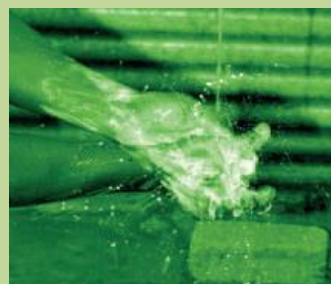




Ideal Clinic and Community Health Centre™ Manual



Version 20

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health

Department:
Health
REPUBLIC OF SOUTH AFRICA



FOREWORD

The purpose of a health facility is to promote health and to prevent illness and further complications through health promotion, early detection, treatment and appropriate referral. The success of South Africa's National Health Insurance will depend on a well-functioning Primary Health Care (PHC) system. Community based services must be complimented by PHC facilities that will provide equitable access to South Africans, prioritising health services to those most in need. To achieve this, PHC should function optimally thus requiring a combination of elements to be present in order to render it IDEAL. To achieve this the National Department of Health (NDoH) conceptualised and implemented the Ideal Clinic programme in 2013.

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

To strengthen capacity, enhance skills, and promote consistent, high-quality practice across all levels of implementation, the Ideal Clinic realisation and maintenance manual has been developed. In 2024, the Ideal Clinic and Community Health Centre (CHC) frameworks were merged for Version 20 of the Ideal Clinic framework that is aligned with the Norms and Standards Regulations applicable to different categories of health establishments.

The manual is also a tool to assist progressive discipline, and aligns with national and provincial health priorities, quality improvement frameworks, and service delivery goals. It is designed to support healthcare workers, managers, and stakeholders in strengthening performance, improving patient outcomes, and fostering a culture of accountability, excellence, and continuous improvement.

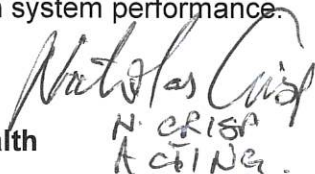
Improving quality in health services requires commitment, collaboration, and continuous learning. By applying the tools, guidance, and learning contained in this manual, users will be better equipped to identify gaps, implement solutions, and monitor progress toward improved health outcomes. The manual also supports evidence-based decision-making and promotes sustainable improvements in service delivery.

I express special appreciation to Ms Jeanette Hunter who led the initial development and completion of the first edition of the Ideal Clinic manual. Subsequently, the ICRM framework, version 19 for clinics and version 1 for Community health centers were updated and both merged to version 20. The updating and merging process also included the manuals for clinics and Community Health Centers (CHC) into one ICRM manual. Building on this foundation, the updating and merging both ICRM framework and manual to Version 20, was undertaken by Messrs.; Ramphelane Morewane, Kgwiti Mahlako, and Ayanda Chris Lembethe, Mesdames Maneo Dichaba, Milly Bok, Lindiwe Madikizela, Caroline Ngoepe, Olwethu Mambinja, Ronel Steinhöbel, and Dr Yvonne Mokgalagadi.

My sincere gratitude to the NDoH programme managers, provincial department of health managers, district managers, PHC facility managers and non-governmental organisations who provided insightful comments and direction to the final draft. We trust that this manual will serve as a practical and impactful tool in advancing high-quality, person-centered care and achieving measurable improvements in health system performance.

Dr SSS Buthelezi
Director-General: Health

Date: 13/03/2026.



N. CRISP
A. CRISP

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LIST OF ACRONYMS

ANC	Antenatal Care
ART	Antiretroviral treatment
BANC	Basic Antenatal Care
CCMDD	Central Chronic Medicine Dispensing and Distribution
CHC	Community Health Centre
CHW	Community Health Worker
CoGTA	Cooperative Governance and Traditional Affairs
DCST	District Clinical Specialist Team
DHIS	District Health Information System
DHMT	District Health Management Team
DHS	District Health System
DoH	Department of Health
DPSA	Department of Public Service and Administration
DSP	District support partner
EML	Essential Medicine List
EMS	Emergency Medical Services
EPI	Expanded Program on Immunization
ESMOE	Essential Steps in the Management of Obstetric Emergencies
HAST	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome, Sexually transmitted infections and Tuberculosis
HIV	Human Immunodeficiency Virus
HRH	Human Resource for Health
HTS	HIV testing service
ICSM	Integrated Clinical Services Management
IPC	Infection Prevention and Control
IQC	Independent Quality Control
JACCOLD	Jaundice, Anemia, Clubbing, Cyanosis, Oedema and Lymphadenopathy D (medical examinations)
MCWH	Maternal Child Women's Health
Min / max	minimum / maximum
MMC	Medical male circumcision
MOU	Midwife Obstetric Unit
MRHS	Male Reproductive Health Services
NCD	Non-communicable diseases
NDoH	National Department of Health
NGO	Non-Governmental Organisation
NMC	Notifiable Medical Conditions
NHLS	National Health Laboratory Services
PACK	Practical Approach to Care Kit
PDoH	Provincial Department of Health
PEC	Patient Experience of Care
PEPFAR	United States President's Emergency Plan for AIDS Relief

PHC	Primary Health Care
PMDS	Performance Management and Development System
PNC	Prenatal Care
PPE	Personal protective equipment
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
PSI	Patient Safety Incident
PT	Proficiency Testing
PWT	Patient Waiting Time
RTHC	Road to Health Chart
SANC	South African Nursing Council
SAPS	South African Police Services
SLA	Service Level Agreement
SOP	Standard Operating Procedure
TB	Tuberculosis
TOP	Termination of pregnancy
WBPHCOT	Ward Based Primary Health Care Outreach Team

INTRODUCTION AND BACKGROUND

The 'Ideal Clinic (IC) programme is an initiative started by South Africa's National Department of Health (NDoH) in July 2013 as a way of systematically improving and correcting deficiencies in Primary Health Care (PHC) clinics in the public sector. These deficiencies were picked up by the NDoH facilities audit completed in 2012.

An Ideal Clinic is a clinic with good infrastructure¹, adequate staff, adequate medicine and supplies, good administrative processes and sufficient bulk supplies that use applicable clinical policies, protocols, guidelines as well as partner and stakeholder support, to ensure the provision of quality health services to the community. An Ideal Clinic will cooperate with other government departments as well as with the private sector and non-governmental organisations to address the social determinants of health. Primary Health Care (PHC) facilities must be maintained to function optimally and remain in a condition that can be described as the "Ideal Clinic".

