

Ideal Hospital Framework (1 April 2025) Version 2 - Measures and explanatory notes adopted from OHSC tools

Framework							Hospital Corporate services							Wards							Health Support Services							DI & Therapeutic		Patient support services																				
Component	Sub Component	Element number	Element	Risk rating	Method	Responsibility	Checklist	Score	CEO	Clinical Manager	Healthcare Quality	Infrastructure	Human resources	OHS	IPC	Admissions/Helpdesk	Outpatient Dept	A&E	Medical	Maternity	Surgical	Paediatric	MHCU	Isolation	Operating Theatre	High Care	Intensive Care	Speech Therapy	Audiology	OT	Physio Therapy	Dietetics	Orthotics & Prosthetics	Podiatry	Laboratory	Pharmacy	Diagnostic Imaging	Health technology	CSSD	Health care waste	Cleaning services	Medical records	Stores	Laundry	Mortuary	Transport	Security services			
1. Patient Information																																																		
		1	Package of services offered in the hospital is legible and displayed at the entrance	E	☺	H	Y/N				✓																																							
		2	Legible signage at the entrance to the hospital/units indicates the days and times when various services are offered	E	☺	H	Y/N/NA				✓						✓											✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓				
		3	Visiting hours or restrictions on visiting for the unit are indicated at the entrance to the unit	E	☺	H	Y/N/NA				✓							✓	✓	✓	✓	✓	✓	✓	✓	✓																								
		4	Sign at the entrance to the unit to limit all unauthorised entry is available	E	☺	H	Y/N																		✓																									
		5	SOP for the management of complaints covers all aspects	E	📖	H	Y Y/N			✓																																								
		6	Complaints toolkit is available	E	☺	H	Y Y/N			✓							✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓										
		7	Complaints committee is appointed in the hospital	E	📖	H	Y Y/N/NA	✓																																										
		8	TOR for the forum reviewing complaints is available	E	📖	H	Y Y/N			✓																																								
		9	Minutes of the forum reviewing complaints indicates that complaints statistics are discussed	E	📖	H	Y/N/NA			✓																																								
		10	Remedial plans for complaints are developed, implemented and monitored where trends are identified	E	📖	H	Y/N/NA			✓																																								

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			22	Interview three health care providers responsible for patient triage and ask them to explain the triage process	V	SI	H	Y	Y/N									✓																																			
			23	Health care providers responsible for patient triage implement the triage process as described in the displayed algorithm	E	☹️	H		Y/N									✓																																			
			454	There is a delegated healthcare provider responsible for triaging of users	E	📖	H		Y/N									✓																																			
			24	Patients are triaged in accordance with the documented procedure	V	PRA	H	Y	Y/N									✓																																			
			25	Process to fast-track patients with special needs is implemented	V	☺️	H		Y/N/NA																																												
			26	SOP for accessing emergency medical transport services covers all aspects	E	📖	H	Y	Y/N		✓																																										
			27	Contact numbers for emergency patient transport services are displayed near the point of use	E	☺️	H		Y/N										✓																																		
			28	Correct handover procedure from emergency medical services personnel to hospital personnel is followed	V	PRA	H	Y	Y/N										✓		✓																																
			29	SOP for the management of emergency resuscitations covers all aspects	V	📖	H	Y	Y/N		✓																																										
			30	TOR of the structure responsible for reviewing resuscitations are available	E	📖	H	Y	Y/N		✓																																										
			31	Minutes from the previous quarter of the structure reviewing resuscitations indicate that resuscitations are discussed regularly	V	📖	H		Y/N/NA		✓																																										
			32	Remedial action is taken to address gaps identified during the review of resuscitation attempts, to improve resuscitation outcomes	V	📖	H		Y/N/NA		✓																																										

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181	Linens rooms or storage cupboards are adequately stocked and well organised	E	☺	H	Y	Y/N										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓															✓																
182	Ward/unit has a designated, access-controlled area for the storage of dirty linen	E	☺	H		Y/N										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																																			
183	Dirty linen trolleys are not overflowing collected regularly by laundry services	E	☺	H		Y/N										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																																			
184	Clean trolleys are available for transporting clean linen to units	E	☺	H		Y/N																																																						
185	Dirty linen is transported to the laundry in closed containers or trolleys	E	☺	H		Y/N																																																						
186	Laundry services has a linen stock management system in place	E	📖	H		Y/N																																																						
187	Schedule for the delivery and collection of linen is in place	E	📖	H		Y/N																																																						
188	Laundry personnel adheres to the schedule for delivery and collection of linen	E	📖	H		Y/N																																																						
189	All laundry machines are in working order	E	☺	H	Y	Y/N/ NA																																																						
190	Laundry machines are serviced according to schedule	E	📖	H	Y	Y/N/ NA																																																						
191	SLA for outsourced laundry services is in place	E	📖	P		Y/N/ NA																																																						
192	Designated individual monitors the SLA or MOA for outsourced laundry services	E	📖	H		Y/N/ NA																																																						
193	Remedial action is taken to address identified gaps of SLA or MOA for outsourced laundry service	E	📖	H		Y/N/ NA																																																						
194	All linen is signed for by the service provider on collection and return	E	📖	H		Y/N/ NA																																																						
195	Linens stock sheets are reconciled monthly to identify losses and shortages	E	📖	H		Y/N																																																						

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		196	Personal protective equipment is worn	V	☺	H	Y	Y/N/NA									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																										
6. Waste Management																																																																								
		197	Unit has appropriate containers for disposal of all types of waste.	V	☺	H	Y	Y/N/NA									✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																								
		198	Replacement containers for disposal of HCRW are available in the unit	V	☺	H	Y	Y/N/NA																																																																
		199	SOP for handling, storage and safe disposal of waste covers all aspects	E	📖	H	Y	Y/N	✓																																																															
		200	Hospital has a waste management committee	E	📖	H	Y	Y/N																																																																
		201	Minutes of the waste management committee meeting for the previous quarter reflect discussions on waste management practices	E	📖	H		Y/N																																																																
		202	Remedial plans are developed, implemented and monitored where gaps in waste management is identified	E	📖	H		Y/N/NA																																																																
		203	Waste collection schedule for all service areas is available.	V	📖	H		Y/N																																																																
		204	Waste is collected daily from clinical areas, clinical support areas and non-clinical areas in accordance with the schedule.	V	📖	H		Y/N																																																																
		205	Hospital has closed, lockable containers or trolleys for transportation of waste	V	☺	H		Y/N																																																																
		206	SLA for removal and safe disposal of HCRW is available	V	📖	P		Y/N																																																																
		207	SLA for removal and safe disposal of HCRW is monitored monthly for compliance	V	📖	H		Y/N																																																																
		208	Remedial action is taken to rectify the breaches in the terms of the SLA for removal and safe disposal of HCRW	V	📖	H		Y/N/NA																																																																

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404	Notices prohibiting smoking are prominently displayed in the hospital	E	☺	H	Y	Y/N				✓																																															
405	Signage is displayed in strategic points indicating assembly areas in the event of an evacuation	E	☺	H		Y/N				✓																																															
406	Current disaster management plan is available	E	📖	H	Y	Y/N					✓					✓																																									
407	Actions to be taken when the disaster management response is activated are visibly displayed	E	☺	H		Y/N										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																															
408	Health care personnel are able to explain the disaster management plan, including health emergencies and their role in the plan	E	SI	H	Y	Y/N										✓																																									
409	Hospital conducts annual drills to test the effectiveness of its disaster plan	V	📖	H	Y	Y/N					✓																																														
410	Annual report specifies incidents of harm to health care personnel	V	📖	H		Y/N/NA				✓																																															
411	Report for the previous 12 months includes remedial action taken in response to incidents of harm to health care personnel	V	📖	H		Y/N/NA				✓																																															
412	OHS incidents, including near misses, are recorded in a register	V	📖	H	Y	Y/N					✓																																														
413	Health care providers are able to explain which OHS incidents must be reported immediately	E	SI	H	Y	Y/N/NA					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
414	Incidents/accidents and/or near misses are reported to the manager and the health and safety representative by the end of the shift or within 24 hours	V	📖	H		Y/N/NA				✓																																															

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	426	Correct personal protective equipment for each relevant risk has been determined	E	📖	H		Y/N						✓																																																											
	427	Respirators are fit-tested for relevant healthcare personnel	V	📖	H		Y/N						✓																																																											
	428	Respirators approved by a recognised regulatory body are available	V	😊	H		Y/N							✓																																																										
	429	Personal protective equipment procured meets minimum specification requirements	V	📖	H		Y/N						✓																																																											
18. Patient Safety Incidents																																																																								
	430	PSI register is available	E	📖	H	Y	Y/N		✓																																																															
	431	SOP for the management of PSIs covers all aspects	E	📖	H	Y	Y/N		✓																																																															
	432	TOR for the forum reviewing PSIs are available	E	📖	H	Y	Y/N		✓																																																															
	433	Minutes of the forum responsible for reviewing adverse events indicate that PSIs are discussed	E	📖	H		Y/N/NA		✓																																																															
	434	Minutes of the forum responsible for reviewing PSIs indicate that analysed data from the PSI monitoring system is regularly presented and discussed	E	📖	H		Y/N/NA		✓																																																															
	435	Minutes of the forum responsible for reviewing PSIs indicate that action is taken to prevent a recurrence of similar PSIs	E	📖	H		Y/N/NA		✓																																																															
	436	SOP for PSI reporting and learning is adhered to	V	📖	H	Y	Y/N/NA		✓																																																															

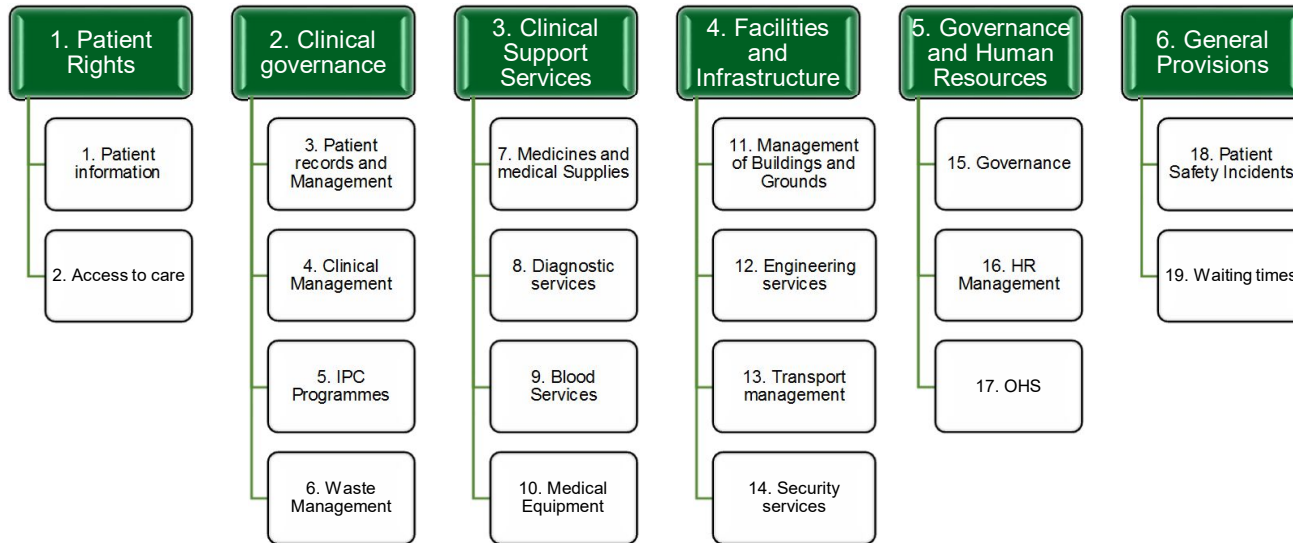
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		447	Compliance with waiting time target(s) in the unit is monitored.	E	📖	H		Y/N									✓	✓																	✓	✓														
		448	Minutes from the forum reviewing waiting times indicate that analysed results of each waiting time survey are discussed	E	📖	H		Y/N		✓																																								
		449	Quality improvement plan indicates corrective measures taken if the targets set for waiting times are not met	V	📖	H		Y/N/Na		✓							✓	✓																		✓	✓													
		450	Waiting times have improved over a period of 12 months	E	📖	H		Y/N/Na		✓																																								

LIST OF ABBREVIATIONS

ADR	Adverse Drug Reaction
CSSD	Central Sterile Services Department
A&E	Accident and Emergency
HCRW	Healthcare risk waste
HCRWM	Healthcare risk waste management
HAI	Healthcare-associated infection
HR	Human Resources
DI	Diagnostic Imaging
IPC	Infection Prevention and Control
MOA	Memorandum of Agreement
MHCA	Mental Health Care Act
MHCU	Mental Health Care User
OHSC	Office of Health Standards Compliance
OHS	Occupational Health and Safety
OT	Occupational Therapy
PSI	Patient Safety Incident
SLA	Service Level Agreement
SAPC	South African Pharmacy Council
SAP	South African Police Service
SOP	Standard Operating Procedure
TOR	Terms of reference
WHO	World Health Organisation

GUIDE TO ASSESS

The Framework is structured according to the Norms and Standards Regulations applicable to different categories of health establishments (Feb 2018). It consists of 6 Components (Chapters) and 19 Sub components (Regulations)



Key and description for method of measurement

Key	Method of measurement (MM)
	Check applicable documents
PRA	Patient Record Assessment
	Objective observations and/or conclusion
PI	Patient interview
SI	Staff interview

Definition of risk 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.

Scoring of assessment

For elements without a checklist

Binary scoring: 1 or 0

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

Non-compliant (**Red**): No = 0

For elements with a checklist

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

Compliant (**Green**): $NNV = 1, V \geq 0.8, E \geq 0.6$

Non-Compliant (**Red**): $NNV < 1, V < 0.8, E < 0.6$

Compliance Framework

	Grading			
Compliance status	Non-compliant	Compliant	Compliant	Compliant
Risk rating	Unsatisfactory	Satisfactory	Good	Excellent
Non-negotiable Vitals (NNV)	<100	100%	100%	100%
Vital (V)	<60%	60-69%	70-79%	≥80%
Essential (E)	<50%	50-59%	60-69%	≥70%

Role Assessment

Role Type	Period for Assessment	Role Priority	Date Priority
Facility Assessment	Q1	3rd Priority	Latest Date
District Review	Q2	2nd Priority	Latest Date
Peer Review	Q3 & Q4	1st Priority	Latest Date

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Explanatory notes to assess elements without checklists

Note: This page only contains explanatory notes for elements without checklists. The explanatory notes for checklists are on the checklists itself

Element #	Element description	Explanatory notes
1	Package of services offered in the health establishment is legible and displayed at the entrance	Explanatory note: Signage indicating the services offered in the health establishment must be displayed at the entrance of the health establishment. The information must be legible. Not applicable: Never
2	Legible signage at the entrance to the health establishment indicates the days and times when various services are offered	Explanatory note: The days and times that various services are available must be displayed at the entrance of the health establishment and respective units. The information must be legible. Not applicable: Never
3	Visiting hours for the health establishment/unit are indicated at the entrance of the hospital/unit.	Explanatory note: Visiting hours must be displayed at the entrance of the unit. Not applicable: Where the visiting hours in the ward are the same as the general visiting hours displayed at the entrance to the health establishment.
4	Sign at the entrance to the unit to limit all unauthorised entry is available	Explanatory note: Verify whether there is a sign on the door that limits all unauthorised entry. Not applicable: Never
9	Minutes of the forum reviewing complaints indicates that complaints statistics are discussed	Explanatory note: Minutes must reflect that complaints statistical data is discussed, this includes the catgoris of complaints receivd as well as the indicators for complaints (% complaints resolved and % complaints resolved within 25 working days.) Not applicable: Where no complaints are received
10	Remedial plans for complaints are developed, implemented, and monitored where trends are identified	Explanatory note: Minutes must reflect that remedial action has been agreed upon in response to identified gaps and that implementation of the agreed-upon action is being monitored. This will require the review of several sets of consecutive minutes. Other documented evidence of remedial action may include, but need not be limited to, action plans, quality improvement plans and documented evidence of ongoing monitoring for evaluation of remedial plans. Not applicable: Where no complaints are received.
13	Complaints identified as PSIs are referred to the forum reviewing PSIs	Explanatory note: All PSIs must be reported to the forum responsible for managing PSIs. The column indicating the level of risk represented by the complaint must be completed in the complaints register. The register must indicate that these complaints have been escalated to the forum dealing with PSIs. In cases where no serious patient safety incidents occurred, zero reporting must be done. Not applicable: Where no complaints in relation to PSIs are made and where there is proof that zero reporting was done.
15	Patients funded by 3rd party are informed of the cost of their admission that they are liable for	Explanatory note: A document informing patients of their financial responsibility/liability for the service/s provided is made available to patients before commencement of treatment., Not applicable: Where the patient is admitted in an emergency and needs to be stabilized or is not fully conscious

16	Patients funded by medical aid for their hospital stay have their membership verified by the health establishment	Explanatory note: Validity of medical aid is confirmed by the health establishment prior to admission or service being provided to patient. Evidence of confirmation must be documented in patient health record. Not applicable: In an emergency admission
17	Patients who pay cash for their healthcare are provided with information to understand the full extent of their financial obligations	Explanatory note: A document informing patients of their financial responsibility/liability for the service provided is made available to the patient. Not applicable: Never
18	Results of the patient experience of care survey from the previous 12 months are displayed in a public area of the hospital	Explanatory note: The results from the most recent survey must be visibly displayed in a general public area where patients can be able to view them. The survey must have been conducted with the previous 12 months, it must be signed and dated. Not applicable: Never
20	Algorithm used for triage is visibly displayed in the triage area	Explanatory note: The triage algorithm must be visibly displayed or available. Not applicable: Never
21	Health care providers responsible for triage have received training on the triage process in the past 12 months	Explanatory note: In-service training documentation must include attendance registers and evidence of the topics discussed. Not applicable: Never
23	Health care providers responsible for patient triage implement the triage process as described in the displayed algorithm	Explanatory notes: Observe the health care provider responsible for patient triage as they triage a patient. Score 1 if the procedure described in the algorithm is followed and 0 if not followed. NB: Score not applicable when there are no patients/patients at the time of inspection. Not applicable: Never
25	Process to fast-track patients with special needs is implemented	Explanatory note: Special needs refers to patients who are severely immunocompromised, very sick, frail, elderly, or post-operative. It must be evident from observing the activities in the waiting area that there is a process of assessing and determining the order in which patients should be assisted, based on their need for care. The criteria used for this process must be explicitly stated to patients, either in a written or verbal manner or a designated window for dispensing. Evidence of adherence to these criteria must be observed by pharmacy personnel. Not applicable: Where, at the time of the inspection, no very sick, frail or elderly care patients were attending the pharmacy
27	Contact numbers for emergency patient transport services are displayed near the point of use	Explanatory note: Observe whether the emergency transport numbers are displayed at the point of use, i.e. close to the telephone to be used. Not applicable: Never
31	Minutes from the previous quarter of the structure reviewing resuscitations indicate that resuscitations are discussed regularly	Explanatory note: Manual or electronic minutes from the previous quarterly meeting must be dated and signed and include an attendance register. The content must reflect discussions on improving the management of resuscitations and improving outcomes of future resuscitation attempts. Not applicable: Where no resuscitation attempts have occurred.
32	Remedial action is taken to address gaps identified during the review of resuscitation attempts, to improve resuscitation outcomes	Explanatory note: This requirement seeks to ensure that the health establishment takes action to improve the outcome of future resuscitation attempts. Minutes must reflect action taken to ensure that good practices identified are shared with all health care personnel and incorporated into standard operating procedures where relevant, and that health care personnel receive training in response to gaps identified in interventions that could have been managed more successfully. Not applicable: Where no resuscitation attempts have occurred, or where no gaps were identified
36	MHCA Form 22 is available for MHCUs brought in by the South African Police Service	Explanatory note: Select the health records of patients who have been brought in by the South African Police Service for admission. Verify whether the MHCA Form 22 has been completed and is available in the patients's folder. Not applicable: Where no patients were brought in by the South African Police Service for admission

42	Confidentiality of health records is maintained	<p>Explanatory note: Observe how user health records are managed in the unit and determine whether unauthorised individuals would be able to access the information in the health records. This includes but not limited to the health records of users admitted to the unit, health records being used for clinical audits or other administrative purposes or health records outside the records storage area or room of the unit for any other reason. Such records should be kept in a manner that safeguards against unauthorised access to the content of the health record. User records may be placed at the foot end of the bed but must not be left open for people to be able to read them when a health care provider is not present.</p> <p>Not applicable: Never</p>
58	Operation register is completed comprehensively for all patients undergoing surgery	<p>Explanatory note: Verify whether all columns in the operation register are completed for every patients for the previous four weeks. If information is incomplete for any of the patients, score the measure as non-compliant.</p> <p>Not applicable: Never</p>
66	Standardised treatment protocols and guidelines for management of diseases/illnesses are available	<p>Explanatory note: Treatment protocols and guidelines for patients admitted in the intensive/high care unit/ specialised medical wards (e.g. oncology) must be available. Request protocols and guidelines used to manage patients.</p> <p>Not applicable: For General Medical wards as this measure is only applicable for specialised Medical wards, e.g. Oncology</p>
67	Health care personnel have been informed about treatment protocols and guidelines	<p>Explanatory note: documented evidence that personnel have been informed about the treatment protocols and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures indicating that they have read and understood the document (which must be dated and signed), proof of attendance of meeting where protocols and guidelines were discussed or similar evidence for electronic distribution.</p> <p>Not applicable: For General Medical wards as this measure is only applicable for specialised Medical wards, e.g. Oncology</p>
69	All diagnosed notifiable diseases have been recorded	<p>Explanatory note: Request the register, which may be manual or electronic. Review the register to verify whether the required information has been entered for each case.</p> <p>Not applicable: Where no notifiable diseases have been diagnosed in the previous 12 months.</p>
71	Functional, accessible telephones are available in the unit	<p>Explanatory note: Maintaining and sustaining communication is essential for patient safety. Telephones must be functional and available in the unit.</p> <p>Not applicable: Never</p>
72	Cell phone numbers of strategic personnel are displayed near the telephones or in the manager's office.	<p>Explanatory note: Verify whether the numbers are available at the point of use, i.e. close to the telephone to be used and whether they are for a fixed line or cell phone. Emergency numbers required include contact numbers for referral services and emergency medical services for medical emergencies, as well as fire, police and security services. Speed dial numbers are acceptable for fixed lines.</p> <p>Not applicable: Never</p>
77	Implementation of quality improvement plans is monitored.	<p>Explanatory note: Evidence must be available that quality improvement activities are implemented by the units. This could include but is not limited to minutes of meetings, reports.</p> <p>Not applicable: Where there were no gaps identified</p>
80	There is a system to identify MHCUs	<p>Explanatory note: A system used to identify mental health care patients is documented. This could be use of photographs or any other system.</p> <p>Not applicable: Never</p>
89	Minutes of the structure reviewing IPC indicate that analysed infection control surveillance data and control measures are discussed	<p>Explanatory note: The infection prevention and control IPC structure minutes from the previous quarter must be dated and signed and include an attendance register and agenda. The content must reflect discussions on surveillance data and control measures.</p> <p>Not applicable: Never</p>

90	Annual IPC audit is conducted	<p>Explanatory note: The purpose of the audit is to review activities currently in place to control risks. Request the audit report from the previous 12 months, this could also be captured in the Infection Prevention and Control Assessment Framework tool or template.</p> <p>Not applicable: Never</p>
91	Remedial action is taken where gaps are identified during the annual infection prevention and control audit	<p>Explanatory note: Health Establishment Management must respond to gaps identified by the IPC committee by developing and implementing action plans or quality improvement plans to close the gaps.</p> <p>Not applicable: Where no gaps have been identified.</p>
96	Incidence of commonly occurring health care-associated infections is monitored monthly	<p>Manual or electronic monthly statistics of common health care-associated infections over a period of six months must be available</p> <p>Not applicable: Never</p>
97	Action is taken to improve compliance where gaps are identified in the management of health care-associated infections.	<p>Explanatory note: The committee or structure must ensure that procedures such as IPC bundles, Best Care Always bundles including catheter acquired urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), surgical site infection (SSI) and ventilator-associated pneumonia (VAP) are implemented, and monitor associated infection rates to ensure they are within required levels.</p> <p>Not applicable: Where no gaps have been identified.</p>
100	Storage of sterile packs ensures the integrity of materials.	<p>Explanatory note: The manner in which sterile packs are stored must prevent physical damage to packages, avoid exposure of packages to moisture. Packages should not be stored in a manner that will crush, bend, puncture, or compress them. Therefore, packs should not be wet or have water damage, they should be intact(not opened or torn).</p> <p>Not applicable: Never</p>
101	Bacterial swabs are performed in accordance with infection control guidelines.	<p>Explanatory note: Evidence of laboratory results for particle counts must be available.</p> <p>Not applicable: Where the theatre has not been commissioned in the previous 12 months, no major reconstruction has been carried out in the previous 12 months, and there have been no infection outbreaks in the previous 12 months.</p>
102	Guidelines regarding local measures for managing disease outbreaks are available	<p>Explanatory note: A document describing locally prescribed measures to be implemented in the case of a disease outbreak must be available, which includes details of the actions to be taken by health establishments. Not applicable: Not applicable: Never</p>
103	Health care personnel are trained in the management of the relevant infectious disease during an outbreak	<p>Explanatory note: Documented evidence of training regarding the management of infections and limiting transmission of the infection following an outbreak must be available. This may include, but need not be limited to, in-service training or training provided by the relevant authority.</p> <p>Not applicable: Where there have been no outbreaks in the previous 12 months.</p>
104	At least 50% of health care personnel have been trained in standard and transmission-based precautions in the previous financial year	<p>Explanatory note: Request the total number of health care providers at the health establishment and the number who have been trained in standard and transmission-based precautions in the previous financial year. If 50% of the total number have been trained in all aspects of standard precautions, allocate a compliant score.</p> <p>Not applicable: Never</p>
108	CSSD manager is appropriately qualified in sterilisation services	<p>Explanatory note: The manager must produce a CV and copy of qualifications or training certificates. To be considered appropriately qualified, the manager should have a decontamination certificate and a minimum of five years' in-theatre, CSSD or infection prevention and control experience. The incumbent should be qualified in theatre or any other sterilisation procedures.</p> <p>Not applicable: Never</p>
111	All sterilisation failures are documented	<p>Explanatory note: Any identified failures must be documented to provide a record for further analysis.</p>

111	All sterilisation failures are documented	Not applicable: Where no failures are identified.
112	All sterilisation failures are investigated.	Explanatory note: All sterilisation failures must be investigated to determine the cause of the failure. A report of the investigation must be available. Not applicable: Where no failures are identified.
113	Action plans are implemented to address gaps identified in the sterilisation process.	Explanatory note: Addressing gaps identified during the investigation will prevent further failures from the same cause. Not applicable: Where no gaps have been identified.
114	Contract or service level agreement SLA is in place with an approved and legally compliant sterilisation service provider	Explanatory note: The service level agreement must be valid (not expired) and must be signed by the service provider and the responsible accounting officer. Evidence of legal compliance of the service provider may be in the form of a certificate. Not applicable: Where the service is not outsourced.
117	List of approved cleaning agents, hand soap and alcohol-based hand rub is available for procurement purposes	Explanatory note: The use of inappropriate cleaning materials will increase the likelihood of inadequate eradication of microbes in the environment, increasing the risk of infection. Only health establishment grade cleaning agents must be used for environmental cleaning in health establishments. Products used for hand hygiene must provide the required microbicidal effectiveness and be hypoallergenic to minimise the occurrence of allergies or skin reactions. Approval may be obtained from a structure with appropriate expertise outside the health establishment, e.g. provincial infection prevention and control committee. However, the infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items. Not applicable: Never
118	List of approved antiseptics, disinfectants and detergent is available for procurement purposes	Explanatory note: All antiseptics, disinfectants and detergent-disinfectants must comply with the standards as set out in the Compulsory Specification for Disinfectants and Detergent-Disinfectants, published under R529 of 14 May 1999 (VC 8054), in terms of the Specifications Act of 1993, regarding the disinfecting and cleaning efficacy of detergents and disinfectants, corrosiveness, water insoluble-water matter content and rinsing properties. Infection prevention and control committee of the health establishment is responsible for ensuring that the list is available and updated and that the supply chain procures the approved items. Not applicable: Never
119	Hand hygiene drive or campaign is held at least annually	Explanatory note: A record must be kept of activities to promote adequate hand hygiene to reduce health care-associated infections. This may include, but need not be limited to, pictures and/or attendance registers confirming that such events have taken place. Not applicable: Never
121	Emergency eyewash stations are functional	Explanatory note: The emergency eyewash station or bottle must be available, functional and easily accessible. An eyewash kit which is moveable is acceptable. Not applicable: Never
122	Sterile sealed eyewash bottles are checked for leaks and expiry dates monthly	Explanatory note: There must be a documented record for the previous three months of the dates when the eyewash bottles were checked Not applicable: Never
123	All work completed is verified by the cleaning supervisor or delegated personnel	Explanatory note: Daily inspections will ensure the cleanliness of the building. The person responsible for overseeing the cleaning service must inspect the building daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (e.g. checklists/tick sheets) listing all cleaning tasks must be completed for each room or area.

		Not applicable: Never
124	Unit is observed to be clean	Observe general cleanliness of the unit including but not limited to whether the unit is free of dirt, dust and stains Not applicable: Never
126	Cleaning materials are stored in a lockable cupboard or area	Explanatory note: This is to reduce the risk of accidents relating to misuse of the cleaning agents, including, but not limited to, accidental ingestion. The storage cupboard or area used for storage of cleaning materials must be lockable. Not applicable: Never
127	Cleaning machines are regularly serviced	Explanatory note: Service records showing that cleaning machines are serviced in accordance with the manufacturer's instructions must be available. Not applicable: Never
128	Cleaning machines are functional	Explanatory note: Examine the inventory list for cleaning machines. Ask cleaning personnel to demonstrate operation of the cleaning machines to determine whether they are functional. Not applicable: Never
135	Feed preparation area is available	Explanatory note: In the ward, ask about the area where feeds for new-born babies and infants who are not feeding directly from their mother's breast, are prepared and stored. NB! if it is not in the ward it should be assessed where it is within the health establishment Not applicable: Never
136	Information about disinfectant solutions and frequency of replacement is displayed on the walls	Explanatory note: Verify whether the information is displayed in the feed preparation area. Not applicable: Never
137	Feed area has a sign on the door to limit all unnecessary entry.	Explanatory note: Verify whether there is a sign on the door that limits all unnecessary entry. Not applicable: Never
138	Storage cupboard for baby formula is clearly marked and locked.	Explanatory note: Verify whether the storage cupboard is marked and locked. Not applicable: Never
139	Facilities and equipment to clean and disinfect utensils in the feed preparation area are available.	Explanatory note: Verify whether the facilities and equipment to clean and disinfect utensils in the feed preparation area are available and functional. Not applicable: Never
140	Disinfectant solutions approved by the infection prevention and control committee are available	Explanatory note: Verify whether the available disinfectant solutions have been approved by the infection prevention and control committee. Not applicable: Never
143	Annual clinical risk assessments are conducted in every clinical department of the health establishment	Explanatory note: The purpose of these assessments is to identify risk to patients, healthcare workers and visitors consequent to receiving care. This will include but not limited to the risk of exposure to ionising radiation as a result of mobile X-rays being taken in wards, risk assessments related to health care-associated infections. Document from the previous year must be available, dated and signed. Not applicable: Never

145	Reports of clinical audits conducted in the hospital are reviewed by management at least annually	<p>Explanatory note: "Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit standards/ criteria and the implementation of change. Aspects of structure (input), processes and outcomes of care are selected and systematically evaluated against explicit standards. Where indicated, changes are implemented at an individual, team or service level and further monitoring is used to confirm improvement in health care delivery. Minutes of the previous year's meeting documenting discussions relating to clinical audit reports must be available. Manual or electronic minutes from the previous year must be dated and signed and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.)</p> <p>Not applicable: Never</p>
147	Quality improvement plans on national strategic priority programmes or health initiatives must be implemented	<p>Explanatory note: Documented evidence of quality improvement plans must be available, including prescribed targets and time frames, as agreed upon with all health care personnel involved in delivery of the service and monitoring of implementation.</p> <p>Not applicable: Where no shortcomings have been identified.</p>
149	Morbidity and mortality statistics at the hospital are monitored	<p>Explanatory note: These statistics must be collected at least quarterly and be made available for discussion at management meetings. Request records of statistics discussed at Management meeting in the previous quarter.</p> <p>Not applicable: Never</p>
150	Improvement programmes are implemented to address morbidity and mortality issues where identified	<p>Explanatory note: Where areas of concern are identified, quality improvement plans must be developed and implemented to improve performance.</p> <p>Not applicable: Where no areas of concern are identified.</p>
151	Minutes of the drug utilisation and audit or pharmaceutical and therapeutics committee or relevant demonstrate that adherence to recommendations on antibiotic usage is monitored	<p>Explanatory note: Manual or electronic minutes from the previous quarter of the structure discussing infection prevention and control must reflect that data in relation to antibiotic prescribing practices is discussed at every meeting. Antibiotic usage may be discussed at the pharmacovigilance structures (pharmaceutical and therapeutics committee or equivalent).</p> <p>Not applicable: Never</p>
152	Letter of permission from the province or district for each research project at the hospital is available	<p>Explanatory note: Any research project must be authorised by the relevant authority or designated persons. Request copies of authorisation letters for all research projects conducted in the hospital in the past 12 months. Where no research projects were conducted in the past 12 months, the hospital can document zero reporting or document in minutes of clinical management group.</p> <p>Not applicable: Where no research projects were conducted in the hospital in the past 12 months.</p>
156	A list of health establishments that provide 72 hours assessments for mental health care users is available.	<p>Explanatory note: Explanatory note: The Mental Health Care Act, 2002 (Act no.17 of 2002) section 34; General Regulations Section 12 (1) requires the head of provincial department to submit to the National department and South African Police Services a list of all health establishments under the auspices of the State, Private health establishments within the province that provide the 72-hour assessments for mental healthcare users. The list must be updated annually by the Head of provincial department. Request a list with details of health establishments who admit mental healthcare users for 72- hour assessment.</p> <p>Not applicable: Where the health establishment does not admit mental healthcare users for 72 -hour assessment.</p>
160	Manager can describe the contingency plan to be implemented in the event of mechanical failure of IT systems, which will allow operations to continue in the unit	<p>Explanatory note: Interview the unit manager to determine whether he/she is aware of the processes described in the relevant standard operating procedures.</p> <p>Not applicable: Where IT systems are not used.</p>
160	Radiology department is managed by a qualified radiographer or	<p>Explanatory note: This will ensure that the safety of patients and health care personnel is promoted. The person in charge must produce a certificate or proof of registration with the Health Professions Council of South Africa (displayed or filed).</p>

	sonographer	Not applicable: Never
161	Each radiographic imaging room has an exposure chart	Explanatory note: This may be in the form of a document or an electronic panel in the machine. Not applicable: Never
162	Report of radiation safety measures is available	Explanatory note: The report from the previous six months must reflect actions taken to limit radiation exposure. Not applicable: Never
163	Clearly visible safety notice for pregnant women is displayed outside the radiographic imaging rooms	Explanatory note: This serves to protect pregnant patients and health care personnel from unnecessary exposure to radiation. The notice must be visibly displayed. Not applicable: In ultrasound scanning areas.
164	All radiation workers wear registered dosimeters	Explanatory note: To protect radiation workers from excessive exposure to radiation, dosimeters must be worn to monitor their exposure levels. All radiologists, radiographers, including student radiographers working in the diagnostic imaging unit must wear dosimeters. The dosimeters must not have expired. Not applicable: Never
165	Dosimeter readings for each member of health care personnel are received monthly from the service provider	Explanatory note: Documented evidence must reflect the exchange of dosimeters on a monthly basis for each member of health care personnel issued with a dosimeter. The dosimeter reading or dose must be recorded on the document. Not applicable: Never
169	Copy of the quality control audit done by the laboratory service provider within the past 12 months is available and shows that accurate and reliable results are being provided.	Explanatory note: Explanatory note: A signed and dated quality control audit report from the previous 12 months must be available. The report must indicate that test results provided by the laboratory are accurate. Not applicable: Never
172	Any areas of failure or non-performance by the service provider are addressed with the service provider for rectification.	Explanatory note: Documented evidence of action taken must be available. The document must be dated and signed. Not applicable: Where no incidents of non-performance by service providers have occurred.
174	Temperature of the refrigerators and/or cold rooms in the mortuary are recorded twice daily	Explanatory note: This will ensure that any malfunction in the refrigeration system will be detected and corrected as soon as possible, preventing decay of the bodies in storage. Inspect the temperature records for the previous three months to verify whether temperatures have been recorded twice daily. Not applicable: Never
175	Temperatures of the refrigerators and cold rooms are maintained between 2 degrees Celsius and 4 degrees Celsius	Explanatory note: Inspect the temperature records for the previous three months to verify whether it has been maintained between 2 degrees Celsius and 4 degrees Celsius. Not applicable: Never
178	Isolation rooms are inspected by the infection prevention and control team following terminal cleaning	Explanatory note: The infection prevention and control team is responsible for ensuring that rooms used for the care of patients with infections requiring isolation are adequately cleaned and decontaminated after the patient has been permanently moved out of the isolation room, to confirm that the room is safe to accommodate non-infectious patients. This may be by means of a certificate or the submission of completed NDOH checklists for terminal cleaning of isolation rooms which is in page 107 of the Practical Manual for implementation of National IPC Strategic Framework March 2020. Evidence of this inspection must be available in the ward. Not applicable: Where no patients requiring isolation have been admitted in the previous 12 months

180	Ward/unit manager has determined the linen requirements for the ward	<p>Explanatory note: It is necessary to determine the linen requirements for the maternity unit, to ensure sufficient linen is available, i.e. the number of linen items required to ensure that all patients have clean linen and are warm enough during their admission. It also necessary to determine how many linen items must be available in the linen storage area for routine linen changes, and to respond to episodes of dirtying or soiling of linen. This may change with the type of patients admitted to the maternity unit, including, but limited to, patients with continence issues or with actively bleeding or suppurating wounds.</p> <p>Not applicable: Never</p>
182	Ward/unit has a designated, access-controlled area for the storage of dirty linen	<p>Explanatory note: The area used to store dirty linen must have a door, which is kept shut. Access to the area must be restricted.</p> <p>Not applicable: Never</p>
183	Dirty linen trolleys are not overflowing collected regularly by laundry services	<p>Explanatory note: Linen must be collected frequently enough to avoid excessive accumulation of dirty linen.</p> <p>Not applicable: Never</p>
184	Clean trolleys are available for transporting clean linen to units	<p>Explanatory note: Observe whether the ward has a wheeled cart or trolley for transporting clean linen.</p> <p>Not applicable: Never</p>
185	Dirty linen is transported to the laundry in closed containers or trolleys	<p>Explanatory note: This is done to prevent cross infections. Determine whether laundry services has wheeled cart(s) or trolley(s) for transporting dirty linen from the clinical areas into the laundry</p> <p>Not applicable: Never</p>
186	Laundry services has a linen stock management system in place	<p>Explanatory note: Laundry services must keep a record of linen collected and dispatched. This may be a register to track items sent to and received from the units, a file with a copy of linen stock sheets completed by laundry personnel who collect and deliver linen, or any other documented system. The purpose of the system is to ensure that units are provided with correct types and adequate quantities of linen.</p> <p>Not applicable: Never</p>
187	Schedule for the delivery and collection of linen is in place	<p>Explanatory note: The schedule will ensure that delivery and collection of linen is done at regular intervals and must be communicated to all health care personnel in the units. The schedule must indicate times for delivery and collection of linen in each specific unit.</p> <p>Not applicable: Never</p>
188	Laundry personnel adheres to the schedule for delivery and collection of linen	<p>Explanatory note: There must be documented evidence that laundry personnel record all linen collections and deliveries done as per the schedule.</p> <p>Not applicable: Never</p>
191	SLA for outsourced laundry services is in place	<p>Explanatory note: This is to ensure effective management of outsourced laundry services. The service level agreement or memorandum of agreement must be valid and current and must be signed by the service provider and the responsible accounting officer.</p> <p>Not applicable: Where the service is not outsourced</p>
192	Designated individual monitors the SLA or MOA for outsourced laundry services	<p>Explanatory note: The individual responsible for monitoring the laundry service must be designated to do so, either as part of his/her job description or in a letter. Evidence of monitoring includes, but is not limited to, checklists, minutes of meetings and reports.</p> <p>Not applicable: Where the service is not outsourced</p>
193	Remedial action is taken to address identified gaps of SLA or MOA for outsourced laundry service	<p>Explanatory note: There must be documented evidence of actions implemented to address shortfalls or areas needing attention. The document must be signed and dated.</p> <p>Not applicable: Where the service is not outsourced</p>

194	All linen is signed for by the service provider on collection and return	Explanatory note: This is to ensure that all items of linen given to the service provider are returned. A linen register must be used to record collection and return of linen. The entries must be signed by the contractor. Not applicable: Where the service is not outsourced
195	Linen stock sheets are reconciled monthly to identify losses and shortages	Explanatory note: Evidence of monitoring of linen stock must be available. Request records from the previous three months. Not applicable: Never
201	Minutes of the waste management committee meeting indicates that waste management practices are discussed	Explanatory note: Manual or electronic minutes from the forum's meeting for the previous quarter should reflect discussions on waste management practices. The minutes must be dated and signed and include an attendance register (Note that minutes will not be signed if the subsequent meeting has not taken place.) Not applicable: Never
202	Remedial plans are developed, implemented and monitored where gaps in waste management is identified	Explanatory note: Minutes should reflect that remedial action is agreed upon in response to identified gaps and that implementation of the agreed-upon actions is monitored. This will require a review of several sets of consecutive minutes. Other documentation providing evidence of remedial action may include, but need not be limited to, action plans, quality improvement plans, and documented evidence of ongoing monitoring for evaluation of remedial plans. Not applicable: Where no gaps were identified.
203	Waste collection schedule for all service areas is available.	Explanatory note: Regular waste collection in the hospital is an important aspect of infection prevention and control. The waste collection schedule must indicate the date and time for collection of waste in various sections of the hospital. Not applicable: Never
204	Waste is collected daily from clinical areas, clinical support areas and non-clinical areas in accordance with the schedule.	Explanatory note: Waste must be collected from intermediate storage areas daily to prevent overflow and to minimise infection control risks. A record kept by the waste management unit must indicate that waste is collected daily in the hospital. Request records from the previous three months. This may be captured in a register or other documented record. Evidence may be manual or electronic. Not applicable: Never
205	Hospital has closed, lockable containers or trolleys for transportation of waste	Explanatory note: Verify whether the hospital has lockable containers or trolleys for transportation of waste. Not applicable: Never
206	SLA for removal and safe disposal of HCRW is available	Explanatory note: The service level agreement must be valid (not expired) and signed by the accredited service provider and the responsible accounting officers and witnessed. The service level agreement must be between the mother group/province and the service provider. It must include but not limited to the removal and safe disposal of waste, toxic chemicals, radioactive waste and expired medicines by an accredited service provider. Not applicable: Never
207	SLA for removal and safe disposal of HCRW is monitored monthly for compliance.	Explanatory note: Evidence includes, but is not limited to, signed monitoring checklists, minutes of meetings, and reports which include indicators/service as per the service level agreement. Not applicable: Never.
208	Remedial action is taken to rectify the breaches in the terms of the SLA for removal and safe disposal of HCRW	Explanatory note: A document reflecting actions taken to rectify identified breaches in the terms of the service level agreement is available. Not applicable: Where breaches were not identified.
212	Health care waste management report of the assessment undertaken in the previous two years is available	Explanatory note: The purpose of the assessment is to identify the hazards associated with hazardous waste. The management report of the assessment undertaken in the previous two years must be available Not applicable: Never.

