiene			Yes / No	Yes / No / Na						
Handling of linen and laundry			Yes / No	Yes / No / Na						
Personal Protective Equipment			Yes / No	Yes / No / Na						
Respiratory hygiene and cough etiquette			Yes / No	Yes / No / Na						
Environmental cleanliness			Yes / No	Yes / No / Na						
Health care waste management			Yes / No	Yes / No / Na						

Checklist for Element 87

Posters on hand hygiene is displayed

Use the checklist below to check whether the poster on hand hygiene is displayed
 Scoring - In column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = compliant, N (No) = not compliant.

Sub-area	Score									
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services			
	Admin & Admin Supp	8hr		Phar/Dis p/Med room	Oral Health	Allied	AE		MOU	
		Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)				Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)	Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)
Vital area		Yes / No	Yes / No							
Consultation room		Yes / No	Yes / No							
Rehabilitation treatment area		Yes / No	Yes / No							
Oral health		Yes / No	Yes / No							
Toilet 1 (3 streams of care)		Yes / No								
Toilet 2 (3 streams of care)		Yes / No								
Toilet in Rehabilitation treatment area		Yes / No								
Toilet in Oral Health		Yes / No								
Resuscitation							Yes / No	Yes / No		
Consultation area							Yes / No	Yes / No		
Observation area							Yes / No	Yes / No		
Patient Toilet							Yes / No			
Toilet for the disabled							Yes / No			
Staff Toilet							Yes / No			
Antenatal ward									Yes / No	Yes / No
Delivery suite									Yes / No	Yes / No
Postnatal ward									Yes / No	Yes / No
Patient Toilet									Yes / No	
Toilet for the disabled		Yes / No							Yes / No	
Staff Toilet		Yes / No							Yes / No	

Checklist for Element 90

Staff wear appropriate personal protective clothing

Use the checklist below to check whether protective clothing is available and worn

Scoring - in column for score mark as follows:

Check – Randomly select the areas as indicated

Y (Yes) = available and worn, N (No) = not available or not worn, NA (not applicable) = if staff is not in a situation where they need to wear protective clothing at the time of the audit OR the facility does not have the area

Item	Score										
	8 hr Non-clinical	8 Hour clinical services						24 hr clinical services			
	Admin & Admin Supp	8hr		Phar/Di sp/Med room	Oral Health		Allied	AE		MOU	
		Consultation rooms									
		stock available	worn by staff		stock available	worn by staff		stock available	worn by staff	stock available	worn by staff
Gloves – non sterile		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Gloves – sterile		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Disposable gowns OR aprons		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Protective face shields OR goggles		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Surgical face masks		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
N95 Respirators		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na

Checklist for Element 91

The Linen in use is sufficient, clean, appropriately used and not torn in all services areas where linen is used

Use the checklist below to check whether the linen is sufficient, clean, appropriately used and not torn in the areas as indicated
 Scoring - In the column for score mark as follows: Check – Randomly select the areas as indicated. Y (Yes) = compliant, N (No) = not compliant.

Item	Score											
	8 hr Non-clinical	8 Hour clinical services				A&E			MOU			
	Admin & Admin Supp	8hr		Phar/Disp/Med room	Oral Health	Allied	Triage	Resuscitation	Observation area	Antenatal ward	Delivery suite	Postnatal ward
		Consultation Room	Resuscitation Room									
All examination couches are covered with linen		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Cloth linen (i.e. couch cover, two draw sheets, two sheets, two pillowcases) is available for each consultation room		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disposable linen – at least 30 draw sheets per consultation room		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is clean		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is appropriately used for its intended purpose		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is not torn		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Mattresses have a washable cover										Yes / No	Yes / No	Yes / No
Mattress covers are clean										Yes / No	Yes / No	Yes / No
Mattresses are intact										Yes / No	Yes / No	Yes / No

Checklist for Element 92

Dirty, soiled and infectious linen are collected in a wheeled cart or trolley

Use the checklist below to check whether a trolley is used to collect dirty, soiled and infectious linen at the area as indicated

Scoring - in column for score mark as follows:

Y (Yes) = if present, N (No) = if not present.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Dirty, soiled and infectious linen are collected in a wheeled cart or trolley		Yes/No				Yes/No	Yes/No

Checklist for Element 96

All staff are made aware of the letter/memo/circular that informs staff of the procedure to follow for prophylactic immunisations

Use the checklist below to check whether staff are made aware of the SOP on access to prophylactic immunisations for high-risk infections

Scoring - In the column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Staff signed acknowledgment of the letter/memo/circular that sets out the guidelines for prophylactic immunisations	Yes / No						
Letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office contains the following information:							
Procedure to follow for prophylactic immunisations	Yes / No						
Who will bear the cost of immunizations	Yes / No						
Recommended vaccinations as determined by the disease profile of the health facility or region	Yes / No						

Checklist for Element 104

Results of the annual patient experience of care survey are visibly displayed at the main waiting area

Use the checklist below to check whether the results of the patient experience of care survey are displayed at the main waiting area

Scoring - In column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Infused room	Oral Health	Allied	AE	MOU
Access to services - Level of user experience with accessibility of health care services	Yes/No						
Availability and use of medicines - Level of user experience with availability and use of medicines	Yes/No						
User safety - Level of user experience with physical safety while in the health establishment	Yes/No						
Cleanliness and infection prevention and control - Level of user experience with cleanliness of a health establishment and infection prevention and control practices in the health establishment	Yes/No						
Values and attitudes - Level of user experience of personnel values and attitudes	Yes/No						
User waiting time - Level of user experience with waiting time for services in the health establishment	Yes/No						

Checklist for Element 107

Complaints/compliments/ suggestions toolkit is available at all service areas

Use the checklist below to check whether the complaint forms, box and poster are available at the areas as indicated

Scoring - In column for score mark as follows:

Y (Yes) = compliant, N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Lockable complaints/compliments/suggestions boxes are visibly placed at main entrance/exit		Yes/No				Yes/No	Yes/No
Complaints box is mounted (fixed to the wall or flat surface)		Yes/No				Yes/No	Yes/No
Official complaint/compliment/suggestion forms and pen are at the box at the main entrance/exit		Yes/No				Yes/No	Yes/No
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed at the entrance of the facility		Yes/No				Yes/No	Yes/No
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed in a second language commonly spoken official languages		Yes/No				Yes/No	Yes/No

Checklist for Element 108

Complaints/compliments /suggestions records comply with the National Guideline to Manage Complaints/Compliments/ Suggestions

Use the checklist below to check the availability of records required for effective Complaint/compliment/suggestion Management Scoring - in column for score mark as follows: Check - complaints/compliments/suggestion records for the past three months for statistical data. For complaint letters and redress letter/minutes, check the last five resolved complaints for evidence Note:
 •In cases where no complaints, compliments or suggestions occurred in the past three months. The Complaints Compliance Report for the facility as generated from the national web-based information system must show 100% compliance for “Null” reporting for the facility for the past 3 months, facility then score ‘NA’ at measures marked with a ‘*’.
 Y (Yes) = available, N (No) = not available, NA (Not applicable) = facility did not receive any complaints/compliments/suggestion in the past 3 months

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
The facility's/district's SOP to Manage Complaints/Compliments/Suggestions is available	Yes/No						
* Complaints letters (check the last 5 complaints resolved)	Yes/No/NA						
* Complaints redress letters/minutes (check the last 5 complaints resolved)	Yes/No/NA						
* Complaints register	Yes/No						
* Compliments register	Yes/No						
* Suggestion register	Yes/No						
* Statistical report for indicators and classifications for complaints	Yes/No						
*Statistical report for indicators and classifications for compliments	Yes/No						
*Statistical report for indicators and classifications for suggestions	Yes/No						

Checklist for Element 109

Targets set for complaint indicators are met

Use the checklist below to check whether the targets set for the complaints indicators were met
 Scoring - in column for score mark as follows: Check –the previous quarter’s data Y (Yes) = complaint, N (No) = not compliant; Not applicable (NA) = if no complaints were recorded in the previous quarter

Item	Score							
	Target	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Target	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Complaint resolution rate	90%	Yes / No / Na						
Complaint resolution rate within 25 working days	90%	Yes / No / Na						

Checklist for Element 118

There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area

Use the checklist below to check whether there is a process that prioritises the very sick, frail and elderly. Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Meed room	Oral Health	Allied	AE	MOU
The process to fast track very sick, frail and elderly users to the front of the queue is implemented. (The process to implement the fast-tracking of vulnerable users must be evident on observation of the waiting room. This can include a poster or information provided to users about the process or observing users who have been fast-tracked in the waiting area)		Yes / No					
SOP to prioritise the very sick, frail and elderly patients is available	Yes / No						
The SOP to prioritise the very sick, frail and elderly patients covers the following aspects:							
Prioritization procedure for the facility is described	Yes / No						
The procedure is displayed in at least two official languages in the waiting area indicating the prioritisation process	Yes / No						
In-service training for ALL staff on prioritisation process	Yes / No						
Delegate the function of prioritisation process to a designated staff member	Yes / No						
Conduct random spot checks during the day to determine whether the very sick, frail, and elderly patients are prioritised	Yes / No						

Checklist for Element 120

SOP for management of availability of medicines is available

Use the checklist below to check whether the SOP for management of availability of medicines covers the topics as listed Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Cleaning and appearance of the pharmacy/medicine room/dispensary	Yes / No		Yes / No				
Storage and organisation of the pharmacy/medicine room/dispensary	Yes / No		Yes / No				
Security and control of access to the pharmacy/medicine room/dispensary (within and outside normal working hours)	Yes / No		Yes / No				
Cold chain management	Yes / No		Yes / No				
Emergency cupboard/trolley management	Yes / No		Yes / No				
Management of medicines in the consulting room	Yes / No		Yes / No				
Pest Control	Yes / No		Yes / No				
Calculation and use of minimum, maximum and re-order stock levels	Yes / No		Yes / No				
Completion and management of stock (bin) cards	Yes / No		Yes / No				
Stock taking (counting) procedure	Yes / No		Yes / No				
Management of short-dated stock	Yes / No		Yes / No				
Procurement (ordering) of medicines	Yes / No		Yes / No				
Ordering and delivering schedule for stock	Yes / No		Yes / No				
Receipt of medicines into the pharmacy/medicine room/dispensary (ordered or borrowed stock)	Yes / No		Yes / No				
Managing return of stock to the depot	Yes / No		Yes / No				
Issuing of medicines to the consulting rooms and emergency trolley	Yes / No		Yes / No				
Managing stock transfers between facilities	Yes / No		Yes / No				
Medicine availability monitoring procedure/guide	Yes / No		Yes / No				
Separation and handling of expired, obsolete, unusable or patient-returned medicines (Schedule 0 – 4 medicines)	Yes / No		Yes / No				
Disposal of expired, obsolete, unusable and patient-returned medicines (Schedule 0 – 4 medicines)	Yes / No		Yes / No				
Managing recall of medicines	Yes / No		Yes / No				
Storage and control of Schedule 5 and Schedule 6 medicines	Yes / No		Yes / No				
Separation and disposal of expired, obsolete and unusable medicines (schedule 5 and schedule 6 medicines)	Yes / No		Yes / No				

Checklist for Element 122

Hand hygiene and sanitary facilities are available at the Pharmacy/dispensary

Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels

Scoring - in column for score mark as follows:

Y (Yes) = available, N (No) = not available.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Poster on hand hygiene is displayed near all hand wash basins			Yes / No				
Functional hand wash basin			Yes / No				
Taps are functional with running water (*)			Yes / No				
Liquid hand wash soap			Yes / No				
Disposable hand paper towels			Yes / No				

Checklist for Element 126

Pharmacy/dispensary and waiting area are clean

Use the checklist below to check whether the areas are clean

Scoring – in column for score mark as follows: Check – the medicine/dispensary room and the waiting area for the medicine/dispensary room Y (Yes) = compliant; N (No) = not compliant

Area and measures	Score							
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room		Oral Health	Allied	AE	MOU
			Pharmacy/dispensary room	Waiting area				
CONSULTING ROOMS:								
Windows are clean			Yes / No	Yes / No				
Window sills are clean			Yes / No	Yes / No				
Floor is clean			Yes / No	Yes / No				
Wall skirtings are free of dust			Yes / No	Yes / No				
Countertops are clean			Yes / No	Yes / No				
Door handles are clean			Yes / No	Yes / No				
Walls are clean			Yes / No	Yes / No				
Bins are not overflowing			Yes / No	Yes / No				
Bins are clean			Yes / No	Yes / No				
Areas are odour-free			Yes / No	Yes / No				
Areas are free of cobwebs			Yes / No	Yes / No				

Checklist for Element 127

Medicines are stored to maintain quality in the pharmacy/dispensary

Use the checklist below to check how the facility stores medicine to ensure that quality medicines are available Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
There are no cracks, holes or signs of water damage in the pharmacy			Yes / No				
There is sufficient space in the pharmacy to store medicines needed in the facility			Yes / No				
There are no medicines stored in direct contact with the floor			Yes / No				
There is no evidence of pests in the pharmacy			Yes / No				
Medicines are stored neatly on shelves			Yes / No				
Medicines are stored according to a classification system			Yes / No				
Brazier bins (storage organisers) are neatly labeled			Yes / No				
Medicines are packed according to FEFO (First Expired, First Out) principles			Yes / No				

Checklist for Element 128

Medicine room/cupboard/trolley is neat and orderly

Use the checklist below to check whether the medicine room/cupboard/trolley is neat and orderly Scoring - in column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = comply, N (No) = do not comply.

Item	Score								
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services				
	Admin & Admin Supp	8hr	Phar/Disp /Med room	Oral Health	Allied	AE		MOU	
		Consultation room				Resuscitation area	Observation area	Delivery suite	Antenatal/Postnatal ward
Surfaces inside the medicine room/cupboard/trolley are clean		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Medicines are neatly grouped together according to a classification system e.g. by dosage form (tablets/capsules, liquids, ointments, drops etc.) in		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Medicine packets/bottles are clean and dust free		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
There are no loose tablets or vials lying around		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
There are no used unsheathed needles lying around or placed in open vials		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No

Checklist for Element 129

Temperature of the pharmacy/dispensary is maintained within the safety range

Use the checklist below to check whether the medicine in the pharmacy is maintained within the safety range

Scoring - in column for score mark as follows:

Y (Yes) = comply, N (No) = do not comply

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
There is a functional air conditioner			Yes / No				
There is at least one functional, wall-mounted room thermometer			Yes / No				
The temperature of the pharmacy/dispensary is recorded daily			Yes / No				
The temperature of the pharmacy/dispensary is maintained within the safety range			Yes / No				

Checklist for Element 130

Cold chain procedure for vaccines is maintained

Use the checklist below to check whether the cold chain for vaccines is maintained
 Scoring - in column for score mark as follows:
 Y (Yes) = compliant, N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Mod room	Oral Health	Allied	AE	MOU
Facility has a vaccine or medicine refrigerator with a thermometer			Yes / No			Yes / No	Yes / No
The temperature of the refrigerator is recorded twice daily, 7 hours apart (check one month's record)			Yes / No			Yes / No	Yes / No
The temperature of the refrigerator is maintained between 2-8 °C (check one month's record)			Yes / No			Yes / No	Yes / No
There is a cooler box for storage of vaccines if needed			Yes / No			Yes / No	Yes / No
Ice packs are available for use as needed			Yes / No			Yes / No	Yes / No
There is a functional thermometer for use in the cooler box			Yes / No			Yes / No	Yes / No

Checklist for Element 131

Medicines dispensed for patients are labelled in accordance with applicable legislation

Use the checklist below to check whether the medicine dispensed to patients is labelled in accordance with applicable legislation

Scoring - in column for score mark as follows: Y (Yes) = comply, N (No) = do not comply, Randomly check dispensed medication provided to 3 patients.