An Ideal CHC should have a full-time doctor, an 8 Hour services, a 24-hour MOU, a 24-hour Emergency unit, provide Health Support services (physical rehabilitation by physical therapist and occupational therapist, speech and hearing therapy, dietetics, social worker support) and Oral Health services.

Integrated Clinical Services Management (ICSM) is a key focus within an Ideal Clinic. ICSM is a health system strengthening model that builds on the strengths of the HIV programme to deliver integrated care to patients with chronic and/or acute diseases or who come for preventative services by taking a patient-centric view that encompasses the full value chain of continuum of care and support.

A standardised questionnaire which is translated into a framework (Ideal Clinic components, sub-components and elements) is used for tracking progress in clinics over time. Since 2013 there has been substantial consultation on the Ideal Clinic framework. The Ideal Clinic Framework and the Ideal CHC Frameworks were merged in 2024, version 20. This version

¹Physical condition and spaces, essential equipment and information and communication tools

of the framework is aligned to the Norms and Standards Regulations applicable to different categories of health establishments (2018).² The framework contains a subset of the measures for the Regulations. The framework consists of 10 components, 33 sub-components and 280 elements. See [Annexure 1](#). Version 1 and thus this manual prescribes the minimum elements that should be present in a well-functioning clinic. See [Annexure 2](#).

Each element is scored according to the performance of the facility; green indicating that performance is achieved, amber indicating that performance is partially achieved, and red indicating that performance is not achieved. The method of measurement (indicated with symbols), level of responsibility (facility, district, province or national) and weight (non-negotiable vital, vital, essential and important) is indicated for each element. See [Annexure 2](#).

The average score according to the weights assigned to the 280 elements determines whether Ideal Clinics status is achieved or not. The elements are weighted as Non-negotiable Vitals, Vital, Essential, and Important. For a facility to obtain an Ideal Clinic status the minimum average percentages for Non-negotiable Vitals, Vital, Essential and Important elements must be achieved as set out in Table 1. It is therefore important to note that a facility can obtain a high average score (70 to 99 percent) but still fail to obtain an Ideal Clinic category as they have failed to obtain the minimum average score for per weight category. Over time, as the quality of the conditions of clinics improves, we may add more elements

Weights	ICRM # Elements	Silver	Gold	Platinum
Non-negotiable Vitals	4	100%	100%	100%
Vital	69	60-69%	70-79%	≥80%
Essential	128	50-59%	60-69%	≥70%
Important	73	50-59%	60-69%	≥70%
TOTAL	274			

and more specifications for certain elements.

Table 1: Summary of Ideal Clinic categories

² Republic of South Africa. Norms and Standards Regulations applicable to different categories of health establishments. Pretoria: Government Gazette; Feb 2018.

THE PURPOSE OF THIS MANUAL

The Ideal Clinic manual has been developed to assist managers at various levels of healthcare service provision to correctly interpret and understand the requirement for achieving the elements as depicted in the Ideal Clinic dashboard. It can therefore be regarded as a reference document which guides the managers to determine the status of Ideal Clinic dashboard elements in a facility. The manual is envisaged to be of particular use to the facility manager. Responsibility for the frameworks has been assigned to the facility manager in areas that the facility manager may believe is out of his/her control. However, for these areas it will be the facility manager who knows that the element is not green, and it is the facility manager who should initiate processes through the district office to turn these elements green.

The manual is also a useful tool for managers at sub-district, district, provincial, and national level to ensure progressive discipline of those reporting to them. Facility managers must receive orientation to the IDEAL CLINIC REALISATION AND MAINTENANCE process using this manual. The content of the manual could then guide counseling sessions and further steps of discipline when weaknesses in clinics persist.

HOW TO USE THE MANUAL?

The Ideal Clinic Manual is comprised of detailed steps that should be followed to achieve every element. In some instances, a step refers to the reader to a specific annexure/s. This implies that the relevant annexure should be used for further guidance to achieve the element.

The annexures referred to in the steps are hyperlinked, therefore the reader can right click on the annexure name that is hyperlink in the step, then select *Open Hyperlink*. The reader will then be directed to the specific annexure (at the end of the document). If the reader wants to return to the steps, press *Alt* and the *Left arrow* keys simultaneously which will return the reader to the steps.

Documents, policies, guidelines and standard operating procedures referenced as being available on the National Department of Health's website (www.health.gov.za) can be

obtained by selecting the 'Ideal Clinic' tab on the website. The tab will direct the user to the Ideal Clinic website (<https://www.idealhealthfacility.org.za/>). On the Ideal Clinic website there is a tab named 'Documents' where the relevant documents can be downloaded from.

COMPONENT 1: ADMINISTRATION

1. Signage and notices

Commitment for elements 1-3

Monitor whether there is communication about the facility and the services provided.

- | | |
|---|---|
| 1 | <i>All external signage in place</i> |
| 2 | <i>Facility information board displayed at the entrance of the facility/health establishment reflects relevant information.</i> |
| 3 | <i>Disclaimer sign is clearly sign posted at the entrance of the facility/ health establishment</i> |

Process

- Step 1: Familiarise yourself with the requirements for external signs. See [Annexure 3](#), [Annexure 4](#) and [Annexure 5](#).
- Step 2: Do an inspection every six months to check that all external signs for the facility are present and in good condition.
- Step 3: In the event of having to replace new, damaged or missing signs, order signs from the sub-district/district manager through the supply chain following the relevant provincial protocol.
- Step 4: The signs will be installed either by the supplier or district maintenance staff depending on order specifications.

Note to reviewers:

- Facility information board must be on the wall next to the main entrance of the facility building OR on a free-standing board at the main entrance to the facility building (entrance of the premises)
- It is not ideal, but it is acceptable if the information on the Facility information board is displayed on two separate boards (additional panel to main board) as the Ideal Clinic Programme did add additional information to the board since the first version was published.
- Emergency service contact numbers must include the contact numbers for Ambulances, And Fire Department and South African Police Services (SAPS)
- External signage must comply with specifications

Commitment for elements 4-7

Signs and notices are clearly placed throughout the facility.