213	Management plan addresses the risks identified in the Health care waste management report is documented	Explanatory note: The document aims to ensure minimisation of risks associated with hazardous waste. The health care risk waste risk assessment report and the management plan must be available. Not applicable: Never.
214	Actions taken to address the risks identified in the Health care waste management report are documented.	Explanatory note: The health care risk waste management implementation report must be available. The document must be signed and dated. Not applicable: Never.
217	Register for all anatomical specimens sent to the laboratory is available	Explanatory note: A register must be available for all anatomical specimens sent to the laboratory for investigation. Entries made in the register must Not applicable: Where the register is not kept in mortuary but kept in other areas such as Maternity unit and OPD units that do not perform minor surgical interventions.
221	Outside general waste storage area is well maintained and poses no health risk	Explanatory note: The area must be access-controlled and protected against scavenging or theft. Waste must be kept inside the containers. Skip bins must be located at the back of the main buildings or in an area that is not easily accessible by the public. A well-built storage area with lockable mesh wire is also acceptable. Not applicable: Never
223	Document outlining the terms of agreement for the supply of medicine is available	Explanatory note: The document must be signed by both parties (service provider and contract holder), be dated, and specify the order and delivery date. The terms of agreement may be a service level agreement or an agreement arranged between services within the public health sector. Not applicable: Never
224	Compliance with the agreement for the supply of medicine is monitored	Explanatory note: A document reflecting monitoring of the delivery of medicine, as per the agreement, must be available. Not applicable: Never.
225	Action is taken to rectify breaches in the agreement for the supply of medicines	Explanatory note: A document reflecting action taken to rectify identified breaches in the agreement is available. Not applicable: Where no breaches were identified.
226	Document outlining the ordering and delivery schedule for medicine is available.	Explanatory note: A document detailing when to place orders and when to expect delivery of orders must be available. Not applicable: Never.
227	Stock control system shows minimum and maximum levels and/or reorder levels for medicine	Explanatory note: Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on the bin cards or equivalent. The system may be manual or electronic. Not applicable: Where medicines are not stored in the unit'
229	Stocktake of medicine was done in the past 12 months	Explanatory note: Documented evidence of a formal stock take is required, i.e. a report indicating that the stock take has been completed in the past 12 months. Not applicable: Never
230	There is a locked emergency cupboard for the supply of medicine after hours	Explanatory note: The emergency cupboard must be in an area that can be accessed after hours and must be kept locked. Not applicable: Where medicines are obtained from the pharmacy after hours.
231	Stock control system is in place for medicines in the emergency cupboard	Explanatory note: The stock in the emergency cupboard must be managed in the same way as stock on the wards or in the pharmacy. Minimum, maximum and reorder levels must be determined for all medicines held in the emergency cupboard and bin cards or the equivalent must be completed.

	cupboard.	Not applicable: Where the hospital does not use an emergency cupboard/Where the hospital does not use an emergency cupboard.
232	Medicines issued from the emergency cupboard are documented.	Explanatory note: All medicines dispensed from the emergency cupboard must be documented, including the date of issue, the health care provider issuing the medicine and the patient to whom the medicine is issued. This information must be kept in the emergency cupboard. Not applicable: Where the hospital does not use an emergency cupboard.
234	The entries in the schedule 5 and 6 drug register are complete and correct	Explanatory note: All columns in the provincially provided registers must be completed comprehensively. Any omitted information noted during the review of the register will receive a non-compliant score. The inspector must confirm that all sections of the register have been completed correctly. Not applicable: Where schedule 5 and/or 6 medicines are not stocked in the unit.
235	The schedule 5 and 6 medicines held in the ward correspond with the quantities documented in the drug register	Explanatory note: Select three medicines from the schedule 5 or 6 medicine cupboard and verify whether the quantity available corresponds with the balance recorded in the register. Score 0 if the medicines do not correlate or if any of the columns have not been completed. Not applicable: Where schedule 5 and/or 6 medicines are not stocked in the unit.
236	Document outlining the terms of agreement for the supply of medical supplies (consumables) is available.	Explanatory note: The document must specify the order and delivery arrangements, i.e. when orders must be submitted and the interval between ordering and delivery. It must be signed by the two parties negotiating the agreement and dated. Not applicable: Never.
237	Compliance with the agreement for medical supplies is monitored	Explanatory note: A document reflecting monitoring of delivery of medical supplies (consumables) as per agreement must be available Not applicable: Never.
238	Action is taken to rectify identified breaches in the agreement for medical supplies	Explanatory note: A document reflecting action taken to rectify breaches in the agreement must be available Not applicable: Where no breaches in the agreement have occurred.
239	Document outlining the ordering and delivery schedule for medical supplies is available.	Explanatory note: A document detailing when to place orders and when to expect delivery of the orders must be available Not applicable: Never.
240	Stocktake for medical supplies was conducted in the previous 12 months	Explanatory note: Documented evidence of a formal stock take will be required, i.e. a report indicating that stock take has been completed in the previous 12 months. Not applicable: Where medical supplies are not stored in the unit
241	Stock control system shows minimum and maximum levels and/or reorder levels for medical supplies	Explanatory note: Each item held as stock must have documented minimum, maximum and/or reorder levels. These levels must be recorded on the bin cards or equivalent. The system may be manual or electronic. Not applicable: Where medical supplies are not stored in the unit
243	Licence for the pharmacy issued by the Director-General of the National Department of Health is available	Explanatory note: This will promote patient safety by ensuring that the pharmacy meets all legal requirements. The licence issued by the Director-General of the National Department of Health must be displayed. Not applicable: Never
244	Current certificate of recording of a pharmacy with the South African Pharmacy Council or proof of the annual fee payment is	Explanatory note: The current certificate of registration of the hospital's pharmacy with the South African Pharmacy Council or proof that the annual fee payment is up to date must be visibly displayed in the pharmacy.

	available	Not applicable: Never
245	Proof of registration with the South African Pharmacy Council of all pharmacist(s), pharmacist assistant(s) and/or post basic pharmacist assistant(s) is available	<p>Explanatory note: Definition according to the Pharmacy Act: Pharmacist's assistant means a natural person registered in one of the following categories:(a) pharmacist's assistant (learner basic);(b) pharmacist's assistant (basic);(c) pharmacist's assistant (learner post-basic);(d) pharmacist's assistant (post -basic);(e) pharmacy technician (learner) (f) pharmacy technician (student);(f) pharmacy technician (trainee);(q) pharmacy technician; or(h) pharmacy student; which constitute the various categories of pharmacy support personnel registered as such in terms of the Act' The current certificate of registration with the South African Pharmacy Council of all pharmacist(s), pharmacist assistant(s) must be visibly displayed in the pharmacy or available in a file. Electronic evidence will be accepted.</p> <p>Not applicable: Never</p>
246	Name and contact details of the pharmacist on duty for the provision of services after hours are available	<p>Explanatory note: A document must be displayed listing the name and contact details of the pharmacist on duty after hours. The document must be signed and dated by the responsible pharmacist.</p> <p>Not applicable: Never</p>
249	Pharmacy has functional room thermometer(s).	<p>Explanatory note: A functional thermometer(s) must be available.</p> <p>Not applicable: Never</p>
251	Covid 19 vaccines are stored as per manufacturer's instructions	<p>Explanatory notes: Review the vaccine manufacturer's instructions for the storage of the Covid 19 vaccine and assess whether the vaccines are stored as required.</p> <p>Not applicable: Where Covid 19 vaccines are not kept/stored in the hospital.</p>
254	Minutes of the Pharmaceutical and Therapeutics committee, or relevant structure, demonstrate that actions have been taken to ensure rational use of medicine	<p>Explanatory note: Minutes of meetings that document discussions relating to the rational use of medicines must be available. The minutes must demonstrate evaluation of the optimal use of medicines, including, but not limited to, protecting patients against antibiotic resistance, adherence to evidence-based guidelines and cost-effectiveness of care. The WHO's definition of rational use of medicines is: "Patients receive medicine appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and their community."</p> <p>Not applicable: Never</p>
267	Accreditation certificate issued by the relevant regulatory body is available	<p>Explanatory note: A valid certificate of accreditation by the South African National Accreditation System (SANAS) must be available.</p> <p>Not applicable: Never</p>
269	Emergency blood is available in a designated area on-site	<p>Explanatory note: To meet this requirement, O-negative blood must be available on site. This blood may be found in the South African National Blood Service (SANBS) refrigerator. The hospital may choose an area such as the emergency unit, theatre or ICU in which to store the blood.</p> <p>Not applicable: Where emergency blood is not kept in the unit.</p>
271	All adverse blood reactions are documented and reported monthly to the forum responsible for patient safety incidents	<p>Explanatory note: Documented evidence of reported adverse blood reactions must be available. Manual or electronic minutes from the previous quarter must reflect that the forum has been informed of all adverse blood reactions, and that the forum has considered and discussed the reported incidents. If no incidents were reported, zero reporting must be done.</p> <p>Not applicable: Where no adverse blood reactions have occurred.</p>
272	Action is taken where adverse blood reactions were reported	<p>Explanatory note: Documented evidence reflecting the action taken following the investigation to prevent similar incidents must be available. If no incidents were reported, zero reporting must be done.</p> <p>Not applicable: Where no adverse blood reactions were reported.</p>
273	Action is taken to prevent the recurrence of adverse blood reactions where root cause analysis identified	<p>Explanatory note: Documented evidence must be available reflecting action taken where the root cause analysis identified gaps in management of the administration of blood or blood products.</p>

	reactions where gaps in management are identified	Not applicable: Where no adverse blood reactions were reported.
297	Emergency trolley is checked in accordance with agreed practice	Explanatory note: This must be done at the change of each shift and after each use. Not applicable: For Therapeutic Support Services, if an emergency trolley is available in a nearby unit, in which case it can be accessed within three minutes of a user requiring emergency resuscitation
298	Unit has access to an emergency trolley within three minutes of a patient requiring emergency resuscitation	Explanatory note: Where the layout of the hospital and the location of the Health Support Services makes this unfeasible, the unit must have an emergency trolley. Not applicable: Where there is an emergency trolley in the unit.
299	Specialist theatres are equipped in accordance with their inventory lists	Explanatory note: Request the inventory list for the specialist theatre. Verify that all equipment listed is available and functional. Not applicable: Where there are no specialist theatres.
300	Sterilisation unit manager has determined the number of surgical packs required for the unit	Explanatory note: It is necessary to determine the linen requirements for the unit to ensure sufficient linen is available, i.e. the number of linen items required to ensure that all packs have clean draping. Not applicable: Never
301	Unit has a method for tracking surgical packs issued from and returned to the central sterile services department	areas. The purpose of the system is to ensure that the sterilisation unit keeps track of all sterile packs. Not applicable:
303	Unit has a log and service history for each machine	Explanatory notes: Documented records of the service history for each machine are required, according to the manufacturer's guide. Where records are not available, the machine must have been serviced at least within the previous financial year. Records must be available, even if the service is outsourced. Sample a minimum of five machines. Not applicable: Never
307	Healthcare personnel receive training in the use of equipment	Explanatory note: This includes, but is not limited to, orientation records demonstrating that such training has been conducted, in-service training, or training by the supplier of new equipment. Training must be provided for each health care provider, for each item of equipment they will be required to use in the course of performing their duties. Not applicable: Where there was no new equipment introduced in the past 12 months.
308	Personnel development and in-service training programme makes provision for training on the correct use of equipment	Explanatory note: The personnel development and in-service training programme for the previous 12 months must include laboratory equipment training. Updates will be necessary if new equipment is purchased or if utilisation, maintenance or cleaning requirements change for equipment already in use. Training might be conducted in selected training laboratories; however, evidence of training must be available in the unit(attendance registers, programmes),this can be manual or electronic. Not applicable: Never
309	Hospital has a valid fire certificate	Explanatory note: This refers to the certificate issued by the municipality. It is issued when the building is commissioned or when major renovations have been done in the building. Examine the fire certificate to determine its validity. Not applicable: Never
310	Fire protection plan prepared by a fire engineer is in place	Explanatory note: All buildings must have a fire protection plan to obtain a certificate of occupancy. A fire protection plan contains detailed floor plans of the building, showing all exits, doors, corridors and partitions serving as fire barriers. Not applicable: Never
311	Fire extinguishing devices are serviced annually.	Explanatory note: Each fire extinguishing device must have a label indicating the date that it was serviced and the date that the next service is due. Not applicable: Never.

312	Hospital has a valid electrical compliance certificate	Explanatory note: Electrical certificates of compliance are documents issued by a qualified and registered electrician. They function as a guarantee that all work carried out within an office or building conforms to the regulations set out by the Electrical Contracting Board of South Africa. Examine the fire certificate to determine its validity, Not applicable: Never
313	Hospital has a planned preventive maintenance schedule	Explanatory note: A documented planned preventive maintenance schedule for the calendar year must be available. Not applicable: Never
314	Planned preventive maintenance is carried out according to schedule	Explanatory note: Compare the planned preventive maintenance schedule with the maintenance reports to verify whether planned preventive maintenance has been carried out according to schedule. Not applicable: Never
316	Requisitions for repairs are reviewed monthly	Explanatory note: There must be documented evidence of review of requisitions for repairs in the requisition book. The purpose of the review is to identify which jobs have been successfully completed and which are outstanding. Not applicable: Never
317	Outstanding requisitions for repairs are raised with the responsible person or service provider	Explanatory note: Documented evidence must be available that outstanding repairs are addressed with the person responsible if there is an in-house service, or the service provider where maintenance is outsourced. This process is the responsibility of the person designated to oversee the maintenance service. Not applicable: Never
318	Annual management inspection report on safety hazards and maintenance requirements is available	Explanatory note: This is to prevent patient safety incidents and to prevent unnecessary expenditure on unplanned or unexpected structural dilapidation due to inadequate preventive maintenance. A report detailing safety hazards and maintenance requirements for that year/financial year must be available. The report must be signed and dated. Not applicable: Never
319	Maintenance records are kept, indicating that recommendations of the annual inspection report are implemented	Explanatory note: Documented evidence of work carried out to address recommendations will be required. Not applicable: Where no safety hazards or maintenance requirements have been identified.
321	Entrance is free from any obstruction or hazards	Explanatory note: Hazards or blockages could include, but need not be limited to, hawkers, potholes and debris at the entrance to the premises, and unauthorised parked vehicles. Not applicable: Never
322	Emergency vehicle access route is clearly marked	Explanatory note: Verify whether the emergency vehicle access route within the hospital premises is clearly marked. Not applicable: Never
323	There are no physical obstacles on the access route for emergency vehicles	Explanatory note: Obstructions can delay the transfer of patients into the emergency unit to receive emergency treatment. The emergency vehicle access route must be kept clear to facilitate rapid entry and exit. Hazards or obstructions could include, but need not be limited to, hawkers, cars, furniture or potholes, or any other objects or obstructions. Not applicable: Never
324	Planned preventive maintenance of the mechanical ventilation system has been undertaken	Explanatory note: Records showing that preventive maintenance on the mechanical ventilation system has been done according to manufacturer's instructions must be available. Not applicable: Where mechanical ventilation is not in place.

325	Isolation unit has negative pressure ventilation system	<p>Explanatory note: Negative room pressure is an isolation technique used to prevent cross-contamination from room to room .It includes a ventilation that generates "negative pressure" (pressure lower than of the surroundings) to allow air to flow into the isolation room but not escape from the room, as air will naturally flow from areas with higher pressure to areas with lower pressure, thereby preventing contaminated air from escaping the room. This system must be available in the isolation room.</p> <p>Not applicable: Never</p>
326	Ambient temperature is maintained between 20 and 24 degrees Celsius	<p>Explanatory note: The temperature in theatre must be checked twice a day and documented. Inspect the records for the previous three months to confirm that the temperature has been maintained between 20 and 24 degrees Celsius.</p> <p>Not applicable: Never</p>
327	Humidity is maintained between 30% and 60%.	<p>Explanatory note: The humidity level in theatre must be checked daily and documented. Inspect the records for the previous three months to confirm that the humidity has been maintained between 30% and 60%.</p> <p>Not applicable: Never</p>
328	Unit has natural ventilation or functional mechanical ventilation	<p>Explanatory note: The national building regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space mechanically or passively through either ducting or apertures open to the outside, including, but not limited to, windows or ventilation grilles. Verify whether the unit has natural ventilation (windows and doors that can be opened) or functional mechanical ventilation (i.e. a ducting system).</p> <p>Not applicable: Never</p>
329	Pharmacy has a functional air conditioner(s)	<p>Explanatory note: Verify whether the air conditioner(s) switches on and off and provides cold/cool air to the room in accordance with the temperature setting.</p> <p>Not applicable: Never</p>
330	Emergency power supply is available	<p>Explanatory note: This may be a generator, an Uninterruptable Power Supply system or any other backup energy supply, to ensure provision of uninterrupted power supply to the unit. Records showing monitoring of the availability of emergency power during electrical downtimes must be available.</p> <p>Not applicable: Never</p>
331	Back-up electricity supply system is tested regularly	<p>Explanatory note: The back-up electricity supply system must be tested for functionality in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the hospital's engineering/maintenance unit must be available The back-up system could include, but need not be limited to, generators and solar systems. Request documented evidence of testing conducted by the hospital in the previous six months. Not applicable: Never</p> <p>Not applicable: Never</p>
332	Back-up electricity supply system is maintained	<p>Explanatory note: The back-up electricity supply system must be maintained in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the hospital's engineering/maintenance unit must be available. The back-up system could include, but need not be limited to, generators and solar systems. Request documented evidence of maintenance conducted by the hospital in the previous six months.</p> <p>Not applicable: Never</p>
333	Emergency power supply is available in the units in the event of a power disruption	<p>Explanatory note: This is to ensure uninterrupted service delivery in patient care areas and essential services. Records must be kept of monitoring of the availability of emergency power in these areas during electrical downtimes</p> <p>Not applicable: Never</p>

334	Water supplies are checked daily for adequacy and availability from the main reticulation system	Explanatory note: Daily checks must be done to ensure adequate, uninterrupted water supply. Daily records for checking of water supply must be kept. Not applicable: Never
335	Results of bi-annual quality checks of the water supply are within acceptable limits	Explanatory note: Water sampling results must be available from the previous six months. This will include checks for bacteriological, chemical and residual chlorine particles in the water. Copies of the results of water testing from the local environmental health office or municipal website may be provided as evidence of compliance where the hospital uses municipal water. Not applicable: Never
336	Sewerage system is monitored	Explanatory note: Hospital personnel must carry out rudimentary visual inspections to ensure that any blocked pipes, leaking pipes or other potential hazards are identified as soon as possible. Documented evidence of these checks is required for compliance. These inspections must be done weekly a s minimum. Not applicable: Never
337	Bulk oxygen plant is maintained	Explanatory note: The bulk oxygen plant must be maintained in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the hospital's engineering/maintenance unit must be available. Request document indicating that bulk oxygen plant have been maintained. Not applicable: When the hospital doesn't have a bulk oxygen plant
338	System to monitor oxygen levels in the bulk oxygen plant is in place	Explanatory note: Daily monitoring and documentation of the oxygen levels must be done to ensure adequate, uninterrupted supply to all clinical areas. The evidence may be manual in the form of a documented record or electronic. Not applicable: When the hospital doesn't have a bulk oxygen plant
339	The oxygen supply system is checked for leakages.	Explanatory note: Request documents from the previous twelve months indicating that oxygen supply system leakages have been checked. Not applicable: When the hospital doesn't have a bulk oxygen plant
340	Functional system is in place to supply piped oxygen to all clinical areas	Explanatory note: This is to ensure that patients have access to piped medical gas when required. Inspect the gas banks to ensure sufficient stores are available and maintained in accordance with the schedule. Not applicable: Where the unit use portable oxygen cylinders
341	Oxygen cylinder with pressure gauge is available	Explanatory note: This is to ensure that patients have access to portable oxygen when required as back up. An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Not applicable: where piped oxygen is available
342	Oxygen available in the cylinder is above the minimum level	Explanatory note: Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge. Not applicable: Where piped oxygen is available
343	Functional system is in place to supply piped suction to all clinical areas	Explanatory note: This is to ensure that patients have access to piped suction system when required. Inspectors to assess availability of piped suction in clinical areas. Not applicable: Where portable suction is used in the unit
344	Functional portable suction is available	Explanatory note: This is to ensure that patients have access to suction when required. Portable suction must be available as a contingency measure. Not applicable: where piped suction is available

345	Suction points are maintained	<p>Explanatory note: The suction points must be maintained in accordance with the manufacturer's instructions. In cases where the manufacturer's instructions are not available, a guiding document developed by the hospital's engineering/maintenance unit must be available. Request document indicating that suction points have been maintained.</p> <p>Not applicable: if the unit/ward doesn't have a system in place to supply piped suction</p>
346	Hospital has a maintenance schedule for all vehicles	<p>Explanatory note: The maintenance schedule must include all vehicles in the fleet and must be updated annually.</p> <p>Not applicable: Never</p>
347	Records are available for maintenance of all vehicles	<p>Explanatory note: Records of all maintenance carried out for all vehicles must be available. This includes, but is not limited to, invoices from service providers.</p> <p>Not applicable: Never</p>
348	All official vehicles used to render services or transport patients are licensed annually	<p>Explanatory note: As required in Chapter 3 of the National Road Traffic Act No 93 of 1996, section 4, valid copies of license certificates for all vehicles must be available.</p> <p>Not applicable: Never</p>
349	Copy of a valid driver's licence for each driver is available	<p>Explanatory note: Each driver must be in possession of an appropriate licence in compliance with National Road Traffic Act regulations. Copies of valid driver's licences must be available in the transport office.</p> <p>Not applicable: Never</p>
350	Copy of a professional driver's permit is available for each driver.	<p>Explanatory note: As required in Chapter 4 of the National Road Traffic Act No 93 of 1996, section 32, copies of valid professional driver's permits, where applicable, must be available.</p> <p>Not applicable: Where drivers are not expected to have a professional driver's permit or where the hospital is not responsible for the management of vehicles.</p>
351	Security measures are in place at the unit's access and exit points to prevent any incidents of harm to personnel and patients	<p>Explanatory note: Verify whether access control measures are available, including, but not limited to, security guards, closed-circuit television or gated entry.</p> <p>Not applicable: Never</p>
354	Security guards wear uniform	<p>Explanatory note: Security guards must be easily identifiable. Verify whether all security guards performing their duties at the hospital are wearing uniform.</p> <p>Not applicable: Never</p>
356	Safety and security notices are displayed in all areas	<p>Explanatory note: Safety and security notices must be displayed in accordance with health and safety legislation, including, but not limited to, signs indicating the following: dangerous weapons not allowed, emergency exits, assembly points, location of stored flammable materials and location of the first aid box. This could also be a disclaimer sign.</p> <p>Not applicable: Never</p>
357	Security breaches are recorded in a register	<p>Explanatory note: The register may be manual or electronic. All columns in the register must be completed. The register must include the following: name of affected person (if applicable), date of incident, time of incident and nature of incident. In cases where no incidents have occurred, zero reporting must be done.</p> <p>Not applicable: Where no security breaches occurred in the past three months.</p>
358	Remedial action to address security breaches is implemented	<p>Explanatory note: Documented evidence of action taken to address security breaches must be available. This may be in the form of a quality improvement plan or a report.</p> <p>Not applicable: Where no security breaches occurred.</p>

359	Nightly inspections are conducted to confirm that all areas are well lit	Explanatory note: Lighting must be checked regularly to ensure early detection and replacement of non-functional lights to reduce the risk of accidents, incidents and assault. Documented evidence of nightly inspections will be required for compliance. The document must indicate which areas were inspected and the findings. If the document simply states that all is in order, the measure will be scored non-compliant. Not applicable: Never
360	Actions taken to restore lighting in areas that are not well lit are documented	Explanatory note: A record must be kept of action taken where lighting is not functional. Ideally, where lighting is not functional, it should be restored immediately. Not applicable: Where all areas are well lit
361	Appointment letters or members of the governance structure are signed by the relevant authority in terms of the National Health Act	Explanatory note: In District hospitals, the Member of the Executive Council (MEC) of Health appoints the governance structure members as stipulated in section 41(6)a of the National Health Act. Score 1 if the appointment letter complies with the instructions above and score 0 if it does not comply. Not applicable: Never
363	Governance structure meetings are held in accordance with the terms of reference	Explanatory note: Verify whether meetings are held in line with the frequency stipulated in the terms of reference. Request minutes for the past six months. Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) Not applicable: Never
364	Minutes of meetings of the governance structure indicate that strategic plan and/ or Annual Performance Plan of the hospital are discussed regularly and monitored	Explanatory note: Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content of the minutes must reflect discussions on the strategic plan and/or Annual Performance Plan of hospital and the monitoring thereof. Not applicable: Never
365	Remedial action is implemented to ensure achievement of strategic targets where it has been identified that the targets may not be met.	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Evidence of plans submitted to the governance structure, detailing the remedial action to be implemented, must be available. Not applicable: Where no gaps or challenges are identified regarding the strategic plan and direction (goals and targets).
366	Minutes of meetings of the governance structure indicate that quality of care in the hospital is discussed regularly and monitored.	Explanatory note: Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on the quality of care and monitoring thereof. Not applicable: Never.
367	Remedial action is implemented where gaps are identified in the quality of care provided.	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no gaps or challenges are identified regarding the quality of care.
368	Minutes of meetings of the governance structure indicate that organisational risks in the hospital are discussed and monitored regularly.	Explanatory note: Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on organisational risks and the monitoring thereof. Not applicable: Never.
369	Remedial action is implemented where organisational risks are escalating, or mitigation strategies are not effective.	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where all organisational risks are effectively controlled.

370	Minutes of meetings of the governance structure indicate that financial reports are discussed and monitored regularly	Explanatory note: Manual or electronic minutes from the previous six months must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on financial reports and the monitoring of financial performance. Not applicable: Never.
371	Remedial action is taken where financial findings are reported	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no findings are recorded.
372	External audit reports are discussed with the governance structure	Explanatory note: Manual or electronic minutes must be signed and dated and include an attendance register. (Note that minutes will not be signed if the subsequent meeting has not taken place.) The content must reflect discussions on external audit reports. Not applicable: Where an external audit was not conducted in the past 12 months, or where an audit was conducted in the past 12 months, but the report has not been made available by the Auditor General.
373	Remedial action is taken where external audit findings are reported	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no findings are recorded.
374	Minutes of meetings of the governance structure indicate that HR management and development reports are discussed regularly.	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Never.
375	Remedial action is implemented where gaps in HR management are identified.	Explanatory note: This may comprise action plans (including, but not limited to, recommendations, instructions and interventions) captured in the minutes. Not applicable: Where no gaps or challenges are identified regarding human resource management and development.
376	Hospital has received an unqualified or emphasis-of-matter audit result from the Auditor General	Explanatory note: A copy of the auditor's report must be available. Qualified or disclaimer audits constitute a 0 score. Not applicable: Where the hospital has not undergone an external audit or when awaiting the audit report.
380	Hospital has a current retention strategy in place	Explanatory note: A plan with specific focus on retention plans, and health care personnel rewards and incentives must be available. Not applicable: Never
385	All managers have undergone leadership and management development courses within the previous two years	Explanatory note: Documented evidence of training is required, including but not limited to certificates of attendance and attendance registers with topics listed. Not applicable: Never
390	All senior managers undergo comprehensive reviews of their performance against targets twice a year	Explanatory note: Select any three human resources files of senior managers (level 13 and above) to verify whether performance reviews were conducted within the last six months. Not applicable: At a hospital where there are no level 13 and above health care personnel.
391	Remedial action is implemented where poor performance of senior managers is identified	Explanatory note: Implementation/intervention reports indicating action taken to address failures in performance must be available. Reports must be dated and signed by the respective individuals and their supervisors. Not applicable: Where all senior managers have achieved their targets.

397	OHS committee discusses analysed data from occupational risk monitoring activities at the quarterly meeting	Explanatory note: Manual or electronic minutes from the previous quarterly meeting of the occupational health and safety committee must be dated and signed, and include an attendance register and agenda. The content must reflect discussions on occupational risk monitoring activities. Not applicable: Never
399	Risks identified during the occupational health risk assessment are categorised and risk rated	Explanatory note: All risks identified must be documented in a risk register and categorised according to agreed criteria, including, but not limited to, the area of the hospital, type of risk and mitigation actions required. They must be risk rated using a method appropriate for occupational health and safety risks. Not applicable: Where no risks were identified.
400	Risk mitigation plans are implemented for all significant risks identified during the occupational health risk assessment	Explanatory note: All risks rated as significant must be controlled by the development and implementation of risk mitigation plans. Documented evidence must be available of identified risks and the implementation of mitigating actions. The documented evidence may include, but need not be limited to, reports such as hazard identification and risk assessment reports, a quality improvement plan or minutes of meetings in which risk management is discussed, which must be signed and dated. Not applicable: Where no risks were identified. Not applicable: Where no risks were identified.
402	Emergency evacuation procedure is prominently displayed	Explanatory note: This is the full evacuation plan, which must be within easy reach when required. Not applicable: Never
405	Signage is displayed in strategic points indicating assembly areas in the event of an evacuation	Explanatory note: This must be in the form of pictograms indicating the nearest assembly areas to the units, to be displayed at strategic points in the health establishment. Not applicable: Never
407	Actions to be taken when the disaster management response is activated are visibly displayed	Explanatory note: The action to be taken by allocated individuals in the event of a disaster must be clearly visible for easy reference during a disaster. This may be displayed in any manner relevant to the size and complexity of the health establishment, including, but not limited to, a single summary sheet of actions to be taken, action cards to be retrieved by allocated individuals to remind them of the tasks for which they are responsible, or any other method chosen by the health establishment. Not applicable: Never
410	Annual report specifies incidents of harm to health care personnel	Explanatory note: The annual report must include information about incidents of harm to health care personnel. Not applicable: Where no incidents of harm to health care personnel have occurred.
411	Report for the previous 12 months includes remedial action taken in response to incidents of harm to health care personnel	Explanatory note: Records indicating remedial action taken in response to specific incidents must be available. Not applicable: Where no incidents of harm to health care personnel have occurred.
414	Incidents/accidents and/or near misses are reported to the manager and the health and safety representative by the end of the shift or within 24 hours	Explanatory note: The register and reports must indicate that all incidents/accidents/near misses have been reported by the end of a shift or within 24 hours. Not applicable: Where no incidents/accidents/near misses have occurred.
415	Accidents resulting in an injury are recorded in WCL2 forms and submitted to the HR department.	Explanatory note: A copy of submitted forms must be retained by the occupational health service. Not applicable: Where no accidents resulting in an injury has been recorded in the previous 12 months or where no OHS services are available onsite
416	Investigations into reported incidents and near misses are completed within thirty days of the incident being reported	Explanatory note: The rapid investigation of an incident will enable the rapid identification of its causes, which in turn will allow rapid control of risks and prevent the future occurrence of similar incidents. Not applicable: Where no occupational health and safety incidents have been reported.

417	Action is taken to address gaps identified in the investigation of OHS incidents.	Explanatory note: Such action will prevent the recurrence of occupational health and safety incidents. Not applicable: Where no gaps have been identified.
418	Occupational diseases are recorded on WCL1 (First Medical Report of an Occupational Exposure) forms and submitted to the HR department.	Explanatory note: A copy of submitted forms must be retained by the occupational health service. Not applicable: Where no occupational diseases have been diagnosed in the previous 12 months or where no OHS services are available onsite.
419	First medical reports for Occupational disease (W.CL.22) are available.	Explanatory note: W.CL.22,First Medical report in respect of an occupational disease compensation for occupational injuries and diseases) forms are completed and submitted to the human resources department or other relevant authority . A copy of submitted forms must be retained by the occupational health service. Not applicable: Where no occupational diseases have been diagnosed in the previous 12 months or where no OHS services are available onsite.
420	Health care personnel who experience needlestick or sharps injuries receive counselling	Explanatory note: Documented evidence must be available to demonstrate that health care personnel who have had a needlestick or sharps injury receive counselling. Not applicable: Not applicable: Where no needlestick or sharps injuries have been reported.
421	Health care personnel who experience needlestick or sharps injuries receive post-exposure prophylaxis.	Explanatory note: Documented evidence must be available to demonstrate that health care personnel who have had a needlestick or sharps injury receive prophylaxis in accordance with nationally approved guidelines. Not applicable: Where no needlestick or sharps injuries have been reported.
422	Health care personnel who experience needlestick or sharps injuries have been retested for blood-borne diseases.	Explanatory note: Active follow-up of cases must be implemented to ensure early diagnosis and effective treatment for personnel who develop a blood-borne disease. There must be evidence of a recall system for personnel and follow-up of those who fail to report for retesting. Documented evidence of retesting for affected personnel members must be available. Not applicable: Where no needlestick or sharps injuries have been reported.
423	Health care workers are informed about the process to access vaccines	Explanatory note: Health care workers must have access to relevant vaccines, which include but is not limited to HEP B, COVID 19, FLU. Documented evidence that the process to access the vaccines was communicated to health care workers must be available. It must be dated and signed. Not applicable: Never Not applicable: Never.
424	Health care personnel at risk have been offered prophylactic immunisations/vaccinations for high-risk infections.	To protect health care personnel against high-risk infections, prophylactic immunisations/vaccinations must be offered to all healthcare personnel at risk. Records must be kept of all health care personnel offered immunisations/ vaccinations: all immunisations/vaccinations administered. This could include but not limited to Hepatitis B. Covid 19. Not applicable: Never
426	Correct personal protective equipment for each relevant risk has been determined	Explanatory note: Risks identified during the risk assessment that can be controlled by personal protective equipment must be followed by the identification of the correct personal protective equipment to be used and the minimum specifications for the personal protective equipment for procurement purposes. Not applicable: Never.
427	Respirators are fit-tested for relevant healthcare personnel.	Explanatory note: Fit testing is recommended to ensure an adequate fit and maximum protection and to prevent air leaks around the edges of the respirator. Face types and shapes differ, as do designs of respirators. Once the correct respirator has been selected, further fit testing is not necessary if the same type of respirator is used and the wearer's face has not changed due to significant weight loss or gain. Request a record of personnel for whom fit testing has been carried out. The records must be signed and dated.