Item	Score							
	8 hr Non-clinical						24 hr clinical services	
	Admin & Admin Supp	8hr		Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
		Medicine label 1	Medicine label 2				Medicine label 3	
Labels of dispensed medicines are clear and legible		Yes / No	Yes / No				Yes / No	
The label is attached to the medicine and does not obstruct or cover the expiry date		Yes / No	Yes / No				Yes / No	
The label contains the name of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the strength of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the dosage of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the name of the patient		Yes / No	Yes / No				Yes / No	
The label contains the directions for use of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the name and address of the facility supplying the medicines		Yes / No	Yes / No				Yes / No	
The label contains the date the medicine was dispensed		Yes / No	Yes / No				Yes / No	

Checklist for Element 134

An electronic stock management system is used to manage medicine inventory

Use the checklist below to check whether the electronic stock management system is used to manage medicine inventory Scoring – in column for score mark as follows: Y (Yes) = compliant, N (No) = non-compliant, Na (Not applicable) = as indicated

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/IM ed room	Oral Health	Allied	AE	MOU
The facility has functional electronic networked system for monitoring the availability of medicines			Yes / No				
The approved list of medicines to be updated is visible in the medicine room			Yes / No				
The capturing device and accessories for the capturing device is in good working order (only applicable to SVS) is in good working order			Yes / No / Na				
The capturing device and its accessories are stored in a lockable unit (only applicable to SVS)			Yes / No / Na				
Access to the keys for the unit where the capturing device is kept is restricted (only applicable to SVS)			Yes / No / Na				
The facility has not been marked as non-reporting for two weeks (7 working days) or more (at the point of assessment) * (only applicable to SVS)			Yes / No / Na				

Checklist for Element 136

Medicines on the tracer medicine list are available

Use the checklist below to check whether the tracer medicines listed are available
 Scoring – Where an electronic networked stock availability monitoring system is not available, use the scoring columns in the list below to score availability as follows:
 Check available stock in the pharmacy/medicine room/dispensary Y (Yes) = available, not expired; N (No) = not available OR available but expired. NA (Not Applicable: * = Only required at midwife obstetric units; ** = Required for facilities, where there is a permanent doctor; *** = Relevant where malaria cases are prevalent.

MEDICINE ROOM/DISPENSARY	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp /Med room	Oral Health	Allied	AE	MOU

Oral formulations – tablets/capsules/liquid/inhaler

Aciclovir 200mg OR 400mg			Yes / No				
Amlodipine 5mg OR 10mg			Yes / No				
Amoxicillin 125mg/5ml OR 250mg/5ml suspension			Yes / No				
Amoxicillin 250mg OR 500mg capsules			Yes / No				
Ampicillin 250mg OR 500mg injection			Yes / No				
Aspirin 100mg OR 300mg			Yes / No				
Azithromycin 250mg OR 500mg tablets			Yes / No				
Beclomethasone/Budesonide 100mcg OR 200 mcg metered dose inhaler (MDI)			Yes / No				
Carbamazepine 200mg tablets OR Lamotrigine 25mg tablets			Yes / No				
Chlorpheniramine 2mg/5ml syrup			Yes / No				
Chlorpheniramine 4mg (tablets)			Yes / No				
Combined oral contraceptive pill containing 30 mcg ethinylestradiol			Yes / No				
Co-trimoxazole 200/40mg per 5ml suspension			Yes / No				
Co-trimoxazole 400/80mg tablets			Yes / No				
Dolutegravir 10 mg dispersible			Yes / No				
Dolutegravir 50 mg capsule			Yes / No				
Doxycycline 100mg			Yes / No				
Enalapril 5mg or 10mg tablets			Yes / No				
Ethambutol 400mg tablets			Yes / No				
ethinylestradiol/levonorgestrel OR ethinylestradiol/norethisterone OR ethinylestradiol/gestodene OR ethinylestradiol/norgestimate			Yes / No				
Ferrous lactate/gluconate liquid/syrup			Yes / No				
Ferrous sulphate (dried) /fumarate tablets providing ± 55 to 65mg elemental iron			Yes / No				
Fixed Dose Combination (FDC) tablet			Yes / No				
Flucloxacillin 250mg OR Cephalexin 250mg OR 500mg			Yes / No				
Fluconazole 50mg & 200mg			Yes / No				
Fluoxetine 20mg OR Citalopram 10mg OR 20mg			Yes / No				
Hydrochlorothiazide 12.5mg OR 25mg tablets			Yes / No				
Hyoscine 10mg tablets OR 5mg/5ml syrup			Yes / No				
Ibuprofen 100mg/5ml suspension			Yes / No				
Ibuprofen 200 mg OR 400mg tablets			Yes / No				

Isoniazid 100mg OR 300mg tablets			Yes / No				
Isosorbide dinitrate 5mg sublingual			Yes / No				
Lamivudine 10mg/ml syrup/solution			Yes / No				
Lamivudine 300mg, Dolutegravir 50mg,Fixed Dose Combination (FDC) tablet			Yes / No				
Lamotrigine 50mg OR 100mg OR 200mg			Yes / No				
Lansoprazole 30mg OR Pantoprazole 40mg OR Omeprazole 20mg			Yes / No				
Levonorgestrel 1.5mg tablet OR Copper IUCD			Yes / No				
Lopinavir, Ritonavir 200/50mg tablets OR Atazanavir, Ritonavir 300/100mg OR tazanavir 150mg capsules WITH Ritonavir 100mg capsules			Yes / No				
Metformin 500mg OR 850mg tablets			Yes / No				
Methyldopa 250 mg tablets			Yes / No				
Metronidazole 200mg OR 400mg tablets			Yes / No				
Metronidazole 200mg/5ml suspension			Yes / No				
Misoprosol 200mg			Yes / No				
Nevirapine 50mg/5ml suspension			Yes / No				
Nitrofurantoin 100mg capsules/tablets			Yes / No				
Oral rehydration solution			Yes / No				
Paracetamol 120mg/5ml syrup			Yes / No				
Paracetamol 500mg tablets			Yes / No				
Phenobarbitone 30mg			Yes / No				
Prednisone 5mg tablets OR Prednisolone 5mg tablets			Yes / No				
Pyrazinamide 500mg tablets			Yes / No				
Pyridoxine 25mg tablets			Yes / No				
Rifampicin + Isoniazid (RH) 300mg/150mg OR 150/75mg tablets			Yes / No				
Rifampicin + Isoniazid (RH) 60/60 tablets OR Rifampicin + Isoniazid (RH) 75/50 tablets OR Rifampicin + Isoniazid (RH) + pyrazinamide (RHZ) 75/50/150 tablets			Yes / No				
Rifampicin + Isoniazid + pyrazinamide + ethambutol (RHZE) 150/75/400/275 tablets			Yes / No				
Salbutamol 100 mcg MDI			Yes / No				
Simvastatin 10mg OR 20mg OR 40mg tablets			Yes / No				
Tenofovir/ lamivudine /dolutegravir 300/300/50mg tablets			Yes / No				
Tenofovir/emtricitabine 300/200 mg tablets			Yes / No				
Vitamin A 50,000U OR 100,000U OR 200,000U capsules			Yes / No				
Zidovudine 50mg/5ml, solution/suspension			Yes / No				
Injections and intrauterine devices							
Ampicillin 250mg OR 500mg injection			Yes / No				
Benzathine benzylpenicillin 1.2MU OR 2.4MU vial			Yes / No				
Ceftriaxone 250mg OR 500mg OR 1g vials			Yes / No				
Gentamicin 80mg/2ml 2ml ampoule OR Fosfomycin 3g granules			Yes / No				
Intrauterine contraceptive copper device (IUCD)			Yes / No				
Medroxyprogesterone acetate 150mg/ml OR Norethisterone 200mg/ml injections			Yes / No				
Topicals - drops/lotions/creams/ointments							
Chloramphenicol 1%, ophthalmic ointment			Yes / No				
Clotrimazole 1%			Yes / No				
Hydrocortisone 1%			Yes / No				

Oxymetazoline 0.025% ophthalmic			Yes / No				
Fridge							
BCG vaccine			Yes / No				
Ergometrine 0.5mg OR oxytocin/ ergometrine 5U/0.5mg combination*			Yes / No / Na				
Hepatitis B immunoglobulin*			Yes / No / Na				
Hepatitis B Paediatric vaccine, 10mcg/0.5ml injection*			Yes / No / Na				
Hexavalent: DTaP-IPV-HB-Hib vaccine			Yes / No				
Insulin, biphasic (pre-mixed)			Yes / No				
Insulin, short acting			Yes / No				
Measles/Rubella (MR) vaccine							
Oxytocin 5 OR 10 IU/ml			Yes / No				
Pneumococcal Conjugated Vaccine (PCV)			Yes / No				
Polio vaccine (oral)			Yes / No				
Rotavirus vaccine			Yes / No				
Tetanus & diphtheria vaccine (Td) OR Tetanus, diphtheria and acellular Pertussis (Tdap) vaccine							
Tetanus toxoid (TT) vaccine			Yes / No				
Emergency trolley							
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution			Yes / No				
Activated Charcoal			Yes / No				
Adrenaline 1mg/ml (Epinephrine) 1ml ampoule			Yes / No				
Alteplase 50mg injection**			Yes / No / Na				
Amlodipine 5mg OR 10mg tablets			Yes / No				
Ampicillin 250mg OR 500mg injection*			Yes / No / Na				
Artesunate 60mg injection***			Yes / No / Na				
Aspirin 100mg OR 300mg tablets			Yes / No				
Atropine 0.5mg OR 1mg ampoule			Yes / No				
Betamethasone 4mg/ml injection*			Yes / No / Na				
Calcium Gluconate 10% 10ml ampoule			Yes / No				
Furosemide 20mg OR 10mg/2ml ampoule			Yes / No				
Hydrocortisone 100mg/ml OR 200mg/2ml vial			Yes / No				
Ipratropium 0.25mg/2ml OR 0.5mg/2ml Unit dose vial for nebulization			Yes / No				
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial			Yes / No				
Magnesium sulfate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment)			Yes / No				
Midazolam (1mg/ml 5ml ampoule OR 5mg/ml) 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule			Yes / No				
N-acetylcysteine 200mg tablets			Yes / No				
Naloxone 0.4mg/1ml 1 ml ampoule**			Yes / No / Na				
Nifedipine 5mg OR 10mg capsules			Yes / No				
Paediatric solution e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte 200ml solution			Yes / No				
Paracetamol 120mg/5ml OR 500mg tablets			Yes / No				
Prednisone 5 mg tablets OR Prednisolone tablets			Yes / No				
Promethazine 25mg/2ml 2ml ampoule OR Promethazine 25mg/1ml ampoule			Yes / No				
Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI			Yes / No				
Sodium chloride 0.9% 1L solution			Yes / No				
Streptokinase 1.5 MIU injection**			Yes / No / Na				

Thiamine 100mg/ml 10ml vial			Yes / No				
Tranexamic acid 500mg/5ml injection*			Yes / No / Na				
Vitamin K 2mg/0.2ml ampoule*			Yes / No / Na				
Zinc oral suspension			Yes / No				

Checklist for Element 138

Expired medicine is disposed of according to prescribed procedures

Use the checklist below to check whether expired medicine is disposed of according to prescribed procedures

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Modified room	Oral Health	Allied	AE	MOU
Expired or obsolete medicine is put in a dark green container			Yes / No				
Container is marked with the words "Pharmaceutical waste liquid or solid"			Yes / No				
The correct documentation is attached to the container			Yes / No				

Checklist for Element 141

Health care waste is managed appropriately in the pharmacy/dispensary

Use the checklist below to check whether health care waste is managed appropriately
 Scoring – in column for score mark as follows:
 Y (Yes) = compliant; N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Mod room	Oral Health	Allied	AE	MOU
General waste is disposed of separately in a black/beige/white or transparent plastic bag			Yes / No				
Sharps are disposed of in impenetrable, tamperproof containers			Yes / No				
Sharps container contains only sharps			Yes / No				
Sharps containers are disposed of when they reach the limit mark			Yes / No				
Sharps containers are placed on work surface or in wall mounted brackets			Yes / No				
Used needles are not recapped before disposal			Yes / No				

Checklist for Element 142

Basic medical supplies (consumables) are available

Use the checklist below to check the availability of medical and dressing supplies

Scoring - in column for score mark as follows:

Check- available stock in a storage room in the areas as indicated Y (Yes) = available, N (No) = not available. NA (not applicable) = ** for facilities that do not have a permanently appointed doctor and as indicated

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Intravenous administration set 20 drops/ml		Yes / No				Yes / No	Yes / No
Intravenous admin set paed 60 drops/ml		Yes / No				Yes / No	Yes / No
Blade stitch cutter sterile/pack		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 8f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 10f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 12f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 14f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 16f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 18f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 20f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 22f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 06f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 08f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 10f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 12f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 14f		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st20		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st24		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st28		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st30		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st32		Yes / No				Yes / No	Yes / No
Drainage sys chest u/water adult		Yes / No				Yes / No	
Urine drainage bag		Yes / No				Yes / No	Yes / No
Simple face mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Reservoir mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Nasal cannula (prongs) for adults		Yes / No				Yes / No	Yes / No
Simple face mask for oxygen, paediatric		Yes / No				Yes / No	Yes / No
Reservoir mask for oxygen for paediatric		Yes / No				Yes / No	Yes / No
Nasal cannula (prongs) for paediatric		Yes / No				Yes / No	Yes / No
Simple face mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Reservoir mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Nasogastric feeding tube 600mm fg5		Yes / No				Yes / No	
Nasogastric feeding tube 600mm fg8		Yes / No				Yes / No	
Nasogastric feeding tube 1000mm fg10 OR 12		Yes / No				Yes / No	
Disposable aprons		Yes / No				Yes / No	Yes / No

	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Eye patches (disposable)		Yes / No				Yes / No	
Disposable razors/disposable shaving set		Yes / No				Yes / No	Yes / No
Disposable Amnihook		Yes / No				Yes / No	
Ultrasound gel medium viscosity		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile large /box		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile medium /box		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile small /box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 6 OR6.5 OR Small/box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 7OR 7.5 OR medium/box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 8 OR large/box		Yes / No				Yes / No	Yes / No
Endotracheal tubes – uncuffed size 2.5mm**		Yes / No / Na				Yes / No / Na	
Endotracheal tubes –uncuffed size 3.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – uncuffed size 3.5mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – uncuffed size 4mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes –uncuffed size 4.5mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 3.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 4.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 5.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 6.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 7.0mm **		Yes / No / Na				Yes / No / Na	
Endotracheal tubes – cuffed size 8.0mm **		Yes / No / Na				Yes / No / Na	
Tube stomach washout 24fg		Yes / No				Yes / No	
Tube, stomach washout 26fg		Yes / No				Yes / No	
Tube, stomach washout 28fg		Yes / No				Yes / No	
Tube stomach washout 30fg		Yes / No				Yes / No	
Sheath incontinence 25mm		Yes / No				Yes / No	
Sheath incontinence 30mm		Yes / No				Yes / No	
Sheath incontinence 35mm		Yes / No				Yes / No	
Intravenous cannula 18g green/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 20g pink/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 22g blue/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 24g yellow/box		Yes / No				Yes / No	Yes / No
Needles: 18 (pink) OR 20 (yellow)/box		Yes / No				Yes / No	Yes / No
Needles: 21 (green)/box		Yes / No				Yes / No	Yes / No
Needles: 22 (black)/box		Yes / No				Yes / No	Yes / No
Needles: 23 (blue)/box		Yes / No				Yes / No	Yes / No
Needles: 25 /box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 2ml/box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 5ml/box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 10 ml/box		Yes / No				Yes / No	Yes / No