4	<i>Vision, mission and values of the province/district are visibly displayed</i>
5	<i>Facility organogram with contact details of the facility manager is displayed on a central notice board</i>
6	<i>Patients' Rights Charter is displayed in all waiting areas in at least two local languages</i>
7	<i>All service areas within the facility are clearly signposted</i>

Process

- Step 1: Ensure that the mission, vision and values of the district as well as the organogram with contact details of the managers are visibly displayed on a central notice board.
- Step 2: Obtain the Patient's Rights Charter from www.health.gov.za.
- Step 3: Visibly displayed Charter in all main waiting areas in at least two local languages. See [Annexure 6](#). verify that it is available in the 8-hour service, 24-hour Emergency Unit (where applicable) and MOU (where applicable). See [Annexure 7](#).
- Step 4: Conduct an inspection of the facility every six months to ensure that all internal signs for the facility are present and in good condition. See [Annexure 8](#).
- Step 5: In the event of having to buy new or replace damaged or missing signs, order signs through supply chain management following the relevant provincial protocol.
- Step 6: The signs will be installed either by the supplier or district maintenance staff.
- Step 7: All notices like the vision, mission, values and organogram must be attached firmly to a noticeboard surface. Notices may only be attached to noticeboards and to no other surface, e.g. walls and windows.

Note to reviewers:

- Verify that the organogram is up to date by comparing it with an updated list of the staff establishment of the facility.
- All internal signage must be according to specifications. Neatly typed and laminated signage is acceptable where the facility is still in the process of obtaining manufactured signage. Laminated signs must be in good condition (it does not need to be framed). Handwritten signs are not compliant.

2. Staff Identity and Dress Code

Commitment for elements 8 - 10

Monitor whether staff uniform, protective clothing and mode of staff identification are in accordance with policy prescripts.

- 8** *There is a prescribed dress code for all service providers*
- 9** *All health care professional staff members comply with prescribed dress code*
- 10** *All staff members wear an identification tag*

Process

- Step 1: Obtain the Staff Dress Code and Insignia specifications from the district. See [Annexure 9](#) as an example of a Staff Dress Code.
- Step 2: Share the contents of the Staff Dress Code with all staff members.
- Step 3: All new staff must be inducted, including an orientation to the prescribed dress code.
- Step 5: Randomly check that the healthcare professional staff members on duty are dressed correctly according to the dress code. Check that all health professional staff members is wearing prescribed dress code ([Annexure 10](#)) and that all staff is wearing identification tags ([Annexure 11](#)).

3. PATIENT SERVICE ORGANISATION

Commitment for elements 11 - 16

The facility must be user friendly for the very sick, frail and elderly patients and patients should be triaged timely according to the severity of their illness.

- 11** *Sign posted help desk/reception services are available*
- 12** *There is a process that prioritises the very sick, frail and elderly patients*
- 13** *SOP for triaging of patients in the 24-hour Emergency unit is available*
- 14** *Triage system is visibly displayed*
- 15** *There is a designated individual responsible for the management of queues at the 24-hour Emergency Unit*
- 16** *A functional wheelchair is always available*

Process

- Step 1: Schedule a monthly duty roster to assign staff to the help desk/reception. Ensure that the various languages spoken by staff at the facility are documented and available at the helpdesk/reception so that staff can be called to interpret when necessary.
- Step 2: Develop a SOP that describes how the facility will ensure that the very sick, frail and elderly patients are prioritised.
- Step 3: Display notice in at least two local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly patients. See [Annexure 12](#).
- Step 4: Delegate the function of prioritisation process to a designated staff member daily.
- Step 6: Conduct random spot checks during the day to determine if the very sick, frail, and elderly patients are prioritised.
- Step 7: Check that the SOP covers all the prescribed aspects and that the poster is available. See [Annexure 13](#).
- Step 8: Develop/obtain a SOP that describes the triaging of patients in the 24-hour Emergency unit. Verify that the content adheres to the prescribed aspects. See [Annexure 14](#).
- Step 9: Display the triage system in the 24-hour Emergency unit.
- Step 10: To ensure that queues are managed at the 24-hour service unit, designate an individual to manage the queues and oversee the triage process.

- Step 11: Verify that functional wheelchairs are available at the facility for use when needed at the 8-hour service, 24-hour Emergency unit (where applicable) and MOU (where applicable). See [Annexure 15](#).
- Step 12: On a weekly basis, monitor the condition of the wheelchairs and order repairs if required add schedule for this item.
- Step 13: If there are no functional wheelchairs available at the facility, order them using the standard provincial protocol.
- Step 14: Schedule in-service training for ALL staff on prioritisation of the very sick, frail and elderly patients, triage and safety procedures when transporting a patient in a wheelchair. Make a record of attendance in the in-service training book. See [Annexure 16](#) as an example.

Note to reviewers:

- For element 13, if the facility has a combined waiting area for the 8-hour service and 24-hour Emergency unit, assess the element in the 8-hour service area.
- Elements 14 to 16 are only applicable for facilities with 24-hour emergency unit.
- **All** SOPs must adhere to the following:
 - ✓ Title of the SOP
 - ✓ Name of the facility/district for which the SOP was developed
 - ✓ Signed and dated by the accounting officer (District manager) OR facility must present written delegation if signing was delegated to someone else.
 - ✓ Signed and dated by the compiler/chairperson that developed the SOP (recommended)
 - ✓ Date of implementation
 - ✓ Date of next review (SOPs must be reviewed at a minimum every 5 years)
 - ✓ Summary of changes made to each version of the SOP (recommended)
 - ✓ The document can be manual or electronic.
 - ✓ The information may be detailed in a single document or in several documents.

4. Management of Patient Record

Commitment for elements 17 - 21

Every patient has a single record containing correctly captured personal and clinical information.

- | | |
|-----------|---|
| 17 | <i>There is a single patient record irrespective of health conditions</i> |
| 18 | <i>Patient record content adheres to ICSM prescripts at the 8 Hour service area</i> |
| 19 | <i>Patient record content adheres to ICSM prescripts at the 24-Hour Emergency Unit</i> |
| 20 | <i>Maternity Case Record including partogram is completed</i> |
| 21 | <i>Mothers are provided with a discharge summary report</i> |

Process

- Step 1: All new patients will have a patient record opened for them using the National Adult or Child Record for Clinics and Community Health Centres.
- Step 2: Allocate a file number using the Standard Operating Procedure for accessing tracking, filing, archiving and disposal of patient records that have been approved for the province/district.
- Step 3: Every patient must have a single patient record that contains all clinical information including laboratory results, copies of referral letters and prescription charts as per ICSM prescripts. Audit patients record in the 8 Hour service ([Annexure 17](#)), the 24-Hour Emergency services ([Annexure 18](#)) (where applicable) and the MOU ([Annexure 19](#)) (where applicable).
- Step 4: Ensure that all mothers discharged from the MOU are issued with a discharge report and that the discharge report contains the prescribed information. See [Annexure 20](#). (applicable if the facility has an MOU).