		Not applicable: Never.
428	Respirators approved by a recognised regulatory body are available.	<p>Explanatory note: These devices must be available for all health care personnel exposed to serious contagious respiratory infections, including Tuberculosis. Approved respirators must be made available for all health care personnel at risk of contracting occupational respiratory infections. The particle filtration efficiency must be 95% for particles with a size of 0.3 microns or less, i.e. it must prevent at least 95% of such particles from passing through the mask. Must have SAHPRA certification as category B and SANS 1866-2: 2018, FFP2 must have in addition to SA standards have EN 149:2001 and SANS 50149, KN95 must in addition to SA standards have GB2626.</p> <p>Not applicable: Never.</p>
429	Personal protective equipment procured meets minimum specification requirements	<p>Explanatory note: Risks identified during the risk assessment that can be controlled by personal protective equipment must be followed by the identification of the correct personal protective equipment to be used and the minimum specifications for personal protective equipment for procurement purposes. The specifications must be made available to supply chain structures to ensure procurement of appropriate personal protective equipment.</p> <p>Not applicable: Never.</p>
433	Minutes of the forum responsible for reviewing adverse events indicate that PSIs are discussed	<p>Explanatory note: The content of the minutes from the previous quarter must reflect discussions on PSIs. Zero reporting must be done where no PSIs occurred.</p> <p>Not applicable: Where no PSIs occurred in the previous quarter.</p>
434	Minutes of the forum responsible for reviewing PSIs indicate that analysed data from the PSI monitoring system is regularly presented and discussed	<p>Explanatory note: The content of the minutes from the previous quarter must reflect discussions on analysed data from the PSI monitoring system. Zero reporting must be done where no PSIs occurred. Not applicable: Where no adverse events occurred in the previous quarter.</p> <p>Not applicable: Where no PSIs occurred in the previous quarter.</p>
435	Minutes of the forum responsible for reviewing PSIs indicate that action is taken to prevent a recurrence of similar PSIs	<p>Explanatory note: The content of the minutes from the previous quarter must reflect discussions on actions taken to prevent a recurrence of similar PSIs. Zero reporting must be done where no PSIs occurred.</p> <p>Not applicable: Where no PSIs occurred in the previous quarter.</p>
439	Investigation reports from the previous 12 months relating to PSIs involving medical equipment are available	<p>Explanatory note: Reports must be available of PSIs that occurred because of medical equipment failure or malfunction.</p> <p>Not applicable: If there have been no incidents in the previous 12 months</p>
441	ADR register is available	<p>Explanatory note: Hospital must keep an ADR register. The register must include name of affected person, date of incident, time of incident and nature of incident.</p> <p>Not applicable: Never</p>
442	ADRs are reported to the national pharmacovigilance centre or agency	<p>Explanatory note: ADRs must be reported using the correct procedure. Request records from the previous six months, and evidence of reporting (may be manual or electronic).</p> <p>Not applicable: Where no ADRs were reported.</p>
443	Minutes from the previous quarter of the forum monitoring ADRs demonstrate that ADR reports are reviewed	<p>Explanatory note: These ADRs could be discussed at Pharmaceutical and Therapeutics committee. Manual or electronic minutes from the previous quarter must be signed and dated and include an attendance register. The content must reflect discussions on the review of reports on adverse drugs reactions. If no incidents were reported, zero reporting must be done.</p> <p>Not applicable: Where no adverse drug reactions were reported.</p>

444	Minutes from the previous quarter of the forum responsible for the monitoring of ADRs demonstrate that appropriate action is taken to reduce the likelihood of ADRs	<p>Explanatory note: Manual or electronic minutes from the previous quarter must be signed and dated and include an attendance register. The content must reflect evidence of actions taken to reduce adverse drug reactions.</p> <p>Not applicable: Never</p>
445	Locally agreed target waiting time is displayed	<p>Explanatory note: The aim of this requirement is to give patients an indication of how long they should expect to wait at the unit, and to assist staff to work within the scope of the waiting time target. The waiting time must be displayed in an area that is easily visible to waiting patients.</p> <p>Not applicable: Never</p>
446	Waiting time survey report for the unit is available	<p>Explanatory note: Minimum of one survey report must be completed in the last 6 months. The report from the previous six months must be available, dated and signed.</p> <p>Not applicable: Never</p>
447	Compliance with waiting time target(s) in the unit is monitored.	<p>Explanatory note: Request the previous six months' tools used for monitoring waiting times at the unit/ward</p> <p>Not applicable: Never</p>
448	Minutes from the forum reviewing waiting times indicate that analysed results of each waiting time survey are discussed	<p>Explanatory note: The content of the minutes must reflect discussions on analysed results of the waiting time survey.</p> <p>Not applicable: Never</p>
449	Quality improvement plan indicates corrective measures taken if the targets set for waiting times are not met	<p>Explanatory note: Documented evidence of action taken to reduce waiting times in the unit, aiming towards achievement of the waiting times, must be available. This may be in the form of a quality improvement plan. A stand-alone quality improvement plan is not required but may form part of a consolidated quality improvement plan addressing other gaps.</p> <p>Not applicable: Where waiting time targets are met.</p>
450	Waiting times have improved over a period of 12 months	<p>Explanatory note: Request a record for monitoring waiting times for the previous 12 months. The action taken in response to improve waiting times must be effective. A reduction in overall waiting time of more than 10% must be achieved.</p> <p>Not applicable: Where local waiting time targets are consistently met.</p>
451	Average waiting time per category of the triage scale is visibly displayed in the emergency unit waiting area.	<p>Explanatory note: The aim of this requirement is to give patients an indication of how long they should expect to wait in the emergency unit, and to assist health care personnel to work within the scope of the target waiting time. The document reflecting the waiting time must be displayed in an area that is easily visible to patients waiting to receive care. The average waiting time for each triage category, as determined by the previous waiting time report, must be displayed.</p> <p>Not applicable: Never</p>

Checklist for Element 5	
SOP for the management of complaints covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Procedure for lodging complaints (including telephonic complaints)	Yes / No
Procedure for acknowledgement of complaints	Yes / No
Procedure for investigating complaints.	Yes / No
Procedure for determining required action to be taken according to severity of complaint (risk rating)	Yes / No
Procedure for identifying patterns in system failures (categorisation)	Yes / No
Procedure for redress	Yes / No
Timelines to be met.	Yes / No
Procedure for recording statistical data on complaints.	Yes / No
Monitoring mechanisms and their response timelines	Yes / No
Mechanism to enable children to participate in complaints process.	Yes / No
Mechanism to enable vulnerable groups to participate in complaints process.	Yes / No

Checklist for Element 6	
Complaints toolkit is available	
Instruction: Verify whether the complaint forms, box and poster are available at the Entrance or Helpdesk or Reception. Score 1 if compliant and 0 if not compliant	
Description	Score
Lockable complaints box is visibly placed in the unit	Yes / No
Complaints box is fixed to wall or a flat surface	Yes / No
Official complaint forms in at least two commonly spoken official languages are available next to box or there is an indication on the poster where to obtain the forms	Yes / No
Standardised poster describing process to follow to lodge a complaint is visibly displayed	Yes / No
Poster on complaints is available in at least two official languages commonly spoken in the area	Yes / No

Checklist for Element 7	
Complaints committee is appointed in the hospital	
<p>Instruction: Verify whether the complaints committee includes, but is not limited to, health care personnel with the designations listed below. Score 1 if the health care personnel member indicated below is part of the committee, score 0 if not part of the committee and NA if health care personnel is not on the organisational structure (outreach services are used). NB: Any format for the structure will be acceptable, as long as the requirements stipulated in the measures are met. A single structure covering multiple functions will be acceptable, or any other configuration of multiple structures.</p>	
Description	Score
Chief executive officer	Yes / No
Clinical manager (chairperson)	Yes / No
Complaints/helpdesk officer/public relations officer	Yes / No
Quality assurance manager/coordinator	Yes / No
Nursing manager	Yes / No
One health care personnel member from Health Support Services	Yes / No / NA
One member of the hospital board	Yes / No

Checklist for Element 8	
TOR for the forum reviewing complaints is available	
Instruction: Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Interdisciplinary membership required	Yes / No
Term in office	Yes / No
Roles and responsibilities of forum members	Yes / No
Accountability of the forum	Yes / No
Frequency of meetings	Yes / No
Quorum for the forum	Yes / No

Checklist for Element 11

Complaints are logged in a complaints register

Instruction: Each hospital must log all its complaints in a register, which is a documented record containing information on complaints. The register may be in the form of a book, separate pages filed in a clearly labelled file, or an electronic record. Request the register for complaints and verify whether the aspects listed below are included. Score 1 if the aspect is included and explained and 0 if not included

Description	Score
Reference number of a complaint	Yes / No
Date complaint was received	Yes / No
Surname and name of patient	Yes / No
Surname and name of person who lodged complaint on patient's behalf (where relevant)	Yes / No
Date of acknowledgment	Yes / No
Number of working days to acknowledge complaint	Yes / No
Service area where the incident resulting in the complaint occurred	Yes / No
Short summary describing the essence of the complaint	Yes / No
Category of complaint (assessed when logged and reassessed once resolved)	Yes / No
Severity of complaint (determined when logged and reassessed once resolved)	Yes / No
Escalation of complaints classified as a PSI to forum responsible for such incidents	Yes / No
Action taken to resolve complaint	Yes / No
Outcome of complaint (including level of satisfaction of complainant)	Yes / No
Action taken to prevent a recurrence of the same incident	Yes / No
Date the complaint was resolved	Yes / No
Number of working days taken to resolve complaint	Yes / No
Type of resolution	Yes / No

Checklist for Element 12	
Complaints are managed in accordance with the prescribed timelines and targets for complaint indicators	
Instruction: Review the Complaints register/statistical report of the previous month and verify whether timelines and targets were met. Score 1 if the timelines and targets were met, 0 if not met and NA if the facility did not record any complaints.	
Description	Score
All complaints acknowledge within 5 working days	Yes / No / NA
90% of Complaints resolved within 25 working days	Yes / No / NA
90% of Complaint resolved	Yes / No / NA

Checklist for Element 14

Information regarding the resolution of the complaint is made available to the complainant

Instruction: Select three records of resolved complaints from the complaints management folder or file. Verify whether a record of the communication of the resolution of the complaint to the complainant is available in the folder, file or register. This could include but need not be limited to a written letter or report on the outcome of the investigation. Where a redress meeting was held, the complainant should be provided with a report on such meeting and in cases where the complainant was not present in the meeting a letter should be sent to the complainant. Score 1 if the documentation is available in the file and includes the aspects listed below and 0 if not available or the aspects are not included. NB: Telephonic conversations to address redress as the only means of redress is not recommended. A telephonic redress should always be followed up with a letter to the complainant, stating in short what was discussed during the telephonic redress and the outcome thereof. The only instance that would be an exception is if the complainant do not have an e-mail address or postal address, in such cases redress should be witnessed, documented and signed by two colleagues.

Description	Score complaint 1	Score complaint 2	Score complaint 3
Outcome of the complaint investigation Explanatory notes: Following an investigation the outcome of the complaint must be recorded as resolved, closed or progress report where the complexity of the investigation requires further investigations. Resolution of complaint can include but not limited to patient satisfied and redress done, Patient Safety Incident, litigation and complainant could not be traced.	Yes / No	Yes / No	Yes / No
Redress of complainant Explanatory notes: Redress may include one or more of the following: An apology, explanation or an acknowledgement of responsibility; and/or Remedial action that may include: (i) the review or changing of a decision on the service or care provided to an individual patient; (ii) revising published material; (iii) revising a procedure to prevent the recurrence of an adverse event or incident; and (iv) the training of health care personnel or strengthening of their supervision; or any combination of the above. Not applicable: Where the complainant could not be traced or complaint was lodge anonymously	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 19	
SOP for triage covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure must be aligned with an algorithm approved by a recognised national or international body, such as the Emergency Medicine Society of South Africa. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Approved triage algorithm.	Yes / No
Assess the patient using the approved triage algorithm.	Yes / No
Assign a triage category to the patient in accordance with the triage algorithm.	Yes / No
Document the triage category in the patient's health record.	Yes / No
Direct the patient to the correct waiting or treatment area, in accordance with the triage category assigned.	Yes / No
Ensure that patients triaged as requiring immediate care are transferred directly into the care of the appropriate health care provider, in accordance with their condition and triage category.	Yes / No
Triage to be done at every level as patient condition/category can change.	Yes / No
Deceased patients must be certified dead by the doctor on duty.	Yes / No

Checklist for Element 22

Interview three health care providers responsible for patient triage and ask them to explain the triage process

Instruction: Interview three health care providers responsible for user triage and ask them to explain the triage process. Score 1 if the process is correctly explained, as per the displayed algorithm, and 0 if not correctly explained.

Description	Score
Health care provider 1	Yes / No
Health care provider 2	Yes / No
Health care provider 3	Yes / No

Checklist for Element 24

Patients are triaged in accordance with the documented procedure

Instruction: Select the health records of three patients who were attended to in the emergency unit within the past month. Verify whether their triage status was recorded. Score 1 if it was recorded and 0 if not recorded.

Description	Score
Patient health record 1	Yes / No
Patient health record 2	Yes / No
Patient health record 3	Yes / No

Checklist for Element 26	
SOP for accessing emergency medical transport services covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Contact number of the service(s)	Yes / No
Backup number/s	Yes / No
Forms to be completed.	Yes / No
Checklist of documents to accompany the patient.	Yes / No
Timelines for arrival of emergency transport	Yes / No

Checklist for Element 28

Correct handover procedure from emergency medical services personnel to hospital personnel is followed.

Instruction: Select three health records and verify whether the aspects listed below have been documented. Score 1 if the aspect is documented, 0 if not documented and NA if there are less than 3 records to review.

Description	Score Record 1	Score Record 2	Score Record 3
Confirmation of patient identification	Yes / No / NA	Yes / No / NA	Yes / No / NA
Clinical status of patient (Glasgow coma scale [GCS])	Yes / No / NA	Yes / No / NA	Yes / No / NA
Clinical status of patient (pain score)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Vital signs monitored during transfer.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Known medical history.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Times of arrival	Yes / No / NA	Yes / No / NA	Yes / No / NA
Times of handover	Yes / No / NA	Yes / No / NA	Yes / No / NA
Method of transfer of patient from ambulance to consultation room or hospital bed, i.e. walking, stretcher or wheelchair.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name and designation of health care provider to whom patient was handed over.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Signatures of transferring and receiving health care provider.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 29	
SOP for the management of emergency resuscitations covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, 0 if not included or not explained and NA as indicated.	
Description	Score
Procedure for calling out resuscitation team (Mark NA where the layout of the unit does not require call out)	Yes / No / NA
Composition of resuscitation team	Yes / No
Competency of members of resuscitation team	Yes / No
Documentation for recording details of the resuscitation.	Yes / No
Debriefing sessions held following each resuscitation.	Yes / No
Referral protocol for patients transferred to another hospital after the resuscitation.	Yes / No
Sensitive management of patients's family and/or visitors during a resuscitation	Yes / No
All documentation completed during resuscitations to be audited. Explanatory note: This requirement is for documentation audits, i.e. checking that all required fields have been completed with relevant information. It does not require evaluation of the clinical care provided, which is addressed in aspect j. below.)	Yes / No
Where gaps in record keeping are identified, quality improvement plans to be implemented.	Yes / No
All actions taken during resuscitations to be audited. Explanatory note: This requirement is for clinical audits, i.e. confirmation that the actions taken are in accordance with the hospital's resuscitation protocols.	Yes / No
Where gaps in the clinical management of emergency resuscitations are identified, quality improvement plans to be implemented.	Yes / No
Resuscitation audit reports to be included as part of the hospital's morbidity and mortality reviews.	Yes / No

Checklist for Element 30

TOR of the structure responsible for reviewing resuscitations are available

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Interdisciplinary membership required.	Yes / No
Term in office	Yes / No
Roles and responsibilities of forum members	Yes / No
Accountability of the forum	Yes / No
Frequency of meetings	Yes / No
Quorum for the structure	Yes / No

Checklist for Element 33

Patient health records indicate adherence to the guidelines regarding examination and stabilisation.

Instruction: Select three health records of emergency patients to determine whether the aspects listed below were documented. Score 1 if the aspect is documented and 0 if not documented. Score Not applicable if there were no patients were transferred to another hospital as an emergency in the last three months OR the measure/s is not applicable for the area assessed.

Description	Score Record 1	Score Record 2	Score Record 3
Triage category or score	Yes / No / NA	Yes / No / NA	Yes / No / NA
Initial doctor's assessment	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical history	Yes / No / NA	Yes / No / NA	Yes / No / NA
Physical examination	Yes / No / NA	Yes / No / NA	Yes / No / NA
Investigations ordered.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Provisional diagnosis	Yes / No / NA	Yes / No / NA	Yes / No / NA
Final diagnosis (NA where final diagnosis has not been made prior to transfer)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Interventions made to stabilise patient.	Yes / No / NA	Yes / No / NA	Yes / No / NA
All vital signs monitored.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Transfer arrangements for receiving doctor and hospital.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 34	
SOP for managing psychiatric emergencies covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Identification and management of patients at risk of suicide or self-harm	Yes / No
Identification and management of patients at risk of harming others	Yes / No
Identification and management of patients at risk of substance withdrawal	Yes / No
How to defuse a potentially violent or aggressive situation without using restraint	Yes / No
Criteria for applying physical restraint	Yes / No
Safe techniques for applying physical restraint	Yes / No
Monitoring required following the application of physical restraint	Yes / No
Criteria for applying chemical restraint	Yes / No
Medicines to be used for chemical restraint	Yes / No
Monitoring required following the application of chemical restraint	Yes / No
Criteria for applying mechanical restraint	Yes / No
Safe techniques for applying mechanical restraint	Yes / No
Monitoring required following the application of mechanical restraint	Yes / No

Checklist for Element 35

Guidelines regarding examination and stabilisation of acutely violent or unstable MHCUs are adhered to

Instruction: Select three health records of acutely violent or unstable MHCUs to determine whether the aspects listed below were documented. Score 1 if the aspect is documented and 0 if not documented. NB: Mark Not applicable where there were no patients who meet the profile indicated in the measure.

Description	Score Record 1	Score Record 2	Score Record 3
Assessment by a mental health care practitioner	Yes / No / NA	Yes / No / NA	Yes / No / NA
History of presenting complaint (Explanatory note: This may be history available from the patient if he/she is able to provide it, from individuals accompanying the patient, or records accompanying the patient. Where it is not possible to obtain the history immediately, it must be obtained and documented as soon as possible)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Physical examination findings (xplanatory note: This may not be possible in an acute situation, but it should be completed as soon as the patient is calm enough to permit the examination.)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Vital signs	Yes / No / NA	Yes / No / NA	Yes / No / NA
Investigations requested and performed.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Classification in accordance with Mental Health Care Act (MHCA) assessment categories	Yes / No / NA	Yes / No / NA	Yes / No / NA
Treatment administered including medicine/sedation.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Monitoring of patient in accordance with guidelines where physical or chemical restraint is used.	Yes / No / NA	Yes / No / NA	Yes / No / NA
For patients requiring transfer, the details of the receiving doctor or mental health care practitioner and hospital are documented.	Yes / No / NA	Yes / No / NA	Yes / No / NA
For patients requiring transfer, a record that the patient was calm and manageable for transfer.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 37

SOP describes referral pathways and procedures

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure of the facility. Score 1 if the aspect is compliant and 0 if it is not.

Description	Score
National Referral Policy and Guideline is available	Yes / No
Hospital referral network	Yes / No
Standardised referral register	Yes / No
Standardised patient referral form	Yes / No
Standardised patient referral feedback form	Yes / No

Checklist for Element 38	
Referral register is available	
Instruction: Request the referral register/book (manual or electronic) and verify whether it records the details listed below. Score 1 if the aspect is recorded and 0 if not recorded. NA if patient referred was not diagnosed with TB or no referrals were made in the past six months	
Description	Score
Patient's personal particulars – name, age and gender	Yes / No / NA
Reason for referral	
Name of referring health care practitioner	Yes / No / NA
Name of receiving facility	Yes / No / NA
Date referred	Yes / No / NA
Additional details required for patients diagnosed with TB:	Score
Patient's address	Yes / No / NA
Patient's contact details	Yes / No / NA
Category of TB diagnosed	Yes / No / NA
Sputum results, pre-treatment	Yes / No / NA
Date of pre-treatment sputum results	Yes / No / NA
Treatment commenced (if any)	Yes / No / NA

Checklist for Element 39

Copy of the referral letter for patients referred out of the hospital are filed in the patient health record

Instruction: Request the health records of the last three users who were referred. Verify whether a copy of the referral letter is filed in the health record, the referral copy should include but not limited to user's health status, reason for referral and name of hospital they are being referred to. Score 1 if the referral letter is the health record, 0 if not and NA if no referrals were made in the past six months. NB: Health records kept/filed in electronic health system are acceptable.

Description	Score Record 1	Score Record 2	Score Record 3
Copy of referral letter is filed in patient health record or referral book or register.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient's health status	Yes / No / NA	Yes / No / NA	Yes / No / NA
Reason for referral	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of hospital to which they were referred.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of accepting health care provider or name of the accepting department.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 40	
Personnel responsible for records management have received training in the management of health records	
Instruction: Documented evidence of training is required, including, but not limited to, training certificates for external training attended, or attendance registers for in-house training. Documentation must confirm the aspects of records management covered by the training. Score 1 if the documented evidence of training is available, 0 if not available and NA asw indicated.	
Description	Score
Accessing of patient records	Yes / No
Patient record requests	Yes / No
Retrieved patient records are documented and flagged to facilitate tracing of record, if necessary	Yes / No
Tracking of patient records	Yes / No
Filing of patient records	Yes / No
Storage of patient records	Yes / No
Retention periods for various categories of health records	Yes / No
Archiving of records. (Explanatory note: Not applicable in a hospital that is less than five years old, as it will not have records to be archived.)	Yes / No / NA
Disposal of records (Explanatory note: Not applicable in a hospital that is less than five years old, as it will not have records to be disposed.)	Yes / No / NA

Checklist for Element 41	
SOP describing how confidentiality of patient health records is maintained in clinical areas covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Management of paper records to prevent unauthorised access during the episode of care. (Explanatory note: This will include all records in patient care areas, i.e. records of patients receiving care and records in the patient care area for administrative purposes. It may include, but need not be limited to, auditing.)	Yes / No
Protection of electronic health records against unauthorised access or viewing. (Explanatory note: This may include, but need not be limited to, measures such as locking the screen when leaving the monitor unattended, locking the room where computers used for accessing patient information are kept, and adjusting the screen to avoid unauthorised viewing.)	Yes / No
Regular updating of software according to alerts from the developer to prevent security breaches.	Yes / No

Checklist for Element 43	
Records storage and archive areas comply with the requirements	
Instruction: Inspect the room used to store health/staff records and archives to verify whether it complies with the requirements listed below. Score 1 if compliant and 0 if not compliant. NA as indicated	
Applicable to Medical Record Storage area and OHSC	Score
Access control measures are in place. (Explanatory note: This includes, but is not limited to, a functional and monitored lockable security gate, strong room door, access-controlled door or closed-circuit television.)	Yes / No
Storage area has aisles and shelves that are labelled correctly according to approved standardised filing system, as described in standard operating procedure.	Yes / No
Storage area is kept clean and dust free.	Yes / No
Storage area is free of rodents and other pests.	Yes / No
Only applicable to Medical Record Storage area	Score
Functional electric lighting	Yes / No / NA
Functional air-conditioner	Yes / No / NA
Area has very small windows. (In instances where the area has big windows; dark blinds must be installed and be kept closed as light may be harmful to records)	Yes / No / NA
Shelves or cabinets are made of coated metal.	Yes / No / NA
Storage area has counter and/or sorting table.	Yes / No / NA
"No unauthorised entry" sign on door to records storage area.	Yes / No / NA

Checklist for Element 44

Biographical, demographic and contact information of the patient, including next of kin, is recorded in the patient record

Instruction: Select records of three patients to verify whether the biographical information recorded includes the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant. NB: This information can be available in the patient sticker or captured electronically.

Description	Score Record 1	Score Record 2	Score Record 3
Patient's name and surname	Yes / No	Yes / No	Yes / No
Patient health record number	Yes / No	Yes / No	Yes / No
Patient's residential address	Yes / No	Yes / No	Yes / No
Patient contact details (parent or guardian if Patient is a minor)	Yes / No	Yes / No	Yes / No
Patient's date of birth	Yes / No	Yes / No	Yes / No
Nationality	Yes / No	Yes / No	Yes / No
Identity number (South African citizens) or passport number (non-South African citizens)	Yes / No	Yes / No	Yes / No
Gender	Yes / No	Yes / No	Yes / No
Name of next of kin	Yes / No	Yes / No	Yes / No
Contact details of next of kin	Yes / No	Yes / No	Yes / No
Home language	Yes / No	Yes / No	Yes / No
Religion	Yes / No	Yes / No	Yes / No

Checklist for Element 45			
Clinical assessment and management plan for the patient is recorded in the patient health record (Wards).			
Instruction: Request the records of three patients who have been admitted in the unit for at least three days at the time of inspection and verify compliance with statutory requirements for record keeping. Score 1 if the aspect is compliant and 0 if not compliant. Score NA where indicated			
Description	Score Record 1	Score Record 2	Score Record 3
Vital signs (hourly where indicated in ICU)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Physical examination findings	Yes / No / NA	Yes / No / NA	Yes / No / NA
Investigations requested (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Results of investigations requested	Yes / No / NA	Yes / No / NA	Yes / No / NA
Provisional diagnosis	Yes / No / NA	Yes / No / NA	Yes / No / NA
DSM V (applicable to MHCUs only)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Treatment plan	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nursing care plan (Not applicable for OPD)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Treatment plan for health support services (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Fluid balance chart (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of each entry	Yes / No / NA	Yes / No / NA	Yes / No / NA
Time of each entry	Yes / No / NA	Yes / No / NA	Yes / No / NA
Each entry signed by health care provider making entry	Yes / No / NA	Yes / No / NA	Yes / No / NA
Qualifications of signatory	Yes / No / NA	Yes / No / NA	Yes / No / NA
Daily day-time progress notes	Yes / No / NA	Yes / No / NA	Yes / No / NA
Daily night-time progress notes	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medicines administered (signed, dated, time of administration and dose recorded)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Clear prescription by medical officer for patients to be secluded and/or restrained (specific to mental health care patients)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Comorbidities	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 46

Clinical assessment and management plan for the patient is recorded in the patient health record (Health Support Services).

Instruction: Request the records of three patients to verify compliance with statutory requirements for record keeping. Score 1 if the aspect is compliant, 0 if not compliant and NA if not applicable to the record of the patient or the area assessed.

Description	Score Record 1	Score Record 2	Score Record 3
Past medical history	Yes / No / NA	Yes / No / NA	Yes / No / NA
Assessment	Yes / No / NA	Yes / No / NA	Yes / No / NA
Investigations requested (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Provisional diagnosis	Yes / No / NA	Yes / No / NA	Yes / No / NA
Treatment plan	Yes / No / NA	Yes / No / NA	Yes / No / NA
Reaction to treatment plan (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Health education provided (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Anthropometric measurement (Dietetic unit)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Biochemical (Dietetic unit)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Dietary history (Social history/assessment of food security) (only applicable for Dietetic unit) (Dietetic unit)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nutritional status (Dietetic unit)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nutrition Education (Dietetic unit)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of each entry	Yes / No	Yes / No	Yes / No
Time of each entry	Yes / No	Yes / No	Yes / No
Each entry signed by health care provider making entry.	Yes / No	Yes / No	Yes / No
Full names of signatory (Explanatory note: A stamp may be used to provide the full names of the health care provider.	Yes / No	Yes / No	Yes / No
Qualifications of signatory (Explanatory note: A stamp may be used to provide the qualifications of the health care provider)	Yes / No	Yes / No	Yes / No

Checklist for Element 47

Standardised record keeping is practised when admitting women in labour, in accordance with national guidelines.

Instruction: Select the maternal case records of three patients who have delivered at the time of inspection and verify whether each of the aspects listed below have been recorded on the Partogram and labour records. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal/postnatal wards). Please note: Partograms will be not applicable for elective caesarean sections

Description	Score Record 1	Score Record 2	Score Record 3
Labour: initial assessment completed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Maternal and foetal risks listed.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Decision: assessment, diagnosis and management	Yes / No / NA	Yes / No / NA	Yes / No / NA
Admission findings recorded by medical students or interns to be accompanied by the details of the responsible HPCSA registered doctor. (Explanatory note: Where clinical notes are made by students they must be countersigned by an HPCSA-registered doctor; where notes are made by an intern they must either be countersigned by an HPCSA registered doctor, or the name of the HPCSA-registered doctor responsible for that intern's supervision at that time must be written in the notes (Guideline for Maternity Care 2015, p 21).	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 48

Monitoring of women in labour is standardised in accordance with national guidelines.

Instruction: Select the completed partograms and labour records of three patients who have delivered at the time of inspection and verify whether each of the aspects listed below has been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal/postnatal wards). Please note: Partograms will be not applicable for elective caesarean sections

Description	Score Record 1	Score Record 2	Score Record 3
Risk factors recorded.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Foetal heart recorded half-hourly.	Yes / No / NA	Yes / No / NA	Yes / No / NA
State of liquor recorded every time a pelvic examination is done.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Moulding recorded	Yes / No / NA	Yes / No / NA	Yes / No / NA
Caput recorded.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Contractions recorded four-hourly in latent phase.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Contractions recorded half-hourly in active phase.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cervical dilatation recorded four-hourly in latent phase.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cervical dilatation recorded two-hourly in active phase.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cervical dilatation plotted on alert and action line.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Level of head recorded two hourly.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Maternal blood pressure and pulse recorded hourly.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Temperature and urinary output recorded four-hourly.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Record of drugs and intravenous fluids administered.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 49

Management of labour is comprehensively completed on the Partogram, in accordance with national guidelines

Instruction: Select the completed partograms and labour records of three patients who have given birth and verify whether each of the aspects listed below have been recorded. Score 1 if the aspect is present in the record and 0 if not present. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal/postnatal wards). Please note: Partograms will be not applicable for elective caesarean sections.

Description	Score Record 1	Score Record 2	Score Record 3
Cervical dilatation recorded after each pelvic examination.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Summary of foetal condition	Yes / No / NA	Yes / No / NA	Yes / No / NA
Summary of labour progress	Yes / No / NA	Yes / No / NA	Yes / No / NA
Summary of maternal condition	Yes / No / NA	Yes / No / NA	Yes / No / NA
Decision on action recorded.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Time of next review stated.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Next review undertaken as planned.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Indication of whether four-hourly assessments were conducted by an advanced midwife (or doctor or senior midwife)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Final summary of labour	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 50

Management of the third stage of labour is recorded comprehensively

Instruction: Select the health records of three patients who have delivered at the time of inspection. Verify whether all aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal/postnatal wards).

Description	Score Record 1	Score Record 2	Score Record 3
Method of placenta delivery	Yes / No / NA	Yes / No / NA	Yes / No / NA
Findings on placenta examination	Yes / No / NA	Yes / No / NA	Yes / No / NA
Findings on membranes examination	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 51

Fourth stage of labour is comprehensively documented.

Instruction: Select the completed partograms and labour records for three patients who have delivered at the time of inspection and verify whether each of the aspects listed below has been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal/postnatal wards). Please note: Partograms will be not applicable for elective caesarean sections.

Description	Score Record 1	Score Record 2	Score Record 3
Vital signs	Yes / No / NA	Yes / No / NA	Yes / No / NA
State of perineum	Yes / No / NA	Yes / No / NA	Yes / No / NA
State of uterus	Yes / No / NA	Yes / No / NA	Yes / No / NA
Estimated blood loss.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Feeding initiated	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 52			
Accurate and comprehensive surgical records are documented for women requiring caesarean section.			
Instruction: Select the records of three patients who required a caesarean section. Verify whether all aspects listed below have been recorded. Score 1 if the aspect is recorded and 0 if not recorded. Score NA if patient did not have a caesarean section			
Description	Score Record 1	Score Record 2	Score Record 3
Date and time of surgery	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of surgeon(s), including assistant.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Site and side of any operative procedure (no abbreviations)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Description of findings	Yes / No / NA	Yes / No / NA	Yes / No / NA
Details of tissue removed, added or altered.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Sutures used.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Accurate description of any difficulties or complications encountered and their management.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Immediate post-operative instructions, including site of post-operative care.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Surgeon's full signature, date and time	Yes / No / NA	Yes / No / NA	Yes / No / NA
Management of third stage	Yes / No / NA	Yes / No / NA	Yes / No / NA
Method of placenta delivery	Yes / No / NA	Yes / No / NA	Yes / No / NA
Placenta checked for completeness.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Membranes checked for completeness.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 53

Assessment of newborns is comprehensively documented

Instruction: Select the completed partograms and labour records for three patients who have delivered in the previous three months and verify whether each of the aspects listed below has been recorded. (Score 1 if the aspect is recorded and 0 if not recorded. Score NA for aspects not applicable to patients whose records are being audited or the area assessed (e.g. antenatal wards). Please note: Partograms will be not applicable for elective caesarean sections).

Description	Score Record 1	Score Record 2	Score Record 3
Assessment of new-born form completed.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Birth time	Yes / No / NA	Yes / No / NA	Yes / No / NA
Birth date	Yes / No / NA	Yes / No / NA	Yes / No / NA
Risk factors to baby	Yes / No / NA	Yes / No / NA	Yes / No / NA
Konakion administered.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Eye prophylaxis administered.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 54

Legislated requirements for the admission of patients for 72-hour observation are met.

Instruction: Select the health records of three MHCUs admitted as involuntary or assisted admissions. Verify whether all the required forms were completed and signed, in accordance with the Mental Health Care Act. Copies or originals of the relevant documentation (MHCA Forms) must be filed in the patient's health record. CEO's office instruction: Request the folder in which these documents are stored and select the records of three patients for review. Score 1 if the aspect is present in the record and 0 if not present. If not applicable, write NA against that aspect for the particular patient.

Description	Score Record 1	Score Record 2	Score Record 3
Formal application for assisted or involuntary admission was submitted to head of hospital.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Form MHCA 04 is filed in patient's health record (R 10 (1) MHCA Form 04 x 1 Application)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Form MHCA 04 is stamped, signed and sworn in by commissioner of oaths.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Two medical practitioners have examined patient and submitted findings to head of hospital on Form MHCA 05 x 2. (Explanatory note: R 10(5) of the General Regulations for the Mental Health Care Act: two MHCA Form 05 must be available, documenting the findings of examination of two independent mental health care practitioners. Such mental health care practitioner must not be the persons making the application and at least one of them must be qualified to conduct physical examination (MHCA No. 17 of 2002 Chapter V 27 (4b))	Yes / No / NA	Yes / No / NA	Yes / No / NA
Head of hospital has completed Form MHCA 07 to sanction admission and continue with 72-hour assessment. (Explanatory note: R 10(7) MHCA of the General Regulations for the Mental Health Care Act: one Form 07 must be available. The head of the hospital must grant consent for admission and present notice to the applicant.)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Registered medical practitioner and mental health care provider who conducted 72-hour assessment must record their assessment of patient's physical and mental health, as well as recommendations concerning further treatment, within 12 hours of expiry of 72-hour assessment. Assessment to be submitted to head of hospital on Form MHCA 06 (Explanatory note: In terms of R 11(6), the following are required: MHCA Form 06 x 2 assessment (joint) recommendation on further treatment by mental health practitioners (one may be a mental health care provider) 12 hours after expiry of 72-hour period.)	Yes / No / NA	Yes / No / NA	Yes / No / NA
If head of hospital recommends an extension to involuntary admission, request must be submitted to Mental Health Review Board (MHRB) for approval on Form MHCA 08 within 7 days of the expiry of the 72 -hour assessment (Ideally these patients will then be transferred to a specialized hospital.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 55

Initial examination of MHCUs indicates that a formal risk assessment has been conducted to identify users at high risk of harming themselves or others

Instruction: Select the health records of three patients admitted . Verify whether the risk assessments listed below have been completed. Score 1 if the aspect is compliant and 0 if not compliant

Description	Score Record 1	Score Record 2	Score Record 3
Risk examination conducted for factors related to aggression.	Yes / No	Yes / No	Yes / No
Risk examination conducted for factors related to suicidal risk.	Yes / No	Yes / No	Yes / No
Risk examination conducted for factors related to substance withdrawal.	Yes / No	Yes / No	Yes / No
Risk examination conducted for factors related to absconding.	Yes / No	Yes / No	Yes / No
Risk examination conducted for factors relating to being sexually inappropriate.	Yes / No	Yes / No	Yes / No
Risk examination conducted for factors related to non-compliance to treatment.	Yes / No	Yes / No	Yes / No
Patient has been categorised in terms of risk level (i.e. high, medium, low)	Yes / No	Yes / No	Yes / No
Patient has been categorised in terms of type of risk (i.e. self-harm, violence, other)	Yes / No	Yes / No	Yes / No

Checklist for Element 56

Treatment plan for high-risk patients is documented

Instruction: Select the health records of three patients who were categorised as high-risk and verify if the treatment plan is documented. The treatment plan includes, but is not limited to, specific accommodation, specific chemical or physical restraints, specific observations and monitoring. Score 1 if it is documented and 0 if not.

Description	Score
Patient record 1	Yes / No
Patient record 2	Yes / No
Patient record 3	Yes / No

Checklist for Element 57

Education to patients and their caregivers regarding continuity of care at home is

Instruction: Select three patient records and verify whether health education regarding continuity of care or therapy at home was provided. This relates to treatment that must be repeated at home, including, but not limited to taking of medicine, the use of devices, the correct performance of exercises and/or activities, and the sequential adjustment of activities or exercise to improve strength or capability. Score 1 if the health education is documented, 0 if not documented and NA if less than three patients were discharged on the day of assessment in ward area

Description	Score
Patient health record 1	Yes / No / NA
Patient health record 2	Yes / No / NA
Patient health record 3	Yes / No / NA

Checklist for Element 59	
SOP for obtaining informed consent covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Interpreters to be made available to overcome language barriers.	Yes / No
The diagnosis and prognosis to be clearly explained to the patient.	Yes / No
All treatment options to be discussed with the patient, including risks, benefits, probability of success, costs (where relevant), consequences and follow up care.	Yes / No
Patients to be encouraged and allowed to request additional information to assist them in making the correct choice.	Yes / No
The right to refuse treatment and/or withdraw consent at any point prior to the intervention to be explained.	Yes / No
The right to a second opinion before providing consent to be communicated.	Yes / No
Where treatment is refused, the consequences of the refusal to be fully explained and documented in the patient health record and signed by the health care provider and the patient or the person legally entitled to act for the patient.	Yes / No
The exact nature of the operation/procedure/treatment to be explained to the patient and written on the consent form.	Yes / No
The health care provider to verify whether the patient or the person legally permitted to act on the patient's behalf has understood all the information provided as part of the consent process.	Yes / No
Guidance for obtaining consent when the patient is unable to provide consent.	Yes / No
Guidance for obtaining consent in an emergency where the patient is unable to provide consent and next of kin/legal guardian is not available.	Yes / No
Patient's full name(s) and surname to be written on the consent form.	Yes / No
Patient's age or date of birth or identity number to be written on the consent form.	Yes / No
The consent form to be signed by the patient or a person legally permitted to do so. (Explanatory note: Ordinarily, the patient will sign the consent form, but when unable do so, another person may sign on his/her behalf. As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or, in order of priority, the patient's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the patient's health" HPCSA, Booklet 9. In the case of a child, the age to give consent is 12 years or over, in accordance with sections 129(2)(a)(b) and 129(3)(a)(b)(c).)	Yes / No
The name of the person who signed the consent form to be documented.	Yes / No
The consent form to be signed by the health care provider who will perform the procedure.	Yes / No
The consent form to be dated.	Yes / No
The information to be legible.	Yes / No

Checklist for Element 60

Health care providers correctly complete forms used for informed consent

Instruction: Request three health records from the previous three months of user's who gave consent to procedures and medical treatment. Informed consent applies to a variety of procedures, including, but not limited to, HIV tests, polymerase chain reaction (PCR), clinical procedures, dry needling and grade 5 spinal manipulation. Examine the consent forms to verify whether they comply with the aspects listed below. Score 1 if the aspect is compliant, 0 if not compliant and NA if there were no patient who had to give consent.