	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
* Syringes 3-part 20ml/box		Yes / No				Yes / No	Yes / No
Insulin syringe with needle /box		Yes / No				Yes / No	Yes / No
Dental syringe and needle for LA		Yes / No				Yes / No	
Suture chromic g0/0 or g1/0 1/2 75cm		Yes / No				Yes / No	Yes / No
Suture nylon g2/0 or g3/0 3/8 45cm		Yes / No				Yes / No	Yes / No
Suture nylon g4/0 3/8 45cm		Yes / No				Yes / No	Yes / No
Vaginal Cusco speculum (disposable)		Yes / No				Yes / No	Yes / No
Only applicable if the facility uses older HB model							
Haemolysis applicator sticks		Yes / No / Na				Yes / No / Na	Yes / No / Na
HB meter clip		Yes / No / Na				Yes / No / Na	Yes / No / Na
HB chamber glass-grooved		Yes / No / Na				Yes / No / Na	Yes / No / Na
HB cover glass-plain		Yes / No / Na				Yes / No / Na	Yes / No / Na
Only applicable if facility uses an Automatic External Defibrillator (AED)							
Replacement pads for AED – adult		Yes / No / Na				Yes / No / Na	Yes / No / Na
Replacement pads for AED - paediatric		Yes / No / Na				Yes / No / Na	Yes / No / Na
Dressing Supplies							
Plaster roll (Pack size: 1)		Yes / No				Yes / No	Yes / No
Bandage crepe (Pack size: 1)		Yes / No				Yes / No	Yes / No
Gauze paraffin 100x100 /box (Pack size: 1)		Yes / No				Yes / No	
Gauze swabs plain n/s 100x100x8ply/pack (Pack size: 100)		Yes / No				Yes / No	
Gauze abs grade 1 burn /pack		Yes / No				Yes / No	Yes / No
Basic disposable dressing pack (should contain as a minimum cotton wool balls, swabs, 2 forceps, disposable drape) (Pack size: 1)		Yes / No				Yes / No	Yes / No
Cotton wool balls 1g 500` s		Yes / No				Yes / No	Yes / No
Sanitary towels maternity /pack (Pack size: 12)		Yes / No				Yes / No	Yes / No
Stockinette 100mm OR 150mm/roll (Pack size: 1)		Yes / No				Yes / No	
Adhesive micro-porous surgical tape 24/25mm or 48/50mm (Pack size: 1)		Yes / No				Yes / No	Yes / No
70% isopropyl alcohol prep Pads 24x30 1ply OR 2 ply /box (Pack size: 200)		Yes / No				Yes / No	Yes / No
Skin traction kit - adult (elast 0468)		Yes / No				Yes / No	
Skin traction kit - child (elast 0469)		Yes / No				Yes / No	
Sodium carboxymethylcel (intrasite) 15g		Yes / No				Yes / No	

* Syringe three part consists of the barrel, the plunger and the rubber piston

Checklist for Element 143

Basic consumables are available for the Rehabilitation treatment area

Use the checklist below to check the availability of consumable for the rehabilitation treatment area

Scoring - in column for score mark as follows:

Check available stock in storage room

Y (Yes) = available, N (No) = not available.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/IM ed room	Oral Health	Allied	AE	MOU
Batteries: hearing aid					Yes / No		
Bicarbonate of soda sachets					Yes / No		
Breadboard - one-handed					Yes / No		
Cable ties, nylon, medium					Yes / No		
Cable ties, nylon, long					Yes / No		
Cardboard A4 coloured					Yes / No		
Coloured writing instruments					Yes / No		
Contact adhesive					Yes / No		
Cerumen curette: replacement currettes					Yes / No		
Cerumen curette: replacement globe					Yes / No		
Cushion: wheelchair, thin, positioner					Yes / No		
Cushion: wheelchair, thick, pressure care					Yes / No		
Cushion cover: basic stretchable					Yes / No		
Cushion cover: waterproof					Yes / No		
Ear mould impression material and scoop					Yes / No		
Ear mould impression material catalyst					Yes / No		
Ear mould impression Otolight: replacement globe					Yes / No		
Ear mould impression Otolight: replacement tips					Yes / No		
Ear mould impression Otostops 3 sizes					Yes / No		
Exercise band latex					Yes / No		
Feeding cup					Yes / No		
Feeding spoon					Yes / No		
Ferrule: rubber 4 sizes					Yes / No		
EVA foam					Yes / No		
Foam HD compressed					Yes / No		
Foam high-density					Yes / No		
Masonite					Yes / No		
Oil: arnica					Yes / No		
Paper: print-out, tympanometer					Yes / No		
Pelvic strap 5cm					Yes / No		
Pelvic strap 3cm					Yes / No		
Pressure garment material (Elastonet)					Yes / No		
Sewing kit					Yes / No		
Splinting material 6 sizes					Yes / No		
Splinting material: thermoplastic tape					Yes / No		
Superglue (cyanoacrylate)					Yes / No		
Toothbrush, large					Yes / No		
Towelling					Yes / No		
Varnish (wood)					Yes / No		
Velcro circles (hook and loop)					Yes / No		
Velcro hook tape 2 sizes					Yes / No		

Velcro loop tape 2 sizes				Yes / No		
Washboard one-handed				Yes / No		
Waterproof wood glue				Yes / No		
Wheelchair gloves				Yes / No		
Wheelchair spares kit				Yes / No		

Checklist for Element 144

Basic medical supplies (consumables) are available for the Oral Health Services

Use the checklist below to check the availability of consumable for the Oral Health Services Scoring - in column for score mark as follows:

Check available stock in storage room Y (Yes) = available, N (No) = not available.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Exodontia (tooth extraction) and minor oral surgery							
Apron, dental, plastic Adult				Yes / No			
Apron, dental, plastic child				Yes / No			
Surgical blades No.11 and No. 12				Yes / No			
Chlorhexidine oral rinse 0,2%				Yes / No			
Cotton wool balls				Yes / No			
Dry socket alveolar paste				Yes / No			
Ethyl chloride				Yes / No			
Haemostat sponge				Yes / No			
Hydrogen peroxide				Yes / No			
Hypodermic needles (disposable)				Yes / No			
Saline solution, 500ml				Yes / No			
Saliva ejectors (disposable)				Yes / No			
Sutures surgical				Yes / No			
Topical anaesthetic				Yes / No			
Local anaesthetic (without and without vasoconstrictor)				Yes / No			
Conservative (preventive) dentistry							
Fissure sealants				Yes / No			
Amalgam capsules				Yes / No			
Composite				Yes / No			
Fluoride gel				Yes / No			
Varnish cavity liner				Yes / No			
Prophylaxis paste				Yes / No			
Cements /liners (kalzinol, Dycal etc.)				Yes / No			
Articulating paper				Yes / No			
Cotton wool pellets				Yes / No			
Polyester strips (composite)				Yes / No			
Glass ionomers				Yes / No			
Polishing strips				Yes / No			
Polishing kit				Yes / No			
Dental floss				Yes / No			
Fluoride trays				Yes / No			
Acid etch and bonding agent				Yes / No			
School outreach							
Toothpaste, dental, fluoride				Yes / No			
Toothbrushes				Yes / No			

Checklist for Element 146

Required functional diagnostic equipment and concurrent consumables for point of care testing are available

Use the checklist below to check the availability of laboratory equipment and consumables in the various areas where they are used

Scoring - in column for score mark as follows: Y (Yes) = available, N (No) = not available, NA (not applicable) = only for Malaria rapid strips. In areas where malaria is not prevalent, malaria rapid strips to be marked NA and if the facility has fewer areas as indicated for review

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Laboratory equipment and consumables							
Hb meter		Yes / No				Yes / No	Yes / No
Blood glucometer		Yes / No				Yes / No	Yes / No
Spare batteries for blood glucometer		Yes / No				Yes / No	Yes / No
Lancets		Yes / No				Yes / No	Yes / No
Blood glucose strips		Yes / No				Yes / No	Yes / No
Urine dipsticks		Yes / No				Yes / No	Yes / No
Urine specimen jar OR flask		Yes / No				Yes / No	Yes / No
Malaria rapid test (where applicable in facilities in KZN, GP, MP and LP)		Yes / No/Na				Yes / No	Yes / No
Rapid HIV test		Yes / No				Yes / No	Yes / No
Rh 'D' (Rhesus factor) test		Yes / No				Yes / No	Yes / No

Checklist for Element 147

Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook

Use the checklist below to check whether specimen collection materials and stationery are available
Scoring - in column for score mark as follows: Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook Y (Yes) = available, N (No) = not available, NA (not applicable) = as indicated.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp /Med room	Oral Health	Allied	AE	MOU
Vacutainer tube: Blue Top (Sodium Citrate)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Red OR Yellow Top (SST)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Grey Top (Sodium Fluoride)		Yes / No				Yes / No	Yes / No
Vacutainer tube: White Top (PPT)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Purple Top (EDTA)		Yes / No				Yes / No	Yes / No
Microtainer tube: Purple Top (EDTAPaeds)		Yes / No				Yes / No	Yes / No
Microtainer tube: Yellow Top (SST-Paeds)		Yes / No				Yes / No	Yes / No
Sterile specimen jars		Yes / No				Yes / No	Yes / No
Swabs with transport medium		Yes / No				Yes / No	Yes / No
Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity)		Yes / No				Yes / No	Yes / No
Venipuncture needles (Green OR Black)		Yes / No				Yes / No	Yes / No
Specimen Plastic Bags		Yes / No				Yes / No	Yes / No
Pap smear collection materials							
Liquid - based Cytology (LBC) vials (NA if facility uses traditional pap smear method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Combi - brush (NA if facility uses traditional pap smear method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Cervix – brush (NA if facility uses traditional pap smear method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Fixative (NA if facility uses liquid based cytology method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Wooden spatula (NA if facility uses liquid based cytology method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Slide holder OR brown envelope (NA if facility uses liquid based cytology method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Microscope slides (NA if facility uses liquid based cytology method) *		Yes / No / Na				Yes / No / Na	Yes / No / Na
Early Infant diagnosis (EID) collection material							
DBS PCR Kit OR EDTA Microtainer tube (where PCR is performed at the laboratory)		Yes / No				Yes / No	Yes / No
NHLS stationery							
N1 - PHC Request Forms		Yes / No				Yes / No	Yes / No
N2 - Cytology Request Form		Yes / No				Yes / No	Yes / No

N3 - PHC Order Book for Specimen Collection Materials		Yes / No				Yes / No	Yes / No
N4 - PHC Facility Specimen Register		Yes / No				Yes / No	Yes / No
SMS printer							
Thermal paper roll (NA only if facility has real-time access to Labtrak/TrakCareWebview)		Yes / No / Na				Yes / No / Na	Yes / No / Na

Checklist for Element 148

Use the checklist below to check whether specimens are handled according to the PHC Laboratory Handbook

Check three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided in the PHC Laboratory Handbook. Scoring - in column for score mark as follows: Check three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided Y (Yes) = handled correctly; N (No) = not handled correctly; NA (not applicable) = NA if the facility does not have the specific group of specimens listed in Table 1 in storage

Item	Table 1: Grouping of specimens												
	Score												
	8 hr Non-clinical	8 Hour clinical services						24 hr clinical services					
	Admin & admin support	8hr			Phar/Disp/ Med room	Oral Health	Allied	AE			MOU		
		A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivit				A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivit	A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivit
Specimens are clearly labeled		Yes / No	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Each laboratory request form is correctly completed		Yes / No	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
There is at least one functional wall mounted thermometer in area where lab specimens are stored for courier collection		Yes / No						Yes / No			Yes / No		
The temperature of the storage area for lab specimens is recorded daily		Yes / No						Yes / No			Yes / No		
Group A specimen													
Samples are kept away from direct sunlight		Yes / No / Na						Yes / No / Na			Yes / No / Na		
Where the room temperature exceeds 25°C, samples are stored in the fridge (+- 5°C)		Yes / No / Na						Yes / No / Na			Yes / No / Na		
Length of storage does not exceed 24 hours, stored at room temperature 20-25°C		Yes / No / Na						Yes / No / Na			Yes / No / Na		
Group B specimens													
Stored at room temperature			Yes / No / Na						Yes / No / Na			Yes / No / Na	
Stored inside a slide carrier (envelope)			Yes / No / Na						Yes / No / Na			Yes / No / Na	

		A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivity)				A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivity)	A Blood Pleural effusion Sputum Stool	B Papsmeer	C MCS (Microscopy, culture & sensitivity)
Group C specimens													
Samples placed into the transport medium provided (where appropriate)				Yes / No / Na						Yes / No / Na			Yes / No / Na
Samples kept away from direct sunlight				Yes / No / Na						Yes / No / Na			Yes / No / Na
Where room temperature exceeds 25°C, samples are stored in the fridge (+- 5°C)				Yes / No / Na						Yes / No / Na			Yes / No / Na
Length of storage does not exceed 24 Hours, stored at room temperature (20-25°C)				Yes / No / Na						Yes / No / Na			Yes / No / Na

Checklist for Element 149

The laboratory results are received from the laboratory within the specified turnaround times

Use the checklist below to check whether the turnaround times for laboratory results are in line with specifications

Scoring - in column for score mark as follows:

Check - register for sending and receiving laboratory results, check three records.

Y (Yes) = results received within specified turnaround time, N (No) = results NOT received within specified turnaround time, NA (not applicable) = if the specific result (listed under point 1 to 9) is not in the record OR the facility does not have all the service areas as indicated.

No	Item	Turnaround time	Score							
			8 hr Non-clinical	8 Hour clinical services				24 hr clinical services		
			Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU	
1	All Blood results except those listed in number 2 and 3	24 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
2	Blood results: Cholesterol, CRP (C-reactive protein), F14 (Free Throxine 4), HbA1c (Glycated Haemoglobin), Phenytoin, lipase, PSA (Prostate specific hormone), Red Cell Folate, Triglycerides, TSH (Thyroidstimulating hormone), Vitamin B12, CD4 Count, RPR (Rapid Plasma Reagin test for syphilis), Hepatitis A, B or C	24 to 48 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
3	Blood results: HIV PCR for infants	48- 120 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
4	Blood results: Viral Load	48- 120 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
5	Pap smear	Variable depending on the result (4-6 weeks)		Yes / No /Na					Yes / No /Na	Yes / No /Na
6	Pus MCS (Microscopy, culture and sensitivity)	24-72 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
7	Sputum: TB	Between 5 days and 6 weeks		Yes / No /Na					Yes / No /Na	Yes / No /Na
8	Sputum: Xpert MTB/RIF	40 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
9	Stool (MCS)	24 – 72 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na
10	Urine (MCS)	24 – 72 hours		Yes / No /Na					Yes / No /Na	Yes / No /Na

Checklist for Element 153

Staff appointed in line with determined requirements

Use the checklist below to check whether the staff is appointed in line with the determined requirements

Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant, NA = if the staff category is not required according to the needs determined

Category of staff	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/IM ed room	Oral Health	Allied	AE	MOU
Medical practitioner		Yes / No/Na				Yes / No	Yes / No
Pharmacy							
Pharmacist			Yes / No				
Pharmacist assistant – basic			Yes / No				
Pharmacist assistant – post basic			Yes / No				
Nurses							
Clinical Nurse Practitioners		Yes / No				Yes / No	Yes / No
Advanced midwife		Yes / No/Na				Yes / No	Yes / No
Professional nurses		Yes / No				Yes / No	Yes / No
Enrolled nurses		Yes / No				Yes / No	Yes / No
Enrolled nursing assistants		Yes / No				Yes / No	Yes / No
Oral health							
Dentist				Yes / No			
Dental assistant				Yes / No			
Dental therapist				Yes / No			
Oral hygienist				Yes / No			
Allied health professionals							
Occupational therapists					Yes / No		
Physiotherapists					Yes / No		
Speech and hearing therapists					Yes / No		
Social workers					Yes / No		
Nutritionists/dietitians					Yes / No		
Optometrists					Yes / No		
Psychologist					Yes / No		
Management							
Facility manager	Yes / No						
Support Staff							
Administrative officers	Yes / No						
Cleaners (general assistants)	Yes / No						
Grounds men	Yes / No						
Security officers	Yes / No						

Checklist for Element 159

All health care workers have current registration with relevant professional bodies

Use the checklist below to check whether staff appointed at the facility is registered with relevant professional bodies

Scoring - in column for score mark as follows:

Y (Yes) = have current registration, N (No) = not have current registration, NA = if category of staff is not appointed at the facility

Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/med room	Oral Health	Allied	AE	MOU
Nurses							
Professional nurses		Yes / No				Yes / No	Yes / No
Enrolled nurses		Yes / No				Yes / No	Yes / No
Nursing assistants (ENA)		Yes / No				Yes / No	Yes / No
Clinical Nurse Practitioners		Yes / No				Yes / No	Yes / No
Advanced midwife		Yes / No / Na				Yes / No	Yes / No
Medical officers							
Medical officer – full time		Yes / No/Na				Yes / No	Yes / No
Medical officer – sessional		Yes / No/Na				Yes / No	Yes / No
Medical officer – sessional – private GP		Yes / No/Na				Yes / No	Yes / No
Oral health							
Dentist – full time				Yes / No/Na			
Dentist - sessional				Yes / No/Na			
Dental assistant - sessional private				Yes / No/Na			
Dental therapist				Yes / No/Na			
Dental assistant				Yes / No/Na			
Oral hygienist				Yes / No/Na			
Pharmacy							
Pharmacist			Yes / No/Na				
Pharmacist assistant – basic			Yes / No				
Pharmacist assistant – post basic			Yes / No				
Allied health professionals							
Nutritionists/dietitians					Yes / No		
Physiotherapists					Yes / No		
Occupational therapists					Yes / No		
Psychologist					Yes / No		
Social workers					Yes / No		
Optometrists					Yes / No		
Speech and hearing therapists					Yes / No		

Checklist for Element 160

Performance Management guidelines are adhered to

Use the checklist below to check whether Performance Management guidelines are adhered to
 Scoring – in column for score mark as follows:
 Check – randomly select three files for review
 Y (Yes) = completed; N (No) = not completed.