Commitment for elements 22 - 26

The patient records will be filed in a single location close to reception using a standard filing SOP to enable quick access to records.

- 22** *Guideline for accessing, tracking, filing, archiving and disposal of patient records is available and adhered to*
- 23** *There is a single location for storage of all active patient records*
- 24** *Patient records are filed near patient registration desk*
- 25** *Retrieval of a patient's file takes less than ten minutes*

Process

- Step 1: Obtain the provincial or district /guideline for accessing tracking, filing, archiving and disposal of patient's records.
- : .
- Step 2: Verify that the facility adheres to the guidelines. See [Annexure 21](#) Step 3: Identify a secure and lockable storage area in or near reception for the filing of patient records.
- Step 4: If needed, procure a bulk storage system according to the approved provincial protocol.
- Step 5: Schedule in-service training for administrative staff on patient record filing, archiving and disposal procedures. Record attendance in the in-service training book/file. See [Annexure 16](#) as an example.

Commitment for element 26

Patient's records are always kept confidential.

26 *Records are not left unattended in public and clinical areas and are only accessible to facility staff*

Process

- Step 1: Observe how patient records are managed in **various service areas within the facility**. See [Annexure 22](#). Unauthorised individuals should not be able to access the information in the patient records. This will include the records of patients waiting to be seen, patients who have already been seen but their records have not yet been returned to the records storage area/room, patient records being used for clinical audit or other administrative purposes, or patient records outside the records storage area/room for any other reason. Such records should be kept in a manner which safeguards against unauthorised access to the content of the record.
- Step 2: Observe how patient health records are managed in **clinical service areas**. See Unauthorised individuals should not be able to access the information in the patient records. This will include the records of patient waiting to be seen and patients who have already been seen but their records have not yet been returned to the records storage area/room.

Commitment for element 27

Priority stationery for the facility is always available in sufficient quantities.

27 *Priority stationery (clinical and administrative) is available (hard copy or electronical) at the facility in sufficient quantities*

Process

- Step 1: Determine the specific minimum quantity for each item of stationery required for the facility.
- Step 2: Using the stationery checklist ([Annexure 23](#)), the facility admin clerk must, on a weekly basis; check that there is sufficient stationery.
- Step 3: Order the required quantity using the standard provincial procurement protocol.

Note to reviewers:

Check what the minimum levels are for the various stationery items (if the minimum levels for stationery have not been determined by the facility, the facility will be non-compliant to this element). Verify that the minimum required are present on the shelves. The facility will not be compliant if the minimum levels are not present. If the facility has already placed an order but the order has not arrived, yet the facility is non-compliant.

COMPONENT 2: INTEGRATED CLINICAL SERVICES MANAGEMENT (ICSM)

5: Clinical service provision

Commitment for element 28

The facility has organised patient flow to provide patients with appropriate clinical care.

28 *Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions, preventative and promotive health services and health support services*

Process

- Step 1: Obtain the ICSM manual from www.health.gov.za.
- Step 2: Determine the process flow in clinics and the 8-Hour service area of CHCs. See process flow mapping in ICSM manual.
- Step 3: Flow plan for facility must provide for an area for monitoring vital signs for the four streams of care.
- Step 4: Schedule in-service training for all staff on Integrated Clinical Services Management (ICSM). Record attendance in the in-service training register/book/file. See [Annexure 24](#) as an example.
- Step 5: Implement process flow as per plan.
- Step 6: Mark out flow using colour coding to direct patients.

Name of Stream	Colour	Description of colour
Minor ailments	Orange	 C0 M62 Y100 K0
Chronic Services	Blue	 C77 M51 Y0 K0
Maternal and Child Health	Deep green	 C63 M0 Y100 K0

Allied Health/Health support services	Yellow	

Note to Reviewers:

Facilities that are too small (daily headcount of less than 170 patients per day (3 350 per month) for the 8-hour service to be segregated into three streams will not be expected to have dedicated consulting areas for acute, chronic health conditions and preventative health services but should still adhere to ICSM principles. This means that patients should be treated holistically and not be sent from one section to another because of co-morbidities. Small facilities that adhere to ICSM principles should be scored green for this element.

Commitment for element 29

Facility staff must ensure that patients' privacy is always respected in all service areas.

29 *Patients are consulted, examined and counselled in privacy*

Process

- Step 1: The induction/orientation programme for new staff must include the importance of securing patients' privacy while being consulted or counseled.
- Step 2: Patients should always be consulted and counseled behind closed doors/curtains/ screens.
- Step 3: Do spot-checks to determine whether staff members respect patients' privacy while providing services in all the service areas and correct identified weaknesses. See [Annexure 25](#).

Commitment for elements 30 - 34

Improvements in PHC service environment must lead to improved service and population health output and outcomes.

- 30** *All DS-TB Client treatment success rate is at least 80% or has increased by at least 5% from the previous year*
- 31** *DS-TB Client Lost to follow up rate < 5%*
- 32** *Ante-natal 1st visit before 20 weeks rate is at least 75% or has increased by at least 5% from the previous year*
- 33** *ART child viral load suppressed rate (below 50) @ (12 months) is at least 45% or has increased by at least 5% from the previous year*
- 34** *Immunisation under one-year coverage is at least 85% or has increased by at least 5% from the previous year*

Process

- Step 1: The record-keeping process (data collection) in the facility must feed into the DHIS data or relevant electronic patient information system required to calculate the values of the above indicators.
- Step 2: The record-keeping process (data collection) must be accurate, complete and validated to ensure good quality health management information.
- Step 3: Calculate and analyse the data to determine whether the facility is achieving the above targets, see note below on how to conduct the status determination for elements 30 to 34.
- Step 4: Should the facility not reach the above targets, investigate to find reasons and implement corrective actions.