Description	Score Record 1	Score Record 2	Score Record 3
Signatory providing consent was legally entitled to give informed consent. (Explanatory note: As described in the National Health Act, this may be a person authorised by the court (e.g. a curator), or in order of priority, the user's spouse, partner, parent, grandparent, major child, or brother or sister. In an emergency, lifesaving procedures may be authorised by the health care provider, if "the treatment is limited to what is immediately necessary to save life or avoid significant deterioration in the user's health" HPCSA, Booklet 4. In the case of a child, the age to give consent is over 12 years in accordance with sections	Yes / No / NA	Yes / No / NA	Yes / No / NA
Exact nature of operation/procedure or treatment, including site and side, where relevant	Yes / No / NA	Yes / No / NA	Yes / No / NA
User's full names appear on consent form.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Age/Identity number/Date of birth of a user	Yes / No / NA	Yes / No / NA	Yes / No / NA
Consent form is signed by the user, his/her legal guardian (for minors) or person legally responsible for the patient (adults with diminished mental capacity)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Consent form is signed by health care provider who will perform procedure.	Yes / No / NA	Yes / No / NA	Yes / No / NA
User's signature on consent form is witnessed.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Consent form is dated.	Yes / No / NA	Yes / No / NA	Yes / No / NA
All entries on form are legible.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 61	
SOP for obtaining patient consent when sharing patient-identifiable information with a third party covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Health care providers to obtain consent from the patient prior to disclosure of information requested by third parties.	Yes / No
Data to be anonymised when disclosure is not warranted.	Yes / No
Disclosure to be kept to a minimum, i.e. the health care provider only divulges data as required, not the entire record.	Yes / No

Checklist for Element 62

Hospital complies with the SOP for obtaining consent if patient-identifiable information is communicated

Instruction: Select three health records from the previous 12 months of patients/healthcare personnel who have given consent to release their identifiable information to a third party, including, but not limited to, lawyers, insurance companies and statutory bodies. Score 1 if a signed consent form is available and 0 if not available. Score NA (not applicable) where no such requests have been made in the past 12 months.

Description	Score
Patient health record 1	Yes / No / NA
Patient health record 2	Yes / No / NA
Patient health record 3	Yes / No / NA

Checklist for Element 63

Health records of discharged patients include a discharge report

Instruction: Select the health records of three patients who have been discharged in the previous three months and verify whether the discharge report contains the aspects listed below. Score 1 if the aspect is present, 0 if not present, NA if less than three patients were discharged from the ward in the past three months, medicine not prescribed/investigations not done and where information required is not applicable to the ward assessed.

Description	Score Record 1	Score Record 2	Score Record 3
Name and surname of patient	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of birth	Yes / No / NA	Yes / No / NA	Yes / No / NA
Identity number or passport number	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of admission	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of discharge	Yes / No / NA	Yes / No / NA	Yes / No / NA
Provisional diagnosis/reason for admission	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of ward to which patient was admitted (this may be a name or alphanumeric details)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Final diagnosis on discharge	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medicine and treatment given (including procedures carried out during admission)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Results of investigations	Yes / No / NA	Yes / No / NA	Yes / No / NA
Details of referrals and/or follow-up appointments	Yes / No / NA	Yes / No / NA	Yes / No / NA
Relevant health education given	Yes / No / NA	Yes / No / NA	Yes / No / NA
Signature of health care provider completing report	Yes / No / NA	Yes / No / NA	Yes / No / NA
MHCU	Score Record 1	Score Record 2	Score Record 3
Ensure that the MHCA 03 was sent to the Mental Health Review Board (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Maternity:	Score Record 1	Score Record 2	Score Record 3
Date of delivery	Yes / No / NA	Yes / No / NA	Yes / No / NA
Type of delivery	Yes / No / NA	Yes / No / NA	Yes / No / NA
Family planning discussed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Feeding options discussed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Postnatal advice given	Yes / No / NA	Yes / No / NA	Yes / No / NA
Examination findings on discharge	Yes / No / NA	Yes / No / NA	Yes / No / NA
Information regarding the baby:	Score Record 1	Score Record 2	Score Record 3
Gender	Yes / No / NA	Yes / No / NA	Yes / No / NA
Weight	Yes / No / NA	Yes / No / NA	Yes / No / NA
Head circumference in centimetres	Yes / No / NA	Yes / No / NA	Yes / No / NA
Length in centimetres	Yes / No / NA	Yes / No / NA	Yes / No / NA
BCG vaccination status	Yes / No / NA	Yes / No / NA	Yes / No / NA
Polio vaccination status	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 64	
National guidelines on the national strategic priority programmes or health initiatives are available.	
Instruction: Verify whether the ward has copies of the guidelines listed below. Score 1 if the guideline is available, 0 if not available and NA as indicated or the guidelines is not applicable for the unit assessed.	
All Wards (Score NA where indicated)	Score
Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest (NA where adult patients are not managed)	Yes / No / NA
Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Paediatrics) 2017 or latest (NA where paediatric patients are not managed)	Yes / No / NA
National Tuberculosis Management Guidelines 2014 or latest (NA where adult patients are not managed)	Yes / No / NA
National Guidelines for the Management of Tuberculosis in Children 2013 or latest (NA where children are not managed)	Yes / No / NA
Guidelines for the Treatment of Malaria in South Africa 2018 or latest	Yes / No / NA
Sexually Transmitted Infections: Management Guidelines 2015 or latest	Yes / No / NA
National Consolidated Guidelines for the Management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission South African National Department of Health, 2020 or latest	Yes / No / NA
All wards and IPC unit	Score
National Infection Prevention and Control Strategic Framework 2020 or latest	Yes / No / NA
Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest	Yes / No / NA
Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach & Governance 2017 or latest	Yes / No / NA
National clinical guidelines of Post-exposure Prophylaxis (PEP) 2020 or latest	Yes / No / NA
Maternity (Score NA where maternity cases are not managed)	Score
Guidelines for Maternity Care in South Africa 2016 or latest	Yes / No / NA
New-born Care Charts: Management of Sick and Small Newborns in Hospital 2014 or latest	Yes / No / NA
MHCU (Score NA where MHCUs are not managed)	Score
Policy Guidelines on 72-hour Assessment of Involuntary Mental Health Care Users, 2012 or latest	Yes / No / NA
Policy Guidelines on Seclusion and Restraint of Mental Health Care Users, 2012 or latest	Yes / No / NA
Policy Guidelines on Electroconvulsive Therapy, 2012 or latest	Yes / No / NA
IPC Unit (Score NA for wards)	Score
WHO Guidelines on Tuberculosis Infection Prevention and Control 2019 or latest	Yes / No / NA
National Guidelines on Epidemic Preparedness and Response 2009 or latest	Yes / No / NA
COVID-19 Infection Prevention and Control Guidelines 2020 or latest	Yes / No / NA
Covid-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest	Yes / No / NA
Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest	Yes / No / NA
Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest	Yes / No / NA

Checklist for Element 65	
National guidelines on the national strategic priority programmes or health initiatives are communicated to health care providers	
Instruction: Documented evidence that personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures to indicate they have read and understood the document (which must be dated and signed), proof of attendance at a meeting where policies and guidelines are discussed, or similar evidence for electronic distribution. Score 1 if such evidence is available, 0 if not available and NA if the Guideline is not applicable for the unit assessed.	
All Wards (Score NA where indicated)	Score
Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Adults) 2019 or latest (NA where adult patients are not managed)	Yes / No / NA
Standard Treatment Guidelines and Essential Medicines List for Hospital Level (Paediatrics) 2017 or latest (NA where paediatric patients are not managed)	Yes / No / NA
National Tuberculosis Management Guidelines 2014 or latest (NA where adult patients are not managed)	Yes / No / NA
National Guidelines for the Management of Tuberculosis in Children 2013 or latest (NA where children are not managed)	Yes / No / NA
Guidelines for the Treatment of Malaria in South Africa 2018 or latest	Yes / No / NA
Sexually Transmitted Infections: Management Guidelines 2015 or latest	Yes / No / NA
National Consolidated Guidelines for the Management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission South African National Department of Health, 2020 or latest	Yes / No / NA
All wards and IPC unit	Score
National Infection Prevention and Control Strategic Framework 2020 or latest	Yes / No / NA
Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework 2020 or latest	Yes / No / NA
Guidelines on Implementation of the Antimicrobial Strategy in South Africa: One Health Approach & Governance 2017 or latest	Yes / No / NA
National clinical guidelines of Post-exposure Prophylaxis (PEP) 2020 or latest	Yes / No / NA
Maternity (Score NA where maternity cases are not managed)	Score
Guidelines for Maternity Care in South Africa 2016 or latest	Yes / No / NA
New-born Care Charts: Management of Sick and Small Newborns in Hospital 2014 or latest	Yes / No / NA
MHCU (Score NA where MHCUs are not managed)	Score
Policy Guidelines on 72-hour Assessment of Involuntary Mental Health Care Users, 2012 or latest	Yes / No / NA
Policy Guidelines on Seclusion and Restraint of Mental Health Care Users, 2012 or latest	Yes / No / NA
Policy Guidelines on Electroconvulsive Therapy, 2012 or latest	Yes / No / NA
IPC Unit (Score NA for wards)	Score
WHO Guidelines on Tuberculosis Infection Prevention and Control 2019 or latest	Yes / No / NA
National Guidelines on Epidemic Preparedness and Response 2009 or latest	Yes / No / NA
COVID-19 Infection Prevention and Control Guidelines 2020 or latest	Yes / No / NA
Covid-19 Outbreak investigation: A practical guide and manual for healthcare facilities 2020 or latest	Yes / No / NA
Guidelines for quarantine and isolation in relation to covid-19 exposure and infection 2020 or latest	Yes / No / NA
Guidelines for the Prevention and Containment of Antimicrobial Resistance in South African Hospitals 2018 or latest	Yes / No / NA

Checklist for Element 68	
Health care personnel have been informed about the SOPs of the unit and hospital	
Instruction: Documented evidence that personnel have been informed about the clinical policies and guidelines must be available. This may include, but need not be limited to, distribution lists that include personnel signatures indicating that they have read and understood the document (which must be dated and signed), proof of attendance of meeting where policies and guidelines were discussed or similar evidence for electronic distribution. Score 1 if such evidence is available, 0 if not available and NA as indicated.	
Wards	Score
Confidentiality of patient/staff health records (including obtaining patient consent when sharing patient-identifiable information with a third party)	Yes / No / NA
Management of patient health records	Yes / No / NA
Management of adverse events (including adverse drug and blood reactions)	Yes / No / NA
Support of personnel affected by adverse events	Yes / No / NA
Referrals	Yes / No / NA
Standard precautions	Yes / No / NA
Accessing medicines after hours (where applicable)	Yes / No / NA
Storage of Schedule 5 and 6 medicines	Yes / No / NA
Management of medical supplies	Yes / No / NA
Obtaining informed consent	Yes / No / NA
Identification of patients	Yes / No / NA
Conducting and acting on risk assessment of patients	Yes / No / NA
Management of emergency resuscitations	Yes / No / NA
Management of patients with contagious infections	Yes / No / NA
Safe administration of blood	Yes / No / NA
Care of terminally ill patients	Yes / No / NA
Management of needlestick and sharps injuries	Yes / No / NA
Handover of patients from emergency medical services (EMS) to hospital personnel	Yes / No / NA
Triage (A&E)	Yes / No / NA
Management of psychiatric emergencies (A&E)	Yes / No / NA
Management of patients detained for 72-hour observation	Yes / No / NA
Conducting and acting on risk assessments (including for MHCUs where applicable)	Yes / No / NA
Terminal cleaning/disinfection	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
Use of Personal Protective Equipment(PPE)	Yes / No / NA
Laboratory	Score
Management of needlestick and sharps injuries	Yes / No / NA
Terminal cleaning/disinfection	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
Use of Personal Protective Equipment(PPE)	Yes / No / NA
Mortuary	Score
Management of corpses	Yes / No / NA
Terminal cleaning/disinfection	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
Use of Personal Protective Equipment(PPE)	Yes / No / NA
Medical Records Storage and Archives	Score
Confidentiality of patient/staff health records (including obtaining patient consent when sharing patient-identifiable information with a third party)	Yes / No / NA
Security of health records in medical records	Yes / No / NA
Healthcare Waste Management	Score
Obtaining additional healthcare risk waste containers	Yes / No / NA
Handling, storage and safe disposal of waste	Yes / No / NA

Management of Occupational safety in relation to waste management	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
IPC	Score
Infection prevention and control practices	Yes / No / NA
Standard precautions	Yes / No / NA
Management of patients with contagious infections	Yes / No / NA
CSSD	Score
Decontamination and sterilisation processes	Yes / No / NA
Management of adverse events	Yes / No / NA
Procedure to support personnel affected by adverse events	Yes / No / NA
Management of needlestick and sharps	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
Use of Personal protective equipment(PPE)	Yes / No / NA
Cleaning Services	Score
Terminal cleaning/disinfection	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
OHS	Score
Confidentiality of patient/staff health records (including obtaining patient consent when sharing patient-identifiable information with a third party)	Yes / No / NA
Support of personnel affected by adverse events	Yes / No / NA
A procedure to support personnel affected by occupational health and safety incidents	Yes / No / NA
Health Support Services	Score
Confidentiality of patient/staff health records (including obtaining patient consent when sharing patient-identifiable information with a third party)	Yes / No / NA
Management of patient health records	Yes / No / NA
Management of adverse events	Yes / No / NA
Support of personnel affected by adverse events	Yes / No / NA
Referrals	Yes / No / NA
Standard precautions (where applicable)	Yes / No / NA
Pharmacy	Score
Confidentiality of patient/staff health records (including obtaining patient consent when sharing patient-identifiable information with a third party)	Yes / No / NA
Management of patient health records	Yes / No / NA
Management of adverse events	Yes / No / NA
Support of personnel affected by adverse events	Yes / No / NA
Accessing medicines after hours	Yes / No / NA
Storage of Schedule 5 and 6 medicines	Yes / No / NA
Stores	Score
Management of medical supplies	Yes / No / NA
Laundry	Score
Management of laundry services	Yes / No / NA
Cleaning of hazardous and biohazardous spills	Yes / No / NA
Management of contaminated, soiled and infested linen.	Yes / No / NA
CEO	Score
Contingency plan of IT systems	Yes / No / NA

Checklist for Element 70	
National guidelines are followed for all notifiable medical conditions	
<p>Instruction: Assess whether the hospital complies with the requirements for recording and reporting of notifiable diseases listed below. The evidence may be obtained electronically or manually. Score 1 if compliant, 0 if not compliant and NA where no notifiable diseases have been diagnosed in the previous 12 months</p>	
Description	Score
Notifiable medical conditions are to be recorded in the notification booklet or entered electronically into a web-based system (Explanatory note: The hospital must be aware of the number of cases of different notifiable diseases presenting, to identify emerging trends as early as possible and report them to the relevant authority. Examine the register or electronic system to verify whether all diagnosed notifiable diseases have been recorded.)	Yes / No / NA
All notifiable diseases are reported using the prescribed form or electronically in a web-based system.	Yes / No / NA
Proof of submission of completed forms is available (Explanatory note: Inspect submissions from the previous six months. The hospital must produce evidence that the report has been sent to the public agency. Reporting may be done via either a paper-based or an electronic notification. Form(s) may be sent via SMS, WhatsApp, email or fax. For a paper-based notification, complete the NMC Case Notification Form and email to NMCsurveillanceReport@nicd.ac.za, or fax to 086 639 1638, or send via SMS or WhatsApp to the NMC hotline 072 621 3805. Send a copy to the NMC focal person at sub-district/district level (details given on the NMC Notification booklet cover page). The NMC focal person at health facility or sub-district level must ensure that the forms are captured electronically or via the NMC app; Download the NMC app from http://www.nicd.ac.za/notifiable-medical-conditions/ or via a cell phone app store.)	Yes / No / NA

Checklist for Element 73

TOR for the structure established to review quality improvement activities are available

Instruction: Verify whether the aspects listed below are included and explained in the document. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Interdisciplinary membership required.	Yes / No
Term in office	Yes / No
Roles and responsibilities of structure members	Yes / No
Accountability of the structure	Yes / No
Frequency of meetings	Yes / No
Quorum for the structure	Yes / No
Systematic approach (proses) to be implemented for quality improvement.	Yes / No

Checklist for Element 74

Minutes from the previous quarter of the structure reviewing quality improvement activities meet the set requirements

Instruction: Analyse the minutes of the meeting and the attendance register to verify whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score
Doctors participate in the structure.	Yes / No
Nurses participate in the structure.	Yes / No
Pharmacists participate in the structure.	Yes / No
Structure is chaired by a health care provider.	Yes / No

Checklist for Element 75

Minutes of meetings of the structure responsible for reviewing quality improvement activities from the previous quarter indicate that reports on all aspects of quality as listed below are discussed at each meeting

Instruction: Examine the minutes to verify whether the aspects listed below are addressed. Score 1 if the aspect is addressed and 0 if not addressed.

Description	Score
Quality management (Including Quality Improvement plans)	Yes / No
Complaints management	Yes / No
Infection prevention and control	Yes / No
Waiting times	Yes / No
Patient experience of care surveys	Yes / No
Patient safety incidents	Yes / No

Checklist for Element 76

Quality improvement plans are developed by health care personnel

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

Description	Score
Gaps identified	Yes / No / NA
Activities required or implemented to address gaps	Yes / No / NA
Healthcare personnel responsible for implementation	Yes / No / NA
Time frames	Yes / No / NA

Checklist for Element 78	
SOP for identifying patients covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Patient identity to be confirmed before each clinical intervention to ensure that the correct Patient is receiving the correct care.	Yes / No
Patient identity to be confirmed by at least two identifiers and may include, but need not be limited to, the Patient's name and date of birth.	Yes / No
Patients to be encouraged to participate in the identification process, which may include, but need not be limited to, volunteering personal information for confirmation.	Yes / No
Method of identification (may include, but need not be limited to, wristbands with the patient's surname, name, hospital number and allergies)	Yes / No
Applying the identification band or item	Yes / No
Removal of identification band/item	Yes / No
Specific precautions for managing at-risk patients, including, but not limited to, babies and intellectually challenged patients.	Yes / No

Checklist for Element 79

Patients admitted in the hospital wear identity bands, or any other identification, as stipulated in the standard operating procedure of the hospital

Instruction: Select three patients in the ward and verify whether they are wearing identification as stated in the standard operating procedure. Score 1 if patients are wearing identification and 0 if not.

Description	Score Record 1	Score Record 2	Score Record 3
Means of identification applied	Yes / No	Yes / No	Yes / No
Means of identification not causing injury	Yes / No	Yes / No	Yes / No
User identity confirmed by at least two identifiers, including, but not limited to name, date of birth, identity number or hospital number.	Yes / No	Yes / No	Yes / No

Checklist for Element 81

All MHCUs admitted in the unit are identified in line with the documented system

Instruction: Select three patients in the unit and verify whether they are identified in line with the documented system. Score 1 if patients are identified, 0 if not identified and Na if there are less than three MHCUs in the ward.

Description	Score
Patient 1	Yes / No / NA
Patient 2	Yes / No / NA
Patient 3	Yes / No / NA

Checklist for Element 82

Patient safety checks are applied to all patients transferred from one department to another within the hospital

Instruction: Review the health records of three patients who have been transferred within the hospital within the past three months. Verify whether the aspects listed below have been documented. Score 1 if the aspect has been documented, 0 if not documented and NA as indicated.

Description	Score Record 1	Score Record 2	Score Record 3
Patient's name	Yes / No / NA	Yes / No / NA	Yes / No / NA
Date of birth	Yes / No / NA	Yes / No / NA	Yes / No / NA
Clinical status	Yes / No / NA	Yes / No / NA	Yes / No / NA
Reason for transfer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Method of transport	Yes / No / NA	Yes / No / NA	Yes / No / NA
Current treatment	Yes / No / NA	Yes / No / NA	Yes / No / NA
Procedures performed/to be conducted in theatre, including site/side (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Results of investigations (if any)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Consent available in health record and completed correctly. (for patients going to theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Time of last oral intake (for patients going to theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medicines administered and time of administration) for patients going to theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Complications(if any)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Potential safety risks(if any)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Special care needs(if any)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Allergies	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of health care provider who transferred patient.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name of health care provider who authorised transfer of patient.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Name and signature of health care provider who received patient.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 83			
Patient safety checks are conducted for patients undergoing surgery			
<p>Instruction: Select peri-operative documents of three patients who have had surgery at the time of inspection. Verify whether the aspects listed below have been checked and documented. Score 1 if the aspect is compliant, 0 if not compliant and NA as indicated or where less than one patient was observed at the time of assessment.</p>			
Before induction of anaesthesia:	Score Record 1	Score Record 2	Score Record 3
Patient identity confirmed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient procedure and site confirmed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Site marked	Yes / No / NA	Yes / No / NA	Yes / No / NA
Precautions taken to maintain skin integrity	Yes / No / NA	Yes / No / NA	Yes / No / NA
Baseline vital signs – pre-anaesthesia	Yes / No / NA	Yes / No / NA	Yes / No / NA
Anaesthesia safety check completed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Pulse oximeter on patient and functioning	Yes / No / NA	Yes / No / NA	Yes / No / NA
Allergies documented (if any)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Antibiotic prophylaxis given(where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Before patient leaves the operating room:	Score Record 1	Score Record 2	Score Record 3
Name of procedure performed is confirmed	Yes / No / NA	Yes / No / NA	Yes / No / NA
Instrument, sponge and needle were counted and are correct	Yes / No / NA	Yes / No / NA	Yes / No / NA
Specimen/s labelled (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 84

Patients are monitored in the recovery room

Instruction: Select the health records of three patients in the recovery room. Verify whether the aspects listed below are being monitored. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score Record 1	Score Record 2	Score Record 3
Blood pressure	Yes / No / NA	Yes / No / NA	Yes / No / NA
Pulse	Yes / No / NA	Yes / No / NA	Yes / No / NA
Temperature	Yes / No / NA	Yes / No / NA	Yes / No / NA
Saturation	Yes / No / NA	Yes / No / NA	Yes / No / NA
Respiration rate	Yes / No / NA	Yes / No / NA	Yes / No / NA
Blood loss (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Urine output (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Level of consciousness	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 85

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

Instruction: Select three health records of frail and/or aged patients admitted to the ward in the previous three months. Verify whether formal risk assessments, such as the Waterlow or Norton scale to determine the patient's risk for developing pressure sores, and the Morse fall scale to determine the patient's risk of falling, were completed on admission. Score 1 if the aspect is compliant, 0 if not compliant and NA if frail and/or aged patients were not admitted to the ward in the previous three months.

Description	Score
Patient record 1	Yes / No / NA
Patient record 2	Yes / No / NA
Patient record 3	Yes / No / NA

Checklist for Element 86	
Safety precautions are in place to prevent harm to children and infants	
<p>Instruction: Verify whether the following safety measures are in place in the ward. Score 1 if the safety measure is present and 0 if not present. NB: This requirement will only be applicable in generic wards that admit paediatric patients.</p>	
Description	Score
Covers on power points.	Yes / No
Barriers to prevent entry into potentially dangerous areas such as bathrooms or treatment rooms.	Yes / No
Cot sides	Yes / No
Child-resistant cupboard doors and drawers	Yes / No
Safe water temperature	Yes / No
Doors with high handles	Yes / No
Window safety catches (Explanatory note: Windows must not open wide enough to allow children to climb out or fall out)	Yes / No

Checklist for Element 87

TOR for the structure reviewing IPC are available

Instruction: Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Interdisciplinary membership required	Yes / No
Term in office	Yes / No
Roles and responsibilities of structure members	Yes / No
Frequency of meetings	Yes / No
Quorum for the structure	Yes / No

Checklist for Element 88

Committee or structure responsible for overseeing IPC activities within the health establishment includes representation from all relevant services

Instruction: Examine the terms of reference and/or letters of appointment of the committee or structure to ensure that all services listed below are represented. The Committee does not need to be a stand-alone committee, it can form part of other committees, In smaller hospitals, one person may represent one or more services. Score 1 if the service is represented on the committee or structure, 0 if not represented and NA if the hospital does not provide the specific service/s.

Interdisciplinary membership includes representation from:	Score
Hospital management	Yes / No / NA
Nursing management	Yes / No / NA
Clinical management	Yes / No / NA
Rehabilitation services representative	Yes / No / NA
Mortuary	Yes / No / NA
Infection prevention and control practitioner	Yes / No / NA
Quality management	Yes / No / NA
Occupational health and safety	Yes / No / NA
Pharmacy	Yes / No / NA
Cleaning services	Yes / No / NA
Sterile services	Yes / No / NA
Engineering department	Yes / No / NA
Waste management	Yes / No / NA
Laundry	Yes / No / NA
Food services	Yes / No / NA

Checklist for Element 92	
SOPs for standard and transmission-based precautions cover all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description for Standard Precautions:	Score
Hand hygiene (HH) practices (consumables and equipment required, principles of HH (5 moments), HH methods, HH promotion)	Yes / No
Appropriate use of personal protective equipment (PPE) (rules about use, types and use of PPE, Donning and doffing)	Yes / No
Appropriate use of antiseptics, disinfectants and detergents (types, definitions and use, cleaning of patient care articles)	Yes / No
Decontamination of medical devices (level of decontamination, Spaulding's classification, decontamination life cycle, methods and cleaning agents)	Yes / No
Safe handling of linen and laundry (laundry cycle, transportation/storage/handling of clean, dirty and infested linen, frequency of changing linen and towels)	Yes / No
Healthcare waste management (colour coding and labelling, transportation, storage, disposal, specifications for different types of containers, cradle to grave management,)	Yes / No
Respiratory hygiene and cough etiquette (visual alerts, posters, masking and separation of persons with respiratory symptoms)	Yes / No
Patient placement (risk assessment and steps to assess risks)	Yes / No
Principles of asepsis (principles and recommendations)	Yes / No
Injection safety and occupational health (preventing injuries from sharps, sharps injury, medical surveillance, safety engineered devices, multi dose vials)	Yes / No
Environmental cleaning (cleaning principles and methods, equipment, validation of cleaning, cleaning of blood spillages, food preparation areas, pest control)	Yes / No
Description for Transmission based Precautions:	Score
Guidelines for Contact precautions	Yes / No
Guidelines for Airborne precautions	Yes / No
Guidelines for Droplet precautions	Yes / No

Checklist for Element 93	
SOP for IPC practices cover all aspects of IPC	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Management and structure	Score
The allocated person's daily responsibilities	Yes / No
Training and qualification requirements for the departmental infection prevention and control (IPC) link person	Yes / No
Requirements for relevant replacements during the person's absence	Yes / No
Roles and responsibilities of the multidisciplinary infection prevention and control committee	Yes / No
Procedure to follow when reporting notifiable diseases.	Yes / No
Feedback mechanism to relevant clinical teams for health care-associated infections that are not notifiable.	Yes / No
Employee development and education programme	Score
Plan for health care personnel development and training in infection prevention and control	Yes / No
Infection control measures	Score
Measures to be implemented for controlling infection within the hospital.	Yes / No
Details of the infection surveillance programme, including the collection, analysis and dissemination of statistics.	Yes / No
Audit tool for assessing hand hygiene practices.	Yes / No

Checklist for Element 94

SOP for the cleaning of hazardous and biohazardous spills covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. The standard operating procedure should incorporate body fluids, including, but not limited to, blood or vomit, and all hazardous substances used in the hospital, including, but not limited to, chemical reagents in the laboratory or chemotherapy solutions. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Initial management to be implemented by first person to notice the spill	Yes / No
Details on who to contact to clean up spill	Yes / No
Personal protective equipment to be worn	Yes / No
Cleaning agents to be used	Yes / No
Correct dilution of cleaning agents where relevant	Yes / No
Correct procedure for cleaning up solid waste, including sharps	Yes / No
Procedure for cleaning up spills	Yes / No
Disposal of waste	Yes / No
Cleaning of cleaning equipment	Yes / No
Disinfection of cleaning equipment	Yes / No
Removal and disposal of personal protective equipment	Yes / No
Hand hygiene performed as last step in process	Yes / No

Checklist for Element 95	
Approved strategy to manage health care-associated infections is in place	
Instruction: Verify whether the document includes and explains the aspects listed below. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Clear definitions for health care-associated infections	Yes / No
Activities to monitor infection rates in the hospital	Yes / No
Activities to monitor ESKAPE organisms(Enterococcus faecalis, Staphylococcus Aureus, Klebsiella pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa and Enterobacter spp)	Yes / No
Identification of outbreaks of health care-associated infections	Yes / No
Investigation of an outbreak of health care-associated infections in the hospital	Yes / No
Response to limit transmission of infection during an outbreak	Yes / No
Internal reporting processes required for health care-associated infections.	Yes / No
External reporting processes required for health care-associated infections.	Yes / No
Evaluation of the effectiveness of the strategy to prevent and respond to health care-associated infections.	Yes / No

Checklist for Element 98

SOP for reducing the risk of health care-associated infections covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained, 0 if not included or not explained and NA if the aspect is not required for the specific level of care provided.

Description	Score
Catheter-acquired urinary tract infection (CAUTI)	Yes / No / NA
Central line-associated bloodstream infection (CLABSI)	Yes / No / NA
Surgical site infection (SSI)	Yes / No / NA
Prevention of ventilator-associated pneumonia (VAP) in adults	Yes / No / NA

Checklist for Element 99

Sterile packs storage area or room or cupboards are adequately stocked and well organised

Instruction: Inspect the area where sterile packs are stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the unit does not have a designated area with a door that can be kept closed. NA if the service is outsourced.

Description	Score
Designated area for the storage of sterile packs	Yes / No / NA
Area is well organised.	Yes / No / NA
No physical damage to the pack or exposure to moisture/pack not soiled	Yes / No / NA

Checklist for Element 105

SOP for decontamination processes covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Procedure for decontamination of reusable devices	Yes / No
Procedure for decontamination of surgical instruments	Yes / No
Procedure for single-use devices	Yes / No
Handling of potentially infectious instruments and materials	Yes / No
Safe management and use of hazardous chemicals.	Yes / No
Procedure for packing and assembly of instruments	Yes / No
Testing and use of sterilisation equipment.	Yes / No
Tracking system for product sterilisation, identification, recording and recalls	Yes / No
Checking and safe handling of used instruments	Yes / No
Transportation to central sterile services department (CSSD)	Yes / No
Schedule for performing manual cleaning.	Yes / No
Responsibilities for various aspects of the decontamination cycle for sterilisation services	Yes / No

Checklist for Element 106

SOP for the use of decontamination and sterilisation supplies, instruments and equipment covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Cleaning of steam autoclaves	Yes / No
Monitoring of steam autoclaves	Yes / No
Steam sterilisation procedure	Yes / No
Quality control of all equipment	Yes / No
Action to be taken in the event of equipment breakdown.	Yes / No
Validation of equipment	Yes / No

Checklist for Element 107

SOP detailing the procedure for sterilisation of used instruments covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Detergent to be mixed according to manufacturer's instructions.	Yes / No
Packing to be done in wraps according to the manufacturer's instructions and the South African National Standard (SANS, ISO 11607)	Yes / No
Autoclave indicator slip (policeman) to be included in all sets and towels.	Yes / No
Tracking system indicators to be marked on packs and sets.	Yes / No

Checklist for Element 109	
Healthcare personnel are able to explain the procedure for sterilising used instruments	
Instruction: Interview three healthcare personnel members and ask them to describe how they perform sterilisation of instruments according to the standard operating procedure. Score 1 if the aspect is described and 0 if not described. NA where the service is outsourced.	
Description	Score
Personal protective equipment to be worn, including caps, goggles, masks, gauntlet gloves and plastic aprons.	Yes / No / NA
Clean sink to be filled with water and detergent.	Yes / No / NA
Detergent solution to be constituted in accordance with manufacturer's instructions.	Yes / No / NA
Instruments to be fully immersed in solution.	Yes / No / NA
Instruments to be brushed, wiped, agitated and irrigated to dislodge and remove all visible material (Explanatory note: These actions must be performed while holding the instruments under water. .)	Yes / No / NA
Instruments to be rinsed thoroughly.	Yes / No / NA
Instruments to be drained before drying.	Yes / No / NA
Sterile packaging to be done according to procedure.	Yes / No / NA
In-pack chemical indicator to be placed in all sets and towels	Yes / No / NA
Tracking system indicators to be marked on packs and sets.	Yes / No / NA
Storage to ensure integrity of materials.	Yes / No / NA

Checklist for Element 110

Central sterile services department is segregated into service areas

Instruction: To comply with infection prevention and control procedures, the central sterile services department must be segregated into the service areas listed below. Score 1 if the unit has the segregated area and 0 if areas are not segregated. NB: The service area must be demarcated to define separate areas for receiving dirty and clean materials. The design of the area must allow for the sterilisation processes to progress from the dirty area, where used instruments are received, to the clean area, where sterilised instruments are stored and issued. NA where the service is outsourced.

Description	Score
Dirty area/section (for cleaning and inspection of equipment)	Yes / No / NA
Clean area/section (assembly, packaging and sterilisation)	Yes / No / NA
Sterile packs storage area	Yes / No / NA
The set-up of the unit allows flow of instruments from dirty to clean areas. (Explanatory note: The set-up of the unit must allow the sterilisation processes to progress from the dirty area, where used instruments are received, to the clean area, where sterilised instruments are stored and issued.)	Yes / No / NA

Checklist for Element 115

All healthcare personnel working with the reprocessing or sterilisation of medical devices are trained

Instruction: Using the checklist below, verify whether health care personnel have received in-service training on reprocessing or sterilisation of medical devices in the past two years. Select two health care providers and two cleaners from the hospital's personnel. Request the training records (attendance registers). Score 1 if the health care workers have been trained and 0 if not. NA if the service is outsourced.

Description	Health care provider 1	Health care provider 2	Cleaner 1	Cleaner 2
Sterilisation procedures	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Use of sterilisation equipment	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Hand hygiene	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Use of personal protective equipment	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 116

IPC link nurses or champions are appointed for each patient care area

Instruction: Using the checklist below, verify whether infection prevention and control link nurses or champions are appointed for each patient care area, have undergone training in accordance with the requirements of the Practical Manual for Implementation of the National Infection Prevention and Control Strategic Framework and requirements for replacement during absence are specified. Score 1 if the evidence is provided and 0 if not. NA if the unit/ward does not exist in the hospital.

Description	Link nurse or champion appointed or designated in writing	Training undergone	Requirements for acting official during absence specified
Emergency department	Yes / No / NA	Yes / No / NA	Yes / No / NA
Outpatient Department	Yes / No / NA	Yes / No / NA	Yes / No / NA
Maternity unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Surgical unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Paediatric unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Physiotherapy	Yes / No / NA	Yes / No / NA	Yes / No / NA
Operating Theatre	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mental health care unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Intensive Care Unit(Including sub speciality units)	Yes / No / NA	Yes / No / NA	Yes / No / NA
High Care unit (Including sub speciality units)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 120

Hand hygiene audits are conducted and managed effectively

Instruction: Request the hand hygiene audit report for the previous quarter. Evidence may be manual or electronic, a minimum of 200 episodes must be observed throughout the hospital. The information must be communicated to the various units to make them aware of their performance. Where gaps in performance are identified, action must be taken to improve hand hygiene practices within the hospital. This may include, but need not be limited to, quality improvement plans, training or increased audit frequency. Score 1 if the item is compliant and 0 if not. Score N/A for actions taken, where no gaps in performance are identified by the audit and for units that is not functional at the hospital.

Description	Hand hygiene report available	Communicated to the service area	Actions taken where gaps are identified	Audit reports demonstrate adherence of 80% as a minimum
Overall performance for the hospital	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Emergency Unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Outpatient Department	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
High Care	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
ICU	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Maternity unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mental health care unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Operating Theatre	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Orthopaedic	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Paediatric unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Surgical unit	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 123	
Cleaning is done according to a schedule	
Instruction: Use the checklist below and verify whether the documents are available. Score 1 if available and 0 if not available or incomplete.	
Description	Score
A cleaning schedule for all service area is available. (<u>Explanatory note</u> : Regular cleaning of the health establishment is an important aspect of infection prevention and control. The cleaning schedule must indicate which areas must be cleaned, including, but not limited to, corridors, lifts, the admin block and parking areas, how each area must be cleaned and how often.)	Yes / No
Cleaning is carried out in accordance with the schedule. (<u>Explanatory note</u> : Inspect the monitoring sheets to verify whether cleaning has been carried out according to the schedule.)	Yes / No
Cleaning tasks completed are recorded by the cleaning personnel. (<u>Explanatory note</u> : The cleaning personnel must document areas that have been cleaned as required in the cleaning schedule. Monitoring tools (i.e. tick sheets) listing all cleaning tasks must be completed for each room or area)	Yes / No

Checklist for Element 124**Hospital is observed to be clean**

Instruction: Verify whether the areas listed below are clean. Observe general cleanliness of the area including but not limited to whether the area is free of dirt and stains. Score 1 if the area is clean and score 0 if not clean. Score NA (not applicable) if an indicated area does not exist in the hospital.