Category of staff	Score								
	8 hr Non-clinical			8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp			8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
	File 1	File 2	File 3						
Performance management agreement signed for the current financial year	Yes / No	Yes / No	Yes / No						
Key performance areas and activities aligned with the facility's operational plan	Yes / No	Yes / No	Yes / No						
Personal Development Plan completed	Yes / No	Yes / No	Yes / No						
Evaluation is conducted six monthly	Yes / No	Yes / No	Yes / No						
Annual assessment report for previous financial year completed	Yes / No	Yes / No	Yes / No						

Checklist for Element 167

SOP for management of occupational health and safety incidents is available

Use the checklist below to check whether the topics as listed is covered in the SOP

Scoring –in column for score mark as follows:

Check – the content of the SOP

Y (Yes) = compliant; N (No) = not compliant

Description	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Standardised form to be completed to report an occupational health and safety incident	Yes / No						
Process for submitting completed forms	Yes / No						
Format for register to record occupational health and safety incidents	Yes / No						
Analysis of incidents to establish trends	Yes / No						

Checklist for Element 170

Occupational Health and Safety incidents are managed and recorded in a register

Use the checklist below to check whether the Occupational Health and Safety register is completed
 Scoring – in column for score mark as follows:
 Check – the register for entries of incidents six month prior to the status determinations
 Y (Yes) = completed; N (No) = not completed; NA (Not applicable) = if the facility had no occupational health and safety incidents

Description	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Summary of description of incident	Yes / No / Na						
Summary of investigation conducted	Yes / No / Na						
Outcome of investigation	Yes / No / Na						
Recommendation/s	Yes / No / Na						
Date recommendations implemented	Yes / No / Na						
Personnel who experience needle stick injuries received post-exposure prophylaxis	Yes / No / Na						

Checklist for Element 178

All work completed is signed by cleaners and verified by manager or delegated staff member

Use the checklist below to check whether all work is signed by cleaners and verified by the manager or delegated staff member

Scoring - in column for score mark as follows:

Check – Randomly select the areas as indicated Y (Yes) = signed off, N (No) = not signed off

Item	Score													
	8 hr Non-clinical		8 Hour clinical services						24 hr clinical services					
	Admin & Admin Supp		8 hr		Phar/Di sp/Med room	Oral Health		Allied		AE		MOU		
	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor		Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	
Consultation rooms (randomly select 3 rooms)			Yes / No	Yes / No										
Vital rooms			Yes / No	Yes / No										
Health Support area (Rehabilitation treatment area)							Yes / No	Yes / No						
Oral Health Service						Yes / No	Yes / No							
Waiting area	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No					
Public toilets (randomly select 3 toilets)	Yes / No	Yes / No	Yes / No	Yes / No										
Staff toilets (randomly select 3 toilets)	Yes / No	Yes / No	Yes / No	Yes / No										
Staff rooms	Yes / No	Yes / No												
Resuscitation area										Yes / No	Yes / No			
Observation area										Yes / No	Yes / No			
Consultation area										Yes / No	Yes / No			
Waiting area										Yes / No	Yes / No			
Public toilets (randomly select 3 toilets)										Yes / No	Yes / No			
Staff toilets										Yes / No	Yes / No			
Staff rooms										Yes / No	Yes / No			
Doctor's rest rooms										Yes / No	Yes / No			
Antenatal ward												Yes / No	Yes / No	

Item	Admin & Admin Supp		8 hr		Phar/DI sp/Med room	Oral Health		Allied		AE		MOU	
	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor		Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner
Postnatal ward												Yes / No	Yes / No
Delivery suite												Yes / No	Yes / No
Waiting area												Yes / No	Yes / No
Public toilets												Yes / No	Yes / No
Patient ablution facilities												Yes / No	Yes / No
Staff toilets												Yes / No	Yes / No
Staff rooms												Yes / No	Yes / No

Checklist for Element 179

Disinfectant, cleaning materials and equipment are available

Use the checklist below to check whether the disinfectant, cleaning materials and equipment are available

Scoring - in column for score mark as follows:

Y (Yes) = available, N (No) = not available; NA (Not applicable) = e.g.

- External areas that do not need to be cleaned with a mop.

- Polish, stripper and floor polisher in facilities where the floor surface does not require polishing.

Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Disinfectant and cleaning Material							
High level disinfection for medical equipment (e.g. Sodium Perborate Powder OR Ortho-phthalaldehyde)	Yes / No	Yes / No				Yes / No	Yes / No
Chlorine releasing agent - hypochlorite (e.g. Biocide D or Clorox)	Yes / No	Yes / No				Yes / No	Yes / No
Alcohol-based agent (70%-90%)	Yes / No	Yes / No				Yes / No	Yes / No
Detergents – neutral pH	Yes / No	Yes / No				Yes / No	Yes / No
Wet polymer (floor polish)	Yes / No	Yes / No				Yes / No	Yes / No
Protective polymer (strippers)	Yes / No	Yes / No				Yes / No	Yes / No
All cleaning materials clearly labeled	Yes / No	Yes / No				Yes / No	Yes / No
Materials Safety Data Sheets for all cleaning products	Yes / No	Yes / No				Yes / No	Yes / No
Cleaning equipment							
Two way bucket system for mopping floors (bucket for clean water and bucket for dirty water) OR Janitor trolley	Yes / No	Yes / No				Yes / No	Yes / No
Colour labelled mop – Red for toilets and bathrooms	Yes / No	Yes / No				Yes / No	Yes / No
Colour labelled mop – Blue for clinical areas and non-clinical service areas	Yes / No	Yes / No				Yes / No	Yes / No
Mop labelled for cleaning exterior areas	Yes / No	Yes / No				Yes / No	Yes / No
Green bucket and cloths for bathroom and consulting room basins	Yes / No	Yes / No				Yes / No	Yes / No
Red bucket and cloths for toilet	Yes / No	Yes / No				Yes / No	Yes / No
White cloths for kitchen	Yes / No	Yes / No				Yes / No	Yes / No
Blue bucket and cloths for clinical areas and non-clinical service areas	Yes / No	Yes / No				Yes / No	Yes / No
Labelled spray bottle for disinfectant solution	Yes / No	Yes / No				Yes / No	Yes / No
Window cleaning squeegee	Yes / No	Yes / No				Yes / No	Yes / No
Mop sweeper or soft-platform broom	Yes / No /Na	Yes / No /Na				Yes / No /Na	Yes / No /Na
Floor polisher	Yes / No /Na	Yes / No /Na				Yes / No /Na	Yes / No /Na

Checklist for Element 180

Facility is clean

Use the checklist below to check whether the areas are clean
 Scoring - in column for score mark as follows: The reviewers should Randomly select two service areas as indicated in the column for the score
 Y (Yes) = compliant, N (No) = not compliant, NA (not applicable) = if the facility has fewer areas as indicated for review

Area and standards	Score																
	8 hr Non-clinical					8 Hour clinical services					24 hr clinical services						
	Admin & Admin Supp					8hr			Phar/Di sp/Med room	Oral Health	Allied	AE			MOU		
Vital area						Consulting room 1	Consulting room 2	Triage				Resus Area	Observ	Antenatal Ward	Delivery room	Post natal ward	
Windows are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Window sills are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Floor is clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall skirtings are free of dust						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The countertops are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The door handles are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Mirrors are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Walls are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins are not over flowing						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The areas are odour-free						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
All areas are free of cobwebs						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Checklist for Element 182

SOP for managing general and health care risk waste is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring - In column for score mark as follows:
Y (Yes) = compliant, N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Segregation containers	Yes / No						
Handling of segregated waste	Yes / No						
Storage of segregated waste	Yes / No						
Collection	Yes / No						
Disposal	Yes / No						

Checklist for Element 184

Central storage area for health care waste is appropriate

Use the checklist below to check whether storage areas for health care waste is appropriate
 Scoring - in column for score mark as follows:
 Y (Yes) = comply; N (No) = do not comply

General waste storage area	Score						
	8 hr Non-clinical	8 Hour clinical services			24 hr clinical services		
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
General waste is stored in a designated area	Yes / No						
General waste is stored in appropriate containers which are neatly packed or stacked	Yes / No						
General waste is not burned or buried in the health establishment premises but collected for disposal at a designated area/landfill	Yes / No						
Health care risk waste storage area							
Health care risk waste is stored in an access-controlled area	Yes / No						
Health care waste storage area is clean and free from rodents	Yes / No						
Health care storage area is well ventilated	Yes / No						
Health care risk waste containers must be stored on shelves/pallets	Yes / No						
Area has access to water to hose the area	Yes / No						
Area has adequate drainage for the water (must be connected to a municipal sewerage system)	Yes / No						
Storage area is enclosed and protected from natural elements (rain, wind and sun)	Yes / No						
Area is marked with international biohazard symbol	Yes / No						

Checklist for Element 185

All toilets are clean, intact and functional

Use the checklist below to check whether the toilets are functional
 Scoring - in column for score mark as follows:
 Check - Randomly select the areas as indicated
 Y (Yes) = intact, N (No) = not intact.

Item	Score												
	8 hr Non-clinical (Admin & Admin Supp)			8 hr clinical services							24 hr clinical services		
	Patient Toilet	Toilet for disabled	Staff Toilet	8 Hour			Phar/Disp/ Med room	Oral	Allied	AE	MOU		
Patient Toilet				Toilet for disabled	Staff Toilet	Patient Toilet					Toilet for disabled	Staff Toilet	
Cleanliness of toilets													
Windows are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Window sills are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Floor is clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Basins are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Walls are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Toilets/urinals clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Sanitary bins clean and not over flowing	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The areas are odour-free	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
All areas free of cobwebs	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Intact and functional													
The toilet bowl seat and cover/squat pan is intact	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet bowl is stain free	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet flush/sensor flush is functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet cistern cover is complete and in place	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The urinals are intact and functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The urinal/flush sensor is functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No

Checklist for Element 186

The exterior of the facility is clean and well maintained

Use the checklist below to check whether the exterior of the facility is clean and well maintained
 Scoring - in column for score mark as follows:
 Observe the general exterior environment of the facility
 Y (Yes) = compliant; N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU
The facility's premises are clean (e.g. free from dirt and litter)	Yes / No						
Exterior walls of the facility are clean	Yes / No						
Corridors are clean	Yes / No						
Grass is cut	Yes / No						
Paving is free of weeds	Yes / No						
Flower beds are well kept and free of weeds	Yes / No						

Checklist for Element 192

Safety and security SOP is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Mod room	Oral	Allied	AE	MOU
High risk areas and the specific security needs for these areas	Yes / No						
Access control within the facility	Yes / No						
Reporting of security incidents (format for register for security breaches)	Yes / No						
Training of personnel on the management of alarms (where applicable)	Yes / No						
Provision of guarding services	Yes / No						
Patrolling of the health facility	Yes / No						
Equipment for security personnel	Yes / No						
Documentation of response time for security breaches/incidents	Yes / No						

Checklist for Element 195

There is a standard security guard room OR the facility has an alarm system linked to armed response

Use the checklist below to check whether facility security adheres to standard guidelines Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant; NA (not applicable) = if the facility's structural make-up does not allow for its security guard room e.g. in a multi-storey building in a city or at a very small facility.

Security services should, however, still be available therefore measures listed under equipment and stationery must be scored.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Does the facility have an alarm system linked to armed response (if Yes, checklist for security guardroom and security equipment must not be assessed. If No, mark NA and assess checklist for security guardroom and security equipment)	Yes / No / Na						
Security guard room							
Kitchenette – sink with cupboard underneath	Yes / No / Na						
Table	Yes / No / Na						
Chair	Yes / No / Na						
Functioning lights	Yes / No / Na						
Security equipment for security officer(s) and accompanying stationery							
Baton	Yes / No / Na						
Handcuffs OR Cable ties	Yes / No / Na						
Incident book	Yes / No / Na						
Metal detector	Yes / No / Na						
Telephone OR two-way radio OR dedicated cell phone	Yes / No / Na						
Functional Torch	Yes / No / Na						

Checklist for Element 197

Security services rendered according to contract or provincial security policy/facility SOP

Use the checklist below to check whether the security services are rendered according to contract
 Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant; NA (Not applicable) = for whichever option is not in operation at the facility.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/IM ed room	Oral	Allied	AE	MOU
If armed response is available							
Response time indicated in register for security breaches	Yes / No						
If there were breaches did, they respond in time?	Yes / No						
If security guards are available							
Security guards wear uniforms	Yes / No						
Security guards have received training*	Yes / No / Na						
Duty patrol register updated	Yes / No						
There is an access control system in the facility	Yes / No						

* If the security officers are Private Security Industry Regulatory Authority (PSIRA) -accredited, they are acknowledged to have received training.

Checklist for Element 199

Security breaches are managed and recorded in a register

Use the checklist below to check whether security breaches are managed and recorded in a register

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant; NA (Not applicable) = if the facility had no security breaches in the past three months. Zero reporting must be done in such cases.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me ed room	Oral	Allied	AE	MOU
A designated person monitors the service level agreement for security services	Yes / No						
Security breaches are recorded in a register	Yes / No / Na						
Remedial actions to address security breaches identified are implemented	Yes / No / Na						

Checklist for Element 200

There is a security system at the entrance of the units

Use the checklist below to verify that there is a security system at the entrance of the 24-hour Emergency unit and the MOU

Scoring - In the column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/IM ed room	Oral	Allied	AE	MOU
There is a security system at the entrance of the units						Yes / No	Yes / No

Checklist for Element 201

Functional firefighting equipment is available

Scoring –in column for score mark as follows: Y (Yes) = available and intact; N (No) = not available and intact; NA (not applicable) = for fire hose if the facility has less than 250 m2 floor area OR the facility has no municipality piped water supply.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Fire extinguishers	Yes / No						
Fire hoses and reels unless it is a single-storey building of less than 250 m2 in floor area OR the facility has no municipality piped water supply.	Yes / No / Na						
Two 9 kg or equivalent fire extinguishers where the facility has no water supply	Yes / No						
Firefighting equipment is maintained according to schedule	Yes / No						

Checklist for Element 203

Contact numbers of healthcare personnel required in emergencies are available in designated areas

Use the checklist below to check whether the contact numbers of healthcare personnel required in emergencies are available in designated areas Scoring – in column for score mark as follows:
Y (Yes) = available, N (No) = not available.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Infused room	Oral	Allied	AE	MOU
Contact numbers of healthcare personnel required in emergencies are available in designated areas		Yes / No				Yes / No	Yes / No

Checklist for Element 211

Clinics and CHC space accommodates all services and staff at the 8 hour service area

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows: Y (Yes) = available; N (No) = not available. Not Applicable (N/A) if the facility does not have a service area.