NOTE:

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 30

- If the facility obtained the target of 87% the facility scores green (achieved) for the element.
- If the facility did not reach the target of 87%, there should be at least a 5% increase from the previous financial year:
The TB programme use the calendar year (January to December) for reporting. The score for element 32 is determined by comparing the outcome of 1 year and 1 quarter ago with the outcome of 2 years and 1 quarter ago.

For example:

If you conduct the status determination of a facility on 10 November 2016 (4th quarter of the year) you compare the TB success rate of the 3rd quarter of 2015 with the TB success rate of the 3rd quarter of 2014. See table below for examples with values and scores.

Status determination conducted	TB success rate of 1 year and 1 quarter ago	TB success rate of 2 years and 1 quarter ago	Score
10 November 2016 = 4 th quarter	3 rd quarter 2015 = $\geq 87\%$		Green
10 November 2016 = 4 th quarter	3 rd quarter 2015 = 35%	3 rd quarter 2014 = 30%	Green
10 November 2016 = 4 th quarter	3 rd quarter 2015 = 30%	3 rd quarter 2014 = 33%	Red

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 31

The TB programme use the calendar year (January to December) for reporting. The score for element 25 is determined by looking at the TB client lost to follow up rate of 6 months (2 quarters) back because the average TB patient is on treatment for 6 months.

For example:

If you conduct the status determination on 10 November 2016 (4th quarter) you look at the TB client lost to follow up rate of the 1st quarter of 2016 (January to March 2016). See table below for examples with values and scores.

Status determination conducted	TB defaulter rate	Score
10 November 2016 = 4 th quarter	1 st quarter 2016 = $< 5\%$	Green
10 November 2016 = 4 th quarter	1 st quarter 2016 = $\geq 5\%$	Red

HOW TO CONDUCT THE STATUS DETERMINATION FOR ELEMENT 32 to 34

- If the facility obtained the target as described for the specific element the facility scores green (achieved) for the element.
- If the facility did not obtain the target as set, there should be at least a 5% increase from the previous financial year:
 - a) When conducting the status determination during April to June (1st quarter) of a financial year, use the outcome of two financial years ago, comparing it with the outcome of three financial years ago if necessary.
 - b) When conducting status determination during July to March (2nd to 4th quarter) of a financial year, use the outcome of the previous financial year, comparing it with the outcome of two financial years ago if necessary.

For example:

- a) When conducting the status determination during April to June 2016, use the outcome of 2014/15 financial year and compare it with the outcome of 2013/14.
- b) When conducting the status determination during July 2016 to March 2017, use the outcome of 2015/16 financial year and compare it with the outcome of 2014/15.

See table below for examples with values and scores.

Status determination conducted	Outcome of indicator one or two financial years ago	Outcome of indicator two or three financial years ago	Score
10 July 2016	Outcome of 2015/16 = $\geq$ target set		Green
10 May 2016	Outcome of 2014/15 financial year = 40%	Outcome of 2013/14 financial year = 35%	Green
10 July 2016	Outcome of 2015/16 financial year = 50%	Outcome of 2014/15 financial year = 47%	Red

Note to reviewers:

If the facility does not provide the specific service mark not applicable.

Commitment for elements 35

Quality Improvement plans are developed and implemented

35 *Quality Improvements plans are signed off by the facility manager and updated quarterly*

Process

- Step 1: Obtain the National Quality Improvement Guideline from www.health.gov.za that will assist facility managers to understand and implement quality improvements.
- Step 2: Generate the “Quality Improvement Report” from the Ideal Clinic software once the first facility status determinations has been conducted at the end of May every year. See [Annexure 26](#).
- Step 3: Add any additional areas in need for improvement that has been identified in addition to the Ideal Clinic elements that were failed, for example, gaps identified in clinical audits, patient safety incidents, patient experience of care surveys, complaints, staff satisfaction surveys, security breaches, infection control risk assessment.
- Step 4: Complete the columns for “Activity, By whom and When”.
- Step 5: The facility manager must meet with all staff to discuss the content of the draft quality improvement plan and to obtain input. Keep record of this meeting.
- Step 6: Update the quality improvement plan with input received from staff.
- Step 7: Facility manager to sign and date the quality improvement plan.
- Step 8: Fill in at the end of every quarter the column for “Results” at each area where the “When” column was indicated for completion in that specific quarter.
- Step 9: Use [Annexure 27](#) to assess whether all areas were covered, and the plan has been updated at least quarterly.

Note to reviewers:

Facilities should only have one collated Quality Improvement Plan that is updated quarterly.

Commitment for elements 36 -37

There is a functioning district/sub-district clinical leadership team that oversees clinical care and patient safety in facilities

- 36** *Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available*
- 37** *Quarterly maternal and perinatal morbidity and mortality meetings are attended*

Process

- Step 1: The district/sub district clinical quality coordinators compiled a six-monthly report on the performance of facilities in clinical areas. Obtain a template as an example of such a report on www.health.gov.za.
- Step 2: The performance report must be tabled at the quarterly facility performance review meetings.
- Step 3: The clinical performance report must be shared with ALL facilities in the district/sub-district to enable learning.
- Step 4: The facility manager must table the report at the facility's quarterly staff meetings.
- Step 5: Obtain the schedule for maternal and perinatal morbidity and mortality meetings from the district/sub-district office. Ensure that a designated staff member attend the meetings.

Note to reviewers:

- For element 36: Clinical quality supervisors can include but are not limited to District Specialist Clinical Teams and District Quality Assurance Units.
- For element 37: Manual or electronic minutes and the attendance register of the meeting from the previous quarter must be available. Check on the attendance register whether a staff member of the facility attended the last meeting.

Commitment for elements 38 - 41

Improve patient safety during handing over and the triage process.