Description	Score
Admissions/Helpdesk	Yes / No / NA
Outpatient Dept	Yes / No / NA
A&E	Yes / No / NA
Medical ward/s	Yes / No / NA
Maternity ward/s	Yes / No / NA
Surgical ward/s	Yes / No / NA
Paediatric ward/s	Yes / No / NA
MHCU ward/s	Yes / No / NA
Isolation ward/s	Yes / No / NA
Operating Theatre ward/s	Yes / No / NA
High Care ward/s	Yes / No / NA
Intensive Care ward/s	Yes / No / NA
Speech Therapy	Yes / No / NA
Audiology	Yes / No / NA
OT	Yes / No / NA
Physio Therapy	Yes / No / NA
Dietetics	Yes / No / NA
Orthotics & Prosthetics	Yes / No / NA
Podiatry	Yes / No / NA
Pharmacy	Yes / No / NA
Diagnostic Imaging	Yes / No / NA
Laboratory	Yes / No / NA
Health technology	Yes / No / NA
CSSD	Yes / No / NA
Health care waste management	Yes / No / NA
Cleaning services	Yes / No / NA
Medical records	Yes / No / NA
Stores	Yes / No / NA
Laundry	Yes / No / NA
Mortuary	Yes / No / NA
Transport	Yes / No / NA
Security services	Yes / No / NA
CEO	Yes / No / NA
Clinical Manager	Yes / No / NA
Healthcare Quality	Yes / No / NA
Infrastructure	Yes / No / NA
Human resources	Yes / No / NA
OHS	Yes / No / NA
IPC	Yes / No / NA

Checklist for Element 125	
Disinfectant, cleaning materials and equipment are available	
Instruction: Inspect available cleaning materials and storage facilities. Score 1 if the item is present and 0 if not present. Score 0 for cleaning agents that are not labelled. Score 0 for disinfectants and cleaning agents not approved by the infection prevention and control committee or relevant structure. Score NA if the item is not a required aspect of the unit's routine supplies.	
Hand hygiene	Score
Plain liquid soap or antimicrobial soap	Yes / No / NA
Alcohol-based hand rub with emollient	Yes / No / NA
Paper towels	Yes / No / NA
Disinfectant and cleaning materials	Score
High-level disinfection for medical devices (e.g. sodium perborate powder or phthalaldehyde) where applicable	Yes / No / NA
Chlorine compounds (e.g. Biocide D or Clorox)	Yes / No / NA
Hospital grade detergent-based solutions	Yes / No / NA
Proper dilution instructions	Yes / No / NA
Wet polymer (floor polish) (NB: Not applicable on ceramic tiles)	Yes / No / NA
Protective polymer (strippers) (NB: Not applicable on ceramic tiles)	Yes / No / NA
All cleaning materials clearly labelled	Yes / No / NA
Materials safety data sheets for all cleaning products	Yes / No / NA
Cleaning equipment	Score
Two-way bucket system for mopping floors (bucket for clean water and bucket for dirty water) or janitor trolley	Yes / No / NA
Red colour labelled mop for toilets and sluice rooms	Yes / No / NA
Blue colour labelled mop for general areas including wards, offices and non clinical areas	Yes / No / NA
Green colour labelled mop for showers and bathrooms	Yes / No / NA
White colour labelled mop for kitchen areas	Yes / No / NA
Yellow colour labelled mop for isolation areas	Yes / No / NA
Red bucket and cloths for toilet and sluice room	Yes / No / NA
Blue bucket and cloths for general areas including wards, offices, non clinical areas and hand washing basins	Yes / No / NA
Green bucket and cloths for bathroom and ward or consulting room basin	Yes / No / NA
White bucket and cloths for kitchen areas.	Yes / No / NA
Yellow bucket and cloths for isolation areas	Yes / No / NA
Spray container	Yes / No / NA
Window cleaning squeegee	Yes / No / NA
Mop sweeper or soft-platform broom	Yes / No / NA
Floor polisher	Yes / No / NA
Spill kits	Yes / No / NA
Waste management supplies on cleaning trolley or in supplies or storage area	Score
Red bags	Yes / No / NA
Yellow bags	Yes / No / NA
Bags for general (domestic) waste (colour as defined by local policy)	Yes / No / NA
Sealed impervious containers or boxes for waste disposal	Yes / No / NA

Checklist for Element 129

Cleaners are trained

Instruction: Review in-service training records from the previous 12 months to verify whether cleaning personnel have received training on the aspects listed below. Score 1 if training has been provided and 0 if not provided.

Description	Score
Use of cleaning equipment	Yes / No
Use of cleaning materials	Yes / No
Use of disinfectants, including dilution	Yes / No
Use of detergents, including dilution	Yes / No
Implementation of infection control procedures, including, but not limited to, personal protective equipment to be worn	Yes / No

Checklist for Element 130

Cleaning personnel are able to explain how they carry out terminal cleaning or disinfection of the theatre and equipment used by patients with communicable diseases

Instruction: Interview three cleaning personnel to verify whether they can explain how to carry out terminal cleaning. Cleaning personnel must be able to explain the content of the standard operating procedure which describes how this is done. Score 1 if they can explain the procedure and 0 if they cannot explain the procedure. NA if less than 3 cleaners are on duty.

Description	Score Cleaner 1	Score Cleaner 2	Score Cleaner 3
Personal protective clothing used	Yes / No / NA	Yes / No / NA	Yes / No / NA
Equipment to be used	Yes / No / NA	Yes / No / NA	Yes / No / NA
Type of detergent	Yes / No / NA	Yes / No / NA	Yes / No / NA
Procedure for handling linen from contaminated theatre	Yes / No / NA	Yes / No / NA	Yes / No / NA
Procedure for handling medical waste	Yes / No / NA	Yes / No / NA	Yes / No / NA
Criteria for cleaning entire theatre	Yes / No / NA	Yes / No / NA	Yes / No / NA
Management of mobile equipment in theatre	Yes / No / NA	Yes / No / NA	Yes / No / NA
Removal and discarding of used personal protective equipment	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 131

SOP detailing the process to be followed for safe administration of medicines to patients covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Patient identification to be confirmed prior to administration of medicine.	Yes / No
The correct medicine to be confirmed prior to administration.	Yes / No
The correct dose to be confirmed as per the patient medicine chart.	Yes / No
Medicine to be administered in accordance with the prescribed frequency and time.	Yes / No
Medicine to be administered via the correct route.	Yes / No
The validity of the prescription to be verified prior to administration.	Yes / No
Administration of parenteral medicine	Yes / No
Administration of Schedule 5 and 6 medicine	Yes / No
Process for recording the administration of medicine.	Yes / No
Process for reporting medicine errors and adverse drug reactions	Yes / No

Checklist for Element 132			
Patients receiving medicine have a clear understanding of how and when to take their medicine and any other relevant information			
Instruction: Interview three patients who have received medicines and ask them the questions below. Score 1 if the answer is 'yes' and 0 if the answer is 'no'.			
Description	Patient 1	Patient 2	Patient 3
Did the pharmacist or post basic pharmacist assistant or learner post basic pharmacist assistant or intern pharmacist explain to you the purpose of each medicine?	Yes / No	Yes / No	Yes / No
Did the pharmacist or post-basic pharmacist assistant or learner post basic pharmacist assistant or intern pharmacist explain to you when to take your medicine/s?	Yes / No	Yes / No	Yes / No
Did the pharmacist or post basic pharmacist assistant or learner post basic pharmacist assistant or intern pharmacist explain if you should take the medicine/s with or without food?	Yes / No	Yes / No	Yes / No
Did the pharmacist or post basic pharmacist assistant or learner post basic pharmacist assistant or intern pharmacist explain to you the most common side-effects you may experience from the medicine/s?	Yes / No	Yes / No	Yes / No
Did the pharmacist or post basic pharmacist assistant or learner post basic pharmacist assistant or intern pharmacist give you the opportunity to ask any questions or discuss anything that worries you about your medicine/s?	Yes / No	Yes / No	Yes / No

Checklist for Element 133

Medicines dispensed for patients are labelled in accordance with applicable legislation

Instruction: Request permission from three patients to assess the medicine that has been dispensed to them on the day of the inspection. Verify whether the medicine dispensed complies with the requirements below. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score Patient 1	Score Patient 2	Score Patient 3
Labels of dispensed medicines are clear and legible.	Yes / No	Yes / No	Yes / No
Label affixed to medicine does not obstruct or cover the expiry date.	Yes / No	Yes / No	Yes / No
Label affixed to medicine includes patient's name.	Yes / No	Yes / No	Yes / No
Label affixed to medicine includes the name of the medicine.	Yes / No	Yes / No	Yes / No
Label affixed to medicine includes dosage and directions for use.	Yes / No	Yes / No	Yes / No
Label affixed to medicine contains the name and address of the hospital where the medicine was dispensed.	Yes / No	Yes / No	Yes / No
Label affixed to medicine includes date of dispensing.	Yes / No	Yes / No	Yes / No
Reference number or prescription number (where applicable)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cautionary or advisory labels and instructions (where appropriate)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 134

Scripts in the pharmacy are correlated with the medicines dispensed to confirm that medicines were received as prescribed

Instruction: Select three patient scripts in the pharmacy and ask the dispensing healthcare provider to show what medicines were dispensed against this script. If all medicines as prescribed were dispensed, score 1. If the patient has not received all the medicines as prescribed, score 0. Note: Where prescribed medicines were declined by the patient it should be documented in the health record.

Description	Score
Patient health record 1	Yes / No
Patient health record 2	Yes / No
Patient health record 3	Yes / No

Checklist for Element 141

SOP for the management of clinical risk covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Establishment of the clinical risk management structure	Yes / No
Clinical risk assessments are conducted in every clinical department at least annually.	Yes / No
Identification of clinical hazards	Yes / No
Risk rating of identified hazards	Yes / No
Compilation of the clinical risk register	Yes / No
Standardised approach to clinical risk mitigation	Yes / No

Checklist for Element 142

Functional clinical risk management structure is in place

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Interdisciplinary membership required.	Yes / No
Term in office	Yes / No
Roles and responsibilities of structure members	Yes / No
Accountability of the structure	Yes / No
Frequency of meetings	Yes / No
Quorum for the structure	Yes / No
Systematic approach to be implemented in the management of clinical risk.	Yes / No

Checklist for Element 144

Minutes indicates that clinical risks identified in the hospital are managed

Instruction: Request minutes from the previous quarter and assess whether the following aspects have been discussed. Score 1 if discussed and 0 if not

Description	Score
Clinical risks	Yes / No
Patient safety incidents	Yes / No
Analysed data from patient safety incident monitoring system	Yes / No

Checklist for Element 146	
Health outcomes of the national strategic priority programmes or health initiatives are monitored against prescribed targets	
Instruction: Verify that the outcome indicators listed below are recorded and compared to the target for the hospital. Score 1 if the indicator has been monitored against the prescribed target, 0 if no and NA as indicated and if the indicator is not applicable for the level of care provided.	
Description	Score
Delivery 10 -19 years in facility rate	Yes / No / NA
Maternal Mortality in facility rate (PER 100 000 LIVE BIRTHS)	Yes / No / NA
Neonatal Death in facility rate (PER 1000 LIVE BIRTHS)	Yes / No / NA
Live birth under 2500g in facility rate	Yes / No / NA
Death under 5 years against live birth rate	Yes / No / NA
Child under 5 years diarrhoea case fatality rate	Yes / No / NA
Child under 5 years pneumonia case fatality rate	Yes / No / NA
Child under 5 years severe acute malnutrition case fatality rate	Yes / No / NA
Malaria case fatality rate (endemic provinces only)	Yes / No / NA

Checklist for Element 148

Hospital participates in morbidity and mortality meetings

Instruction: Documented evidence of participation in morbidity and mortality meetings must be available for the areas listed below, including, but not limited to, attendance registers, and minutes of meetings that include action to be taken to prevent similar incidents from occurring. NB: Please note that some hospitals might have combined sessions/meeting to discuss the morbidity and mortality issues. Score 1 if the aspect is discussed/present and 0 if not included or not discussed. NA if it is not applicable to the area assessed.

Description	Score
Maternal and perinatal	Yes / No / NA
Neonatal (where applicable)	Yes / No / NA
Paediatric	Yes / No / NA
Medical	Yes / No / NA
Surgical	Yes / No / NA

Checklist for Element 153	
SOP for the care of the terminally ill, which addresses the needs of the patient and their family covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Development and implementation of the plan	Score
Assessment of the patient's needs to be made, using a multidisciplinary approach.	Yes / No
Development of a multidisciplinary care plan to be tailored to the patient's specific needs.	Yes / No
The patient and his/her family, carers and/or friends to be included in the development of the plan.	Yes / No
The care plan to be documented and shared with all members of the team, including the patient and his/her family, carers and friends.	Yes / No
Care to be provided in accordance with the plan.	Yes / No
Content of the plan	Score
Pain management	Yes / No
Supportive equipment	Yes / No
Personal hygiene	Yes / No
Prevention of bedsores	Yes / No
Prevention of falls	Yes / No
Nutritional requirements	Yes / No
Psychosocial and spiritual requirements	Yes / No

Checklist for Element 154	
SOP for conducting risk assessments for MHCUs covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: Requirement not applicable where mental healthcare patients are not admitted.	
Description	Score
Risk assessment to include consideration of Aggression	Yes / No / NA
Risk assessment to include consideration of Violence	Yes / No / NA
Risk assessment to include consideration of Suicidal ideation	Yes / No / NA
Risk assessment to include consideration of Self-harm	Yes / No / NA
Risk assessment to include consideration of Substance withdrawal	Yes / No / NA
Risk assessment to include consideration of Risk of absconding	Yes / No / NA
Categorisation of at-risk patients to be documented in the patient health record.	Yes / No / NA
Categorisation of at-risk patients to be documented in the relevant unit register.	Yes / No / NA
All relevant health care personnel to be informed of the at-risk patient.	Yes / No / NA
Formal handover of at-risk patients to take place at shift changes.	Yes / No / NA
Patient care plan to include specific risk mitigation measures.	Yes / No / NA
Delivery of care in accordance with the care plan	Yes / No / NA

Checklist for Element 155

SOP for the management of high-risk MHCUs covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: Requirement not applicable where mental healthcare patients are not admitted.

Description	Score
Patient to be assessed on admission for factors related to aggression.	Yes / No / NA
Patient to be assessed on admission for factors related to suicidal risk.	Yes / No / NA
Patient to be assessed on admission for factors related to absconding.	Yes / No / NA
Chemical sedation to be prescribed in patient records.	Yes / No / NA
Physical restraint to be prescribed in patient records.	Yes / No / NA
Implementation of prescribed restraint to be documented in unit register.	Yes / No / NA

Checklist for Element 157	
SOP for the management of patients detained for 72 hour observations covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: Requirement not applicable where mental healthcare patients are not admitted.	
Description	Score
Formal application for assisted or involuntary admission to be submitted to the head of the hospital using Form MHCA 04	Yes / No / NA
Application form to be stamped, signed and sworn in by a commissioner of oaths.	Yes / No / NA
Patient to be examined by two mental health care practitioners or one practitioner and one mental health care provider, who are to submit their findings to the head of the hospital on Form MHCA 05	Yes / No / NA
Head of hospital to complete Form MHCA 07 to sanction admission and continue with 72-hour assessment.	Yes / No / NA
Registered medical practitioner and another mental health care practitioner who conducted the 72-hour assessment to both record their assessment findings of the physical and mental health of the patient admitted for the 72-hour assessment, as well as their recommendations concerning further treatment on Form MHCA 06 within 12 hours of expiry of the 72-hour assessment	Yes / No / NA
Assessment findings to be submitted to the head of the hospital on Form MHCA 06 and a copy to be kept in the patient's health records.	Yes / No / NA
If the head of the hospital is of the opinion that an extension to the involuntary admission is required, the request must be submitted to the Mental Health Review Board (MHRB) for approval on Form MHCA 08	Yes / No / NA
Copies of all forms to be kept in the patient's records.	Yes / No / NA
Copies of forms to be handed to health care providers involved in the care of the patient, in accordance with the General Regulations relating to the Mental Health Care Act, 2002	Yes / No / NA

Checklist for Element 158

MHCUs are managed using a multidisciplinary therapeutic approach

Instruction: Select the health records of three patients who have already started biopsychosocial therapeutic care. The health care providers who examine and assess the patient must be mental health care practitioners trained to provide and prescribe mental health care, treatment and rehabilitation services. Verify whether the records indicate that multidisciplinary assessments have been conducted by the categories health care provider listed below. Score 1 if the assessment by each category of health care provider is documented, 0 if not documented and NA if there are less than three MHCUs in the ward.

Description	Score Record 1	Score Record 2	Score Record 3
Professional nurse	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical doctor/psychiatrist	Yes / No / NA	Yes / No / NA	Yes / No / NA
Social worker	Yes / No / NA	Yes / No / NA	Yes / No / NA
Psychologist	Yes / No / NA	Yes / No / NA	Yes / No / NA
Occupational therapist	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 159

Valid SLA with an accredited service provider is in place for outsourced diagnostic imaging services

Instruction: Verify that the aspects listed below are included in the service level agreement. Score 1 if the aspect is included and 0 if not included. Score Not Applicable if the service is not outsourced.

Description	Score
A copy of the accreditation certificate of the service provider	Yes / No / NA
Service levels required.	Yes / No / NA
Turnaround times for routine and emergency imaging	Yes / No / NA
Procedure for requesting emergency imaging during operating hours and after hours.	Yes / No / NA

Checklist for Element 166

Health care personnel in the diagnostic imaging unit can explain how to store and dispose of films and reagents

Instruction: Interview three diagnostic imaging unit personnel to determine whether they are able to explain the process for storing and discarding films and reagents. Score 1 if they can explain the process as described in the relevant standard operating procedure of the unit and 0 if they cannot explain the process. Score NA in hospitals that do not use imaging films, but where imaging records are accessed and stored electronically.

Description	Score
Health care personnel 1	Yes / No / NA
Health care personnel 2	Yes / No / NA
Health care personnel 3	Yes / No / NA

Checklist for Element 167

Valid SLA with an accredited service provider is in place for outsourced laboratory services

Instruction: Verify that the aspects listed below are included in the service level agreement. Score 1 if the aspect is included and 0 if not included. Score Not Applicable if the service is not outsourced.

Description	Score
A copy of the accreditation certificate of the service provider	Yes / No / NA
Service levels required.	Yes / No / NA
Turnaround times for test results, including emergency tests.	Yes / No / NA

Checklist for Element 168

Laboratory results are completed within the agreed-upon turnaround times

Instruction: Examine the records in the laboratory logging test requests. Verify that the most recently completed three results per category have been completed in the laboratory within the agreed-upon turnaround times (as stipulated in the service level agreement) and sent to the requesting ward or unit. Score 1 if the results are available within the agreed-upon time frame and 0 if not. NB: Score Not applicable for tests not conducted in the laboratory.

Description	Score
CD4 count	Yes / No / NA
FBC results	Yes / No / NA
U & E results	Yes / No / NA
ESR	Yes / No / NA
TB sputum GeneXpert	Yes / No / NA
PCR results	Yes / No / NA
LFT	Yes / No / NA
RPR	Yes / No / NA
HIV ELISA	Yes / No / NA
Bilharzia Microscopy	Yes / No / NA
Covid PCR	Yes / No / NA
Blood Culture MCS	Yes / No / NA
CSF MCS	Yes / No / NA
Catheter urine MCS	Yes / No / NA
Surgical Wound MCS	Yes / No / NA

Checklist for Element 170

SOP on contract management covers all aspects

Instruction: Verify whether the aspects listed below are included and explained the standard operating procedure. Appropriate tendering and contract management processes will ensure efficient service delivery with minimal service disruption due to unavailability of clinical supplies (including, but not limited to, medicines and medical supplies) and non-clinical supplies (including, but not limited to, food and cleaning materials). It will also ensure minimal risk to patient safety (including, but not limited to, waste management, and maintenance of buildings and equipment). Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Procedures for contract negotiation	Yes / No
Health care personnel involved in the process.	Yes / No
Management of service level agreements	Yes / No
Contractual obligations	Yes / No

Checklist for Element 171

Contracts are monitored monthly according to the specifications in the contract and SLA

Instruction: Sample two current outsourced contracts including but not limited to security, food services or laundry. Request documents from the previous quarter to establish whether the performance of the service provider has been monitored against the service level agreement. Score 1 if compliant and score 0 if non-compliant.

Description	Score
Contract 1	Yes / No
Contract 2	Yes / No

Checklist for Element 173

All bodies are identified and labelled

Instruction: In the mortuary, select three bodies and verify whether they are wearing identity bands or have any identification as stated in the standard operating procedure. Score 1 if the bodies are identified and labelled, 0 if not identified or not labelled and NA if there are less than three bodies in the mortuary.

Description	Score
Body 1	Yes / No / NA
Body 2	Yes / No / NA
Body 3	Yes / No / NA

Checklist for Element 176

Hand washing facilities are available

Instruction: Verify whether the hand washing items listed below are available. Score 1 if the item is available and 0 if not available. NA if there are fewer areas as indicated and as indicated.

Description	Score Area 1	Score Area 2	Score Area 3	Score Personnel toilet	Score Patient toilet
Hand washing basin (For scrubbing room in theatre, basins must be stainless steel with waterproof splash-back panel) Explanatory note: The basin should not be blocked, broken, or have cracks.	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Poster on correct hand washing technique	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Poster on correct use of alcohol-based hand rub (Explanatory note: Posters must be placed at strategic places and above alcohol dispensers in the hospital as stipulated in page 33 of Practical Manual for Implementation of IPC Strategic framework March 2020 .)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Taps (Explanatory note: Taps must be elbow-operated in patient care areas, but not in toilets. For theatre - Taps high enough to allow hands and forearms to be washed in an upright position under tap)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Running water	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Wall mounted soap dispenser (Explanatory note: Patient clinical areas must have wall mounted soap dispensers (wards, waiting areas, patient consulting rooms)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Liquid soap (must be elbow-operated or automated in theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Wall mounted paper towels dispenser with paper towel	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Wall-mounted glove dispenser (applicable for scrubbing room in theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
General waste containers :Explanatory note: Containers used for the temporary storage of general waste should be leak proof, intact, corrosive resistant and have a tight-fitting lid. The container must be lined with the appropriate colour coded liner. (Practical Manual: Implementation of the National Infection Prevention and Control Strategic Framework page 82 and page 84).	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Alcohol based hand rub. (Explanatory note: This may not necessarily be at the hand washing facilities. Bottles must be marked with the date when use commenced and should ideally not be bigger than 500ml.)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Wall mounted clock (applicable for scrubbing room in theatre)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 177	
Isolation room meets the requirements listed below	
Instruction: Inspect the isolation rooms to verify whether they contain the aspects listed below. Score 1 if the aspect is present and 0 if not present. Score NA if, at the time of the inspection, no patients requiring isolation have been admitted.	
General requirements to be inspected at all times:	Score
Single room with door that closes. (Explanatory note: In the case of an outbreak, multiple patients may be accommodated in the same room, as long as the room is used exclusively to care for patients with the outbreak disease, i.e. "Cohorting" of patients. Sporadic, individual cases must be nursed in a room that accommodates a single patient only)	Yes / No / NA
Rooms used for infections requiring airborne precautions have adequate ventilation. (Explanatory note: This will be a minimum of a window that opens, but preferably negative pressure ventilation. Rooms used for patients with viral haemorrhagic fevers have ventilation ensuring at least 6-12 air changes per hour.)	Yes / No / NA
Hand wash basin with elbow-operated taps	Yes / No / NA
Bin with a close-fitting lid	Yes / No / NA
Separate toilet facilities (Explanatory note: This may be a dedicated commode, or urinal and bedpan.)	Yes / No / NA
Requirement to be inspected only if there is a patient isolated in the room:	Score
Alcohol based hand rub inside room.	Yes / No / NA
Disinfectant outside of room for cleaning surfaces	Yes / No / NA
Disposable gloves inside room	Yes / No / NA
Bio-hazardous tape for labelling of specimens prior to transporting	Yes / No / NA
Poster/Signs to affix outside of the room. (Explanatory note: This will include the different types of transmission precautions i.e. airborne, contact or droplet and posters regarding visiting restrictions.)	Yes / No / NA
Alcohol based hand rub outside room.	Yes / No / NA
People traffic in and out of room to be controlled (i.e. limited number of visitors and personnel)	Yes / No / NA
Appropriate measures for discarding infected linen.	Yes / No / NA
Appropriate measures for disinfection of equipment	Yes / No / NA

Checklist for Element 179	
Isolation room for patients with viral haemorrhagic disease meets the requirements listed below	
Instruction: Assess whether the isolation area for patients with viral haemorrhagic fever complies with the requirements listed below. Score 1 if the aspect is compliant and 0 if not compliant. Score NA where no patient has been admitted with viral haemorrhagic fever.	
Description	Score
Patients with viral haemorrhagic fever to be accommodated in separate single rooms (strict isolation measures)	Yes / No / NA
People traffic in and out of the room to be controlled (i.e. limited number of visitors and personnel)	Yes / No / NA
Signage to be displayed to inform community and family about 'no visitors – highly infectious' principle.	Yes / No / NA
Signs to affix to room door to indicate type of precautions in place, i.e. airborne, contact or droplet.	Yes / No / NA
Alcohol based hand rub or disinfectant is available for health care personnel prior to entering the room.	Yes / No / NA
Disinfectant is available for cleaning surfaces.	Yes / No / NA
Forms to be completed prior to entering room. (Explanatory note: This is for viral haemorrhagic fevers only. See Appendix E in the Practical Manual for implementation of the National Infection Prevention and Control Strategic Framework.)	Yes / No / NA
Hand wash basin with elbow-operated taps inside room	Yes / No / NA
Alcohol based hand rub or disinfectant inside room.	Yes / No / NA
Disposable gloves inside room	Yes / No / NA
Procedure trolley with equipment for phlebotomy, intravenous line insertion, wound dressings and thermometer	Yes / No / NA
Bio-hazardous tape for labelling of specimens prior to transporting	Yes / No / NA
Bin with close-fitting lid	Yes / No / NA
Health care risk waste container	Yes / No / NA
Sharps container	Yes / No / NA
Separate toilet facilities (Explanatory note: This may be a dedicated commode, or urinal and bedpan.)	Yes / No / NA
Appropriate measures for discarding infected linen.	Yes / No / NA
Ventilation ensuring at least 6–12 air changes per hour. (Explanatory note: This is only required at hospitals designated to receive patients with viral haemorrhagic fever for ongoing care.)	Yes / No / NA
Ventilation system to be maintained in accordance with manufacturer's instructions. Explanatory note: This is only required at hospitals designated to receive patients with viral haemorrhagic fever for)	Yes / No / NA
Signs to affix to room door to indicate type of precautions in place, i.e. airborne, contact or droplet.	Yes / No / NA

Checklist for Element 181

Linen rooms or storage cupboards are adequately stocked and well organised

Instruction: Inspect the area where linen is stored to determine whether the aspects listed below are compliant. Score 1 if the aspect is compliant and 0 if not compliant. Score 0 if the ward does not have a designated area with a door that can be kept closed.

Description	Score
Designated area for storage of linen	Yes / No
Area is locked	Yes / No
Linen is stored on slatted shelves	Yes / No
Area is well organised	Yes / No
There are sufficient stocks of linen for the number of patients in the hospital/ward/unit	Yes / No

Checklist for Element 189	
All laundry machines are in working order	
Instruction: Verify whether the equipment listed below is in working order. Score 1 if equipment is working and 0 if not working. NA where the service is outsources.	
Description	Score
All washing machines	Yes / No / NA
All drying machines	Yes / No / NA
All ironing equipment	Yes / No / NA
All linen trolleys	Yes / No / NA
Linen folding machine (where available)	Yes / No / NA

Checklist for Element 190

Laundry machines are serviced according to the manufacturer's manual and recommendations.

Instruction: Check the records of machines listed below to determine whether the service in the past 12 months is in line with manufacturer's recommendations or internal approved policy. Score 1 if compliant and 0 if not compliant. NA where the service is outsourced.

Description	Maintenance schedule available	Schedule aligned to manufacturer's instructions	Maintained according to schedule
Washing machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Drying machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Ironing machines	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 196

Personal protective equipment is available and worn

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

Aspect - All areas	Score Area 1	Score Area 2	Score Area 3	Score Cleaner
Face (surgical) masks	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Respirators (N95 or KN95 or FFP2)	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Face shields or goggles	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gloves – sterile	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Gloves Latex or nitrile – non-sterile	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gloves, rubber domestic (cleaners)				Yes / No / NA
Head cover (cap)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Head gear. Explanatory note: Coveralls with a neck flap and attached hood, recommended to prevent splashes coming into contact with the skin.	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Aprons, plastic disposable	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gowns Non-woven water-resistant (Disposable)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gowns Cloth or cotton (Reusable)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Scrub suits (Explanatory note: For isolation unit, scrub suits should preferably be disposable)	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Laboratory/white coat	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Boot covers, disposable	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Gumboots or disposable, fluid-resistant, knee-length over boots	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Shoes closed-toe	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Mortuary and Healthcare waste area	Score Area 1	Score Area 2	Score Area 3	Score Cleaner
Aprons full-length heavy-duty	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Overalls or uniform (healthcare waste area)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gloves heavy duty rubber domestic (healthcare waste area)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Warm clothing (freezer overalls) (NA for hospitals that do not have an open cold room mortuary.)	Yes / No / NA	Yes / No / NA	Yes / No / NA	Yes / No / NA
Diagnostic imaging unit	Score Area 1	Score Area 2	Score Area 3	Score Cleaner
Gonad shield – male	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Gonad shield – female	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Lead aprons or lead skirt and jacket	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Shield X-ray gloves	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Medical Orthotics and Prosthetics Services	Score Area 1	Score Area 2	Score Area 3	Score Cleaner
Safety shoes	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Welding gloves	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Welding helmet	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Full face safety shield/helmet	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Half mask respirator	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Apron material or leather	Yes / No / NA	Yes / No / NA	Yes / No / NA	
Earmuffs	Yes / No / NA	Yes / No / NA	Yes / No / NA	

Checklist for Element 197

Unit has appropriate containers for disposal of all types of waste

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

Description	Score
Infectious non-anatomical waste (box/container with red plastic bag)	Yes / No / NA
Infectious anatomical waste (red bucket with tight fitting lid)	Yes / No / NA
Sharps (yellow container/bucket)	Yes / No / NA
Chemical waste including pharmaceutical, cytotoxic or genotoxic waste (dark green container)	Yes / No / NA
Radioactive waste (no colour coding, international radiation hazard label, Name and contact number of the radiation officer)	Yes / No / NA
General waste (black, beige, white or transparent packaging can be used)	Yes / No / NA

Checklist for Element 198

Replacement containers for disposal of all types of waste are available in the storage area

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

Description	Score
Infectious non-anatomical waste (box/container with red plastic bag)	Yes / No / NA
Infectious anatomical waste (red bucket with tight fitting lid)	Yes / No / NA
Sharps (yellow container/bucket)	Yes / No / NA
Chemical waste including pharmaceutical, cytotoxic or genotoxic waste (dark green container)	Yes / No / NA
Radioactive waste (no colour coding, international radiation hazard label, Name and contact number of the radiation officer)	Yes / No / NA
General waste (black, beige, white or transparent packaging can be used)	Yes / No / NA

Checklist for Element 199

SOP for handling, storage and safe disposal of waste covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Containerisation	Yes / No
Intermediate storage (e.g. sluice room)	Yes / No
Internal transportation	Yes / No
Central storage	Yes / No
Collection	Yes / No
Disposal	Yes / No
Treatment	Yes / No

Checklist for Element 200	
Hospital has a waste management committee	
Instruction: Waste management committee members must be designated by means of signed letters of appointment. Request letters of the committee members listed below. Score 1 if a signed letter is available and 0 if not available.	
Description	Score
Designated or appointed health care waste management officer (ideally an environmental health practitioner)	Yes / No
Representative of section responsible for infection and prevention control	Yes / No
Chief executive officer/facility manager	Yes / No
Representative of section responsible for quality control	Yes / No
Representative of the section responsible for procurement and contract management	Yes / No
Nominated health and safety representative.	Yes / No
Representative of section responsible for cleaning and hygiene services	Yes / No
Representative of section responsible for occupational health and safety	Yes / No

Checklist for Element 209

HCRW for disposal is documented

Instruction: Request records from the previous three months and verify whether waste destined for disposal is documented as listed below. Score 1 if documented and 0 if not documented.

Description	Score
All waste for disposal is registered.	Yes / No
All waste for disposal is weighed.	Yes / No
All waste for disposal is signed over to authorised service provider.	Yes / No

Checklist for Element 210	
HCRW containers are labelled before transportation for disposal	
Instruction: Verify whether the items listed below are available in the spill kit. Score 1 if the item listed below is available and 0 if not available.	
Description	Score
Name of appointed service provider is identified on health care risk waste container/s.	Yes / No
Waste containers are marked with international biohazard symbol.	Yes / No
Waste containers are colour-coded and labelled appropriately	Yes / No

Checklist for Element 211	
Health care waste management plan complies with legal requirements and national guidelines	
<p>Instruction: Verify whether the aspects listed below are included and explained in the waste management plan. Score 1 if the aspect is included and explained and 0 if not included or not explained. NB: An updated waste management plan, reviewed within the previous two years, must be available.</p>	
Description	Score
Hospital information related to workload.	Yes / No
Contact details of person in charge of waste management (health care waste officer)	Yes / No
Classification of waste streams	Yes / No
Assessment of quantity of waste that will be generated.	Yes / No
Type or characteristics or categories of waste that will be generated.	Yes / No
Description of waste management systems/services provided on generation, storage, collection, transportation, treatment and disposal of such waste.	Yes / No
Contract with service provider for collection and final disposal to licensed waste disposal facility.	Yes / No
Description of separation of recyclable and non-recyclable waste at point of waste generation	Yes / No
Waste minimisation measures such as reduction, reuse and recovery	Yes / No
Pollution prevention measures to minimise impact or potential impact on environment.	Yes / No
Health risk minimisation measures to protect public and any workers.	Yes / No
Remedial measures to be implemented.	Yes / No
Those responsible for generating contaminated waste are trained at the time of employment and training is refreshed periodically; training must include infection prevention and control and occupational health.	Yes / No
Those responsible for handling contaminated waste are trained at the time of employment and training is refreshed periodically; training must include infection prevention and control and occupational health.	Yes / No

Checklist for Element 215

Sharps are safely managed and discarded in the ward

Instruction: Select three clinical areas and verify whether sharps and needles correctly managed in accordance with the hospital's standard operating procedures. Score 1 if the aspect is compliant and 0 if not compliant. NA as indicated or measure do not apply to the unit assessed.

Description	Score Clinical area 1	Score Clinical area 2	Score Clinical area 3
Sharps containers available at site of use	Yes / No / NA	Yes / No / NA	Yes / No / NA
Sharps transported in a receiver when sharps containers not in immediate vicinity of procedure. Explanatory note: This is applicable in situations where procedures are carried out in areas where it is not practical to have a sharps container available, e.g. at the patient's bedside. Score NA if this is not observed during the assessment.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Sharps containers have correctly fitting lids.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Needles are not recapped before disposal (NA where safety engineered devices, i.e. built-in safety devices for recapping or retracting the needle are used and This does not apply where it is not possible to see inside the sharps container)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Syringes with attached needles are discarded in their entirety.	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 216

There is a temporary healthcare risk waste storage area

Instruction: In all areas where waste is held for collection and removal to the central storage area, a designated area for intermediate storage of waste must be available, it could be outside the unit and used by multiple units. Some hospitals will have a purpose-built intermediate waste storage area, others will utilise a specific area within the available space. Score 1 if the aspect is compliant and 0 if not compliant, or where there is no designated area. Score NA for any aspects not found in the intermediate waste storage area in terms of the accompanying explanatory note.

Description	Score
Space available to store waste containers	Yes / No / NA
Area is well ventilated	Yes / No / NA
Area is well lit	Yes / No / NA
Area has impervious floor surfaces (water proof/resistant, not cracked)	Yes / No / NA

Checklist for Element 218	
Expired or obsolete medicine is discarded according to prescribed procedures	
Instruction: Verify whether the hospital complies with the procedure for discarding expired or obsolete medicine. Score 1 if the aspect is compliant and 0 if not compliant.	
Description	Score
Expired or obsolete medicine is placed in a dark green container marked with the words "Pharmaceutical waste liquid or solid" or similar according to the contract in place.	Yes / No
The required documentation is attached to the container or available on request. (Explanatory note: This includes, but is not limited to, name of hospital, date, expired or obsolete medicine, strength, dosage form, quantity, expiry date for expired items and signature of responsible person.)	Yes / No

Checklist for Element 219	
HCRW central storage area must meet the requirements listed below as a minimum	
Instruction: Inspect the central storage area, which is the area where waste is stored while awaiting collection by the waste removal service provider, to verify it complies with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant. NB: The central storage areas for health care risk waste must comply with SANS 10248:2004, edition 2 and the National Norms and Standards for Environmental Health, 2015.	
Description	Score
Adequate space is available to store waste containers.	Yes / No
Area is enclosed and protected from natural elements such as rain, wind and sun.	Yes / No
Area is vermin proof, i.e. enclosed to prevent insects and rodents, etc. from entering storage area.	Yes / No
Area has a smooth, slip resistant and non-porous floor with a good drainage system connected to municipal/council sewerage.	Yes / No
Area has a display board with name and contact details of person responsible for waste management.	Yes / No
Area is marked with international biohazard symbol.	Yes / No
Area is well ventilated.	Yes / No
Area is well lit.	Yes / No
Area is locked and not accessible to unauthorised personnel, as indicated through "No unauthorised entry" signs.	Yes / No
Area is equipped with spill kit, i.e. container with items required to manage spillages, e.g. disinfectants and absorbent material.	Yes / No
Area has refrigeration facilities for waste storage at low temperatures. Note: Refrigeration facilities can also be available in an area which is in close proximity to the Central storage area.	Yes / No
Refrigerator maintained at -2 degrees Celsius.	Yes / No
All waste in refrigerator is appropriately containerised.	Yes / No
Register available for waste stored in refrigerator.	Yes / No
Area has access to fire extinguisher.	Yes / No

Checklist for Element 220

Waste spill kit with contents listed below is available

Instruction: Verify whether the items listed below are available in the spill kit. Score 1 if the item listed below is available and 0 if not available.

Description	Score
Disposable gloves	Yes / No
Disposable apron	Yes / No
Paper towel	Yes / No
Red disposable bag with tie lock	Yes / No
Chlorine release tablets	Yes / No
Scoop and scraper	Yes / No

Checklist for Element 222	
SOP for the management of medicines covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Cleaning of pharmacy	Yes / No
Storage and organisation of pharmacy	Yes / No
Security and control of access to pharmacy (within and outside normal working hours)	Yes / No
Cold chain management	Yes / No
Emergency medicine cupboard or trolley management	Yes / No
Management of medicines in consulting room	Yes / No
Pest control	Yes / No
Calculation and use of minimum, maximum and reorder stock levels.	Yes / No
Completion and management of stock (bin) cards and/or electronic stock monitoring system	Yes / No
Stocktaking (counting) procedure	Yes / No
Management of short-dated stock	Yes / No
Procurement (ordering) of medicines	Yes / No
Ordering and delivery schedule for stock	Yes / No
Receipt of medicines into the pharmacy (ordered or borrowed stock)	Yes / No
Managing return of stock to the depot	Yes / No
Issuing of medicines to wards	Yes / No
Managing stock transfers between hospitals	Yes / No
Medicine availability monitoring procedure/guide	Yes / No
Separation and handling of expired, obsolete, unusable or patient-returned medicines (schedule 0 to 4 medicines)	Yes / No
Disposal of expired, obsolete, unusable and patient-returned medicines (schedule 0 to 4 medicines)	Yes / No
Managing recall of medicines	Yes / No
Storage and control of schedule 6 medicines	Yes / No
Separation and disposal of expired, obsolete and unusable medicines (schedule 5 and schedule 6 medicines)	Yes / No

Checklist for Element 228

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

Instruction: Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if the aspect is compliant, 0 if not compliant and NA where medicines are not stored in the unit.

Description	Score
Item 1	Yes / No / NA
Item 2	Yes / No / NA
Item 3	Yes / No / NA
Item 4	Yes / No / NA
Item 5	Yes / No / NA

Checklist for Element 233

Stock on the shelves in the emergency medicine cupboard corresponds with the stock items recorded on the bin cards or equivalent

Instruction: Select five items held as stock and verify the number of items available against the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if it correspond, 0 if it does not correspond and NA if there isn't an emergency cupboard in the unit assessed.

Description	Score
Item 1	Yes / No / NA
Item 2	Yes / No / NA
Item 3	Yes / No / NA
Item 4	Yes / No / NA
Item 5	Yes / No / NA

Checklist for Element 242

Physical stock in the medical supplies store corresponds to stock on the inventory management system

Instruction: Randomly select five items held as stock and verify whether their availability corresponds with the balance indicated on the bin cards or equivalent. The system may be manual or electronic. Score 1 if it correspond, 0 if it does not correspond and NA where medical supplies are not stored in the unit.