Item	Score					
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv	
	Admin & Admin Supp	8 hr Phar/Dis p/Med room	Oral	Allied	AE	MOU
INTERIOR SPACE						
General						
Main waiting area	Yes / No					
Help desk/Reception/patient registration	Yes / No					
Toilets	Yes / No					
8 hour Clinical Service Areas						
Sub-waiting area		Yes / No / Na				
Vitals area /room		Yes / No				
Consulting room		Yes / No				
Counselling room		Yes / No				
Treatment room (including MMC)		Yes / No				
Emergency / Resuscitation Room		Yes / No				
Health Support services						
Rehab treatment room				Yes / No		
Oral health treatment room			Yes / No			
Support /administration areas						
Multipurpose meeting room	Yes / No					
Facility manager office	Yes / No					
Staff tea room with kitchenette	Yes / No					
Pharmacy/dispensary			Yes / No			
Shelves available			Yes / No			
Medicine collection kiosk (CCMDD)	Yes / No		Yes / No			
Surgical stores store-room	Yes / No					
Lockable cleaning material store room OR cupboard	Yes / No					
Laundry – is the service outsourced (score Y/N)	Yes / No					
Laundry available – if not outsourced, score Y/N, if outsourced score NA	Yes / No / Na					
Oral Health store room	Yes / No					
Dirty utility room	Yes / No					
Linen room OR cupboard	Yes / No					
Exterior space						
Sputum booth	Yes / No					
Parking spaces						
a. Staff	Yes / No					
b. Disabled	Yes / No					
Waste storage room						
a. Health care general waste area	Yes / No					
b. Health care risk waste area	Yes / No					
Garden store room - is the service outsourced (score Y/N)	Yes / No					
Garden room available - if not outsourced, score Y/N, if outsourced score NA	Yes / No / Na					
Drying area (for mops, etc.)	Yes / No					

Checklist for Element 212

Facilities space accommodates all services and staff at the 24 hour Emergency Unit

Use the checklist below to check whether internal and external areas offer sufficient space for task performance

Scoring – in column for score mark as follows:

Check – whether the following areas are present and sufficient

Y (Yes) = available; N (No) = not available.

Item	Score						
	8 hr Non-	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
INTERIOR SPACE							
General							
Main waiting area						Yes / No	
Help desk/Reception/patient registration						Yes / No	
Toilets						Yes / No	
Clinical Service Areas							
Triage						Yes / No	
Consulting room						Yes / No	
Counselling room						Yes / No	
Observation area						Yes / No	
Emergency/resuscitation room						Yes / No	
Support /administration areas							
Unit manager office						Yes / No	
Staff tea room with kitchenette						Yes / No	
Medicine store room/cupboard/trolley						Yes / No	
Surgical stores store-room						Yes / No	
Lockable cleaning material store room OR cupboard						Yes / No	
Dirty utility room/slucie room						Yes / No	
Linen room OR cupboard						Yes / No	
Disaster stores room						Yes / No	
Doctor's rest room						Yes / No	
Exterior space							
Parking spaces						Yes / No	
Staff parking space						Yes / No	
Disabled parking space						Yes / No	
Ambulance parking space						Yes / No	

Checklist for Element 214

All clinical areas have adequate natural (windows) or functional mechanical ventilation (ceiling fans/air conditioner)

Use the checklist below to check whether the various areas have adequate ventilation Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the column for scores
Y (Yes) = available; N (No) = not available.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU
Waiting area		Yes / No	Yes / No				
Vital signs rooms		Yes / No					
Consultation room		Yes / No	Yes / No				
Antenatal section					Yes / No		
Delivery suite					Yes / No		
Postnatal section					Yes / No		
Triage area				Yes / No			
Resuscitation area				Yes / No			
Observation area				Yes / No			

Checklist for Element 215

There is access for people with wheelchairs

Use the checklist below to check the accessibility for patients in wheelchairs at the areas as indicated
 Scoring - in column for score mark as follows:
 Y (Yes) = compliant; N (No) = not compliant.

Area	Score						
	8 hr Non-	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Terrain must be compacted and smooth from gate to main entrance		Yes / No				Yes / No	Yes / No
At least one entrance to the 8 hour service area has a ramp to allow access for persons in wheelchairs unless the entrance to the facility has no incline		Yes / No				Yes / No	Yes / No
Ramp at one of the entrances to the 8 hour service area has handrails unless the entrance to the facility has no incline		Yes / No				Yes / No	Yes / No
Elbow taps in toilet with access for persons in wheelchairs		Yes / No				Yes / No	Yes / No
At least one toilet has access for persons in wheelchairs		Yes / No				Yes / No	Yes / No
In the toilet/s with access for persons in wheelchair, door handles are at the height of a wheelchair		Yes / No				Yes / No	Yes / No
In the toilet/s with access for persons in wheelchairs handrails are installed		Yes / No				Yes / No	Yes / No

Checklist for Element 217							
The building/s is maintained according to schedule							
Use the checklist below to check whether the various internal and external areas are in good condition Scoring - in column for score mark as follows: Randomly select the number of areas to review as indicated in the column for scores Y (Yes) = available; N (No) = not available. NA (not applicable) = if the facility does not have the service area or measure is not applicable to the specific facility because of the structural make-up of the facility e.g. in a multi storey building in a city							
Area and measures	Score						
	8 hr Non-Admin & Admin Supp	8 hr clinical services				24 hr clinical serv	
EXTERIOR OF BUILDING(S)	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU	
Walls - paint in good condition	Yes / No						
Roof intact	Yes / No						
Gutters and down pipes							
a. Intact	Yes / No						
b. Paint in good condition	Yes / No						
Doors and gates							
a. Working condition	Yes / No						
b. Handles working	Yes / No						
c. Open and close	Yes / No						
Lights							
a. Present	Yes / No						
b. Functional	Yes / No						
Paving is intact	Yes / No						
INTERIOR OF BUILDING(S)							
WAITING AREAS							
Walls - paint in good condition	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Ceiling							
a. Paint in good condition	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Intact	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Lights							
a. Present	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Functional	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
TOILETS							
Wall mounted paper towel dispenser(s)	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall mounted hand soap dispenser(s)	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall tiles in good condition	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Walls - paint in good condition	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Ceiling							
a. Paint in good condition	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Intact	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Lights							
a. Present	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Functional	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Windows							
a. Window panes intact (glass not broken)	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Windows can open and close	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Doors							

EXTERIOR OF BUILDING(S)	Admin & Admin Supp	8 hr	Phar/Disp/Mod room	Oral	Allied	AE	MOU
a. Intact	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Open and close	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Hand wash basins							
a. Intact	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Taps functional (with running water)	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Not blocked	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
d. Floor intact	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
CLINICAL AREA							
dispenser(s)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
dispenser(s)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Walls - paint in good condition		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Floor in good condition		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Ceiling							
a. Paint in good condition		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Intact		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Lights							
a. Present		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Functional		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Windows							
broken)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Windows can open and close		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
d. Window covering (curtains/blinds) clean and intact (blinds)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Doors							
a. Intact		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Open and close		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Hand wash basins							
a. Intact		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
water)		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
c. Not blocked		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
VITAL SIGNS ROOMS:							
		Score Vital signs room 1	Score Vital signs room 2				
Wall mounted paper towel dispenser(s)		Yes / No	Yes / No / NA				
Wall mounted hand soap dispenser(s)		Yes / No	Yes / No / NA				
Walls - paint in good condition		Yes / No	Yes / No / NA				
Floor intact		Yes / No	Yes / No / NA				
Ceiling							
a. Paint in good condition (not peeling/faded)		Yes / No	Yes / No / NA				
b. Intact (not broken)		Yes / No	Yes / No / NA				
Lights							
a. Present		Yes / No	Yes / No / NA				

EXTERIOR OF BUILDING(S)	Admin & Admin Supp	8 hr		Phar/Disp/Med room	Oral	Allied	AE	MOU
b. Functional		Yes / No	Yes / No / NA					
Windows								
a. Glass not broken		Yes / No	Yes / No / NA					
b. Handles working		Yes / No	Yes / No / NA					
c. Windows can open and close		Yes / No	Yes / No / NA					
Doors								
a. Intact		Yes / No	Yes / No / NA					
b. Handles working		Yes / No	Yes / No / NA					
c. Open and close		Yes / No	Yes / No / NA					
Hand wash basins								
a. Intact		Yes / No	Yes / No / NA					
b. Taps functional		Yes / No	Yes / No / NA					
c. Not blocked		Yes / No	Yes / No / NA					

Checklist for Element 218

Building is compliant with safety regulations

Use the checklist below to check whether the building is compliant with safety regulations

Scoring - in column for score mark as follows:

Y (Yes) = available, N (No) = not available.

Item	Score						
	8 hr Non-clinical Admin & Admin Supp	8 hr clinical services				24 hr clinical serv	
		8 hr	Phar/Disp/Mod room	Oral	Allied	AE	MOU
Fire compliance certificates	Yes / No						
Electrical compliance certificates	Yes / No						
Area							
Emergency exits must be clear of all obstructions						Yes / No	Yes / No
Entrance is free from any obstruction or hazards						Yes / No	Yes / No
Emergency vehicle entrance is free from any obstruction or hazards (must score at least one of the three areas indicated)						Yes / No	Yes / No

Checklist for Element 222

Furniture is available and intact at 8 hour service areas

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 8 hour service area Scoring – in column for score mark as follows: Check – randomly select the areas to review as indicated in the column for scores Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area

Item	Score							
	8 hr Non-clinical		8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp		8 Hour	Phar/Disp/Mod room	Oral	Allied	AE	MOU
Waiting areas	Waiting area 1	Waiting area 2						
Seating								
a. Adequate seating for all patients	Yes / No	Yes / No/Na						
b. Chairs / benches intact	Yes / No	Yes / No/Na						
c. Notice boards available	Yes / No	Yes / No/Na						
Consulting rooms			Consultation room 1	Consultation room 2				
Desk								
a. Available			Yes / No	Yes / No/Na				
b. Intact (including the drawers)			Yes / No	Yes / No/Na				
Chair (clinician)								
a. Available			Yes / No	Yes / No/Na				
b. Intact			Yes / No	Yes / No/Na				
At least 1x chair (patient)								
a. Available			Yes / No	Yes / No/Na				
b. Intact			Yes / No	Yes / No/Na				
Tilting examination couch								
a. Available			Yes / No	Yes / No/Na				
b. Intact			Yes / No	Yes / No/Na				
Bedside footstool								
a. Available			Yes / No	Yes / No/Na				
b. Intact			Yes / No	Yes / No/Na				
Lockable medicine cupboards								
a. Available			Yes / No	Yes / No/Na				
b. Intact			Yes / No	Yes / No/Na				
Dressing trolley (at bedside for examination equipment)								
a. Available			Yes / No	Yes / No/Na				
b. Intact (including the drawers)			Yes / No	Yes / No/Na				

Checklist for Element 223

Essential equipment is available and functional at the 8 hour services

Use the checklist below to check whether essential equipment is available and functional in consultation/vital signs and child health rooms

Scoring – in column for score mark as follows: Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; N (No) = not available or not functional.

Item	Score													
	8 hr Non-clinical				8 hr clinical services								24 hr clinical serv	
	Admin & Admin Supp				8 Hour				Phar/Di sp/Med room	Oral Health	Rehab (Allied)	AE	MOU	
	Vitals room	Consul- tation room 1	Consul- tation room 2	Child health room	Vitals room	Consul- tation room 1	Consul- tation room 2	Child health room						
Stethoscope					Yes / No	Yes / No	Yes / No	Yes / No						
Non-invasive Baumanometer (wall mounted/ portable)					Yes / No	Yes / No	Yes / No	Yes / No						
Adult, paediatric and large cuffs (3) for Baumanometer					Yes / No	Yes / No	Yes / No	Yes / No						
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)					Yes / No	Yes / No	Yes / No	Yes / No						
Patella hammer					Yes / No	Yes / No								
Tuning fork (only required in one consultation room)					Yes / No	Yes / No		Yes / No						
Tape measure					Yes / No	Yes / No	Yes / No	Yes / No						
Vaginal Cusco speculum						Yes / No	Yes / No							
Clinical thermometers					Yes / No	Yes / No	Yes / No	Yes / No						
Wall mounted or portable angle poise style examination lamp						Yes / No	Yes / No							
Blood glucometer					Yes / No	Yes / No		Yes / No						
Peak flow meter						Yes / No								
Adult clinical scale up to 150 kg					Yes / No	Yes / No		Yes / No						
HB meter					Yes / No	Yes / No		Yes / No						
Height measure					Yes / No			Yes / No						
Urine specimen jars					Yes / No									
Baby scale					Yes / No			Yes / No						
Bassinets on stand								Yes / No						

Checklist for Element 224

Furniture is available and intact in the Rehabilitation treatment area

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Rehabilitation treatment area

Scoring – in column for score mark as follows:

Check – randomly select the areas to review as indicated in the column for scores

Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area

Item	Score						
	8 hr Non-clinical Admin & Admin Supp	8 hr clinical services				serv	
		8 Hour	Phar/Disp/Med room	Oral	Allied	AE	MOU
Waiting areas				Waiting Area 1			
Notice boards/snaplock frames available				Yes / No			
Seating							
a. Adequate seating for all patients				Yes / No			
b. Chairs / benches intact				Yes / No			
Treatment area				Treatment area 1	Treatment area 2		
Desk							
a. Available				Yes / No	Yes / No/Na		
b. Intact (including the drawers)				Yes / No	Yes / No/Na		
Chair (clinician)							
a. Available				Yes / No	Yes / No/Na		
b. Intact				Yes / No	Yes / No/Na		
At least 1x chair (patient)							
a. Available				Yes / No	Yes / No/Na		
b. Intact				Yes / No	Yes / No/Na		
Tilting examination couch							
a. Available				Yes / No	Yes / No/Na		
b. Intact				Yes / No	Yes / No/Na		
Bedside footstool							
a. Available				Yes / No	Yes / No/Na		
b. Intact				Yes / No	Yes / No/Na		
Instrument trolley							
a. Available				Yes / No	Yes / No/Na		
b. Intact				Yes / No	Yes / No/Na		
Bar fridge							
a. Available				Yes / No	Yes / No/Na		
b. Intact (including the drawers)				Yes / No	Yes / No/Na		

Checklist for Element 225

Essential equipment is available and functional at the health support service treatment areas

Use the checklist below to check whether essential equipment is available and functional in rehabilitation treatment area

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; N (No) = not available or not functional; NA (not applicable) = if the facility provides only one of the services OR if they have a visiting team only

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
PHYSIOTHERAPY	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
	Equipment – Clinical						
Aluminium crutches – adult					Yes / No /Na		
Aluminium crutches – paediatric					Yes / No /Na		
Balance pad					Yes / No /Na		
Basin, portable, large					Yes / No /Na		
Bobath Ball: 85cm					Yes / No /Na		
Bobath Ball: 65cm					Yes / No /Na		
Bobath Ball: 45cm					Yes / No /Na		
Bobath roller: 50cm					Yes / No /Na		
Bobath roller: 30cm					Yes / No /Na		
Construction Play equipment					Yes / No /Na		
Hot water bottle					Yes / No /Na		
Mat: gym					Yes / No /Na		
Mirror: hand-held with cover					Yes / No /Na		
Mirror: hand-held with handle					Yes / No /Na		
Nebuliser: ultrasonic					Yes / No /Na		
Patella hammer					Yes / No /Na		
Soccer ball					Yes / No /Na		
Standing frame –large					Yes / No /Na		
Standing frame –medium					Yes / No /Na		
Standing frame –small					Yes / No /Na		
Stethoscope					Yes / No /Na		
Tape measure: soft, retractable					Yes / No /Na		
Torch					Yes / No /Na		
Toys: multisensory					Yes / No /Na		
Transfer board					Yes / No /Na		
Walking frame: adult					Yes / No /Na		
Walking frame: paediatric					Yes / No /Na		
Walking stick: adult					Yes / No /Na		
Walking stick: paediatric					Yes / No /Na		
Wedges: set					Yes / No /Na		
Weights: ankle and wrist					Yes / No /Na		
Wheelchair: 25 x30cm					Yes / No /Na		
Wheelchair: 30x30 cm					Yes / No /Na		
Wheelchair: 30x40cm					Yes / No /Na		
Wheelchair: 36x40cm					Yes / No /Na		
Wheelchair: 41cm wide					Yes / No /Na		
Wheelchair: 46cm wide					Yes / No /Na		
Wheelchair: 51cm wide					Yes / No /Na		
Equipment - General							
Allen key set					Yes / No /Na		