- 38** *Patients are formally handed over at the end of each shift*
- 39** *Correct handover procedure was followed between the facility and EMS*
- 40** *Patients who have been triaged as requiring immediate, very urgent care are seen within the target time frames*
- 41** *Protocols and guidelines regarding examination and stabilization of patients is adhered to*

Process – (elements 38, 39 and 41 is only applicable for facilities with a 24-hour Emergency/MOU unit)

- Step 1: Ensure that the process for handing over patients between shifts is followed (see Element 59, and 62 for aspects that should be covered in the SOP).
- Step 2: Check two patients records in the 24-hour Emergency unit and the MOU to verify that the correct handing over procedure between shifts was followed. See [Annexure 28](#).
- Step 3: Ensure that the process for handing over patients between the facility and the EMS is followed (see Element 269 for aspects that should be covered in the SOP).
- Step 4: Check two patients records in the 24-hour Emergency unit and the MOU to verify that the correct handing over procedure between the facility and EMS was followed. See [Annexure 29](#).
- Step 5: Ensure that patients in the 24-hour Emergency unit are seen within the indicated triage scale by assigning queue marshals. To check whether patients are seen according to the triage system, randomly select records of three patients who were triaged as requiring immediate, urgent or very urgent care. Compare the time the patient was triaged with the time the patient was seen to evaluate whether the patient was seen within the triage time scale as indicated on the triage algorithm. See [Annexure 30](#).
- Step 6: Patients requiring immediate or very urgent care must be stabilized according to clinical guidelines and protocols. Randomly select three records of patients who were triaged as requiring immediate or very urgent care and check whether the criteria for stabilizing the patient were adhered to. See [Annexure 31](#).

6. Access to Medical, Mental Health, Allied Health Practitioners

Commitment for elements 42 - 48

Access to a full range of health professionals to deliver a comprehensive health service either at the facility or through appropriate referral.

- 42** *Facility has a doctor at all times*
- 43** *Patients have access to oral health services*
- 44** *Patients have access to health support services*
- 45** *Patients have access to eye health services*
- 46** *Patients have access to mental health services*
- 47** *Patients have access to TOP*
- 48** *Patients have access to MMC*

Process

- Step 1: Map the facility's service provision against the approved PHC package of services.
- Step 2: All CHCs should have a full-time doctor. If the facility does not have a full-time doctor, liaises with the sub-district/district office to assist with the appointment of a doctor for the facility. Patients that require consultation with a doctor at a clinic should have access to a doctor at least once a week.
- Step 3: Document gaps differentiating between services to be provided on-site and those to be referred to other health facilities. See [Annexure 32](#) to check which health support services should be accessible for patients.
- Step 4: Improve, in cooperation with sub-district/district manager, conditions at the facility (physical space, equipment, human resources, etc.) to initiate those services that are to be provided on-site.
- Step 5: Describe in the facility's Standard Operating Procedure (SOP) for patient referrals the various referral paths (as mapped out in step 1) to be followed to allow access for patients to the services at other facilities that cannot be provided by the facility as described in elements 43 to 48. Make suitable arrangements for patients that must be referred to other health facilities to receive the services that are not provided by the facility itself.
- Step 6: Keep a register of the patients that are referred to other facilities. Refer to element 267 "There is a referral register that records referred patients".

Note to reviewers:

- To assess elements 43 to 48, check the District/Facility's SOP for referral to other health facilities. The SOP must indicate the names and contact details of the health facilities where the patients will be referred to if the facility does not provide the services at the facility as set out in element 43 to 48.
- Check that the register for referral of patients is available and completed. Where a facility had no referrals for the month the first line of the register must indicate "no referrals made for the month".

Commitment for element 49

Services to adolescents and youths are provided in a manner that promotes their health, prevents illness and supports their development.

49 *Adolescent and Youth Friendly Health Services are provided*

Process

- Step 1: Obtain the national policy for providing Adolescent and Youth Friendly Services (AYFS) from www.health.gov.za.
- Step 2: Posters promoting AYFS that are in-line with the policy are visibly posted at the reception and in consulting room where AYFS is provided. See [Annexure 33](#).
- Step 3: Include training on AYFS for all healthcare professionals on the facility's staff development plan.
- Step 4: Schedule in-service training for health professionals for providing adolescent and youth friendly services through the regional training centers. Record attendance in the in-service training book/file. See [Annexure 16](#) as an example.
- Step 5: Ensure that the Clinic Committee includes a representative of the adolescent and youth sector aged 18- 35 years
- Step 7: Complete the profile for adolescents and youth in the catchment area which includes their challenges, see [Annexure 34](#).
- Step 8: Verify that the facility provides adolescent friendly services, see [Annexure 35](#).

7. Management of Patient Appointments

Commitment for element 50

All planned streams of care are efficiently organised and properly managed through a proper patient appointment system for patients with stabilised chronic health conditions, MCSRH and for health support services

50 *ICSM compliant patient appointment system for patients with chronic health conditions or requiring MCSRH and health support services is in use*

Process

- Step 1: Use the ICSM patient appointment system for patients with chronic health conditions, MCSRH and support services. Annexure 36.
- Step 2: Schedule in-service training for clinical and administration staff on the process to follow for patient appointment scheduling. See [Annexure 37](#). This will be included in the ICSM training that staff should undergo. Record staff attendance in the in-service training register/book/file. See [Annexure 16](#) as an example.
- Step 3: Ensure communication and engagement with community to orientate all stakeholders about the patient appointment system.
- Step 4: Display the poster for appointment procedure in all four streams (acute, chronic, preventative, support)
- Step 5: Assign appointment dates and times to patients.
- Step 6: As per the patient appointment, the administration staff must retrieve patient records not later than the day before the appointment.
- Step 7: Administration clerk must retrieve patient record and tick off in the scheduling book that the record has been retrieved in the appropriate column. A cross should be made in red pen if the record is not found and measures must be taken to ensure that it is found before the patient arrives.

- Step 7: Retrieve any outstanding results for laboratory investigations conducted during previous visits and place the results in the records.
- Step 8: Clinical records of booked patients are kept at the registration point
- Step 9: If only a single room is utilised to see patients with appointments for either chronic or MC&SRH, then the professional nurse could schedule the patient's next visit. If more than one consultation room is used, then an appointment scheduling desk should be established at the reception.

Commitment for element 51

Clinically stable patients with chronic conditions can collect pre-dispensed medication.

51 *Pre-dispensed medications for clinically stable chronic patients is prepared for collection not later than a day before collection date or patients are enrolled on the CCMDD/CDU programme*

Definition of terms used in this section

Pre-dispense means the interpretation and evaluation of the prescription and the preparation and labelling of the prescribed medicine (Phases 1 and 2 of dispensing as defined in the Pharmacy Act, 1974 (Act 53 of 1974))

Process

If the facility does not have a CCMDD programme, follow the steps below:

- Step 1: If the facility does have a CCMDD/CDU programme check whether the clinically stable patients with chronic conditions are able to collect pre-dispensed medication. Annexure 38
- Step 1: Refer to [Annexure 39](#) on pre-dispensing of chronic medication.
- Step 2: Use [Annexure 40](#) (as an example) for recording receipt of chronic medication when delivered to a patient to their home by a Community Health Worker (CHW).