Description	Score
Item 1	Yes / No / NA
Item 2	Yes / No / NA
Item 3	Yes / No / NA
Item 4	Yes / No / NA
Item 5	Yes / No / NA

Checklist for Element 247	
Medicines, as per the applicable essential medicines list or formulary, are available in the pharmacy and/or medicine storage room	
<p>Instruction: Use the essential list or the formulary of the hospital and randomly select 3 items from each category/group of medicine listed below. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific groups is not available or expired or if there is no formulary/ list of medicines available, Score NA for specialised hospitals that don't provide all the services. Should medicines be out of stock, substitutions will only be accepted if documented evidence of the recommended substitute from the District pharmacist is available. Alternatively, where essential medicine list recommends several medicines as equivalent for treatment, substitutions from this list of recommended medicines will be acceptable without a letter from the district pharmacist.</p>	
Antibiotics	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Analgesics	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Tuberculosis treatment	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Antiretroviral treatment	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Medicine for non-communicable diseases	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Emergency medicine	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Topical treatments	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Contraceptives	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Vaccines	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No

Gastrointestinal	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No

Checklist for Element 248

Medicines are stored and managed in accordance with good pharmacy practice

Instruction: Inspect the aspects listed below in the cupboards or medicine trolleys where medicines are kept in the ward. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score
Cupboard or medicine trolley has sufficient space for orderly arrangement of medicines.	Yes / No
Cupboard or medicine trolley is clean (no debris, no dust, no visible dirt in cupboard or trolley, nothing in trolley not directly related to storage, dispensing or administration of medicine, nothing in cupboard or trolley that represents an infection control risk, e.g. food)	Yes / No
Medicines are stored according to a classification system.	Yes / No
No evidence of pests in cupboard or medicine trolley	Yes / No
Access control measures are in place to ensure that only authorised persons have access to medicine.	Yes / No
System is in place to ensure packing and issuing of medicine according to 'first expired, first out' (FEFO) principle.	Yes / No
System is in place to check expiry dates of medicines	Yes / No
No expired medicines to be observed in area used for medicine storage.	Yes / No

Checklist for Element 250

Temperature of the pharmacy is maintained within the safety range

Instruction: Use the checklist below to verify whether the temperature in the pharmacy is maintained between 15 and 25 degrees Celsius. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score
The temperature of the pharmacy is recorded daily. (Explanatory note: This serves to assess whether the hospital consistently monitors the room temperature. Request temperature monitoring sheets from the previous three months.)	Yes / No
The temperature of the pharmacy is maintained between 15 and 25 degrees Celsius.	Yes / No

Checklist for Element 252

Procedures to maintain the cold chain for all thermolabile medicines including vaccines are implemented

Instruction: Use the checklist below to verify whether the cold chain for vaccines is maintained. Score 1 if compliant with the aspect below and 0 if not compliant.

Description	Score
Pharmacy has a vaccine or medicine refrigerator with a thermometer. (Explanatory note: The vaccine or medicine refrigerator may be located in any space in the pharmacy. A domestic refrigerator will be scored non-compliant.)	Yes / No
Temperature of refrigerator is recorded twice daily, seven hours apart (check three months' records)	Yes / No
Temperature of refrigerator is maintained between 2 and 8 degrees Celsius (check three months' records)	Yes / No
The pharmacy has a cooler box for transporting or temporary storage of thermolabile medicines including vaccines.	Yes / No
There is a functional thermometer in the cooler box.	Yes / No
Ice packs for cooler box	Yes / No

Checklist for Element 253

TOR for the pharmaceutical and therapeutics committee meet set requirements

Instruction: Verify whether the aspects listed below are included in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Purpose of committee	Yes / No
Multidisciplinary membership required (Composition)	Yes / No
Roles and responsibilities of forum members (Functions)	Yes / No
Strategy to optimise appropriate use of medicine in the hospital.	Yes / No

Checklist for Element 255	
Electronic network system for monitoring the availability of medicines is used effectively	
<p>Instruction: Verify whether the electronic network system for monitoring the availability of medicines is used effectively in terms of the list below. Electronic systems may include, but need not be limited to, the Stock Visibility System, RX Solutions and JAC system. To determine whether the hospital has reported the availability of medicines as required, visit the website used to view captured medicine availability data. Score 1 if the aspect is compliant and score 0 if not compliant. Score NA as indicated</p>	
Description	Score
Hospital has a functional electronic network system for monitoring availability of medicines.	Yes / No / NA
Approved list of medicines to be updated is visible in electronic network system.	Yes / No / NA
Capturing device (this could be a computer, tablet or cell phone) is in good working order.	Yes / No / NA
Accessories are in good working order.	Yes / No / NA
Capturing device is stored in a lockable unit (only applicable to SVS)	Yes / No / NA
Accessories for device, i.e. batteries and charger, are stored in a lockable unit (only applicable to SVS)	Yes / No / NA
Access to keys for unit where capturing device and its accessories are stored is restricted (only applicable to SVS)	Yes / No / NA
In the past seven working days or more this hospital has not been marked as non-reporting at the point of assessment (SVS cell phone will show last reporting date; only applicable to SVS) (Explanatory note: The sources for the information are the website used to view the availability of captured medicine data and the associated primary health care hospital dashboard.)	Yes / No / NA

Checklist for Element 256

Laboratory supplies are available

Instruction: Use the approved laboratory supplies list for the hospital and randomly select 10 items from the list. Score 1 if the item is available, Score 0 if the selected item in the list is not available or if there is no approved list available.

Item	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 257	
Medical supplies are stored and managed in compliance with medical supply management principles.	
Instruction: Verify whether the medical supplies storage area in the ward complies with each of the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant. Where medical supplies are not stored in the unit, score NA.	
Description	Score
Unit has sufficient space in storage area for orderly arrangement of stock and proper stock rotation. Explanatory note: Verify that medical supplies are not stored up to the ceiling or against windows. There should be sufficient space to move around the storage area without the risk of falling or injury while attempting to locate and retrieve medical supplies.	Yes / No / NA
Storage area is free of cracks, holes or signs of water damage.	Yes / No / NA
Storage area is clean (shelves are dusted, floor is swept, and walls are clean)	Yes / No / NA
Medical supplies are stored according to a classification system.	Yes / No / NA
Medical supplies are not stored in direct contact with floor (i.e. on a shelf or pallet)	Yes / No / NA
Storage area is free of pests.	Yes / No / NA
Only authorised persons have access to medical supplies.	Yes / No / NA

Checklist for Element 258	
Medical supplies are available in the area in the stores unit	
Instruction: Inspect the surgical store, dry dispensary store or consumables store to verify whether each of the listed items is present. Score 1 if the item is present, 0 if not present, NA if not used for the level of care provided/as indicated.	
Surgical supplies:	Score
Intravenous administration set 20 drops/ml	Yes / No / NA
Intravenous administration set paediatrics 60 drops/ml	Yes / No / NA
Blade stitch cutter (pack)	Yes / No / NA
Urinary (Foley's) catheter, silicone/latex, 6f	Yes / No / NA
Urinary (Foley's) catheter, silicone/latex, 8f	Yes / No / NA
Urinary (Foley's) catheter silicone/latex 10f	Yes / No / NA
Urinary (Foley's) catheter silicone/latex 12f	Yes / No / NA
Urinary (Foley's) catheter silicone/latex 14f	Yes / No / NA
Urinary (Foley's) catheter, silicone/latex, 16f	Yes / No / NA
Urinary (Foley's) catheter silicone/latex 18f	Yes / No / NA
Urinary (Foley's) catheter, silicone/latex, 20f	Yes / No / NA
Urinary (Foley's) catheter, silicone/latex, 22f	Yes / No / NA
Catheter, suction respiratory, 500mm 06f	Yes / No / NA
Catheter, suction respiratory, 500mm 08f	Yes / No / NA
Catheter, suction respiratory, 500mm 10f	Yes / No / NA
Catheter, suction respiratory, 500mm 12f	Yes / No / NA
Catheter, suction respiratory, 500mm 14f	Yes / No / NA
Urine drainage bag	Yes / No / NA
Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, adults	Yes / No / NA
Simple face mask or reservoir mask or nasal cannula (prongs) for oxygen, paediatric	Yes / No / NA
Face mask for nebuliser or face mask with nebuliser chamber (adult)	Yes / No / NA
Face mask for nebuliser or face mask with nebuliser chamber (paediatric)	Yes / No / NA
Nasogastric feeding tube 600mm fg5	Yes / No / NA
Nasogastric feeding tube 600mm fg6	Yes / No / NA
Nasogastric feeding tube 600mm fg8	Yes / No / NA
Nasogastric feeding tube 1000mm fg10 or 12	Yes / No / NA
Sheath, incontinence, 25mm (mark NA if linen savers are used)	Yes / No / NA
Sheath, incontinence, 30mm (mark NA if linen savers are used)	Yes / No / NA
Sheath, incontinence, 35mm (mark NA if linen savers are used)	Yes / No / NA
Linen savers (mark NA if sheath, incontinence is used)	Yes / No / NA
Disposable aprons	Yes / No / NA
Disposable eye patches	Yes / No / NA
Disposable razors or clippers	Yes / No / NA
HB strips/slides	Yes / No / NA
Ultrasound gel medium viscosity (where Doppler or ultrasound machines are available)	Yes / No / NA
Vaginal Cusco speculum - disposable	Yes / No / NA
Gloves exam non-sterile large (box)	Yes / No / NA
Gloves exam non-sterile medium (box)	Yes / No / NA
Gloves exam non-sterile small (box)	Yes / No / NA
Gloves surgical sterile size 6 or 6.5 or small (box)	Yes / No / NA
Gloves surgical sterile size 7 or 7.5 or medium (box)	Yes / No / NA
Gloves (surgical sterile) size 8 or large (box)	Yes / No / NA

Facemasks	Yes / No / NA
Respirators, e.g. N95 or KN95 or FFP2	Yes / No / NA
Disposable aprons	Yes / No / NA
Face shields	Yes / No / NA
Intravenous cannula 18g green (box)	Yes / No / NA
Intravenous cannula 20g pink (box)	Yes / No / NA
Intravenous cannula 22g blue (box)	Yes / No / NA
Intravenous cannula 24g yellow (box)	Yes / No / NA
Needles: 18 pink or 20 yellow (box)	Yes / No / NA
Needles: 21 green (box)	Yes / No / NA
Needles: 23 blue (box) or 22 black (box)	Yes / No / NA
Needles, 25 orange (box)Syringes 3-part 2ml (box)	Yes / No / NA
Syringes 3-part 5ml (box)	Yes / No / NA
Syringes 3-part 10 (box)	Yes / No / NA
Syringes 3-part 20ml (box)	Yes / No / NA
Syringes 3-part 60ml and catheter tip	Yes / No / NA
Insulin syringe with needle (box)	Yes / No / NA
Suture chromic g0/0 or g1/0 1/2 75cm	Yes / No / NA
Suture nylon g2/0 or g3/0 3/8 45cm	Yes / No / NA
Suture nylon g4/0 or g3/8 45cm	Yes / No / NA
Only applicable if the hospital uses an older haemoglobinometer (HB) model:	Score
Haemolysis applicator sticks	Yes / No / NA
Haemoglobinometer (HB) clip	Yes / No / NA
Haemoglobinometer chamber glass-grooved	Yes / No / NA
Haemoglobinometer cover glass-plain	Yes / No / NA
Only applicable if the hospital uses an AED	Score
Replacement pads for automated external defibrillator (adult)	Yes / No / NA
Replacement pads for automated external defibrillator (paediatric)	Yes / No / NA
Dressing supplies:	Score
70% isopropyl alcohol prep pads 24 x 30 1ply or 2 ply (box)	Yes / No / NA
Adhesive micro-porous surgical tape 24/25mm or 48/50mm	Yes / No / NA
Bandage crepe	Yes / No / NA
Basic disposable dressing pack (should contain, as a minimum, cotton wool balls, swabs, disposable drape)	Yes / No / NA
Cotton wool balls 1g (500s)	Yes / No / NA
Gauze absorbent grade 1 burn (pack)	Yes / No / NA
Gauze paraffin 100 x 100 (box)	Yes / No / NA
Gauze swabs plain non-sterile 100 x 100 x 8-ply (pack)	Yes / No / NA
Plaster roll	Yes / No / NA
Sanitary towels, maternity pack	Yes / No / NA
Sodium carboxymethylcel (intrasite), 15g	Yes / No / NA
Stockinette 100mm or 150mm (roll)	Yes / No / NA

Checklist for Element 259

Medical supplies and equipment for resuscitation are available.

Instruction: Inspect whether medical supplies and equipment used for resuscitation is available. The items may be available in the trolley or vicinity of the trolley. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available, not functional or expired (if applicable), NA for supplies used for neonate/paediatric/adult patients who are not managed in the specific ward/unit. **Therapeutic support services:** Score NA if an emergency trolley is available in a nearby unit, in which case it can be accessed within three minutes of a user requiring emergency resuscitation

Description:	Score
Chlorhexidine solution or Alcohol swabs	Yes / No / NA
Eye protection	Yes / No / NA
Facemask	Yes / No / NA
Gloves	Yes / No / NA
Spare batteries for laryngoscope	Yes / No / NA
Spare bulb (where applicable)	Yes / No / NA
Syringe 2ml	Yes / No / NA
Syringe 5ml	Yes / No / NA
Syringe 10ml	
Syringe 20ml	Yes / No / NA
Needle tip syringe 50ml	Yes / No / NA
Cather tip syringe 50ml	Yes / No / NA
Needles size 16 G	Yes / No / NA
Needles size 18 G	Yes / No / NA
Needles size 20 G	Yes / No / NA
Needles size 21 G	
Needles green 22G	Yes / No / NA
Scissors	Yes / No / NA
Tourniquet	Yes / No / NA
Stethoscope	Yes / No / NA
Nasogastric tubes size 5 (paediatric)	Yes / No / NA
Nasogastric tubes size 6 (paediatric)	Yes / No / NA
Nasogastric tubes size 8 (paediatric)	Yes / No / NA
Nasogastric tubes size 10 (paediatric)	Yes / No / NA
Nasogastric tubes size 12 (adult / paediatric)	Yes / No / NA
Nasogastric tubes size 14 (adult)	Yes / No / NA
Nasogastric tubes size 16 (adult)	Yes / No / NA
Nasogastric tubes size 18 (adult)	Yes / No / NA
Suction catheter 6F (neonate)	Yes / No / NA
Suction catheter 8F (paediatric)	Yes / No / NA
Suction catheter 10F (paediatric/adult)	Yes / No / NA
Suction catheter 12F (adult)	Yes / No / NA
Suction catheter 14F (adult)	Yes / No / NA
Suction catheter 16F (adult)	Yes / No / NA
Suction devices (portable)	Yes / No / NA
Yankhauer suction	Yes / No / NA
Resuscitation algorithm	Yes / No / NA
Nasal cannula (adult / paediatric)	Yes / No / NA
Blood administration set	Yes / No / NA
Local resuscitation algorithm or Resuscitation Algorithm	Yes / No / NA

Checklist for Element 260

Basic medical supplies (consumables) are available in wards

Instruction: Use the approved Basic medical supply list of the hospital and randomly select 5 items from each category of the Basic medical supplies listed below. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available.

Surgical	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
PPE	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Dressing	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No

Checklist for Element 261

Basic medical supplies (consumables) are available in Speech Therapy unit

Instruction: Use the approved Basic medical supply list for Speeach Therapy for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 262

Basic medical supplies (consumables) are available in Audiology Unit

Instruction: Use the approved Basic medical supply list for Audiology Unit for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 263

Basic medical supplies (consumables) are available in Occupational Therapy

Instruction: Use the approved Basic medical supply list for Occupational Therapy for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 264

Basic medical supplies (consumables) are available in Physiotherapy unit

Instruction: Use the approved Basic medical supply list for Physiotherapy for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 265

Basic medical supplies (consumables) are available in Medical Orthotics and Prosthetics unit

Instruction: Use the approved Basic medical supply list for Medical Orthotics and Prosthetics for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 266

Basic medical supplies (consumables) are available in Podiatry unit

Instruction: Use the approved Basic medical supply list for the Podiatry unit for the hospital and randomly select 10 items from the Basic medical supply list. Check whether the selected items are available and not expired. Score 1 if the item is available, Score 0 if the selected item in the specific category is not available or expired or if there is no approved list available

Description	Score
Item 1	Yes / No
Item 2	Yes / No
Item 3	Yes / No
Item 4	Yes / No
Item 5	Yes / No
Item 6	Yes / No
Item 7	Yes / No
Item 8	Yes / No
Item 9	Yes / No
Item 10	Yes / No

Checklist for Element 268	
SOP for the administration of blood covers all aspects	
Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Checking of informed consent for transfusion	Yes / No
Verification of order for transfusion, patient, blood product to be transfused, blood group and expiry date of blood product, which is conducted by the doctor and a registered nurse.	Yes / No
The correct filters and intravenous administration set to be used according to the blood or blood product to be transfused.	Yes / No
Criteria for blood warming	Yes / No
Identification of patient prior to commencement of transfusion	Yes / No
Recording of baseline vital signs prior to commencement of the transfusion	Yes / No
Aseptic technique followed when commencing transfusion.	Yes / No
Transfusion rate to commence at 5ml per minute for the first 30 minutes and to increase if no adverse reaction occurs.	Yes / No
Vital signs checked every 15 minutes for the first hour, every 30 minutes for the second hour and hourly thereafter, for each unit transfused.	Yes / No
Vital signs to be monitored for one hour after completion of the transfusion.	Yes / No
No medicines or other fluid to be added to the blood products before or during a transfusion.	Yes / No
Criteria for retaining or returning empty blood product bags to the blood bank.	Yes / No

Checklist for Element 270

Administration of blood is recorded

Instruction: Select the health records of three patients who were administered blood or blood products and verify whether the aspects listed below are documented. Score 1 if the aspect is documented, 0 if not documented, NA if blood was not administered.

Description	Score Record 1	Score Record 2	Score Record 3
Clinical indication for blood or blood products	Yes / No / NA	Yes / No / NA	Yes / No / NA
Type of blood product required.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Informed consent completed and signed.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Confirmation of type of blood product prior to administration	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient's documentation checked prior to administration. (Explanatory note: The unit of blood has a tag that has Patient details, donor details, blood type, date when blood was donated, rhesus factor and expiry date. These details must be cross-checked with the Patient information prior to administration)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Confirmation of patient's identity prior to administration	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient's vital signs recorded and documented prior to administration.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient's vital signs recorded and documented during administration in accordance with standard operating procedure for the administration of blood and blood products.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Patient's vital signs recorded and documented for 12 hours after administration, in accordance with standard operating procedure.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Details of transfusion recorded. (Explanatory note: This must include the start and finish time, how many units were administered, any reaction, and observations.)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 274

Certificates of compliance or service reports for medical equipment are available

Instruction: Request a certificate of compliance for each of the medical equipment items listed below. Score 1 if the certificate is available and 0 if not available. Score NA in hospitals where the equipment is not utilised as the service is not provided in the specific area.

Description	Score
Anaesthetic machines	Yes / No / NA
Bucky X-ray	Yes / No / NA
Cath lab imaging machines	Yes / No / NA
CT Scanner	Yes / No / NA
Mobile X-ray	Yes / No / NA
MRI scans	Yes / No / NA
Nuclear medicine machines	Yes / No / NA
PET CT Scanner	Yes / No / NA
Screening units-X-ray	Yes / No / NA
Ventilators	Yes / No / NA

Checklist for Element 275	
Functional essential equipment is available in OPD	
Instruction: Inspect the outpatient department to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the equipment is not required for the level of care provided.	
Description	Score
Blood pressure machine, electronic or manual	Yes / No / NA
Cast cutter, complete with vacuum cleaner	Yes / No / NA
Ceiling-mounted examination light	Yes / No / NA
Cuffs for blood pressure machine (adult, obese)	Yes / No / NA
Cuffs for blood pressure machine (paediatric)	Yes / No / NA
Diagnostic set, wall mounted	Yes / No / NA
Diagnostic set, portable	Yes / No / NA
Doppler, hand held	Yes / No / NA
Drip stand, mobile	Yes / No / NA
Drip stand, wall or ceiling mounted	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Examination couch with removable lithotomy poles	Yes / No / NA
Eye chart – alphabet and symbols for illiterate patients	Yes / No / NA
Gestation calculator	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Humidifier	Yes / No / NA
Instrument pack (obstetrician/gynaecologist examination)	Yes / No / NA
Instrument set (ear, nose, throat)	Yes / No / NA
Instrument set, dressing	Yes / No / NA
Manual cast removing instruments (set)	Yes / No / NA
Mechanical spirometer (adult)	Yes / No / NA
Mechanical spirometer (paediatric)	Yes / No / NA
Mobile examination light	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen regulator	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Patella hammer	Yes / No / NA
Pinard foetal stethoscope	Yes / No / NA
Pulse oximeter with adult and paediatric probes	Yes / No / NA
Refrigerator with temperature gauge	Yes / No / NA
Resuscitator, pulmonary, manual (adult, mask all sizes)	Yes / No / NA
Resuscitator, pulmonary, manual (paediatric, mask all sizes)	Yes / No / NA
Scale (adult)	Yes / No / NA
Scale (paediatric)	Yes / No / NA
Single X-ray viewing box, PVC coated	Yes / No / NA
Stethoscope	Yes / No / NA
Suction unit, portable or fixed	Yes / No / NA
Thermometer	Yes / No / NA
Tuning fork	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA
Only applicable where Dental services are provided	Score
Amalgamator	Yes / No / NA
Basic instrument set for tooth extraction	Yes / No / NA
Curing light	Yes / No / NA
Dental air compressor	Yes / No / NA
Dental chair, complete with light, suction unit, drill and polish set, accessory table	Yes / No / NA

Dental equipment laboratory, standard set	Yes / No / NA
Dental instrument cabinet	Yes / No / NA
Dental radiographic unit	Yes / No / NA
Dental suction plant	Yes / No / NA
Dental X-ray processor, automatic	Yes / No / NA
Dental X-ray processor, manual	Yes / No / NA
Dental X-ray viewing box	Yes / No / NA
Dentist's chair	Yes / No / NA
Instrument set for dental surgery	Yes / No / NA
Sterilising unit, steam, tabletop, vacuum, 20ℓ	Yes / No / NA
Ultrasonic scaler	Yes / No / NA
Equipment applicable to Gastro OPD-Bronchoscopy	Score
Bronchoscopy stack	Yes / No / NA
Ebus scope	Yes / No / NA
Broncho scope	Yes / No / NA
Big channel scope	Yes / No / NA
Equipment applicable to Gastro OPD-Endoscopy	Score
Endoscopes	Yes / No / NA
Jumbo scope	Yes / No / NA
Endoscopy stack	Yes / No / NA
Equipment applicable to Gastro OPD-Colonoscopy	Score
Pilot	Yes / No / NA
Balloon scope	Yes / No / NA
Colonoscopy stack	Yes / No / NA
Equipment applicable to Gastro OPD-Endoscopic Ultrasound	Score
Linear scope	Yes / No / NA
Radial scope	Yes / No / NA
Equipment applicable to Gastro OPD-ERCP	Score
ERCP stack	Yes / No / NA
Scope	Yes / No / NA
Spy glass machine	Yes / No / NA
Boogies	Yes / No / NA
ERBE machine	Yes / No / NA
C-arm	Yes / No / NA
Equipment applicable to Gastro OPD-scope wash room	Score
Leakage test machine	Yes / No / NA
Scope dryer	Yes / No / NA
Reprocessors	Yes / No / NA
Equipment applicable to Gastro OPD-Manometry	Score
Mano scan	Yes / No / NA
Equipment applicable to Orthopaedic Clinic	Score
Spiker table	Yes / No / NA
Ultrasound machine	Yes / No / NA

Checklist for Element 276	
Functional essential equipment is available in A&E	
Instruction: Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the equipment is not required for the level of care provided.	
Description	Score
Adult scale	Yes / No / NA
An electronic or manual blood pressure machine (NIBP)	Yes / No / NA
Blood gas analyser (the emergency unit should have access to one urgently within the hospital for immediate analysis)	Yes / No / NA
Blunt-nose scissors, general purpose	Yes / No / NA
Bowl on stand or within a pack	Yes / No / NA
Capnograph	Yes / No / NA
Cast cutter, complete with vacuum cleaner	Yes / No / NA
Cervical collar (adult and paediatric)	Yes / No / NA
Diagnostic set portable	Yes / No / NA
Diagnostic set wall mounted	Yes / No / NA
Digital baby scale with rechargeable battery or analogue	Yes / No / NA
Drip rail, drip hanger wall or ceiling mounted	Yes / No / NA
Drip stand, mobile	Yes / No / NA
Electrocardiograph (ECG) machine on mobile trolley	Yes / No / NA
Examination couch	Yes / No / NA
Examination light mounted on pendant	Yes / No / NA
Fine instrument set for small object removal	Yes / No / NA
Fluid warmer	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Infant resuscitation apparatus	Yes / No / NA
Infusion pumps	Yes / No / NA
Instrument cart or trolley	Yes / No / NA
Instrument set for central lines	Yes / No / NA
Instrument set for dressings or dressing pack	Yes / No / NA
Instrument set for IV cut downs	Yes / No / NA
Instrument set for manual cast removal	Yes / No / NA
Intercostal drain pack	Yes / No / NA
Large dressing cart or trolley	Yes / No / NA
Mobile examination light (Not applicable if ceiling light over bed)	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen cylinder stand	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Paediatric, adult and obese cuffs for blood pressure machine	Yes / No / NA
Patella hammer	Yes / No / NA
Pinard foetal stethoscope (NA if Ultrasound is available)	Yes / No / NA
Pulse oximeter with adult and paediatric probe	Yes / No / NA
Refrigerator, blood (Explanatory note: This requirement will be NA where blood is stored off site)	Yes / No / NA
Refrigerator, medicine	Yes / No / NA
Resuscitation bag, manual (child)	Yes / No / NA
Resuscitation bag, manual (infant)	Yes / No / NA
Resuscitation bag, pulmonary, manual (adult)	Yes / No / NA
Ring cutter, complete with blades	Yes / No / NA
Single ceiling mounted theatre light	Yes / No / NA
Spirometer mechanical (adult)	Yes / No / NA

Spirometer mechanical (paediatric)	Yes / No / NA
Stethoscope	Yes / No / NA
Stitch pack	Yes / No / NA
Surgeon's stool or appropriate chair	Yes / No / NA
Thermometer	Yes / No / NA
Tourniquet (for IV access)	Yes / No / NA
Tracheostomy set	Yes / No / NA
Transport incubator, complete with adjustable temperature, ventilator, oxygen cylinder skin/air temperature control and suction unit on collapsible trolley	Yes / No / NA
Trauma trolley, complete with collapsible side rails, oxygen cylinder holder, drip rod, shelf for patient clothing, safety belt (Explanatory note: Trauma trolley is interpreted to be a mobile trauma bed)	Yes / No / NA
Ultrasound	Yes / No / NA
Patient warmer, forced air	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA
X-ray viewing box or monitor (digital X-ray viewing)	Yes / No / NA
Piped oxygen with suitable regulator	Yes / No / NA
Suction apparatus, portable	Yes / No / NA
Suction apparatus, wall mounted, piped suction	Yes / No / NA
Tape measure, material type	Yes / No / NA
Tuning fork	Yes / No / NA
Intensive care crib, complete with heater and examination light	Yes / No / NA
Adult intraosseous needles	Yes / No / NA
Cricothyroidotomy set	Yes / No / NA
Drainage bags	Yes / No / NA
Gum elastic bougie	Yes / No / NA
Head blocks or suitable blanket for "Blanket roll"	Yes / No / NA
Intensive care crib, complete with heater and examination light	Yes / No / NA
Limb traction device	Yes / No / NA
Lumbar puncture set	Yes / No / NA
Oesophageal detector device (NA if capnograph is used)	Yes / No / NA
Paediatric Broselow tape or PAWPER Tape	Yes / No / NA
Paediatric intraosseous needles	Yes / No / NA
PEEP valve with adaptor for bag valve device	Yes / No / NA
Portable ventilator (adult) complete with circuit	Yes / No / NA
Portable ventilator (paediatric) complete with circuit	Yes / No / NA
Restraining devices	Yes / No / NA
Spine boards or stretcher with firm mattress	Yes / No / NA
Patient lifting device (any device used to lift users from the floor or wheelchair onto the bed/stretcher)	Yes / No / NA

Checklist for Element 277	
Functional essential equipment is available in Medical ward	
Instruction: Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA as indicated and if the equipment is not required for the level of care provided or where only adult/paediatric patients are admitted	
Description	Score
Blood pressure monitor (electronic or manual)	Yes / No / NA
Diagnostic set (portable or wall mounted)	Yes / No / NA
Drip hanger, wall or ceiling mounted	Yes / No / NA
Drip stand with double hook	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Examination couch	Yes / No / NA
Cot bed, complete with mattress (paediatric)	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Infusion pump	Yes / No / NA
Laryngoscope set, complete in carry case	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile examination light	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Oxygen set, with humidifier	Yes / No / NA
Pulse oximeter	Yes / No / NA
Scale, electronic (adult)	Yes / No / NA
Scale, electronic (baby)	Yes / No / NA
Spirometer, mechanical (adult)	Yes / No / NA
Spirometer mechanical (paediatric)	Yes / No / NA
Suction unit, fixed	Yes / No / NA
Suction unit, portable	Yes / No / NA
Thermometer	Yes / No / NA
Tuning fork	Yes / No / NA
Patient lifting device	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA
Capnograph	Yes / No / NA
Ripple mattress	Yes / No / NA
Doppler machine	Yes / No / NA
Oncology ward	Score
Infusomat to regulate chemotherapy and intravenous fluids	Yes / No / NA
Orthopaedic ward	Score
Bandage scissors	Yes / No / NA
Cast cutter, complete with vacuum cleaner	Yes / No / NA
Head mirror	Yes / No / NA
Opening shears (Daw)	Yes / No / NA
Pins (Steinmann), with covers for ends	Yes / No / NA
Plaster saw (Engel)	Yes / No / NA
Plaster saw (Tenon)	Yes / No / NA
Plaster spreader	Yes / No / NA
Pneumatic tourniquet	Yes / No / NA
Rubber bandages (Esmarch)	Yes / No / NA
Scissors (Bohler) 25 cm	Yes / No / NA
Shears (Stille) 46cm	Yes / No / NA
Weights for traction, set	Yes / No / NA

Checklist for Element 278	
Functional essential equipment is available in Maternity ward	
Instruction: Verify that the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the equipment is not required for the level of care provided or the equipment is not required where antenatal/postnatal/labour ward is assessed	
Description	Score
Bed, 3-section, high/low adjustable, complete with mattress (antenatal and post-natal)	Yes / No / NA
Bed, delivery, complete with mattress (labour ward/section)	Yes / No / NA
Bowl on stand or inside delivery pack	Yes / No / NA
Breast pump (post-natal ward/section)	Yes / No / NA
Delivery packs/instrument set delivery (labour ward/section)	Yes / No / NA
Diagnostic set, portable or wall mounted	Yes / No / NA
Drip hanger, ceiling mounted, or drip rod attached to bed (must be available for patients who need mobilisation)	Yes / No / NA
Drip stand, mobile	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Electronic thermometer	Yes / No / NA
Examination couch	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Handheld foetal Doppler	Yes / No / NA
Height meter	Yes / No / NA
Incubator	Yes / No / NA
Infant crib or bassinet	Yes / No / NA
Infant resuscitation apparatus	Yes / No / NA
Infusion pump	Yes / No / NA
Lithotomy poles (labour ward/section)	Yes / No / NA
Measuring tape	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile hospital trolley with oxygen and drip rod	Yes / No / NA
Neonatal/infant resuscitation crib equipped with warming apparatus	Yes / No / NA
Neonate/infant set (new-born) Instruments used for resuscitation of neonates eg. magills forceps, laryngoscope and different sizes of blades)	Yes / No / NA
Non-invasive blood pressure (NIBP) machine – electronic or manual (obese and adult cuff)	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Pinard stethoscopes	Yes / No / NA
Portable examination light or flexible light	Yes / No / NA
Pulse oximeter (separate or attached to blood pressure machine)	Yes / No / NA
Resuscitator and appropriate mask (adults)	Yes / No / NA
Resuscitator and appropriate mask (infants)	Yes / No / NA
Resuscitator and appropriate mask (neonates)	Yes / No / NA
Scale (adult)	Yes / No / NA
Scale (paediatric)	Yes / No / NA
Suction apparatus (wall mounted or portable)	Yes / No / NA
Suture pack (labour ward/section; may be in the delivery pack)	Yes / No / NA
Thermometer	Yes / No / NA
Ultrasound, obstetrics	Yes / No / NA
Patient trolley (stretcher)	Yes / No / NA
Vacuum or ventouse machine with attachments (labour ward/section)	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA
Cardiotocograph with probes, belts and tracing paper	Yes / No / NA
Capnograph	Yes / No / NA

Checklist for Element 279

Functional essential equipment is available in Surgical ward

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

Description	Score
Blood pressure monitor (electronic or manual)	Yes / No / NA
Capnograph	Yes / No / NA
Cast cutter, complete with vacuum cleaner	Yes / No / NA
Cuffs for blood pressure machine (adult and obese)	Yes / No / NA
Diagnostic set (portable or wall mounted)	Yes / No / NA
Drip hanger, wall or ceiling mounted	Yes / No / NA
Drip stand with double hook	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Examination couch	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Infusion pump	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile examination light	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Oxygen set, with humidifier	Yes / No / NA
Pulse oximeter	Yes / No / NA
Scale	Yes / No / NA
Spirometer, mechanical (adult)	Yes / No / NA
Spirometer, mechanical (paediatric)	Yes / No / NA
Thermometer	Yes / No / NA
Patient lifting device	Yes / No / NA
Weights for traction, set	Yes / No / NA
Wheelchair porter type with drip rod	Yes / No / NA

Checklist for Element 280	
Functional essential equipment is available in Paediatric ward	
Instruction: Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the equipment is not required for the level of care provided.	
Description	Score
Blood pressure monitor (electronic or manual)	Yes / No / NA
Cot bed, complete with mattress (paediatric)	Yes / No / NA
Diagnostic set (portable or wall mounted)	Yes / No / NA
Drip hanger, wall or ceiling mounted	Yes / No / NA
Drip stand with double hook	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Examination couch	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Infusion pump	Yes / No / NA
Laryngoscope set, complete in carry case	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile examination light	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Oxygen set, with humidifier	Yes / No / NA
Pulse oximeter	Yes / No / NA
Scale, electronic (baby)	Yes / No / NA
Spirometer mechanical (paediatric)	Yes / No / NA
Suction unit, fixed	Yes / No / NA
Suction unit, portable	Yes / No / NA
Thermometer	Yes / No / NA
Tuning fork	Yes / No / NA
Patient lifting device	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA
Paediatric wards in Central hospitals	Score
Apnoea monitor	Yes / No / NA
Ripple mattress	Yes / No / NA
Doppler machine	Yes / No / NA
Cardiac monitor	Yes / No / NA
Vein viewer machine	Yes / No / NA
Paediatric Oncology	Score
Infusomat to regulate chemotherapy and intravenous fluids	Yes / No / NA

Checklist for Element 281

Functional essential equipment is available in MHCU ward

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

Description	Score
Blood pressure monitor (electronic or manual)	Yes / No / NA
Diagnostic set (portable or wall mounted)	Yes / No / NA
Drip stand with double hook	Yes / No / NA
Electrocardiograph (ECG) machine, 12-lead on mobile trolley	Yes / No / NA
Examination couch	Yes / No / NA
Examination light (fixed or mobile)	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Height meter	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Pulse oximeter	Yes / No / NA
Scale (adult)	Yes / No / NA
Thermometer	Yes / No / NA
Wheelchair, porter type with drip rod	Yes / No / NA

Checklist for Element 282

Functional essential equipment is available in Isolation ward

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

Description	Score
Cuffs for blood pressure machine (paediatric, adult and obese)	Yes / No / NA
Defibrillator with monitor on trolley	Yes / No / NA
Diagnostic set (portable or wall mounted)	Yes / No / NA
Drip hanger, wall or ceiling mounted	Yes / No / NA
Drip stand mobile with double hook	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Infusion pump	Yes / No / NA
Nebuliser	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Oxygen flow meter, single	Yes / No / NA
Refrigerator	Yes / No / NA
Resuscitation bag (adult)	Yes / No / NA
Spirometer, mechanical (adult)	Yes / No / NA
Spirometer, mechanical (paediatric)	Yes / No / NA
Stethoscope	Yes / No / NA
Syringe pump 5ml to 50ml (if required)	Yes / No / NA
Thermometer	Yes / No / NA

Checklist for Element 283

Functional essential equipment is available in Operating Theatre

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

Maternity Theatre:	Score
Anaesthesia machine	Yes / No / NA
Anaesthesia trolley, mobile	Yes / No / NA
Bowl, wash, on stand, single, 4l	Yes / No / NA
Bucket, kickabout	Yes / No / NA
Diagnostic set, complete	Yes / No / NA
Difficult airway trolley	Yes / No / NA
Electrosurgical unit, general purpose	Yes / No / NA
Fluid warmer	Yes / No / NA
Infant resuscitation apparatus	Yes / No / NA
Infusion pump	Yes / No / NA
Laryngoscope set, complete	Yes / No / NA
Mayo instrument cart	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile drip stand	Yes / No / NA
Mobile surgical light with battery backup	Yes / No / NA
saturation (SpO2) machine, temperature monitor, capnography machine. Explanatory note:	Yes / No / NA
Nerve stimulator	Yes / No / NA
Operating table, general surgery	Yes / No / NA
Oxygen cylinder regulator	Yes / No / NA
Oxygen cylinder stand	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Patella hammer	Yes / No / NA
Resuscitator, pulmonary, manual, complete (adult)	Yes / No / NA
Resuscitator, pulmonary, manual, complete (child/infant)	Yes / No / NA
Ring cutter, complete with blades	Yes / No / NA
Sensor for non-invasive blood pressure (NIBP)/Saturation/oxygen monitor (adult and paediatric)	Yes / No / NA
Stethoscope	Yes / No / NA
Suction unit, 1l bottle/disposable bag, wall outlet	Yes / No / NA
Suction unit, emergency, battery or foot operated	Yes / No / NA
Suction unit, mobile, 1 x 2l bottle/disposable bag, electrical	Yes / No / NA
Suction unit, mobile, 1 x 2l bottle/disposable bag, wall outlet	Yes / No / NA
Surgeon's stool, adjustable, anti-static cushion	Yes / No / NA
Theatre light, ceiling mounted	Yes / No / NA
Thermometer, electronic	Yes / No / NA
Recovery area for maternity theatre:	Score
Defibrillator, complete, mounted on mobile trolley, adult/paediatric paddles	Yes / No / NA
Diagnostic set, complete	Yes / No / NA
Difficult airway trolley	Yes / No / NA
Drip hanger wall/ceiling mounted	Yes / No / NA
Emergency trolley	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Non-invasive blood pressure (NIBP); Saturation/oxygen monitor with adult and paediatric sensor	Yes / No / NA
Oxygen cylinder regulator	Yes / No / NA
Oxygen cylinder stand	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Refrigerator	Yes / No / NA