Clamps: adjustable (pair)					Yes / No /Na		
Claw hammer					Yes / No /Na		
Cordless Drill					Yes / No /Na		
Drill bit set					Yes / No /Na		
Electric foam cutter					Yes / No /Na		
Electric frying pan					Yes / No /Na		
Electric jigsaw					Yes / No /Na		
Extension lead (on reel)					Yes / No /Na		
Eyelet punch					Yes / No /Na		
Hacksaw					Yes / No /Na		
Hacksaw blades					Yes / No /Na		
Heat gun					Yes / No /Na		
Measuring rule: folding					Yes / No /Na		
Multi-plug					Yes / No /Na		
Pliers set					Yes / No /Na		
Revolving punch					Yes / No /Na		
Screwdriver set					Yes / No /Na		
Shifting spanner					Yes / No /Na		
Spanner set (swivel-head)					Yes / No /Na		
Tape measure (industrial)					Yes / No /Na		
Tool box					Yes / No /Na		
Utility knife					Yes / No /Na		
Workbench, portable					Yes / No /Na		
Instruments							
Scissors: splinting					Yes / No /Na		
Scissors: standard, adult					Yes / No /Na		
Scissors: standard, child					Yes / No /Na		
SPEECH THERAPY							
Equipment – Clinical							
Audiometer portable					Yes / No /Na		
Cards - themed, speech therapy					Yes / No /Na		
HiPro box					Yes / No /Na		
Noisemakers					Yes / No /Na		
OAE/AABR screener portable					Yes / No /Na		
Otolight					Yes / No /Na		
Otoscope, portable					Yes / No /Na		
Portable screening tympanometer					Yes / No /Na		
Instruments							
Cerumen management kit					Yes / No /Na		
cup: ear					Yes / No /Na		
Curette: cerumen, plastic, adult					Yes / No /Na		
Curette: cerumen, plastic, paed					Yes / No /Na		
Curette, cerumen, lighted, magnified					Yes / No /Na		
Ear loop, Bileau, small					Yes / No /Na		
Forceps, crocodile					Yes / No /Na		
Syringe, impression					Yes / No /Na		

Checklist for Element 226

Furniture is available and intact at the Oral Health services

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Oral Health services Scoring – in column for score mark as follows:

Check – randomly select the areas to review as indicated in the column for scores

Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area.

Item	Score							
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/IM ed room	Oral	Allied	AE	MOU	
Waiting areas								
a. Notice boards/snaplock frames available				Yes / No				
Seating								
a. Adequate seating for all patients				Yes / No				
b. Chairs / benches intact				Yes / No				
Treatment area				Treatment area 1	Treatment area 2			
Desk								
a. Available				Yes / No	Yes / No /Na			
b. Intact (including the drawers)				Yes / No	Yes / No /Na			
2x Dental operators' stool (round stool on wheels)								
a. Available				Yes / No	Yes / No /Na			
b. Intact				Yes / No	Yes / No /Na			
Lockable medicine trolley/cupboard								
a. Available				Yes / No	Yes / No /Na			
b. Intact				Yes / No	Yes / No /Na			

Checklist for Element 227

Essential equipment is available and functional at the Oral Health services

Use the checklist below to check whether essential equipment is available and functional at the Oral Health services

Scoring – in column for score mark as follows:

Y (Yes) = available and functional; N (No) = not available or not functional.

Item	Quantity	Score						
		Non-clinic Admin & Admin Supp	8 hr clinical services			24 hr clinical serv		
			8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Equipment								
Amalgam separator	1				Yes / No			
Amalgamator: digital	1				Yes / No			
Autoclave: cassette-type, desktop	1				Yes / No			
Cidex container with lid	1				Yes / No			
Compressor, 2-4 surgeries, fixed	1				Yes / No			
Cuspidor/spittoon/water unit	1				Yes / No			
Dental chair: basic	1				Yes / No			
Dental chair (For outreach portable with portable light)	1				Yes / No			
Dental delivery system with hand-pieces (fixed)	1				Yes / No			
Dental delivery system with hand-pieces (Mobile – for outreach)	1				Yes / No			
Dental light: LED	1				Yes / No			
Dental curing light (corded or cordless)	1				Yes / No			
Dental scaler: air	1				Yes / No			
Headband light	1				Yes / No			
Paediatric Booster seats	1				Yes / No			
Plastic dental instrument trays	1				Yes / No			
Stool: dentist	1				Yes / No			
Stool: dental assistant	1				Yes / No			
Suction: central, wet (commonest type)	1				Yes / No			
	1				Yes / No			
Suction: central, dry (optional in water-scarce areas)	1				Yes / No			
Suction: dry, mobile (for outreach and back-up)	1				Yes / No			
Ultrasonic cleaner	1				Yes / No			
Water distillation	1				Yes / No			
	1				Yes / No			
X-ray: wall-mounted	1				Yes / No			
X-ray: digital oral imaging plate with computer and cabling.	1				Yes / No			
Hand-pieces								
system)	1				Yes / No			
Air motor (high-speed turbine)	1				Yes / No			
Contra-angle handpiece	1				Yes / No			

Slow handpiece	2				Yes / No			
Slow handpiece motor	2				Yes / No			
Straight handpiece	1				Yes / No			
Dental elevators								
Cryers elevator left	4				Yes / No			
Cryers elevator right	4				Yes / No			
Straight elevator Large	4				Yes / No			
Straight elevator Medium	4				Yes / No			
Straight elevator Small	4				Yes / No			
Warwick-James elevator left	2				Yes / No			
Warwick-James elevator right	2				Yes / No			
Warwick-James elevator straight	2				Yes / No			
Dental extraction forceps								
Forceps: Cheatle					Yes / No			
Forceps: Cheatle container/holder					Yes / No			
Forceps: tooth extracting Lower bicuspids	6				Yes / No			
Forceps: tooth extracting Lower molars and crowded incisors	6				Yes / No			
Forceps: tooth extracting upper Anteriors and canines	2				Yes / No			
Forceps: tooth extracting Upper bicuspids and roots	6				Yes / No			
Forceps: tooth extracting Upper molars left	6				Yes / No			
90	6				Yes / No			
89	6				Yes / No			
Forceps: tooth extracting Upper roots 29	6				Yes / No			
Forceps: tooth extracting Upper roots 44 N	2				Yes / No			
Forceps: tooth extracting Upper roots 29 S	2				Yes / No			
Forceps: tooth extracting Upper roots 76	2				Yes / No			
Forceps: tooth extracting Upper roots small child	6				Yes / No			
Forceps: tooth extracting Lower teeth and roots, child	6				Yes / No			
Adult	6				Yes / No			
Adult	6				Yes / No			
Forceps: tooth extracting Upper incisors and canines, child	6				Yes / No			
Forceps: tooth extracting Upper Molars, child	6				Yes / No			
Forceps: tooth extracting Upper teeth and roots, Molars, child	6				Yes / No			
Conservative Instruments								
Amalgam carrier plastic right angle	3				Yes / No			
Amalgam carrier plastic straight	2				Yes / No			
Amalgam carver	6				Yes / No			
Amalgam plugger	4				Yes / No			
Ball burnisher 2.5-3.0mm	6				Yes / No			
Bib holders	2				Yes / No			
Bur Blocks	2				Yes / No			
Bur brushes	2				Yes / No			
Cement spatula	2				Yes / No			
Chip syringe					Yes / No			
Cotton and Dressing Tweezers	20				Yes / No			

Cotton pellet holder	2				Yes / No			
Cotton wool holder (small bowl)	2				Yes / No			
Dappen dishes	6				Yes / No			
Dental Explorers/Probes Straight	30				Yes / No			
Dental syringe Aspirating	30				Yes / No			
Excavator 125/126	4				Yes / No			
Excavator 129/130	4				Yes / No			
Excavator 133/134	4				Yes / No			
Flat plastic	6				Yes / No			
Handle Mouth Mirror	30				Yes / No			
Kidney dishes large	4				Yes / No			
Kidney dishes small	4				Yes / No			
Matrix retainer Siqueland Narrow/tofflemire	4				Yes / No			
Matrix retainer Siqueland Wide/tofflemire	4				Yes / No			
Mouth Mirrors to it Handle Mouth Mirror	30				Yes / No			
Mounth models					Yes / No			
Needle holder	2				Yes / No			
Sickel					Yes / No			
Tofflemier holder					Yes / No			
Thymosin					Yes / No			
Waste receiver	2				Yes / No			
Periodontal								
Dental probe: periodontal	4				Yes / No			
Periodontal hoe SG 5F	6				Yes / No			
Scaler, dental: H6/7	6				Yes / No			
Other								
Artery forceps	2				Yes / No			
Handle scalpel	2				Yes / No			
Mouth gag	4				Yes / No			
Needle holder	2				Yes / No			
Protective glasses	4				Yes / No			
Rongeur: dental No.4	4				Yes / No			
Rongeur: dental No. 5S	4				Yes / No			
Scissors ligature	2				Yes / No			
Slab: mixing, glass	2				Yes / No			
Tongue forceps	2				Yes / No			
Trimmer: gingival margin U3/U4	4				Yes / No			
Trimmer: gingival margin Ui/U2	4				Yes / No			
Wire ligature forceps	2				Yes / No			

Checklist for Element 228

Furniture is available and intact at the 24 Hour Emergency Unit

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 24 Hour Emergency Unit Scoring - in column for score mark as follows:

Randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available/intact, N (No) = not available/not intact.

Item	Score								
	8 hr Non-Admin & Admin Supp	8 hr clinical services				AE	MOU		
		8 hr	Phar/Disp/Infused room	Oral	Allied				
Waiting areas									
Notice boards/snaplock frames available						Yes / No			
Seating						Waiting area 1			
a. Adequate seating for family/friends						Yes / No			
b. Chairs / benches intact						Yes / No			
Reception/nurses station									
Desk									
a. Available						Yes / No			
b. Intact (including the drawers)						Yes / No			
Chair									
a. Available						Yes / No			
b. Intact						Yes / No			
Clinical areas									
1Chair per patient									
a. Available						Yes / No		Yes / No	
b. Intact						Yes / No		Yes / No	
Hospital beds/trolley									
a. Available according approved bed capacity						Yes / No	Yes / No	Yes / No	
b. Intact (check ALL)						Yes / No	Yes / No	Yes / No	
Bedside footstool (NA if bed or trolley height is adjustable)									
a. Available						Yes / No	Yes / No / Na	Yes / No	
b. Intact						Yes / No	Yes / No / Na	Yes / No	
Bedside locker									
a. Available							Yes / No	Yes / No	
b. Intact							Yes / No	Yes / No	
Lockable Scheduled Medicine cupboard									
a. Available							Yes / No		
b. Intact							Yes / No		
Dressing trolley									
a. Available (1 per area)						Yes / No	Yes / No	Yes / No	
b. Intact (including the drawers)						Yes / No	Yes / No	Yes / No	
Non-clinical area									

Dirty utility/slucice area										
a.	Slop-hopper						Yes / No	Yes / No	Yes / No	
b.	In working order						Yes / No	Yes / No	Yes / No	
Medicine storeroom/cupboard/trolley										
a.	Medicine fridge						Yes / No	Yes / No	Yes / No	
b.	In working order						Yes / No	Yes / No	Yes / No	

Checklist for Element 229

Essential equipment is available and functional at the 24 Hour Emergency Unit

Use the checklist below to check whether essential equipment is available and functional in the resuscitation, consultation and observation areas in the 24 Hour Emergency Unit

Scoring – in column for score mark as follows:

Check – randomly select the number of areas to review as indicated in the scoring columns

Y (Yes) = available and functional; N (No) = not available or not functional.

Item	8 hr Non-	8 hr clinical services				AE			MOU
	Admin & Admin Supp	8 hr	Phar/Disp/IM ed room	Oral	Allied	Resuscitation area 1	Consultation area 1	Observation area 1	
Stethoscope						Yes / No	Yes / No	Yes / No	
Non-invasive Baumanometer (wall mounted/ portable)						Yes / No	Yes / No	Yes / No	
Adult, paediatric and large cuffs (3) for Baumanometer						Yes / No	Yes / No	Yes / No	
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)						Yes / No	Yes / No	Yes / No	
Patella hammer						Yes / No	Yes / No		
Tuning fork (only required in one consultation room)						Yes / No	Yes / No	Yes / No	
Tape measure						Yes / No	Yes / No	Yes / No	
Clinical thermometers						Yes / No	Yes / No	Yes / No	
Blood glucometer						Yes / No	Yes / No	Yes / No	
Peak flow meter						Yes / No	Yes / No	Yes / No	
Adult clinical scale up to 150 kg							Yes / No		
HB meter						Yes / No	Yes / No	Yes / No	
Height measure							Yes / No		
Urine specimen jars						Yes / No	Yes / No	Yes / No	
Baby scale						Yes / No	Yes / No	Yes / No	
Bassinet							Yes / No	Yes / No	
Wall mounted or portable angle poise examination lamp							Yes / No	Yes / No	
Ceiling mounted examination light						Yes / No			

Checklist for Element 230

There is a sterile pack for minor surgery

Use the checklist below to check whether equipment for minor surgery is available

Scoring - in column for score mark as follows:

Check – If the facility does not have a 24 hour emergency unit, assess the 8 hour service

Y (Yes) = available and functioning, N (No) = not available or not functioning

Note: sterile packs for minor surgery must be labelled indicating the contents of the pack

Item	Quantity	Score						
		8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
		Admin & Admin Supp	8 hr	Phar/Disp/Mod room	Oral	Allied	AE	MOU
MINOR STITCH / SUTURING TRAY								
Small stitch tray	1		Yes / No				Yes / No	
Stitch scissor	1		Yes / No				Yes / No	
Toothed Forcep	1		Yes / No				Yes / No	
Non – toothed Forcep	1		Yes / No				Yes / No	
Bard- Parkersurgical blade handle to fit accompanying blades (blades do not form part of sterilised pack but must be available)	1		Yes / No				Yes / No	
Mosquito straight	2		Yes / No				Yes / No	
Mosquito curved	2		Yes / No				Yes / No	
Artery forceps straight	2		Yes / No				Yes / No	
Artery forceps curved	2		Yes / No				Yes / No	
Needle holder	1		Yes / No				Yes / No	
Swab holder	1		Yes / No				Yes / No	

Checklist for Element 231

Resuscitation room is equipped with functional basic furniture and resuscitation equipment (24 Hour Emergency Unit)

Use the checklist below to check whether the emergency/resuscitation room complies with standards for functional basic equipment

Scoring – in column for score mark as follows:

Check – room where resuscitation is performed (if the facility does not have a 24 hour emergency unit, assess the resuscitation room in the 8 hour service)