Note to reviewers:

If the facility does have a CCMDD/CDU programme, follow the steps in the CCMDD/CDU Standard Operating Procedure.

8: Coordination of PHC Services

Commitment for element 52

PHC managers and staff will cooperate with schools and school health teams to assist with the removal of health-related barriers to learning.

52 *Facility does referrals to and receive referrals from school health services in its catchment area*

Process

- Step 1: The facility manager and staff must be familiar with and have a relationship with all schools (quintile 1-3) in the facilities' catchment area.
- Step 2: Referrals from the school health team to the facility must be managed appropriately.
- Step 3: Make provision for consulting learners referred from school health in the afternoons in line with the policy on adolescent friendly services.
- Step 4: The school health team will refer learners on the prescribed form. Provide feedback to the school health team on the prescribed form. See [Annexure 41](#).
- Step 5: Keep record of learners that were referred and feedback that was provided. See [Annexure 42](#) as an example.

Note to reviewers:

If the facility did not make or receive any referrals from school health services, the register/record as indicated in step 5 must indicate “no referrals received or made”.

Commitment for element 53

The facility must have functional home- and community-based services.

53 Facility refers patients with chronic but stable health conditions to home- and community-based services for support

Checklist for Element 53							
Facility refers patients to home- and community- based services for support							
Use the checklist below to check whether the facility refers patients to home- and community-based services for support. Scoring –in column for score mark as follows: Y (Yes) = if present and compliant; N (No) = if not present or not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
HRH—Does the facility have CHWs							
The clinic has CHWs linked to it working in the community	Yes/No						
All CHWs are trained on Foundation Phase	Yes/No						
CHW/WBPHCTs data audit national guideline available	Yes/No						
Are all CHWs trained on basic IPC	Yes/No						
CHW Identity							
CHWs have uniform	Yes/No						
CHWs have name tags	Yes/No						
CHWs have backpacks (with tools of trade)							
1 Notebook	Yes/No						
1 Pen	Yes/No						
1 Adult weight measuring scale	Yes/No						
1 Blood pressure monitor digital (wrist)	Yes/No						
1 Glucometer (with strips)	Yes/No						
1 Adult MUAC tape	Yes/No						
1 Child MUAC tape	Yes/No						
1 Measuring tape	Yes/No						
1 Raincoat	Yes/No						
1 water bottle	Yes/No						
1 Mackintosh apron/Plastic Apron	Yes/No						
1 Umbrella	Yes/No						
3 Waste plastic bags	Yes/No						
1 Hand sanitiser	Yes/No						

1 Small size sharps container	Yes/No						
5 Disposable thermometers	Yes/No						
1 Screening tool booklet	Yes/No						
Surgical mask/N95 respirators	Yes/No						
Hand gloves (sterile and non-sterile)	Yes/No						
Supervision of CHWs							
The CHWs have a full-time Outreach Team Leader (OTL)— (appointed OTL)	Yes/No						
The CHWs have designated OTL (Assigned Nurse)	Yes/No						
The CHWs and OTL meet once every week	Yes/No						
Is there a weekly meeting activity plan/agenda	Yes/No						
Furniture and management of CHW records							
CHWs have a designated meeting room in the facility	Yes/No						
CHWs have filing cabinets for data collection tools	Yes/No						
Filing system structured by CHWs	Yes/No						
Reporting							
File on CHW data collection and reporting tool available at facility	Yes/No						
CHW monthly DHIS reports are filed by quarter.	Yes/No						
CHW DHIS reports signed by the Facility Manager	Yes/No						
CHW monthly activity report signed by the OTL	Yes/No						
CHW data collection tools are audited quarterly	Yes/No						
CHW data collection audit report signed by OTL and Facility Manager	Yes/No						
Referral							
Facility does referrals to and receives referrals from WBPHCOTs— (element 55 only refers to school health)	Yes/No						
Facility keeps a file of referrals from CHWs	Yes/No						
Referral forms are filed by month	Yes/No						

Steps/Process

- Step 1: With the support of the district manager ensure that home- and community-based teams services the catchment population of the facility. Annexure 43
- Step 2: Refer patients who need follow-up in their homes to the home- and community-based teams on the prescribed form. See Annexure 44 as an example.
- Step 3: Keep record/register of patients referred to home- and community-based teams.
- Step 4: Include the home- and community-based teams in the facility's quarterly meetings to receive feedback and to give guidance regarding possible challenges.

Step 5: Avail yourself of meeting with home- and community-based teams on an ad hoc basis to assist with problems that arise during the course of work.

Note to reviewers:

If the facility did not make any referrals to home- and community-based services, the record/register as indicated in step 3 must indicate “no referrals made to home- and community-based services”.

Commitment for element 54

Environmental health risks affecting the facility are attended to by environmental health services

54 Facility refers environmental health related risks to environmental health services

Process

- Step 1: Obtain and record the contact details to report environmental health related risks to environmental health services in the facility's telephone list.
- Step 2: Do frequent checks and report any environmental health related risk to the environmental health services as soon as it is noted, see [Annexure 45](#).
- Step 3: Follow-up with the district/sub-district office to assist if the reported risks have not been attended to.

Note to the reviewer:

The area to be assessed for the measures on Annexure 45 (Checklist for element 54) that relates to whether there are stagnant water, overgrown vegetation and litter on the outside perimeters of the facility is 5 meters from the perimeter fence/outside parameter.

9. Clinical Guidelines and protocols

Commitment for element 55 - 56

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines.

55 *ICSM compliant package of clinical guidelines is available in all consulting rooms*

56 *National guidelines on priority health conditions are available in the facility*

Process

- Step 1: Do an audit of consulting rooms to check availability of ICSM compliant package of clinical guidelines (soft OR hard copy OR Cell phone APP). Use [Annexure 46](#).
- Step 2: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.
- Step 3: Do an audit to check availability of the National guidelines on priority health conditions (soft OR hard copy OR Cell phone APP). A copy of the guidelines must be available in one office that is accessible to healthcare professionals. Use [Annexure 47](#).
- Step 4: If all guidelines are not available, access from www.health.gov.za or order from Government Printing Works catalogue or download the APP.
- Step 5: Identify an ICSM champion to be trained as a facility trainer by the district master trainers on the Adult Primary Care Guideline OR Practical Approach to Care Kit as well as on Integrated Management of Childhood illnesses.