Resuscitator, pulmonary, manual, complete (adult)	Yes / No / NA
Resuscitator, pulmonary, manual, complete (paediatric)	Yes / No / NA
Stethoscope	Yes / No / NA
Suction unit, 1ℓ bottle/disposable bag, wall outlet	Yes / No / NA
Thermometer, electronic	Yes / No / NA
Trolley, mobile, hospital, with oxygen and drip rod	Yes / No / NA
General theatre or recovery room:	Score
Medicine refrigerator	Yes / No / NA
Sterilising unit, steam, tabletop, non-vacuum	Yes / No / NA
General Theatre:	Score
Anaesthesia machine	Yes / No / NA
Anaesthesia trolley, mobile	Yes / No / NA
Anaesthesia ventilator with hypoxic guard rota meter	Yes / No / NA
Anaesthetic breathing circuits, circle (adult)	Yes / No / NA
Anaesthetic breathing circuits, T-piece (paediatric)	Yes / No / NA
Blood warmer	Yes / No / NA
Drip stand, mobile	Yes / No / NA
Endotracheal (ET) tubes, as appropriate (adult)	Yes / No / NA
Endotracheal tubes, as appropriate (paediatric)	Yes / No / NA
Forced air warmers	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Intubating laryngeal masks	Yes / No / NA
Laryngoscope – two handles and complete set of blades (adult and paediatric)	Yes / No / NA
Nerve stimulator	Yes / No / NA
Nitrous oxide concentrator	Yes / No / NA
Oxygen concentrator	Yes / No / NA
Oxygen cylinder stand	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Oxygen regulator	Yes / No / NA
Oxygen set with humidifier, ready for use	Yes / No / NA
Pulmonary resuscitator, manual, masks all sizes (adult)	Yes / No / NA
Pulmonary resuscitator, manual, masks all sizes (infant)	Yes / No / NA
Rapid infusers	Yes / No / NA
Sharps boxes	Yes / No / NA
Vaporisers, halothane, isoflurane and sevoflurane	Yes / No / NA
invasive blood pressure (NIBP), temperature and saturation monitors	Yes / No / NA
General Resuscitation:	Score
Defibrillator	Yes / No / NA
Introducer	Yes / No / NA
Mobile or portable suction apparatus	Yes / No / NA
Resuscitator, pulmonary, manual, complete (adult)	Yes / No / NA
Resuscitator, pulmonary, manual, complete (paediatric)	Yes / No / NA
Specialised endotracheal (ET) tubes	Yes / No / NA
Standard difficult airway set	Yes / No / NA
Theatre Main:	Score
Apron rack for X-ray room	Yes / No / NA
Bowl or wash basin on stand	Yes / No / NA
Bucket, kickabout	Yes / No / NA
C-arm	Yes / No / NA
Cart with dressings, large	Yes / No / NA
Cart with instruments, large	Yes / No / NA
Diagnostic set, portable, battery operated	Yes / No / NA
Electrosurgical unit, general purpose	Yes / No / NA
Emergency suction unit, battery or foot operated	Yes / No / NA
Infusion pump	Yes / No / NA

Laparoscopy system, complete, equipment and instrumentation	Yes / No / NA
Liquid warmer	Yes / No / NA
Lockable cabinet for medicine	Yes / No / NA
Mayo cart with instruments	Yes / No / NA
Mobile suction unit, 1 x 2ℓ bottle or disposable bag, electrical	Yes / No / NA
Mobile surgical light, with battery backup	Yes / No / NA
Nerve stimulator	Yes / No / NA
Operating table, gynaecology	Yes / No / NA
Patella hammer	Yes / No / NA
Pendant surgical light, ceiling mounted	Yes / No / NA
Ring cutter, complete with blades	Yes / No / NA
Scale for swab weighing	Yes / No / NA
Suction unit, 1ℓ bottle or disposable bag, wall outlet	Yes / No / NA
Surgeon's stool, adjustable with anti-static cushion	Yes / No / NA
Temperature meter	Yes / No / NA
Theatre light, ceiling mounted	Yes / No / NA
Theatre table, complete with mattress, removable arm rest and lithotomy poles, hydraulic	Yes / No / NA
Tourniquet, pneumatic	Yes / No / NA
X-ray aprons	Yes / No / NA
Main Recovery room:	Score
Defibrillator, complete, mounted on mobile trolley, adult/paediatric paddles	Yes / No / NA
Diagnostic set, portable, battery operated	Yes / No / NA
Difficult airway trolley	Yes / No / NA
Drip hanger, wall/ceiling mounted	Yes / No / NA
Drip stand, double hook	Yes / No / NA
Electronic thermometer	Yes / No / NA
Emergency suction unit, foot operated, portable	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Instruments for removal of foreign bodies	Yes / No / NA
Mobile hospital stretcher with oxygen and drip rod	Yes / No / NA
saturation (SaO2) machine	Yes / No / NA
Oxygen concentrator	Yes / No / NA
Oxygen cylinder stand	Yes / No / NA
Oxygen cylinder, with regulator ready for use	Yes / No / NA
Oxygen flow meter	Yes / No / NA
Patella hammer	Yes / No / NA
Refrigerator and compressor	Yes / No / NA
Resuscitator, manual, masks all sizes (adult)	Yes / No / NA
Resuscitator, manual, masks all sizes (infant)	Yes / No / NA
Sterile light handles	Yes / No / NA
Stethoscope	Yes / No / NA
Surgical suction unit, two bottles, medium	Yes / No / NA

Checklist for Element 284	
Functional essential equipment is available in ICU/High Care Ward	
Instruction: Inspect the unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the equipment is not required for the level of care provided in the unit or where only neonatal/paediatric/adult patients are admitted.	
Description	Score
Bed (intensive care unit)	Yes / No / NA
Bed, cot, complete with collapsible sides and mattress (child)	Yes / No / NA
Blood gas and electrolyte analyser	Yes / No / NA
Blood warmer	Yes / No / NA
Capnograph	Yes / No / NA
Continuous Positive Airway Pressure (CPAP) ventilator with mask	Yes / No / NA
Cuffs for blood pressure machine (paediatric, adult and obese)	Yes / No / NA
Defibrillator with monitor on trolley	Yes / No / NA
Diagnostic set wall mounted	Yes / No / NA
Diagnostic set, portable, battery operated	Yes / No / NA
Drip hanger, wall/ceiling mounted	Yes / No / NA
Drip stand, mobile with double hook	Yes / No / NA
Electrocardiograph (ECG) machine	Yes / No / NA
Glucometer	Yes / No / NA
Haemoglobinometer	Yes / No / NA
Humidifier	Yes / No / NA
Infusion pump, multichannel	Yes / No / NA
Infusion pumps	Yes / No / NA
Instruments for minor procedures	Yes / No / NA
Laryngoscope, four-blade set in carry case	Yes / No / NA
Medicine refrigerator	Yes / No / NA
Mobile examination lamp	Yes / No / NA
Nebuliser	Yes / No / NA
Non-invasive blood pressure (NIBP) and blood-oxygen saturation (SaO2) monitor on a trolley	Yes / No / NA
Oxygen cylinder regulator	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Regulator and flow meter for oxygen (dial-a-flow) with bullnose	Yes / No / NA
Resuscitation bag (adult)	Yes / No / NA
Spirometer, mechanical (adult)	Yes / No / NA
Spirometer, mechanical (paediatric)	Yes / No / NA
Stethoscope	Yes / No / NA
Suction unit regulator controller for pipeline system (two disposable bags)	Yes / No / NA
Suction unit, mobile, electrical, two bottles	Yes / No / NA
Syringe pump 5ml to 50ml (if required)	Yes / No / NA
Temperature meter	Yes / No / NA
Patient lifting device	Yes / No / NA
Patient warmer, forced air warming	Yes / No / NA
Ventilator, complete with humidifier and patient circuit (paediatric) NB: Only applicable in units admitting children (ICU)	Yes / No / NA
Ventilator, life support on trolley with humidifier and three circuits (adult) (ICU)	Yes / No / NA
Ventilator, life support for transport use (ICU)	Yes / No / NA
Vital signs monitor, portable – electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, pulse, peripheral capillary oxygen saturation (SpO2) machine, temperature, respiration and printer (haemodynamic monitor)	Yes / No / NA
Weights for traction, set	Yes / No / NA

Wheelchair, porter type with drip rod	Yes / No / NA
ACT Machine /Coagulation Analyser	Yes / No / NA
Blood and fluid warmers	Yes / No / NA
C Arm Table for screening in ICU	Yes / No / NA
Dialysis Machines(e.g. CVVHD)	Yes / No / NA
Diathermy Machine	Yes / No / NA
Early mobilization beds(combilizer)	Yes / No / NA
Extracorporeal Membrane Oxygenation(ECMO)-Veno-venous only)	Yes / No / NA
Glide scopes(for intubation)	Yes / No / NA
Haemodynamic monitor (Bedside Monitor: Multi- Parameter), portable – electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, pulse, peripheral capillary oxygen saturation (SpO2) machine, temperature, respiration and printer	Yes / No / NA
Head blocks	Yes / No / NA
Intra-arterial / Pulmonary Artery measurements	Yes / No / NA
Patient warmers	Yes / No / NA
Portable X-ray machines	Yes / No / NA
Pressure infusion bags	Yes / No / NA
Restraining devices	Yes / No / NA
Spine boards	Yes / No / NA
Swan Ganz catheters	Yes / No / NA
Tracheostomy set	Yes / No / NA
Tube feeding pumps	Yes / No / NA
Vacuum Suction Unit	Yes / No / NA
Vascular Doppler	Yes / No / NA
Vascular Ultrasound	Yes / No / NA
Commodes	Yes / No / NA
Intracranial pressure monitoring machines	Yes / No / NA
EEG machines	Yes / No / NA
Pace makers(temporal and permanent)	Yes / No / NA
Intra-aortic Balloon Pumps	Yes / No / NA
Echo machines	Yes / No / NA
Foot pump	Yes / No / NA
Cell save machines(for auto transfusion)	Yes / No / NA

Checklist for Element 285	
Medical equipment and materials are available in the Speech Therapy unit	
Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material	
Communication	Score
Toys including those used for cause & effect, symbolic play, sensory-adapted, playdough, construction and themed	Yes / No / NA
Reading books (various languages are preferred)	Yes / No / NA
Boxed sets and or puzzles for discourse (range of difficulties)	Yes / No / NA
Paediatric tables and chairs	Yes / No / NA
Alternative and Augmentative communication software and devices, with computer and colour printer (e.g. Board maker, various switches, mounting arms etc)	Yes / No / NA
Laminator with various sizes laminating pouches	Yes / No / NA
Feeding equipment	Score
Teats (various)	Yes / No / NA
Spoons (various sizes)	Yes / No / NA
Feeding bottles (various)	Yes / No / NA
Specialized bottles (e.g. for use with Cleft babies)	Yes / No / NA
Pacifiers or Soothers (various)	Yes / No / NA
Thickening agent	Yes / No / NA
Plastic bowls (various sizes)	Yes / No / NA
Cups (various sizes, normal and cut-out cups)	Yes / No / NA
Oral stimulation devices (e.g. electric toothbrushes, range of therapeutic electronic oral massage devices)	Yes / No / NA
Range of devices for Oro-motors exercises (e.g. Bite blocks) (NA for District Hospitals)	Yes / No / NA
Blue food colouring for assessments (NA for District Hospitals)	Yes / No / NA
Specialised items	Score
Laryngectomy cleaning brushes	Yes / No / NA
Laryngeal mirrors	Yes / No / NA
Portable mirror	Yes / No / NA
Assessment tools for dysphagia	Yes / No / NA

Assessment tools for speech and language (e.g. standardized tests)	Yes / No / NA
Therapy mats	Yes / No / NA
Headlight or torch	Yes / No / NA
Laryngectomy sizing kit (Not applicable for District Hospitals)	Yes / No / NA
Tracheoesophageal voice prosthesis / electrolarynx (NA for District Hospitals)	Yes / No / NA
Assessment tools for voice and fluency (NA for District Hospitals)	Yes / No / NA
Laryngectomy accessories (e.g. toma covers, lary-button, base plates, humidifiers etc) (NA for District Hospitals)	Yes / No / NA
Speaking valves for trachy patients (NA for District and Regional Hospitals)	Yes / No / NA
Electrical stimulation for voice therapy (NA for District and Regional Hospitals)	Yes / No / NA
Acoustic / video voice equipment (Not applicable for District and Regional Hospitals)	Yes / No / NA
Assessment tools for paediatric and adult neurological disorders (NA for District and Regional Hospitals)	Yes / No / NA
Assessment tools and therapeutic materials for AVT (used with cochlear implants) (NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA

Checklist for Element 286	
Medical equipment and materials are available is available in the Audiology unit	
Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material	
Diagnostic	Score
Sound-proof booth (various sizes)	Yes / No / NA
Otoscope with speculae (hand-held or wall-mounted)	Yes / No / NA
Screening tympanometer (with probe tips)	Yes / No / NA
Diagnostic middle ear analyser with probe tips	Yes / No / NA
Screening Audiometer	Yes / No / NA
2-Channel diagnostic audiometer with high frequency capability optional reinforcement)	Yes / No / NA
Pre-recorded tests for CAPD testing	Yes / No / NA
Screening OAE or AABR or Combination OAE + AABR unit	Yes / No / NA
Diagnostic ABR or OAE with appropriate transducers	Yes / No / NA
Diagnostic OAE + ABR combination unit with appropriate transducers (NA for District hospitals)	Yes / No / NA
Diagnostic ASSR with transducers (NA for District hospitals)	Yes / No / NA
Diagnostic ABR + ASSR combination unit (NA for District hospitals)	Yes / No / NA
Other equipment	Score
Hearing aid programmer example HI-PRO and NOAH-link	Yes / No / NA
Computer with hearing aid programming software	Yes / No / NA
Equipment for Real ear measures and hearing aid verification	Yes / No / NA
Earmould impression making kit	Yes / No / NA
Drill and Bits for earmould modification	Yes / No / NA
Cerumen management kit	Yes / No / NA
Videonystagmography unit including caloric system and video goggles (may include VEMPS) (NA for District and Regional Hospitals)	Yes / No / NA
Laptop for Cochlear implant programming with appropriate software from various CI companies (NA for District and Regional Hospitals)	Yes / No / NA
Pre-recorded CI test materials on iPad or Tablet, for aided assessments (NA for District and Regional Hospitals)	Yes / No / NA
CI programming pods and cables for the various CI devices (NA for District and Regional Hospitals)	Yes / No / NA
Laptop with software for eABR and eCochG testing) (NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA
VHIT with appropriate video goggles (NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA
Diagnostic OAE + ABR combination unit with appropriate transducers (NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA
Diagnostic ASSR with transducers(NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA
Diagnostic ABR + ASSR combination unit (NA for District, Regional and Provincial Tertiary Hospitals)	Yes / No / NA

Checklist for Element 287	
Medical equipment and materials are available in the Occupational Therapy unit	
<p>Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material</p>	
Therapeutic Furniture/Equipment	Score
Therapy mat/s	Yes / No / NA
Treatment plinth/s (electric height adjustable/Bobath)	Yes / No / NA
Mounted/mobile posture mirror	Yes / No / NA
Folding, Mobile Screen	Yes / No / NA
Examination Couch	Yes / No / NA
Therapy balls (Various)	Yes / No / NA
Bobath roll (various)	Yes / No / NA
Wedges (Various)	Yes / No / NA
Splinting pan	Yes / No / NA
Mobile Splinting Pan (Electric)	Yes / No / NA
Heat gun	Yes / No / NA
Utility (Stanley) knife	Yes / No / NA
Electric Foam rubber cutter	Yes / No / NA
Revolving punch	Yes / No / NA
Multiplug	Yes / No / NA
Extension cord/lead	Yes / No / NA
Portable music player	Yes / No / NA
Wire cutter	Yes / No / NA
Hand exercisers (various)	Yes / No / NA
Bean bags	Yes / No / NA
Scissors	Yes / No / NA
Portable workbench	Yes / No / NA
Upper extremity workstation	Yes / No / NA
Sewing Machine	Yes / No / NA
Overlocker machine	Yes / No / NA
Paediatric plastic table/ chair set	Yes / No / NA
Assessment Tools (S- Standardised, F- functional)	Score
Goniometer various (finger, wrist, large)	Yes / No / NA
Hand Assessment kit: Smith Hand function, Jamar, Pinch gauge, Monofilaments	Yes / No / NA
Cognitive assessment (adult/paeds)	Yes / No / NA
COTNAB, LOTCA, CAM, Rivermead	Yes / No / NA
Perceptual assessments adult/paeds	Yes / No / NA
DTVP, VMI, Beery, MVPT, Wits, Ayres Clinical Observation	Yes / No / NA
Mental Health Assessment adult/paeds	Yes / No / NA
APOM, Rivermead, COTNAB, CAM, LOTCA, RUDAS	Yes / No / NA
Vocational assessments	Score
MODAPTS, T-PAL, VALPAR, Hand Evaluation kit, RUDAS, etc	Yes / No / NA
Stopwatch	Yes / No / NA
Measuring tape, soft	Yes / No / NA
Functional Assistive Devices for activities of daily living (ADL's): Mobility/Transfer Devices	Score
Transfer Board (various)	Yes / No / NA
Bed Rope Ladder	Yes / No / NA
Sliding/transfer Sheets	Yes / No / NA

Bed Back Rest	Yes / No / NA
Long handled (easy) reacher	Yes / No / NA
Leg Lifter	Yes / No / NA
Toileting Items	Score
Commode	Yes / No / NA
Raised Toilet Seat (height adjustable/fixed)	Yes / No / NA
Bed pan	Yes / No / NA
Urinal (various)	Yes / No / NA
Bathing items	Score
Long handled bath sponge	Yes / No / NA
Wash Mitten (various)	Yes / No / NA
Bath board	Yes / No / NA
Shower Seat	Yes / No / NA
Tap turners (to fit various taps)	Yes / No / NA
Kitchen/Feeding Items	Score
Plate guard (small/large)	Yes / No / NA
Universal Cuff	Yes / No / NA
Built up grips (various sizes)	Yes / No / NA
Bendable cutlery (tsp, fork, spoon)	Yes / No / NA
Feeding Cups (various)	Yes / No / NA
Jar openers (one handed use/ coned & rubber)	Yes / No / NA
Kettle Tipper	Yes / No / NA
Cutting board (one handed use)	Yes / No / NA
Dressing Items	Score
Dressing Stick	Yes / No / NA
Sock aid	Yes / No / NA
Button Hook	Yes / No / NA
Reading/Writing	Score
Writing grips (various)	Yes / No / NA
Reading Stand	Yes / No / NA
Magnifiers (various)	Yes / No / NA
Basic stationery supplies (consumables for therapy)	Score
Pritt	Yes / No / NA
Prestik	Yes / No / NA
Markers (various e.g. permanent/white board)	Yes / No / NA
Cellotape (& or other tape)	Yes / No / NA
Sharpener	Yes / No / NA
Stapler	Yes / No / NA
Chalk (various)	Yes / No / NA
Crayons/coloured pencils/pens/kokie	Yes / No / NA
Board with duster (whiteboard/blackboard)	Yes / No / NA
Flip chart with paper	Yes / No / NA
Paper & Material Scissors	Yes / No / NA
Basic Arts & Craft supplies (Paediatric, Mental health and Physical Group Therapy)	Score
Paediatric scissors (left/right)	Yes / No / NA
Coloured paper/boards	Yes / No / NA
Paints various (powder/acrylic/fabric)	Yes / No / NA
Paint brushes various	Yes / No / NA
Knitting/crochet needles	Yes / No / NA
Wool various	Yes / No / NA

Craft glue	Yes / No / NA
Appropriate craft kits (e.g. beading/ decoupage/ clay/soapmaking/candle making/basket weaving. This would be dependent on cultural needs of the treatment population)	Yes / No / NA
Games/Toys/Activity Sets (Paediatric, Mental health and Physical Group Therapy) Not for issuing: for intervention	Score
Board games various (age appropriate)	Yes / No / NA
Playing cards various (adult/paeds)	Yes / No / NA
Puzzles various (adult/paeds)	Yes / No / NA
Sport items (soccer/cricket/swing ball/table tennis/Carrom board/tennis balls, to cover both gross & fine motor games.)	Yes / No / NA
Themed toy sets (tea/food/farm animals/cars/construction/body parts/dressing/picture cards, colouring books etc)	Yes / No / NA
Large plastic/zinc basin	Yes / No / NA
Handheld Mirror	Yes / No / NA
Wheelchair, Posture and Transport Devices (For Assessment & Issuing)	Score
Basic folding wheelchairs (various sizes)	Yes / No / NA
Active wheelchairs (basic sizes)	Yes / No / NA
Basic Motorised wheelchairs	Yes / No / NA
Standing Frames	Yes / No / NA
Posture support chairs	Yes / No / NA
Side lyres	Yes / No / NA
Basic Foam cushions	Yes / No / NA
Fluid Filled cushions	Yes / No / NA
Air filled cushions	Yes / No / NA
Cushion Covers	Yes / No / NA
Back systems	Yes / No / NA
Tray Tables	Yes / No / NA
Pelvic Straps & Harnesses	Yes / No / NA
Wheelchair gloves	Yes / No / NA

Checklist for Element 288	
Medical equipment and materials are available in the Physiotherapy unit	
Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material	
Assessment equipment	Score
Goniometers - at least 1 goniometer and 1 finger goniometer	Yes / No / NA
Neurological treatment plinth (Bobath plinth)	Yes / No / NA
Patella hammer	Yes / No / NA
Peakflow meter	Yes / No / NA
Pulse oximeter	Yes / No / NA
Stethoscope	Yes / No / NA
Tape measure	Yes / No / NA
Treatment plinth	Yes / No / NA
Vitals monitor (BP, heart rate, oxygen saturation)	Yes / No / NA
Dynamometer (handheld or electronic) (NA for District hospitals)	Yes / No / NA
Pinch gauge (NA for District and Regional hospitals)	Yes / No / NA
Mobility assistive equipment	Score
Crutch, adult (e.g. elbow crutch, axillary crutch)	Yes / No / NA
Crutch, gutter	Yes / No / NA
Crutch, paediatric (e.g. elbow crutch, axillary crutch)	Yes / No / NA
Standing frame, adult	Yes / No / NA
Standing frame, paediatric	Yes / No / NA
Walking frame or rollator, adult	Yes / No / NA
Walking frame or rollator, paediatric	Yes / No / NA
Walking stick, adult	Yes / No / NA
Quadropod or tripod walking stick	Yes / No / NA
Wheelchair, standard	Yes / No / NA
Gutter walker/Pulpit walker/Rehab walker (NA for District hospitals)	Yes / No / NA
Modular seating device (e.g. buggy) (NA for District hospitals)	Yes / No / NA
Reverse walker, paediatric (NA for District hospitals)	Yes / No / NA
Exercise equipment	Score
Ball (e.g. soccer ball, netball, volley ball)	Yes / No / NA
Ball, Physiotherapy (at least 2 sizes, e.g. 45cm & 80 cm)	Yes / No / NA
Exercise bicycle	Yes / No / NA
Foot mat for balance or wobble board	Yes / No / NA
Mat gym	Yes / No / NA
Parallel bars (adjustable fixed or adjustable portable)	Yes / No / NA
Posture mirror	Yes / No / NA
Push up blocks	Yes / No / NA
Roller (at least 2 sizes, e.g. Bobath roller 30cm & 50cm)	Yes / No / NA
Stairs, training	Yes / No / NA
Steps - single height/double height or stackable	Yes / No / NA
Toys, assorted for play therapy and distraction	Yes / No / NA
Transfer board	Yes / No / NA
Wedge, set	Yes / No / NA
Weights (dumbbells or ankle/wrist weights)	Yes / No / NA
Tilt table (NA for District hospitals)	Yes / No / NA
Electrotherapy equipment	Score
Hydrocollator/hot pack heater with hot packs	Yes / No / NA
Ice machine (e.g. crushed ice or ice blocks)	Yes / No / NA
Interferential unit with trolley or carry case	Yes / No / NA
Massager, electronic vibrator (large & small)	Yes / No / NA

Nebuliser (portable unit)	Yes / No / NA
Suction unit (portable unit)	Yes / No / NA
Transcutaneous Electrical Nerve stimulation (TENS) unit	Yes / No / NA
Ultrasound unit with trolley/carry case	Yes / No / NA
Paraffin wax heater (NA for District Hospitals)	Yes / No / NA
Exerciser continuous passive motion (CPM) or active/passive motion (ASPM) pedal exerciser (NADistrict and Regional hospitals)	Yes / No / NA

Checklist for Element 289

Medical equipment and materials are available in the Dietetic unit

Instruction: . Verify whether the unit has the equipment listed below. Score 1 if the item is available and 0 if not available. NB: This equipment can be available in the triage station or consulting rooms.

Description	Score
Platform scale for adults with height meter	Yes / No
Stadiometer	Yes / No
Baby scale	Yes / No
Length mat for babies or Infant meter	Yes / No
Mid upper-arm circumference (MUAC) tape	Yes / No
Waist/Hip circumference measuring tape	Yes / No
Skinfold callipers	Yes / No
Body mass index (BMI) calculator	Yes / No
BMI Charts for children 5 years and older	Yes / No

Checklist for Element 290	
Medical equipment and materials are available in the Medical Orthotics and Prosthetics unit	
Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material	
Consultation room	Score
Examination bed	Yes / No / NA
Chair for user	Yes / No / NA
Stool Double Step, for patients to safely get onto the bed	Yes / No / NA
Laminating room:	Yes / No / NA
Cupboard to store chemicals	Yes / No / NA
Extractor Unit, specific to extract fumes. Either free standing or industrial	Yes / No / NA
Laminating workstation with vacuum system	Yes / No / NA
Casting room:	Score
Examination bed	Yes / No / NA
Chair for user	Yes / No / NA
Chair hight adjustable for clinician	Yes / No / NA
Oscillator plaster saw, to cut-off Plaster of Paris casts	Yes / No / NA
Casting trolley	Yes / No / NA
Plaster scissors	Yes / No / NA
Plaster cast spreader	Yes / No / NA
Stainless Steel Casting Bowl, separate or with stand	Yes / No / NA
Stool Double Step, for patients to safely get onto the bed	Yes / No / NA
Gait analysis room:	Score
Full length mirror	Yes / No / NA
Parallel bars or walking rails	Yes / No / NA
Parallel bars or walking rails	Yes / No / NA
Spray/Painting room:	Score
Compressor with spray gun	Yes / No / NA
Cupboard to store chemicals and paint	Yes / No / NA
Spray Painting booth or room with extraction unit	Yes / No / NA
Machine Room:	Score
Dust Extractor unit, either free standing or industrial	Yes / No / NA
Band saw	Yes / No / NA
Belt sander	Yes / No / NA
Boot/shoe finishing machine with accessories	Yes / No / NA
Router with dust extraction unit	Yes / No / NA

Checklist for Element 291	
Medical equipment and materials are available in the Podiatry unit	
<p>Instruction: Verify whether the equipment/materials listed below are available in the storeroom. Score 1 if the item is available and not expired, 0 if the item is not available or expired and NA if the item is not available because the service that is offered does not require the equipment/material</p>	
Equipment	Score
Podiatry foot care chair (movable and hydraulic) or hydraulic plinth with wheels	Yes / No / NA
Podiatry cabinet or Cabinet podiatry workstation	Yes / No / NA
Footcare station – mobile on wheels	Yes / No / NA
Tripod footrest	Yes / No / NA
Magnifying lamp	Yes / No / NA
Doppler for feet or Kit diabetic foot assessment, vascular	Yes / No / NA
Steriliser (table) /autoclave/cassette type steriliser	Yes / No / NA
Podiatry drill with dust extractor and dust bag	Yes / No / NA
Neurothesiometer	Yes / No / NA
Hyfrecator-coagulator	Yes / No / NA
Foot measuring device	Yes / No / NA
Biomechanical analysis system plate 1.8m	Yes / No / NA
Stool – double step	Yes / No / NA
Instruments	Score
Nail nipper – heavy duty, rounded concave jaw, 14.5cm	Yes / No / NA
Nail nipper – Normal, straight, triangle pointed jaw, 15cm	Yes / No / NA
Thwaites nipper – Splitter fine point, 14cm	Yes / No / NA
Nail chisel – 2mm straight blade, 14cm	Yes / No / NA
Nail file – small head standard cut, 13.75cm	Yes / No / NA
Nail probe – swan neck spoon head, 13.75cm	Yes / No / NA
Spatula – straight flat round head, 13cm	Yes / No / NA
Surgical scissors – sharp straight, 15cm and blunt straight, 15cm	Yes / No / NA
Mosquito forceps – straight fine serrated jaw, 12cm and straight short, serrated jaw	Yes / No / NA
Scalpel handle – Size 3, 4 & 9 to take blades 10, 15 & 22	Yes / No / NA
Turning forks	Yes / No / NA
Toe spreader – small, medium, large	Yes / No / NA
Kidney dish – small, 15cm and medium, 25cm	Yes / No / NA
Patella hammer – rubber percussion head, needle probe and brush and round head	Yes / No / NA
Monofilament – 10g on patella hammer	Yes / No / NA
Tip temperature sensory tester (Tip therm)	Yes / No / NA
Model anatomy foot – normal size dissected, flat size dissected, and arched size dis	Yes / No / NA
Model biomechanical of foot – life size	Yes / No / NA
Gravity goniometer	Yes / No / NA
Goniometer set – 6 piece	Yes / No / NA

Checklist for Element 292

Functional laboratory equipment with appropriate consumables and reagents is available

Instruction: Verify whether the equipment and consumables listed below are available and functional. Ask laboratory personnel to demonstrate that listed equipment is functional (where applicable). Score 1 if the item is available and functional and 0 if not available or not functional. Score not applicable for items not used by the laboratory.

Description	Score
Agar plates	Yes / No / NA
Blood donor chair	Yes / No / NA
Bunsen burner	Yes / No / NA
Centrifuge different sizes	Yes / No / NA
Clinical chemistry analyser	Yes / No / NA
Counting chamber, Fuchs-Rosenthal ruling	Yes / No / NA
Cuvette	Yes / No / NA
Electronic balance	Yes / No / NA
Extraction hood	Yes / No / NA
Incubator, laboratory	Yes / No / NA
Laboratory cabinet	Yes / No / NA
Laboratory refrigerator	Yes / No / NA
Laboratory scale	Yes / No / NA
Microbiological hood	Yes / No / NA
Microscope	Yes / No / NA
Paraffin dispenser	Yes / No / NA
pH analyser	Yes / No / NA
Pipette (volumetric, micro, set, fixed volume, robust, 10/20/50/100/250/500/1000 μl)	Yes / No / NA
Reagents according to service offered in the laboratory	Yes / No / NA
Sedimentation rate units (Westergren, stand and pipettes) or ESR analyser	Yes / No / NA
Shaker (VDRL, rotator variable, electric, VDRL tests)	Yes / No / NA
Slide stainers	Yes / No / NA
Sphygmomanometer	Yes / No / NA
Stains	Yes / No / NA
Sterilising unit	Yes / No / NA
Tabletop steriliser	Yes / No / NA
Timer, stopwatch	Yes / No / NA
Tissue processors	Yes / No / NA
Urine analyser	Yes / No / NA
Water bath, serological, medium, 5–10 l	Yes / No / NA

Checklist for Element 293	
Functional essential equipment is available in the Diagnostic imaging unit	
Instruction: Inspect the diagnostic imaging unit to verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional and 0 if not available or not functional. NA as indicated.	
Description	Score
X-ray room complete with ceiling suspended tube, floor-mounted bucky table and wall-mounted erect bucky	Yes / No / NA
Positioning devices, set	Yes / No / NA
Drip stand, mobile or fixed	Yes / No / NA
Radiographic unit mobile, motorised/ Manual	Yes / No / NA
Radiation monitoring badges	Yes / No / NA
Lead aprons	Yes / No / NA
Marker, X-ray, A-Z, character, lead-mounted	Yes / No / NA
Marker X-ray -L&R, AP, chrome-plated	Yes / No / NA
Diagnostic imaging ultrasound table (Not applicable where U/S is not performed)	Yes / No / NA
Apron rack for X-ray room	Yes / No / NA
Glove X-ray shield	Yes / No / NA
Thyroid collar – (where applicable e.g. fluoroscopy room & theatres)	Yes / No / NA
X-ray apron	Yes / No / NA
Digital image printer	Yes / No / NA
Picture archiving and communication system (PACS_ (where applicable)	Yes / No / NA
Radiographic digitiser/film digitiser/s (where applicable)	Yes / No / NA
Diagnostic imaging information system	Yes / No / NA
Tele-medicine system	Yes / No / NA
X-ray viewing box (where applicable e.g. analogue facilities)	Yes / No / NA
Monitor, digital X-ray viewing (where applicable e.g analogue facilities)	Yes / No / NA
Daylight camera	Yes / No / NA
X-ray film processor (where applicable e.g. analogue facilities)	Yes / No / NA
X-ray safelight (where applicable e.g. analogue facilities)	Yes / No / NA
Radiographic film hopper (where applicable e.g. analogue facilities)	Yes / No / NA
Densitometer	Yes / No / NA
Sensitometer	Yes / No / NA
Silver recovery system (where applicable e.g. analogue facilities)	Yes / No / NA
Ultrasound diagnostic system (not applicable where Ultrasound is not performed)	Yes / No / NA
Ultrasound transducers as required (not applicable where Ultrasound is not performed)	Yes / No / NA
Diagnostic imaging ultrasound table (not applicable where Ultrasound is not performed)	Yes / No / NA
X-ray operator console	Yes / No / NA
Monitor, electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, oxygen saturation (SaO2)	Yes / No / NA
Oxygen cylinder regulator	Yes / No / NA
Oxygen cylinder trolley	Yes / No / NA
Suction unit, single bottle/disposable bag, wall outlet (where applicable)	Yes / No / NA
Angiography Units - Biplane & Dual	Yes / No / NA
Cath Lab Angiography	Yes / No / NA
Bone Mineral Density	Yes / No / NA
C- Arm Units	Yes / No / NA
CT scans	Yes / No / NA
MRI scans	Yes / No / NA

Checklist for Element 294

Functional essential equipment is available in CSSD

Instruction: Verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA if the service is outsourced.

Description	Score
Steam autoclave	Yes / No / NA
Mobile autoclave, electrical table-top type	Yes / No / NA
Gas steriliser	Yes / No / NA
Hanger for ventilation/anaesthetic circuits	Yes / No / NA
Ultrasonic washer	Yes / No / NA
Surgical instrument washer/decontamination unit	Yes / No / NA
Water-jet cleaning pistol	Yes / No / NA
Incubator for biological control of steam sterilisation	Yes / No / NA
Incubator for biological control of gas sterilisation	Yes / No / NA
Scissors, general purpose	Yes / No / NA
Heat sealing machine	Yes / No / NA
Table, packaging, sterilisation, medium, inox	Yes / No / NA
Table, packaging, sterilisation	Yes / No / NA

Checklist for Element 295

Functional essential equipment is available in the mortuary

Instruction: Verify whether the equipment listed below is available and functional. Score 1 if the equipment is available and functional, 0 if not available or not functional and NA as indicated.

Description	Score
Stainless steel trolley (Explanatory note: Score 0 if the trolley is rusted.)	Yes / No
Fridges with stainless steel drawers (Explanatory note: Score 0 if the drawers are rusted.)	Yes / No
Hydraulic jerk (stainless steel) (NA if not required)	Yes / No / NA
Stainless steel shelves	Yes / No
Built-in temperature regulator	Yes / No

Checklist for Element 296	
Emergency trolleys are appropriately stocked	
the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not	
Devices to open and protect airway	Score
Laryngoscope handle	Yes / No / NA
Curved blade for laryngoscope size 1 (paediatric)	Yes / No / NA
Curved blade for laryngoscope size 2 (adult)	Yes / No / NA
Curved blade for laryngoscope size 3 (adult)	Yes / No / NA
Curved blade for laryngoscope size 4 (adult)	Yes / No / NA
Straight blade for laryngoscope size 00 (paediatric)	Yes / No / NA
Straight blade for laryngoscope size 0 (paediatric)	Yes / No / NA
Straight blade for laryngoscope size 1 (paediatric/Adult)	Yes / No / NA
Straight blade for laryngoscope size 2 (Adult)	Yes / No / NA
Endotracheal tubes - uncuffed size 2mm (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed size 2.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed sizes 3mm (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed size 3.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed sizes 4.0 (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed size 4.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed sizes 5.0 (paediatric)	Yes / No / NA
Endotracheal tubes - uncuffed sizes 5.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 3.0 (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 3.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 4.0 (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 4.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 5.0 (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 5.5mm (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 6.0 (paediatric)	Yes / No / NA
Endotracheal tubes - cuffed sizes 6.5mm (adult)	Yes / No / NA
Endotracheal tubes - cuffed sizes 7.0 (adult)	Yes / No / NA
Endotracheal tubes - cuffed sizes 7.5mm (adult)	Yes / No / NA
Endotracheal tubes - cuffed sizes 8.0 (adult)	Yes / No / NA
Endotracheal tubes - cuffed sizes 8.5mm (adult)	Yes / No / NA
Oropharyngeal airway size 00 (neonate) (Applicable to A&E and Operating Theatre, Neonatal ICU & High Care, Maternity & Paediatric)	Yes / No / NA
Oropharyngeal airway size 0 (infant)(Applicable to A&E and Operating Theatre, Neonatal ICU & High Care, Maternity & Paediatric)	Yes / No / NA
Oropharyngeal airway size 1 (child)	Yes / No / NA
Oropharyngeal airway size 2 (child)	Yes / No / NA
Oropharyngeal airway size 3 (adult)	Yes / No / NA
Oropharyngeal airway size 4 (adult)	Yes / No / NA
Oropharyngeal airway size 5 (adult)	Yes / No / NA
Nasopharyngeal airway size 3	Yes / No / NA
Nasopharyngeal airway size 4	Yes / No / NA
Nasopharyngeal airway size 5	Yes / No / NA
Plaster or ties for endotracheal tubes	Yes / No / NA
Xylocaine spray or Lubricating gel	Yes / No / NA
Equipment for difficult Intubation	Score
Introducer	Yes / No / NA
Laryngeal mask airway size 1 (neonate) (Applicable to A&E and Operating Theatre, Neonatal ICU & High Care, Maternity & Paediatric)	Yes / No / NA

Laryngeal mask airway size 2 (paediatric)	Yes / No / NA
Laryngeal mask airway size 2.5 (paediatric)	Yes / No / NA
Laryngeal mask airway size 3 (adult)	Yes / No / NA
Laryngeal mask airway size 4 (adult)	Yes / No / NA
Laryngeal mask airway size 5 (adult)	Yes / No / NA
Magill forceps (adult)	Yes / No / NA
Magill forceps (paediatric)	Yes / No / NA
Gum elastic bougie	Yes / No / NA
Devices to deliver oxygen/ventilate patients	Score
Manual resuscitator device or bag and valve mask (adult)	Yes / No / NA
Manual resuscitator device or bag and valve mask (paediatric)	Yes / No / NA
Oxygen masks - Re breather (adult)	
Oxygen masks - Re breather (paediatric)	Yes / No / NA
Oxygen supply – ready for use (portable) Explanatory note: An oxygen cylinder fitted with regulator indicating cylinder pressure and adjustable flowrate must be available. Oxygen levels must not be below the minimum level indicated in the oxygen cylinder gauge	Yes / No / NA
Equipment to diagnose and treat cardiac dysrhythmias	Score
Automated external defibrillator (AED) (General Wards) or defibrillator with pads, paddles and electrodes (A&E, Theatre, Paediatric and ICU)	Yes / No / NA
Cardiac arrest board	Yes / No / NA
Devices to gain intravascular access	Score
Intravenous administration sets	Yes / No / NA
IV Cannulae	Yes / No / NA
Medicine	Score
Emergency medicines according to local protocol are available and have not expired	Yes / No / NA

Checklist for Element 302

Equipment in the audiology unit is maintained according schedule.