Y (Yes) = available and functional; N (No) = not available or not functional

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Emergency trolley is restored daily or after each use		Yes / No				Yes / No	
Emergency trolley with lockable medicine drawer and accessories		Yes / No				Yes / No	
Examination bed OR Patient trolley with fowlers position OR 2-part obstetric delivery bed OR Patient trolley or stretcher which can be adjusted into a fowlers position		Yes / No				Yes / No	
Chlorhexidine or Alcohol swabs		Yes / No				Yes / No	
Protective face shields OR goggles		Yes / No				Yes / No	
Gloves exam n/sterile gloves: small, medium and large at least one pair of each size		Yes / No				Yes / No	
Gloves surgical sterile latex: 6 OR 6.5, 7 OR 7.5 and 8 at least one pair of each size		Yes / No				Yes / No	
Disposable plastic aprons		Yes / No				Yes / No	
Disposable non-sterile face masks		Yes / No				Yes / No	
Syringes 3-part: 2ml		Yes / No				Yes / No	
Syringes 3-part: 5ml		Yes / No				Yes / No	
Syringes 3-part: 10ml OR 20ml		Yes / No				Yes / No	
Cather tip syringe 50ml		Yes / No				Yes / No	
Needles: 18 (pink) OR 20 (yellow)		Yes / No				Yes / No	
Needles: 21 (green)		Yes / No				Yes / No	
Needles: 23 (blue) OR 22 (black)		Yes / No				Yes / No	
Tourniquet		Yes / No				Yes / No	
Stethoscope		Yes / No				Yes / No	
Nasogastric tubes: (a minimum of three different sizes that accommodate both adult and paediatric users)		Yes / No				Yes / No	
Nasal cannula (prongs) for adults		Yes / No				Yes / No	
Nasal cannula (prongs) for paediatric		Yes / No				Yes / No	
Wall or ceiling mounted or mobile angle poise style examination lamp		Yes / No				Yes / No	
Paediatric Broselow tape OR Pawper tape		Yes / No				Yes / No	
Resuscitation algorithms		Yes / No				Yes / No	
Resuscitation documentation register		Yes / No				Yes / No	

Checklist for Element 232							
Emergency trolley is stocked with medicines, medical supplies and equipment							
Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication							
Scoring –in column for score mark as follows:							
Check – whether the equipment and medication are available on the emergency trolley (or on other surfaces in the resuscitation room); and also check the expiry date of the medication. Mark expired medication as “N”. If the facility does not have a 24-hour Emergency unit, assess the Emergency trolley in the 8-hour service.							
Y (Yes) = available and functional or within expiry; N (No) = not available or not functional or expired. Na (Not applicable) = as indicated							
Item	Score						
	8 hr Non-Admin & Admin Supp	8 hr clinical services			24 hr clinical serv		
		8 hr Phat/Disp/Med room	Oral	Allied	AE	MOU	
EQUIPMENT FOR ALL FACILITIES (with and without a permanently appointed doctor)							
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults	Yes / No				Yes / No		
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for	Yes / No				Yes / No		
Simple face mask for oxygen for adults	Yes / No				Yes / No		
Simple face mask for oxygen, paediatric	Yes / No				Yes / No		
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator	Yes / No				Yes / No		
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator	Yes / No				Yes / No		
Conductive gel (NA if the facility uses an AED)	Yes / No				Yes / No		
Intravenous cannula 18g green and appropriate strapping	Yes / No				Yes / No		
Intravenous cannula 20g pink and appropriate strapping	Yes / No				Yes / No		
Intravenous cannula 22g blue and appropriate strapping	Yes / No				Yes / No		
Intravenous cannula 24g yellow and appropriate strapping	Yes / No				Yes / No		
Admin set 20 drops/ml 1.8m /pack	Yes / No				Yes / No		
Admin set paed 60 drops/ml 1.8m /pack	Yes / No				Yes / No		
Laryngeal masks (supraglottic airways): (a minimum of three different sizes that accommodate both adult and paediatric users)	Yes / No				Yes / No		
Cardiac arrest board	Yes / No				Yes / No		
Strapping to secure Intravenous cannulae	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 00	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 0	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 1	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 2	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 3	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 4	Yes / No				Yes / No		
Oropharyngeal airways (Guedel) size 5	Yes / No				Yes / No		
Functional electric powered OR manual suction devices	Yes / No				Yes / No		
Suction catheters: sizes 8F	Yes / No				Yes / No		
Suction catheters: sizes 10F	Yes / No				Yes / No		

Item	Score						
	8 hr Non-Admin & Admin Supp	8 hr clinical services			24 hr clinical serv		
		8 hr Phar/Disp/Med room	Oral	Allied	AE	MOU	
Suction catheters: sizes 12F		Yes / No			Yes / No		
Suction catheters: sizes 14F		Yes / No			Yes / No		
Rescue scissors (to cut clothing)		Yes / No			Yes / No		
Pulse oximeter with adult & paediatric probes		Yes / No			Yes / No		
Nebuliser OR face mask with nebuliser chamber for adult		Yes / No			Yes / No		
Nebuliser OR face mask with nebuliser chamber for paediatric		Yes / No			Yes / No		
EQUIPMENT FOR FACILITIES WITH A PERMANENT APPOINTED DOCTOR							
Laryngoscope handle with functional batteries		Yes / No / Na			Yes / No / Na		
Adult curved blades for laryngoscope size 2		Yes / No / Na			Yes / No / Na		
Adult curved blades for laryngoscope size 3		Yes / No / Na			Yes / No / Na		
Adult curved blades for laryngoscope size 4		Yes / No / Na			Yes / No / Na		
Paediatric laryngoscope handle		Yes / No / Na			Yes / No / Na		
Paediatric straight blades for laryngoscope size 00		Yes / No / Na			Yes / No / Na		
Paediatric straight blades for laryngoscope size 0		Yes / No / Na			Yes / No / Na		
Paediatric straight blades for laryngoscope size 1		Yes / No / Na			Yes / No / Na		
Spare bulbs for laryngoscope (NA if the laryngoscope has a built in bulb)		Yes / No / Na			Yes / No / Na		
Spare batteries for laryngoscope handle		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – uncuffed size 2.5mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes –uncuffed size 3.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – uncuffed size 3.5mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – uncuffed size 4mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes –uncuffed size 4.5mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 3.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 4.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 5.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 6.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 7.0mm		Yes / No / Na			Yes / No / Na		
Endotracheal tubes – cuffed size 8.0mm		Yes / No / Na			Yes / No / Na		
Tape to hold tie endotracheal tube in place		Yes / No / Na			Yes / No / Na		
Adult-size introducer, intubating stylet or bougie for endotracheal tubes		Yes / No / Na			Yes / No / Na		
Paediatric size introducer, intubating stylet or bougie for endotracheal tubes		Yes / No / Na			Yes / No / Na		
Magill's forceps (adult)		Yes / No / Na			Yes / No / Na		
Magill's forceps (paediatric)		Yes / No / Na			Yes / No / Na		
Lubricating gel		Yes / No / Na			Yes / No / Na		
Emergency medicines (also check expiry dates) – APPLICABLE TO ALL FACILITIES							
Activated Charcoal		Yes / No			Yes / No		
Adrenaline 1mg/ml (Epinephrine)1ml ampoule		Yes / No			Yes / No		
Amlodipine 5mg OR 10mg tablets		Yes / No			Yes / No		
Aspirin 100mg OR 300mg tablets		Yes / No			Yes / No		
Atropine 0.5mg OR 1mg ampoule		Yes / No			Yes / No		
Calcium gluconate 10% 10ml ampoule		Yes / No			Yes / No		
Furosemide 20mg OR 10mg/2ml ampoule		Yes / No			Yes / No		
Hydrocortisone 100mg/ml OR 200mg/2ml vial		Yes / No			Yes / No		
Insulin, short acting (stored in the medicine fridge) vial		Yes / No			Yes / No		

Item	Score						
	8 hr Non-Admin & Admin Supp	8 hr clinical services			24 hr clinical serv		
		8 hr Phar/Disp/Mod room	Oral	Allied	AE	MOU	
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation		Yes / No				Yes / No	
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial		Yes / No				Yes / No	
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)		Yes / No				Yes / No	
Midazolam (1mg/ml 5 ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule		Yes / No				Yes / No	
Nifedipine 5mg/10mg capsules		Yes / No				Yes / No	
Prednisone 5 mg tablets		Yes / No				Yes / No	
Promethazine 25mg/2ml ampoule OR Promethazine 25mg/1ml ampoule		Yes / No				Yes / No	
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5mg tablets		Yes / No				Yes / No	
Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for nebulisation		Yes / No				Yes / No	
Thiamine 100mg/ml 10ml vial		Yes / No				Yes / No	
Water for injection		Yes / No				Yes / No	
IV Solutions							
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution		Yes / No				Yes / No	
Pediatric solutions e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte 200ml solution		Yes / No				Yes / No	
Sodium Chloride 0.9% solution 1L solution		Yes / No				Yes / No	

Checklist for Element 233

Furniture is available and intact in the MOU

Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the MOU

Scoring - in column for score mark as follows:

Randomly select the number of areas to review as indicated in the column for scores

Y (Yes) = available/intact, N (No) = not available/not intact. Scoring: In the column for total score mark as follows: Yes (when facility adheres to prompt) = 1, No (when the facility does not adhere to prompt) =0.

Item	SCORE								
	8 hr Non-	8 hr clinical services				24 hr clinical serv			
	Admin & Admin Supp	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU		
							Antenatal ward	Delivery suite	Postnatal ward
Waiting areas						Waiting area 1			
Notice boards/snaplock frames available						Yes / No			
Seating									
a. Adequate seating for family/friends						Yes / No			
b. Chairs / benches intact						Yes / No			
Reception/nurses station									
Desk									
a. Available						Yes / No			
b. Intact (including the drawers)						Yes / No			
Chair									
a. Available						Yes / No			
b. Intact						Yes / No			
Service area									
1Chair per patient									
a. Available						Yes / No			Yes / No
b. Intact						Yes / No			Yes / No
Anaesthetist stool									
a. Available						Yes / No			Yes / No
b. Intact						Yes / No			Yes / No
Hospital beds									
a. Available according approved bed capacity						Yes / No			Yes / No
b. Intact (check ALL)						Yes / No			Yes / No
Over-bed patient trolley									
Available						Yes / No			Yes / No
Intact						Yes / No			Yes / No
Obstetric tilting couch									
a. Available							Yes / No		
b. Intact							Yes / No		
Bedside footstool									
a. Available						Yes / No	Yes / No	Yes / No	Yes / No
b. Intact						Yes / No	Yes / No	Yes / No	Yes / No
Bedside locker									
a. Available						Yes / No	Yes / No	Yes / No	Yes / No
b. Intact						Yes / No	Yes / No	Yes / No	Yes / No
Lockable Scheduled Medicine cupboard									

a. Available								Yes / No		
b. Intact								Yes / No		
Dressing trolley										
a. Available (1 per ward)								Yes / No	Yes / No	Yes / No
b. Intact (including the drawers)								Yes / No	Yes / No	Yes / No
Double bowl stand with two bowls										
a. Available								Yes / No		
b. Intact								Yes / No		
Non-clinical area										
Dirty utility/slucice area										
a. Freezer (for anatomical waste e.g. placenta and penile foreskin)								Yes / No	Yes / No	Yes / No
b. In working order								Yes / No	Yes / No	Yes / No
Medicine storeroom/cupboard/trolley										
a. Medicine fridge								Yes / No	Yes / No	Yes / No
b. In working order								Yes / No	Yes / No	Yes / No

Checklist for Element 234

Essential equipment in the MOU

Use the checklist below to check whether essential equipment is available and functional in the Midwife Obstetric Unit

Scoring - in column for score mark as follows:

Randomly select the 2 consulting rooms in the Midwife Obstetric Unit

Y (Yes) = available, N (No) = not available.

Item	SCORE									
	8 hr Non-	8 hr clinical services				24 hr clinical serv				
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU			
							Delivery suite	Antenatal/postnatal ward	Sluice	Clean Utility Area
Stethoscope						Yes / No	Yes / No			
Foetal Stethoscope						Yes / No	Yes / No			
Non-invasive Baumanometer (wall mounted/ portable)						Yes / No	Yes / No			
Adult, large cuffs (3) for Baumanometer						Yes / No	Yes / No			
Paediatric cuffs for Baumanometer						Yes / No	Yes / No			
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)						Yes / No	Yes / No			
Peak flow meter						Yes / No	Yes / No			
Patella hammer						Yes / No	Yes / No			
Tape measure						Yes / No	Yes / No			
Clinical thermometers						Yes / No	Yes / No			
Ceiling mounted or portable - examination lamp						Yes / No	Yes / No			
Adult clinical scale up to 150 kg							Yes / No			
Baby scale						Yes / No	Yes / No			
Bassinet with trolley and mattress						Yes / No	Yes / No			
Blood glucometer						Yes / No	Yes / No			
HB meter						Yes / No	Yes / No			
Height measure							Yes / No			
Urine specimen jars						Yes / No	Yes / No			
CTG Machine (cardiotocographic) OR Doppler foetal monitor						Yes / No	Yes / No			
Incubator Transport						Yes / No				
Infant warmer: radiant						Yes / No	Yes / No			
Suction Unit Mobile						Yes / No				
Electrical 2x 2lit Bottle						Yes / No				
Bowl Lotion S/Steel 150mm						Yes / No				
Rescue scissors						Yes / No				
Autoclave Stand alone (mobile) Approx 100 lit								Yes / No	Yes / No	

Tray Instruments washing
with lid 183mm x 140 x 17
mm

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Yes / No

Yes / No

Checklist for Element 235

Sterile obstetric delivery packs are available

Use the checklist below to check whether there are emergency sterile obstetric packs available

Scoring - in column for score mark as follows:

Check – If the facility does not have a MOU, assess in the 8 hour service

Y (Yes) = available, N (No) = not available

Note: sterile packs must be labelled with the contents of the pack

Item	SCORE							MOU Delivery suite
	Quantity	8 hr Non-clinical	8 hr clinical services			AE		
		Admin & Admin Supp	8 Hour	Pharmacy/ Meds Disp	Oral Health		Rehab (Allied)	
NON-NEGOTIABLE								
Stitch scissor	1		Yes / No					Yes / No
Episiotomy scissor	1		Yes / No					Yes / No
Cord scissor	1		Yes / No					Yes / No
Dissecting forcep non-toothed (plain)	1		Yes / No					Yes / No
Dissecting forcep toothed	1		Yes / No					Yes / No
Artery forceps straight long	2		Yes / No					Yes / No
Needle holder	1		Yes / No					Yes / No
Sterile green towels	4		Yes / No					Yes / No
Gauzes	5		Yes / No					Yes / No
Vaginal tampons	1		Yes / No					Yes / No
Sanitary Towels	2		Yes / No					Yes / No
Round cotton wool balls	1 pack		Yes / No					Yes / No
Sterile gown	1		Yes / No					Yes / No
Stainless steel round bowl large	1		Yes / No					Yes / No
Small bowl	2		Yes / No					Yes / No
Kidney dishes OR Receivers (big)	2		Yes / No					Yes / No
EXTRAS (not part of sterilised pack)								
Basin	1		Yes / No					Yes / No
Disposable apron	2		Yes / No					Yes / No
Umbilical cord clamps	2		Yes / No					Yes / No

Checklist for Element 236

Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment

Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication in the MOU

Scoring –in column for score mark as follows:

Check – whether the equipment and medication area available on the emergency trolley (or on other surfaces in the resuscitation room) in the MOU; and also check expiry date of medication. Mark expired medication as “N”.

Y (Yes) = available and functional or within expiry; N (No) = not available or not functional or expired.

Item	SCORE					
	8 hr Non-clinical Admin & Admin Supp	8 hr clinical services			24 hr clinical serv	
		8 hr	Phar/Disp/med room	Oral	Allied	AE
NON-NEGOTIABLE						
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults						Yes / No
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for paediatric						Yes / No
Simple face mask for oxygen, paediatric						Yes / No
Simple face mask for oxygen for adults						Yes / No
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator						Yes / No
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator						Yes / No
Conductive gel (NA if the facility uses an AED)						Yes / No
Intravenous cannula 18g green and appropriate strapping						Yes / No
Intravenous cannula 20g pink and appropriate strapping						Yes / No
Intravenous cannula 22g blue and appropriate strapping						Yes / No
Intravenous cannula 24g yellow and appropriate strapping						Yes / No
Admin set 20 drops/ml 1.8m /pack						Yes / No
Admin set paed 60 drops/ml 1.8m /pack						Yes / No
Laryngeal masks (supraglottic airways): (a minimum of four different sizes that accommodate both adult and paediatric users)						Yes / No
Cardiac arrest board						Yes / No
Strapping to secure Intravenous cannulae						Yes / No
Oropharyngeal airways (Guedel) size 00						Yes / No
Oropharyngeal airways (Guedel) size 0						Yes / No
Oropharyngeal airways (Guedel) size 1						Yes / No
Oropharyngeal airways (Guedel) size 2						Yes / No

Oropharyngeal airways (Guedel) size 3							Yes / No
Oropharyngeal airways (Guedel) size 4							Yes / No
Oropharyngeal airways (Guedel) size 5							Yes / No
Functional electric powered OR manual suction devices							Yes / No
Suction catheters: sizes 8F							Yes / No
Suction catheters: sizes 10F							Yes / No
Suction catheters: sizes 12F							Yes / No
Suction catheters: sizes 14F							Yes / No
Rescue scissors (to cut clothing)							Yes / No
Pulse oximeter with adult & paediatric probes							Yes / No
Nebuliser OR face mask with nebuliser chamber for adult							Yes / No
Nebuliser OR face mask with nebuliser chamber for paediatric							Yes / No
EQUIPMENT FOR FACILITIES WITH A PERMANENT APPOINTED DOCTOR							
Laryngoscope handle with functional batteries							Yes / No
Adult curved blades for laryngoscope size 2							Yes / No
Adult curved blades for laryngoscope size 3							Yes / No
Adult curved blades for laryngoscope size 4							Yes / No
Paediatric laryngoscope handle							Yes / No
Paediatric straight blades for laryngoscope size 00							Yes / No
Paediatric straight blades for laryngoscope size 0							Yes / No
Paediatric straight blades for laryngoscope size 1							Yes / No
Spare bulbs for laryngoscope (NA if the laryngoscope has a built in bulb)							Yes / No
Spare batteries for laryngoscope handle							Yes / No
Endotracheal tubes – uncuffed size 2.5mm							Yes / No
Endotracheal tubes –uncuffed size 3.0mm							Yes / No
Endotracheal tubes – uncuffed size 3.5mm							Yes / No
Endotracheal tubes – uncuffed size 4mm							Yes / No
Endotracheal tubes –uncuffed size 4.5mm							Yes / No
Endotracheal tubes – cuffed size 3.0mm							Yes / No
Endotracheal tubes – cuffed size 4.0mm							Yes / No
Endotracheal tubes – cuffed size 5.0mm							Yes / No
Endotracheal tubes – cuffed size 6.0mm							Yes / No
Endotracheal tubes – cuffed size 7.0mm							Yes / No
Endotracheal tubes – cuffed size 8.0mm							Yes / No
Tape to hold tie endotracheal tube in place							Yes / No
Adult-size introducer, intubating stylet or bougie for endotracheal tubes							Yes / No
Paediatric size introducer, intubating stylet or bougie for endotracheal tubes							Yes / No
Magill's forceps (adult)							Yes / No

Magill's forceps (paediatric)							Yes / No
Lubricating gel							Yes / No
Emergency medicines (also check expiry dates) – APPLICABLE TO ALL FACILITIES							
Activated Charcoal							Yes / No
Adrenaline 1mg/ml (Epinephrine)1ml ampoule							Yes / No
Amlodipine 5mg OR 10mg tablets							Yes / No
Aspirin 100mg OR 300mg tablets							Yes / No
Atropine 0.5mg OR 1mg ampoule							Yes / No
Calcium gluconate 10% 10ml ampoule							Yes / No
Furosemide 20mg OR 10mg/2ml ampoule							Yes / No
Hydrocortisone 100mg/ml OR 200mg/2ml vial							Yes / No
Insulin, short acting (stored in the medicine fridge) vial							Yes / No
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation							Yes / No
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial							Yes / No
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)							Yes / No
Midazolam (1mg/ml 5 ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule							Yes / No
Nifedipine 5mg/10mg capsules							Yes / No
Prednisone 5 mg tablets							Yes / No
Promethazine 25mg/2ml ampoule OR Promethazine 25mg/1ml ampoule							Yes / No
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5mg tablets							Yes / No
Salbutamol 0.3% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for							Yes / No
Thiamine 100mg/ml 10ml vial							Yes / No
Water for injection							Yes / No
Oxytocin 5 OR 10IU/ml AND Ergometrine 0.5mg OR oxytocin/ergometrine 5U/0,5							Yes / No
IV Solutions							
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution							Yes / No
Pediatric solutions e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte200ml solution							Yes / No
Sodium Chloride 0.9% solution 1L solution							Yes / No

Checklist for Element 237

Essential equipment is available and functioning in the TOP and MMC procedure room

Use the checklist below to check whether essential equipment is available and functional in the TOP and MMC procedure room

Scoring - in column for score mark as follows:

Randomly select the areas as indicated in the TOP and MMC

Y (Yes) = available, N (No) = not available.

Item	SCORE							
	8 hr Non-clinical	8 hr clinical services						
		Admin & Admin Supp	8 Hour	Pharmacy / Meds Disp	Oral Health	Rehab (Allied)	AE	MOU
			MMC					TOP
Stethoscope		Yes / No					Yes / No	
Non-invasive Baumanometer (wall mounted/ portable)		Yes / No					Yes / No	
Adult and large cuffs (2) for Baumanometer		Yes / No					Yes / No	
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)		Yes / No					Yes / No	
Tape measure		Yes / No					Yes / No	
Clinical thermometers		Yes / No					Yes / No	
Blood glucometer		Yes / No					Yes / No	
Adult clinical scale up to 150 kg		Yes / No					Yes / No	
HB meter		Yes / No					Yes / No	
Height measure		Yes / No					Yes / No	
Freezer for products of conception and foreskins		Yes / No					Yes / No	
Gynaecology examination couch with stirrups							Yes / No	
Tilting examination couch		Yes / No						
Wall mounted or portable angle poise style examination lamp		Yes / No					Yes / No	

Checklist for Element 238

Functional oxygen cylinders with a pressure gauge is available

Use the checklist below to check whether there are oxygen cylinders with pressure gauge available and functional in the areas as indicated

Scoring - in column for score mark as follows:
Y (Yes) = present, N (No) = not present.

Area	8 hr Non-clinical						
	8 hr clinical services					24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Functional oxygen cylinders with a pressure gauge is available		Yes / No				Yes / No	Yes / No

Checklist for Element 239

Oxygen cylinders are filled above the minimum level

Use the checklist below to check whether the oxygen cylinders with pressure gauge is filled in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = present, N (No) = not present.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Oxygen cylinders are filled above the minimum level		Yes / No				Yes / No	Yes / No

Checklist for Element 241

Up to date asset register available

Use the checklist below to check whether the asset register is up to date
 Scoring - in column for score mark as follows:
 Y (Yes) = present; N (No) = not present

Item	8 hr Non-clinical			8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp			8 hr	Phar/Disp/M ed room	Oral	Allied	AE	MOU
	Item 1	Item 2	Item 3						
Randomly select three items from the asset register and verify that each is present in the facility	Yes / No	Yes / No	Yes / No						
Randomly select three items from the facility and verify that each is present in the asset register	Yes / No	Yes / No	Yes / No						

Checklist for Element 245

Facility has a functional back-up electricity supply available in designated areas

Use the checklist below to check whether the back-up electricity supply is functional and available in the areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant.

Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Infused room	Oral	Allied	AE	MOU
Back-up electricity supply is maintained in accordance with the manufacturer's instructions (check service records)*		Yes / No					
Back-up electricity supply is tested for functionality in accordance with the manufacturer's instructions*		Yes / No					
24 Hour Emergency Unit/Resuscitation room is connected to the back-up electricity supply						Yes / No	
MOU is connected to the back-up electricity supply							Yes / No
Pharmacy is connected to the back-up electricity supply (At a minimum the vaccine and medicine fridge must be connected to the back-up supply)			Yes / No				

The manufacturer's instructions must be available, as well as maintenance records indicating that maintenance has been carried out in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the health establishment's engineering/maintenance unit must be available.

Checklist for Element 247

There is a functional telephone in the facility in designated areas

Use the checklist below to check whether there is a functional telephone in the services areas as indicated

Scoring - in column for score mark as follows:

Y (Yes) = present, N (No) = not present.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
There is a functional telephone in the facility in designated areas		Yes / No	Yes / No			Yes / No	Yes / No

Checklist for Element 259							
Staff members demonstrate that incoming policies/guidelines/SOPs/ notices have been read and are understood by appending their signatures on such policies/guidelines/SOPs/ notices							
Staff should sign for all incoming policies/guidelines/SOP/notices. This checklist lists the clinical guidelines relating to the National priority health conditions Scoring – in column for score mark as follows: Check – whether staff has signed to acknowledge that they have taken note and understood the content of the guidelines Y (Yes) = signed; N (No) = did not sign.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
ICSM compliant package of clinical guidelines							
Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019 or latest version	Yes / No						
Integrated Management of Childhood Illness Chart Booklet, 2022 or latest version	Yes / No						
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020 or latest version	Yes / No						
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019 or latest version (only in consulting room used by the doctor)	Yes / No						
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2023 or latest version (only in consulting room used by the doctor)	Yes / No						
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 or latest version (only in consulting room used by the doctor)	Yes / No						
Child, Youth and School Health							
Integrated School Health Policy 2012	Yes / No						
South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017) or latest version	Yes / No						
Non-Communicable diseases (NCD)							
National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021) or latest version	Yes / No						
HIV							
Antiretroviral Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2023) or latest version	Yes / No						
National HIV Testing Services Policy (2024) or latest version	Yes / No						

National Medical Male Circumcision Guidelines (2016) or latest version	Yes / No							
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2023) AGL SOPs* or latest version	Yes / No							
National guidelines for the management of Viral Hepatitis (2019) or latest version	Yes / No							
TB								
National Tuberculosis Management Guidelines (2014) or latest version	Yes / No							
National Guidelines for the Management of Tuberculosis in Children (2013) or latest version	Yes / No							
National Guidelines on the Tuberculosis infection (2023 or latest version)	Yes / No							
Clinical Management of Rifampicin Resistance Tuberculosis 2023 or latest version	Yes / No							
Women, Maternal and Reproductive Health								
Guidelines for Maternity Care in South Africa (2016) or latest version	Yes / No							
Cervical Cancer Prevention and Control	Yes / No							
Clinical Guidelines for Breast Cancer Control and Management (2019) or latest version	Yes / No							
National Contraceptives clinical guidelines (2019) or latest version	Yes / No							
National Consolidated guidelines for the Maternal, Perinatal and Neonatal health policy (2021) or latest version	Yes / No							
Clinic Guideline for Genetics Services (2021) or latest version	Yes / No							
National Clinical Guidelines for Safe Conception and Infertility (2021) or latest version	Yes / No							
National integrated Sexual & Reproductive Health and Rights Policy (2019)	Yes / No							
National Clinical Guideline for Implementation of Choice on Termination of	Yes / No							
National integrated Sexual & Reproductive Health and Rights Policy (2019)	Yes / No							

Checklist for Element 260							
There is a functional clinic committee							
Use the checklist below to check whether the documents are available as evidence that the clinic committee is functional Scoring - in column for score mark as follows: Y (Yes) = if present, N (No) = if not present							
Item	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU
Formal Appointment							
Signed appointment letters from Office of the MEC or delegated person	Yes / No						
Provincial/district constitution adopted and signed	Yes / No						
Provincial/district Code of conduct adopted and signed	Yes / No						
Training							
Attendance register for orientation and training conducted for the current term	Yes / No						
Services Planning, Monitoring, Evaluation and meetings							
List of community needs as determined by the Clinic/CHC Committee in past 12 months	Yes / No						
Agendas indicating that community needs and progress against operation plan was discussed at least twice in the past 12 months	Yes / No						
Signed minutes indicating that the Clinic/CHC Committee was informed on the progress against the facility's operational plan at least twice in the past 12 months	Yes / No						
Current year plan indicating the scheduled meetings (at least two within the next 12 months)	Yes / No						
Attendance registers shows that meetings held formed a quorum	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that statistical data on population health indicators are discussed	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that the clinic's human resources situation is discussed	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that situation relating to equipment and, supplies is discussed	Yes / No						
Complaints, Compliments and Suggestion Management (check record of the past 6 months)							
Minutes indicate that the management of complaints, compliments and suggestions are discussed at Clinic/CHC Committee meetings	Yes / No						
Accountability and Communication							
Contact details of Clinic/CHC Committee members visibly displayed in reception area	Yes / No						

Checklist for Element 266

Register for emergency transport requests is available

Use the checklist below to check that the details for emergency transport requests have been recorded

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant.

Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Date of the request		Yes / No				Yes / No	Yes / No
Details (name, surname, date of birth/age/ID number) of the user for whom the request was made.		Yes / No				Yes / No	Yes / No
Reason for referral		Yes / No				Yes / No	Yes / No
Time the ambulance requested		Yes / No				Yes / No	Yes / No
Time the ambulance arrived		Yes / No				Yes / No	Yes / No

Checklist for Element 268

Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available

Use the checklist below to check whether the emergency contact numbers are where telephones are available

Scoring – in column for score mark as follows:

Y (Yes) = available, N (No) = not available.

Area	8 hr Non-clinical						
	Admin & Admin Supp	8 hr clinical services				24 hr clinical serv	
		8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	Yes / No					Yes / No	Yes / No

Checklist for Element 269

Protocol/SOP available for the handover from facility to EMS

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:
Y (Yes) = compliant; N (No) = not compliant

Area	8 hr Non-clinical						
	Admin & Admin Supp	8 hr clinical services				24 hr clinical serv	
		8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Documentation of EMS arrival time	Yes / No						
Documentation of handover time	Yes / No						
Method of transfer of patient from facility to ambulance	Yes / No						
Identification of patients	Yes / No						
Maternal clinical condition	Yes / No						
Monitoring of maternal vital signs	Yes / No						
Documentation of clinical condition of baby (where relevant)	Yes / No						
Documentation of treatment and interventions	Yes / No						
Monitoring of patient during transfer	Yes / No						
The receiving facility expecting the patient	Yes / No						
Name of the health care provider who accepted the transfer at the facility expecting the patient	Yes / No						
Documentation of known medical history	Yes / No						
Transfer letter and/or maternity records to be handed over to the receiving facility	Yes / No						
The name and designation of the health care provider receiving the patient	Yes / No						
Signatures of transferring and receiving personnel	Yes / No						
Target time frames for the completion of patient hand over	Yes / No						

Checklist for Element 271

District referral SOP is available

Use the checklist below to verify that the SOP describes the topics as listed

Scoring – in column for score mark as follows:

Y (Yes) = compliant; N (No) = not compliant

Item	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/IM ed room	Oral	Allied	AE	MOU
	District referral network	Yes / No					
Referral register	Yes / No						
Standardised patient referral form	Yes / No						
Standardised patient referral feedback form	Yes / No						

Checklist for Element 272

There is a referral register that records referred patients

Use the checklist below to verify that the referral register contains the details as listed below

Scoring – in column for score mark as follows:

Check – Use the referral register

Y (Yes) = compliant; N (No) = not compliant.

Item	8 hr Non-clinical			8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp			8 hr	Phar/Disp/IM ed room	Oral	Allied	AE	MOU
	8 hr	AE	MOU						
Name of referred patient	Yes / No	Yes / No	Yes / No						
Name of referring facility	Yes / No	Yes / No	Yes / No						
Name of referring health care practitioner	Yes / No	Yes / No	Yes / No						
Name of receiving facility	Yes / No	Yes / No	Yes / No						
Reason for referral	Yes / No	Yes / No	Yes / No						
Date referred	Yes / No	Yes / No	Yes / No						

Checklist for Element 273

Copy of referral form available in the patient record

Use the checklist below to verify that the referral forms were completed in full

Scoring – in column for score mark as follows:

Check – Use the referral register and randomly select two records of patients that were referred in each area as indicated.

Y (Yes) = compliant; N (No) = not compliant.

Item	8 hr Non-clinical						8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp						8 Hour	Pharmacy / Meds Disp	Oral Health	Allied	AE	MOU
	8hr		AE		MOU							
	Record 1	Record 2	Record 1	Record 2	Record 1	Record 2						
	Name of patient	Yes / No										
Name of referring facility	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name of referring health care practitioner	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name of receiving facility	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Summary of clinical details*	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						