Instruction: For the equipment listed below, inspect the planned preventive maintenance schedule for the previous 12 months in the audiology unit as well as the manufacturer's instructions and maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that the manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. (Score 1 if this requirement is met and 0 if not met. NB: Mark Not Applicable for any equipment not utilised by the health hospital/unit.

Description	Score Maintenance schedule available	Score Schedule aligned to manufacturer's instructions	Score Maintained according to schedule for the past 12 months
Diagnostic audiometer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Screening audiometer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Screening tympanometer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Diagnostic middle ear analyser	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 304

Equipment is maintained according to the schedule (Health Technology)

Instruction: For the equipment listed below, examine the planned preventive maintenance schedule in the unit as well as the manufacturer's instructions and the maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. Score 1 if this requirement is met and 0 if not met. Score not applicable where the hospital do not have the equipment listed.

Description	Score Maintenance schedule available	Score Schedule aligned to manufacturer's instructions	Score Maintained according to schedule for the past 12
12-lead electrocardiograph (ECG)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Anaesthetic machine(s)	Yes / No / NA	Yes / No / NA	Yes / No / NA
ANC Doppler	Yes / No / NA	Yes / No / NA	Yes / No / NA
Automated external defibrillator (AED/s)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Blood gas analyser machine(s)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cardiac monitors	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cardiotocograph machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Defibrillator(s)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Electroencephalograph (EEG) machine	Yes / No / NA	Yes / No / NA	Yes / No / NA
Infusion pumps	Yes / No / NA	Yes / No / NA	Yes / No / NA
Laser camera	Yes / No / NA	Yes / No / NA	Yes / No / NA
Lung function test machine	Yes / No / NA	Yes / No / NA	Yes / No / NA
Non-invasive blood pressure (NIBP) machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Sonar machine	Yes / No / NA	Yes / No / NA	Yes / No / NA
Syringe pumps	Yes / No / NA	Yes / No / NA	Yes / No / NA
Theatre beds	Yes / No / NA	Yes / No / NA	Yes / No / NA
Treadmill machine (for stress exercises)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Ventilator(s)	Yes / No / NA	Yes / No / NA	Yes / No / NA
X-ray machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Arthroscopy system, complete, equipment and instrumentation	Yes / No / NA	Yes / No / NA	Yes / No / NA
Blood warmers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Capnographs	Yes / No / NA	Yes / No / NA	Yes / No / NA
C-arms	Yes / No / NA	Yes / No / NA	Yes / No / NA
Electrosurgical units, general purpose	Yes / No / NA	Yes / No / NA	Yes / No / NA
Fluid warmers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Forced air warmers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Laparoscopy equipment and instrumentation	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nerve stimulators	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nitrous oxide concentrators	Yes / No / NA	Yes / No / NA	Yes / No / NA
Operating microscopes	Yes / No / NA	Yes / No / NA	Yes / No / NA
Vital signs monitors, suitable for anaesthetic monitoring including electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, temperature and saturation monitors (adult and paediatric)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 305

Equipment in the Diagnostic imaging unit is maintained according to the planned schedule, in line with the manufacturer's instructions

Instruction: For the equipment listed below, examine the planned preventive maintenance schedule in the unit as well as the manufacturer's instructions and the maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. (Score 1 if this requirement is met and 0 if not met. Score NA (not applicable) where the hospital/unit does not have the equipment listed).

Description	Score Maintenance schedule available	Score Schedule aligned to manufacturer's instructions	Score Maintained according to schedule for the past 12 months
Ultrasound	Yes / No / NA	Yes / No / NA	Yes / No / NA
X-ray machines	Yes / No / NA	Yes / No / NA	Yes / No / NA
Digital image printer	Yes / No / NA	Yes / No / NA	Yes / No / NA
PACS imaging software	Yes / No / NA	Yes / No / NA	Yes / No / NA
Radiographic digitiser/Film digitiser/s	Yes / No / NA	Yes / No / NA	Yes / No / NA
Diagnostic imaging information system	Yes / No / NA	Yes / No / NA	Yes / No / NA
Tele-medicine system	Yes / No / NA	Yes / No / NA	Yes / No / NA
Monitor, digital X-ray viewing	Yes / No / NA	Yes / No / NA	Yes / No / NA
Daylight camera	Yes / No / NA	Yes / No / NA	Yes / No / NA
X-ray film processor (where applicable e.g. conventional facilities)	Yes / No / NA	Yes / No / NA	Yes / No / NA
Densitometer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Sensitometer	Yes / No / NA	Yes / No / NA	Yes / No / NA
X-ray operator console	Yes / No / NA	Yes / No / NA	Yes / No / NA
CT scans	Yes / No / NA	Yes / No / NA	Yes / No / NA
MRI scans	Yes / No / NA	Yes / No / NA	Yes / No / NA
Ultrasound transducers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Fluoroscopy unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Powered diagnostic fluoroscopy table	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mammographic X-ray system	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mammography compression device	Yes / No / NA	Yes / No / NA	Yes / No / NA
Stereotactic biopsy system for mammography	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mammography transducers for ultrasound	Yes / No / NA	Yes / No / NA	Yes / No / NA
Monitor, electrocardiograph (ECG), non-invasive blood pressure (NIBP) machine, SaO2	Yes / No / NA	Yes / No / NA	Yes / No / NA
Angiography Units - Biplane & Dual	Yes / No / NA	Yes / No / NA	Yes / No / NA
Cath Lab Angiography	Yes / No / NA	Yes / No / NA	Yes / No / NA
Bone Mineral Density	Yes / No / NA	Yes / No / NA	Yes / No / NA
C- Arm Units	Yes / No / NA	Yes / No / NA	Yes / No / NA
Digitiser	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 306			
Equipment in the CSSD unit is maintained according to the planned schedule, in line with the manufacturer's instructions			
<p>Instruction: For the equipment listed below, examine the planned preventive maintenance schedule in the unit as well as the manufacturer's instructions and the maintenance schedule. Determine whether the service intervals in the maintenance schedule correspond with the manufacturer's instructions. In the event that manufacturer's instructions are not available, they may be replaced by documented guidance from the local health technology team. Score 1 if this requirement is met and 0 if not met. Score NA (not applicable) where the hospital/unit does not have the equipment listed.</p>			
Description	Score Maintenance schedule available	Score Schedule aligned to manufacturer's instructions	Score Maintained according to schedule for the past 12 months
Steam autoclave	Yes / No / NA	Yes / No / NA	Yes / No / NA
Mobile autoclave, electrical table-top type	Yes / No / NA	Yes / No / NA	Yes / No / NA
Gas steriliser	Yes / No / NA	Yes / No / NA	Yes / No / NA
Ultrasonic washer	Yes / No / NA	Yes / No / NA	Yes / No / NA
Incubator for biological control of steam sterilisation	Yes / No / NA	Yes / No / NA	Yes / No / NA
Incubator for biological control of gas sterilisation	Yes / No / NA	Yes / No / NA	Yes / No / NA
Heat sealing machine	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 315		
Buildings are maintained		
Instruction: Use the checklist below to verify whether the various internal and external areas are in good condition. Review the areas indicated in the columns by scoring 1 if compliant and 0 if not compliant. Score NA for any aspects not found in an indicated area, or if an indicated area does not exist in the hospital because of its structural make-up, e.g. a multi-storey building in a city.		
Exterior of buildings	Score Building 1	Score Building 2
Walls – the paint is in good condition (i.e. not peeling off; score NA where walls are made of face brick)	Yes / No / NA	Yes / No / NA
Walls are not cracked (on observation cracks must not extend to the bricks)	Yes / No / NA	Yes / No / NA
Gutters are intact	Yes / No / NA	Yes / No / NA
Gutters – paint is in good condition, i.e. not peeling off	Yes / No / NA	Yes / No / NA
Entrance doors are intact, i.e. not damaged	Yes / No / NA	Yes / No / NA
Entrance doors – handles are working	Yes / No / NA	Yes / No / NA
Entrance doors can open and close	Yes / No / NA	Yes / No / NA
Lights are functional	Yes / No / NA	Yes / No / NA
Paving is intact	Yes / No / NA	Yes / No / NA
Perimeter fencing is intact	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No	Yes / No
Interior of buildings: Administration building	Score Building 1	Score Building 2
Walls – paint is in good condition (i.e. not peeling off; score NA where walls are made of face brick)	Yes / No / NA	Yes / No / NA
Walls are not cracked (on observation cracks must not extend to the bricks)	Yes / No / NA	Yes / No / NA
Ceiling paint is in good condition, i.e. not peeling off	Yes / No / NA	Yes / No / NA
Ceiling is intact, i.e. not collapsing or damaged	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No / NA	Yes / No / NA
Lights are functional	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No	Yes / No
Interior of buildings: Wards	Score Building 1	Score Building 2
Walls – paint is in good condition (i.e. not peeling off; score NA where walls are made of face brick)	Yes / No / NA	Yes / No / NA
Walls are not cracked (on observation cracks must not extend to the bricks)	Yes / No / NA	Yes / No / NA
Ceiling paint is in good condition, i.e. not peeling off	Yes / No / NA	Yes / No / NA
Ceiling is intact, i.e. not collapsing or damaged	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No / NA	Yes / No / NA
Lights are functional	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No	Yes / No
Interior of buildings: Ablution facilities (toilets)	Score Building 1	Score Building 2
Wall-mounted paper towel dispenser(s)	Yes / No / NA	Yes / No / NA
Wall-mounted hand soap dispenser(s)	Yes / No / NA	Yes / No / NA
Wall tiles are in good condition, i.e. not broken or damaged	Yes / No / NA	Yes / No / NA
Walls – paint is in good condition (i.e. not peeling off; score NA where the walls are made of face brick)	Yes / No / NA	Yes / No / NA
Walls are not cracked (on observation cracks must not extend to the bricks)	Yes / No / NA	Yes / No / NA
Ceiling paint is in good condition, i.e. not peeling off	Yes / No / NA	Yes / No / NA
Ceiling is intact, i.e. not collapsing or damaged	Yes / No / NA	Yes / No / NA

No loose electrical wiring	Yes / No	Yes / No
Lights are functional	Yes / No / NA	Yes / No / NA
Window glass is not broken	Yes / No / NA	Yes / No / NA
Window handles are working	Yes / No / NA	Yes / No / NA
Windows can open and close	Yes / No / NA	Yes / No / NA
Doors are intact, i.e. not broken or damaged	Yes / No / NA	Yes / No / NA
Door handles are working	Yes / No / NA	Yes / No / NA
Doors can open and close	Yes / No / NA	Yes / No / NA
Functional basins (basins must not be blocked, broken, have deep cracks causing leaking of water, or have hairline cracks)	Yes / No / NA	Yes / No / NA
Taps are functional (with running water)	Yes / No / NA	Yes / No / NA
Floor is intact, i.e. no holes, and, if tiled, not broken or damaged	Yes / No / NA	Yes / No / NA
Toilet bowl or squat pan is intact	Yes / No / NA	Yes / No / NA
Toilet seat and cover are intact	Yes / No / NA	Yes / No / NA
Toilet bowl is stain free	Yes / No / NA	Yes / No / NA
Toilet flush or sensor flush is functional	Yes / No / NA	Yes / No / NA
Toilet cistern cover is complete and in place	Yes / No / NA	Yes / No / NA
Urinals are intact and functional	Yes / No / NA	Yes / No / NA
Urinal or flush sensor is functional	Yes / No / NA	Yes / No / NA
Interior of buildings: Corridors	Score Building 1	Score Building 2
Walls – paint is in good condition (i.e. not peeling off; score NA where walls are made of face brick)	Yes / No / NA	Yes / No / NA
Walls are not cracked (on observation cracks should not extend to the bricks)	Yes / No / NA	Yes / No / NA
Floor is in good condition, i.e. no holes, and, if tiled, not broken or damaged	Yes / No / NA	Yes / No / NA
Ceiling paint is in good condition, i.e. not peeling off	Yes / No / NA	Yes / No / NA
Ceiling is intact, i.e. not collapsing or damaged	Yes / No / NA	Yes / No / NA
Lights are functional	Yes / No / NA	Yes / No / NA
Window glass is not broken	Yes / No / NA	Yes / No / NA
Window handles are working	Yes / No / NA	Yes / No / NA
Windows can open and close	Yes / No / NA	Yes / No / NA
Window coverings (curtains) are clean and intact	Yes / No / NA	Yes / No / NA
Doors are intact, i.e. not broken or damaged	Yes / No / NA	Yes / No / NA
Door handles are working	Yes / No / NA	Yes / No / NA
Doors can open and close	Yes / No / NA	Yes / No / NA
No loose electrical wiring	Yes / No	Yes / No

Checklist for Element 320	
No obvious safety hazards are observed during the visit	
Instruction: Check obvious safety hazards, including, but not limited to, the aspects listed below. Score 1 if no safety hazards are observed and 0 if any safety hazards are observed.	
Description	Score
Electrical wiring intact (no loose wiring)	Yes / No
Ceiling or roof intact (not collapsing)	Yes / No
Doors intact (not collapsing)	Yes / No
Door handles intact (not broken)	Yes / No
No broken windows	Yes / No
Walls or partitions are stable	Yes / No
Floors are even	Yes / No
Floors are not slippery	Yes / No
Curtain or screen rails intact (not collapsing)	Yes / No / NA
No other type of safety hazards that presents a risk to the health and safety of health care personnel, patients and/or visitors is observed.	Yes / No

Checklist for Element 352	
Approved security plan for the hospital is available	
Instruction: Verify whether the aspects listed below are addressed in the hospital's security plan. Score 1 if the aspect is addressed in the security plan and 0 if not addressed.	
Description	Score
Approved access control system for hospital	Yes / No
Management of prohibited items: how to store the items safely and how to return items to rightful owner on their departure.	Yes / No
Communication of security plan to hospital personnel	Yes / No
Procedure for appointing security committee	Yes / No
Security manager to participate in security committee.	Yes / No
Functions of security committee	Yes / No
Procedure to be followed to implement recommendations of previous audits.	Yes / No
Recommendations to be communicated to Provincial Office and National Department of Health	Yes / No
All security personnel (in-house or outsourced) to be registered with Private Security Industry Regulatory Authority (PSIRA)	Yes / No
All vehicles, including vehicles managed by hospital, to be checked when entering and leaving the premises.	Yes / No
Memorandum of understanding to be in place with South African Police Service	Yes / No

Checklist for Element 353

Security guards have received training

Instruction: Verify whether security guards have been trained by randomly selecting 3 security guards from the staffing list. For outsourced services, request records from the service provider. For security guards employed by the health establishment, request training records. If the security guards are PSIRA-accredited, they are acknowledged to have received training. In this case, the security guards on site must wear a valid PSIRA badge. Score 1 if compliant and 0 if not. NB: All PSIRA certificates must be renewed every 12 months for security businesses and every 24 months for security officers. Not applicable: Where the health establishments does not have physical security guards.

Description	Score
Security 1	Yes / No / NA
Security 2	Yes / No / NA
Security 3	Yes / No / NA

Checklist for Element 355	
Security systems are in place for all areas listed below	
Instruction: Verify whether a security system is in place in the areas listed below. Score 1 if a system is in place, 0 if not, NA if hospital do not have the unit.	
Description	Score
Maternity unit	Yes / No / NA
Paediatric unit	Yes / No / NA
Emergency unit	Yes / No / NA
Mental healthcare unit (where available)	Yes / No / NA
Access points to hospital premises	Yes / No / NA
Exit points from hospital premises.	Yes / No / NA

Checklist for Element 362	
Governance structure has clear TOR	
Instruction: Verify whether the aspects listed below are included and explained in the terms of the reference document. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
The membership of the structure (Explanatory note: Membership in accordance with sections 41(7) and 42(1) of the National Health Act.) Stakeholder representation required within the structure. (Explanatory note: Expertise of members, e.g. accounting, finance and HR, in accordance with section 41(8) of the National Health Act.)	Yes / No
Responsibilities and lines of accountability for the structure	Yes / No
Term of office	Yes / No
Frequency of meetings	Yes / No
Quorum for the structure	Yes / No

Checklist for Element 377

Copy of the delegation of authority for the hospital's manager is available.

Instruction: Verify whether the aspects below are included in the delegation document. Original documents or copies must be available for inspection. Delegations must be signed by the individual delegating the authority and the individual to whom the authority is delegated. Score 1 if the aspect is included and 0 if not included. Please note: This will not apply where no delegations of authority have been made, e.g. where a province is under administration and delegations have been revoked. In such cases, evidence of administration will be required.

Description	Score
Financial management	Yes / No / NA
Supply chain management	Yes / No / NA
Human resources management	Yes / No / NA

Checklist for Element 378

Hospital monitors adherence to the appropriate delegations of authority

Instruction: Examine the documents monitoring adherence to the terms and conditions of the delegations listed below. Score 1 if the terms and conditions are met and 0 if not met. Please note: This will be scored not applicable (NA) where no delegations of authority have been made, e.g. where a province is under administration and delegations have been revoked. In such cases, evidence of administration will be required.

Description	Score
Financial management	Yes / No / NA
Supply chain management	Yes / No / NA
Human resources management	Yes / No / NA

Checklist for Element 379

Health care provider-to-patient ratios in the areas listed below are consistent with the approved staffing plan

Instruction: Examine the approved staffing plan for the current health care provider complement in each of the clinical areas listed below. (Score 1 if the health care provider complement matches the number of health care provider in each category specified in the approved staffing plan and 0 if it does not, NA if the hospital do not have the type of unit/ward.

Description	Score
Emergency unit	Yes / No / NA
Outpatients	Yes / No / NA
Medical ward	Yes / No / NA
Surgical ward	Yes / No / NA
Paediatric ward	Yes / No / NA
Maternity ward	Yes / No / NA
Operating theatre	Yes / No / NA
Mental healthcare unit	Yes / No / NA
Intensive care unit (ICU)	Yes / No / NA
High care Unit	Yes / No / NA

Checklist for Element 381

Hospital provides induction to all new health care personnel

Instruction: Verify whether induction was conducted on the aspects listed below. Request records from the previous 12 months. Evidence may include but not limited to induction programme and attendance registers. Score 1 if the aspect is included and 0 if not included

Description	Score
Organizational structure	Yes / No
National and provincial policies	Yes / No
Standard operating procedures	Yes / No

Checklist for Element 383

All individuals appointed to management positions have the required qualifications and experience in the health sector

Instruction: Verify whether the job descriptions include the aspects listed below. To determine whether the position is current, request a copy of the advertisement for the position. Determine whether the incumbent's qualifications match those listed as minimum requirements in the advertisement. If the advertisement is no longer available, e.g. where the incumbent was appointed many years ago, request one for a similar post in a similarly sized hospital in the province. Score 1 if the aspect is compliant, 0 if it is not compliant and NA for questions relating to the post if the post is not filled

Designation	Is the position filled? Yes/No	Does the incumbent have suitable qualifications such as those suggested below?	Score
Manager or CEO	Yes / No	A health qualification or business management qualification	Yes / No / NA
Human resources manager	Yes / No	Diploma or degree in human resources management	Yes / No / NA
Nursing services manager	Yes / No	Diploma or degree in nursing management	Yes / No / NA
Quality manager	Yes / No	Registered nurse or other health care provider	Yes / No / NA
Financial manager	Yes / No	Diploma or degree in financial management	Yes / No / NA
Procurement manager	Yes / No	Diploma or degree in financial management or procurement	Yes / No / NA
Facility infrastructure manager	Yes / No	Diploma or degree in facility management	Yes / No / NA
Infection prevention and control practitioner	Yes / No	Minimum of Fundamental or Post graduate diploma/degree in IPC	Yes / No / NA
Head of clinical management	Yes / No	Degree in medicine	Yes / No / NA

Checklist for Element 386

Hospital can demonstrate that it has adhered to its selection and recruitment procedures with respect to the last three appointments filled

Instruction: Select files of the last three employees recruited by the hospital. Verify whether the appointments comply with the requirements listed below. Score 1 if the files are compliant and 0 if not compliant.

Description	Score	Score	Score
Copy of advertisement.	Yes / No	Yes / No	Yes / No
List of shortlisted candidates	Yes / No	Yes / No	Yes / No
Invitations for interviews	Yes / No	Yes / No	Yes / No
Minutes of the interview	Yes / No	Yes / No	Yes / No
Appointment letter	Yes / No	Yes / No	Yes / No
Acceptance letter or slip	Yes / No	Yes / No	Yes / No

Checklist for Element 387	
Current provincial human resources policies are available	
Instruction: Verify whether the documents listed below are available. Score 1 if the document is available and 0 if not available.	
Description	Score
Leave Policy	Yes / No
Recruitment and Selection Policy	Yes / No
Skills Development Policy or Education and Training Policy	Yes / No
Remuneration Policy	Yes / No
Performance Management Policy	Yes / No
Employment Equity Policy	Yes / No
Disciplinary Policy	Yes / No
Grievance Handling and Dispute Resolution Policy	Yes / No
Occupational Health and Safety Policy	Yes / No
Internship Policy	Yes / No
Relocation Policy	Yes / No
Personnel Retention Policy	Yes / No
Sexual Harassment Policy	Yes / No
Remunerative Work Outside the Public Service (ORWOPS) Policy	Yes / No
Financial Disclosure Policy	Yes / No
Commutated Overtime Policy	Yes / No

Checklist for Element 388

Annual in-service education and training plan is available

Instruction: Verify whether the aspects listed below are included in the training plan. Score 1 if the aspect is included, 0 if not included and NA if not applicable to the unit assessed.

Description	Score
Infection prevention and control education	Yes / No / NA
Prevention of respiratory infections, especially TB	Yes / No / NA
Standard precautions	Yes / No / NA
Response to disease outbreaks	Yes / No / NA
Safety checks and prevention of accidents in the environment	Yes / No / NA
Correct use of medical equipment	Yes / No / NA

Checklist for Element 393

All health care providers have a current registration with relevant health professional bodies

Instruction: Use the checklist below to verify whether health care providers working at the health establishment are registered with the relevant professional bodies. Select three files of each category of health care provider listed below. A copy of the registration certificate or card issued by the professional body must be available. Score 1 if they have a current registration and 0 if not. NB: For nurses the following evidence must be accepted (a) a copy of the last published issue of a register or any supplementary list purported to be printed and published in terms of section 35 of the Act;(b) a South African Nursing Council certificate of registration ; (c) a South African Nursing Council annual practising certificate (APC); (d) a certified copy under the hand of the Registrar of the entry of the person's name in the register; (e) eRegister published (displayed on the Internet) in terms of section 35 of the Nursing Act, 2005 can legally be used by employers to verify that a person is registered in terms of the Nursing Act, 2005.Score Not applicable for categories of health providers not employed in the health establishment. Proof of payment from South African Pharmacy Council (SAPC) and Health Professional Council (HPCSA) must be accepted as they do no longer issue physical cards but issue virtual cards instead.

Description	Score File 1	Score File 2	Score File 3
Doctors including sessional doctors.	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nurses	Yes / No / NA	Yes / No / NA	Yes / No / NA
Pharmacists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Physiotherapists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Radiographers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Social workers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Occupational therapists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Nutritionists or dieticians	Yes / No / NA	Yes / No / NA	Yes / No / NA
Psychologists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Speech Therapists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Ultra-sonographers	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical Technologists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Dentists or Oral Hygienists	Yes / No / NA	Yes / No / NA	Yes / No / NA
Medical Orthotics and Prosthetics	Yes / No / NA	Yes / No / NA	Yes / No / NA
Orthopaedic Technical Assistants	Yes / No / NA	Yes / No / NA	Yes / No / NA
Orthopaedic Footwear Technicians	Yes / No / NA	Yes / No / NA	Yes / No / NA
Podiatrists	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 394	
Occupational Health and Safety Act and relevant regulations are available	
Instruction: Verify whether the documents listed below are available. Score 1 if available and 0 if not available	
Description	Score
Hazardous biological agents (HBA) regulations	Yes / No
Hazardous chemical Agents (HCA). Ref: https://www.gov.za/sites/default/files/gcis_document/202103/44348rg11263gon280.pdf	Yes / No
General Occupational safety regulations (GSR)	Yes / No
General administrative regulations (GAR)	Yes / No

Checklist for Element 395	
OHS representative are designated by means of signed letters of appointment that outline their responsibilities	
Instruction: Request the occupational health and safety file to verify whether the aspects listed below are available. Score 1 if the aspect is available and 0 if not available.	
Description	Score
The CEO of the hospital has been assigned duty for occupational health and safety by the relevant authority, in accordance with Section 16.2 of the Occupational Health and Safety Amendment Act No. 181 of 1993	Yes / No
Section 17.1 appointments have been made for all health and safety representatives by the Manager or CEO of the hospital.	Yes / No
The manager or CEO of the hospital has appointed a health and safety committee in writing in accordance with Section 19 of the Act.	Yes / No
A copy of the appointment letter is on file for each designated member, signed by the appointee and the manager.	Yes / No
The terms of office of the health and safety committee are indicated in writing in each appointment letter.	Yes / No
The roles and responsibilities of the health and safety committee are detailed in the appointment letter.	Yes / No
Each designated member has his/her roles and responsibilities detailed in an appointment letter.	Yes / No
One health and safety representative is appointed for every 50 employees. (Explanatory note: Request the total number of personnel within the hospital and divide that by the total number of committee members to verify that one representative has been appointed for every 50 employees.)	Yes / No

Checklist for Element 396	
TOR of the OHS committee are available	
Instruction: Verify whether the aspects listed below are included and explained in the terms of reference. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Interdisciplinary membership required.	Yes / No
Roles and responsibilities of each member	Yes / No
All appointed health and safety representatives trained and in possession of valid certificates of competency.	Yes / No
Strategy to manage occupational risks.	Yes / No
Committee meetings held quarterly as a minimum.	Yes / No
Quorum for the committee	Yes / No
Meeting minutes are available (hardcopy or electronically)	Yes / No
Meeting minutes are signed.	Yes / No

Checklist for Element 398

Occupational health risk assessment has been conducted in all areas of the hospital in the previous two years

Instruction: A risk assessment is the process or method of identifying hazards and risk factors that have the potential to cause harm to patients and personnel. Inspect the health risk assessment from the previous two years to verify whether the hazards and risks listed below have been considered. Score 1 if the aspect is compliant and 0 if not compliant.

Description	Score
Chemical hazards	Yes / No
Physical hazards	Yes / No
Biological hazards	Yes / No
Ergonomic hazards	Yes / No
Psychosocial hazards	Yes / No

Checklist for Element 401	
Medical surveillance are conducted on healthcare personnel at high risk due to occupational exposure	
Instruction: The medical surveillance programme must include the aspects listed below. The documents must include detailed explanations of how each stage of the programme is to be implemented. Score 1 if the aspect is included and explained and 0 if not included or not explained.	
Description	Score
Documentation of occupational exposures requiring medical surveillance.	Yes / No
Documentation of employees exposed to occupational hazards requiring surveillance.	Yes / No
Schedule of examinations required for each occupational hazard, which will include baseline and/or pre-employment examination, periodic examinations for the duration of employment and exit examinations on leaving employment.	Yes / No
Recall system to ensure all employees requiring medical surveillance are notified to attend medical surveillance reviews.	Yes / No
Follow-up system for employees who fail to attend their periodic screening appointments.	Yes / No
Screening tests required for each occupational hazard requiring medical surveillance.	Yes / No
Clinical guidelines for the management of screening results	Yes / No
Documentation of the system for requesting, reviewing and acting on screening results.	Yes / No

Checklist for Element 403

Healthcare personnel are familiar with the emergency evacuation procedure

Instruction: Interview three health care personnel to establish whether they are able to explain the evacuation procedure as illustrated in the evacuation plan. Score 1 if they explain the procedure as illustrated in the evacuation plan, 0 if not and NA if there are less than three health care personnel in the unit. Where no evacuation plan is available, this measure must be scored 0.

Description	Score
Healthcare personnel 1	Yes / No / NA
Healthcare personnel 2	Yes / No / NA
Healthcare personnel 3	Yes / No / NA

Checklist for Element 404

Notices prohibiting smoking are prominently displayed in the hospital.

Instruction: Verify whether signage prohibiting smoking is available in the areas listed below. Score 1 if signage is available and 0 if not available..

Description	Score
Main gate	Yes / No
Main entrance to the building	Yes / No
Oxygen and gas storage areas	Yes / No
Generators	Yes / No

Checklist for Element 406	
Current disaster management plan is available	
Instruction: Request a copy of the hospital's disaster management plan. Verify whether it complies with the aspects listed below. Score 1 if the aspect is compliant and 0 if not compliant.	
Description	Score
Individual roles in terms of a disaster. Explanatory note: This includes allocation of roles for internal disasters, including, but not limited to, fire, and external disasters, including, but not limited to, train crashes.	Yes / No
Evacuation plan for the unit in case of a disaster, including clear indication of assembly point.	Yes / No
Method for verifying that all health care workers, patients and visitors have been evacuated to designated assembly area in the event of an evacuation. Explanatory note: This may include, but need not be limited to, a register for roll call.	Yes / No
Triage system to be implemented in the event of a disaster. Explanatory note: As a minimum, this must include colour stickers for patients with different acuity.	Yes / No
Plan to be updated annually and in response to personnel turnover.	Yes / No
Plan covers internal disasters (Explanatory note: Internal emergencies refers to incidents including, but not limited to, fire, bomb scares and violence.)	Yes / No
Plan covers local disasters (Explanatory note: Local disasters refers to major incidents including, but not limited to, road traffic accidents involving a large number of people, train crashes and mass shootings, or natural disasters including, but not limited to, floods and earthquakes.	Yes / No

Checklist for Element 408			
Health care personnel are able to explain the disaster management plan, including health emergencies and their role in the plan			
Instruction: Interview three health care personnel to determine whether they are able to respond to the questions listed below. Score 1 if the question is answered, 0 if not answered and NA if there are less than three staff members in the unit.			
Description	Score Personnel 1	Score Personnel 2	Score Personnel 3
Where is the disaster plan for this unit?	Yes / No / NA	Yes / No / NA	Yes / No / NA
Have you received in-service education on the disaster plan in the past 12 months?	Yes / No / NA	Yes / No / NA	Yes / No / NA
Have you participated in a mock emergency drill in the past 12 months?	Yes / No / NA	Yes / No / NA	Yes / No / NA
How will you know that there is a disaster at this hospital?	Yes / No / NA	Yes / No / NA	Yes / No / NA
What is the hospital's evacuation plan in case of a disaster?	Yes / No / NA	Yes / No / NA	Yes / No / NA
If there is a major incident, what is your specific role in terms of the disaster plan?	Yes / No / NA	Yes / No / NA	Yes / No / NA
Please explain the triage system used at this hospital in the event of a disaster. Explanatory note: They should mention, as a minimum, colour stickers for patients in accordance with the acuity of their condition.	Yes / No / NA	Yes / No / NA	Yes / No / NA
What equipment will be used during a disaster (e.g. additional wheelchairs, stretchers, trauma trolley, glucometer, adult and paediatric baumanometers)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 409

Hospital conducts annual drills to test the effectiveness of its disaster plan.

Instruction: The hospital must have a co-ordinated and effective response to a disaster by ensuring that all personnel members are aware of their responsibilities and familiar with the tasks they must perform. Documented evidence of the drill must be available, detailing the nature of the disaster, listing the participants and describing the response to the situation. All drills listed below must have been carried out in the previous year. Request the report of the disaster drill conducted in the previous 12 months. Verify whether the report includes all aspects of the plans for the situations listed below. Score 1 for each aspect tested and 0 for each aspect not tested.

Description	Score
Emergency	Yes / No
Disease outbreak	Yes / No
Fire	Yes / No
Natural disaster	Yes / No

Checklist for Element 412

OHS incidents, including near misses, are recorded in a register

Instruction: Request the register and verify whether it complies with the aspects listed below. Closed cases/incidents logged in the register must contain the details as indicated below. The register may be manual or electronic. All columns in the register must be completed. In cases where no serious patient safety incidents occurred, zero reporting must be done. Score 1 if compliant and 0 if not compliant.

Description	Score
Summarised description of incident	Yes / No
Summary of investigation conducted.	Yes / No
Outcome of investigation	Yes / No
Recommendation/s	Yes / No
Date recommendation/s implemented.	Yes / No

Checklist for Element 413

Health care providers are able to explain which occupational health and safety incidents must be reported immediately

Instruction: Interview three health care providers to determine whether they are aware of occupational health and safety incidents that must be reported immediately. Score 1 if the health care provider answers the questions below correctly, 0 if not and NA if there are less than three health care personnel in the unit.

Description	Health care provider 1	Health care provider 2	Health care provider 3
Exposure to blood and body fluids either due to a sharps injury or spillage	Yes / No / NA	Yes / No / NA	Yes / No / NA
Exposure to chemicals, radiation and other noxious substance	Yes / No / NA	Yes / No / NA	Yes / No / NA
Back injury or physical injury during transportation of waste	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 425			
Documented evidence is available where health care personnel have refused prophylactic immunisations or vaccinations offered			
Instruction: Review the evidence provided for the aspects listed below. Score 1 if compliant and 0 if not compliant. Score not applicable where there is no health worker who refused prophylactic immunisations offered.			
Description	Score Health care worker record 1	Score Health care worker record 2	Score Health care worker record 3
The refusal is documented in the human resources record of the health care worker concerned	Yes / No / NA	Yes / No / NA	Yes / No / NA
The refusal is signed by the healthcare personnel	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 430	
Patient safety incident register is available in the hospital/unit	
<p>Instruction: Each hospital must log all PSI in a register, which is a documented record containing information on PSIs. The register may be in the form of a book, separate pages filed in a clearly labelled file, or an electronic record. Request the register for PSIs and verify whether the aspects listed below are included. Score 1 if the aspect is included and explained and 0 if not included.</p>	
Description	Score
Ref No.	Yes / No
Date and time Incident identified	Yes / No
Patient identifier (name and surname OR file number)	Yes / No
Age	Yes / No
Gender	Yes / No
Location (ward/ department/ area)	Yes / No
Type of PSI (harm/no harm/near miss)	Yes / No
SAC score	Yes / No
Reporting date of SAC 1 incidents	Yes / No
Number of working days to report SAC 1 incident	Yes / No
Summary of incident	Yes / No
Investigation finding/outcome and recommendations	Yes / No
Class according to Incident type	Yes / No
Class according to contributing factor/s	Yes / No
Patient outcome	Yes / No
Organisational outcome	Yes / No
Status of PSI (Closed/open)	Yes / No
Date PSI closed	Yes / No
Type of closure	Yes / No
# of working days to close PSI	Yes / No
Type of Behaviour (reckless/at risk/human error/no error)	Yes / No

Checklist for Element 431

SOP for the management of PSIs covers all aspects

Instruction: Verify whether the aspects listed below are included and explained in the standard operating procedure. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Criteria for identification of PSIs	Yes / No
Action taken to mitigate harmful consequences.	Yes / No
Criteria for prioritisation of notification of PSIs	Yes / No
Recording and analysis of PSIs	Yes / No
Methods of investigating PSIs	Yes / No
Classification of PSIs	Yes / No
Development of action plans to prevent or avoid recurrences.	Yes / No
Implementation of recommendations from investigations and reviews to ensure the development of improved practices.	Yes / No

Checklist for Element 432

TOR for the forum reviewing PSIs are available

Instruction: Verify whether the aspects listed below are included and explained in the terms of reference document. Score 1 if the aspect is included and explained and 0 if not included or not explained.

Description	Score
Interdisciplinary membership required.	Yes / No
Roles and responsibilities of forum members	Yes / No
Accountability of the forum	Yes / No
Strategy to manage PSIs	Yes / No

Checklist for Element 436

SOP for PSI reporting and learning is adhered to

Instruction: Review the PSI statistical reports/register for two quarters back, e.g. if the current quarter is quarter 4, review quarter 2. Verify whether the aspects listed below are included and adhered to. Score 1 if the aspect is included/adhered to, 0 if not and NA if no PSI were reported in the quarter under review.

Description	Score
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 for contributing factors is complete	Yes / No / NA
Statistical report for classifications of incident type is complete	Yes / No / NA
Statistical report for classifications of incident outcome (patient and organisation) is complete	Yes / No / NA
Statistical report for Indicators for patient safety incidents adhere to the following:	Score
90% of SAC 1 incidents reported to the next level within 24 hours	Yes / No / NA
90% of PSI cases closed	Yes / No / NA
90% of PSI cases closed within 60 working days.	Yes / No / NA

Checklist for Element 437

PSI reports reflect that immediate action is taken at the time of an incident and that an investigation was conducted to identify contributing factors and prevent a recurrence

Instruction: Analyse three health records from the previous 12 months to verify whether immediate action was taken at the time of an incident to address harm that has occurred (for healthcare technology assess PSIs relating to incidents involving medical equipment). Also verify whether an investigation was conducted to identify contributory causes. In the event that the results of the investigation are not documented in the patient's health record, the hospital must provide relevant documentation recording the investigation process and findings. Score 1 if the aspect is compliant and 0 if not, NA if no incidents were reported in the past 12 months

Description	Health record 1	Health record 2	Health record 3
Immediate action taken	Yes / No / NA	Yes / No / NA	Yes / No / NA
Root cause analysis conducted	Yes / No / NA	Yes / No / NA	Yes / No / NA
Findings	Yes / No / NA	Yes / No / NA	Yes / No / NA
Recommendations where investigation is completed	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 438

Health care personnel are aware of the procedure to report PSIs

Instruction: Interview three health care personnel to establish their awareness on reporting of PSIs. Score 1 if they are able to explain the aspects listed below, 0 if not and NA if there are less than three health care personnel in the unit..

Description	Score Staff member 1	Score Staff member 2	Score Staff member 3
Types of PSIs that might happen in the unit (give three examples)	Yes / No / NA	Yes / No / NA	Yes / No / NA
How to report PSIs in the unit	Yes / No / NA	Yes / No / NA	Yes / No / NA
Feedback processes on reported PSIs. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans)	Yes / No / NA	Yes / No / NA	Yes / No / NA

Checklist for Element 440	
SOP for the reporting of adverse drug reactions covers all aspects	
Instruction: Verify whether the information to be reported in the standard operating procedure includes the aspects listed below. Score 1 if the aspect is included and 0 if not included.	
Description	Score
Name of hospital reporting adverse drug reaction.	Yes / No
Patient's details, including name, registration number, age and gender.	Yes / No
Details about medicine suspected to have caused the reaction.	Yes / No
Details of all other medicines the patient was taking at the time of the reaction.	Yes / No
Date and time of reaction	Yes / No
Description of reaction	Yes / No
Interventions made in response to reaction.	Yes / No
Patient outcome	Yes / No
Laboratory results, if available	Yes / No
Details of any other medical conditions of the patient	Yes / No
Name and qualification of person reporting adverse drug reaction.	Yes / No