Commitment for element 57 - 62

Provides guidance to clinical staff on how to manage resuscitation, refusal of treatment, handover between shifts, administration of medicine, informed consent and identification of patients.

- 57 *Resuscitation protocol is available***
- 58 *SOP for refusal of treatment available***
- 59 *SOP for handover between shifts available***
- 60 *SOP for safe administration of medicine is available***
- 61 *SOP for informed consent available***
- 62 *SOP for identification of patients is available***

Process

Step 1: Develop/obtain from the district/sub-district office the following protocol/SOPs for:

- Resuscitation
- Refusal of treatment is available at the facility.
- Handover between shifts
- Safe administration of medicine
- Informed consent
- Identification of patients

Step 2: Check that the content of the following SOPs adheres to the prescribed aspects:

- Handover between shifts. See [Annexure 48](#).
- Safe administration of medicine. See [Annexure 49](#).
- Informed consent. See [Annexure 50](#).
- Identification of patients. See [Annexure 51](#).

Commitment for element 64 - 65

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines.

- 64** *80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit*
- 65** *80% of professional nurses have been fully trained on Integrated Management of Childhood illness*

Process

- Step 1: Identify an Adult Primary Care (APC) champion to be trained as a facility trainer by the district master trainers on the Adult Primary Care Guideline OR Practical Approach to Care Kit as well as on Integrated Management of Childhood illnesses.
- Step 2: Schedule training for healthcare professionals quarterly on the Adult Primary Care OR Practical Approach to Care Kit as well as the Integrated Management of Childhood illnesses and keep attendance registers of the training conducted. See [Annexure 16](#) as an example.

Note to reviewers:

For element 64: Staff must be trained in ALL the modules to be compliant.

For element 65: Staff member is fully trained if he/she has completed the four-year nursing training that includes IMCI training or has obtained a certificate for IMCI training course completed. The table below sets out the year in which IMCI training was incorporated into the four-year nursing training for each province. Note: Facilities should have a list of employees indicating their qualification and year qualification obtained to assist inspectors to assess the measure.

Province	Current Nursing College name	Year of IMCI incorporation into the R425 programme	Level of study
Eastern Cape	Lilitha College of Nursing	2008	4 th year
Free State	Free State School of Nursing	2006	2 nd year
Gauteng	Gauteng College of Nursing	2004	1 st , 3 rd and 4 th years
KZN	KwaZulu-Natal College of Nursing	2006	2 nd year
Limpopo	Limpopo College of Nursing	2005	1 st , 2 nd , 3 rd and 4 th years
Mpumalanga	Mpumalanga College of Nursing	N/A	Mpumalanga did not incorporate IMCI into the R425 curriculum. Rather, 4th year students are placed at RTC where IMCI programme is provided to the entire finalists before they are placed for Community Services. This is done immediately after they finish their final year examination.
Northern Cape	Henrietta Stockdale Nursing College	Not applicable	4th year students are allocated two full weeks , and they are trained at the College with assistance of the Provincial Child health coordinator. Lecturers do the facilitation and if there is a need facilitator from districts do assist. Doctors are sourced from the Paediatric wards at the hospital
North West	North West Nursing College	2005	2 nd year
Western Cape	Western Cape College of Nursing	2011	2 nd year and 4 th year
SA Military Service	South African Military Health Service Nursing College	2014	2 nd year

Commitment for element 65

Nurses can resuscitate and provide basic life support to patients with a **sudden** onset of a condition manifesting itself by **acute** symptoms of **sufficient severity** such that the absence of immediate medical attention (including resuscitation) could reasonably be expected to result in serious impairment to bodily function or death.

65 <i>80% of professional nurses have been trained on Basic Life Support</i>

Process

- Step 1: Draft a schedule of nurses who have been trained on Basic Life Support by an accredited provider.
- Step 2: Schedule training for nurses who have not been trained as well as for those who are due for their two-yearly updates in Basic Life Support.
- Step 3: File a copy of the certificates obtained by the staff in Basic Life Support as proof that staff did complete it.
- Step 4: Update register of nurses who have been trained or have updated their Basic Life Support certificate. See [Annexure 52](#) as an example.

Commitment for elements 66 to 69

Ensure quality clinical care is delivered to patients by using relevant national clinical guidelines

- 66** *Professional nurses at the facility are trained on BANC Plus*
- 67** *80% of professional nurses at the MOU are trained on ESMOE*
- 68** *50% of professional nurses are trained on Mother Baby Friendly Initiative*
- 69** *Professional nurses performing Termination of Pregnancy procedure are trained*

Process

- Step 1: Schedule training for professional nurses who have not been trained on BANC Plus, ESMOE, the Mother Baby Friendly Initiative and TOP (if the service is provided).
- Step 2: Check that professional nurses in the various areas are trained on BANC Plus. See [Annexure 53](#).
- Step 3: Check that 80% of professional nurses scheduled to work at the MOU are trained on ESMOE.
- Step 4: Check that 50% of professional nurses are trained on Mother Baby Friendly Initiative.
- Step 5: Check that professional nurse performing TOP is trained.
- Step 6: Keep attendance registers of the training conducted. [See Annexure 16](#) as examples.

Note to reviewers:

If the facility doesn't provide services for TOP, mark as NA. If the facility doesn't have a 24-hour MOU, mark elements 67 and 68 as NA.

Commitment for elements 70 – 73

The facility manages patient safety incidents effectively to ensure that harm to patients is reduced.

- 70** *National Guideline for Patient Safety Incident Reporting and Learning is available*
- 71** *Facility/district SOP for Patient Safety Incident Reporting is available*
- 72** *Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning*
- 73** *All SAC 1 adverse events are reported to the next level of management within 24 hours*

Process

- Step 1: Obtain the national Guideline for Patient Safety Incidents Reporting and Learning from www.health.gov.za.
- Step 2: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP for Patient Safety Incidents Reporting and Learning. Annexure 54.
- Step 3: Check that the SOP is aligned to the national Guideline for Patient Safety Incidents Reporting and Learning. See [Annexure 55](#).
- Step 4: Assign a staff member to ensure compliance with the facility's SOP to manage Patient Safety Incidents.
- Step 5: Follow the action steps to manage patient safety incidents as set out in the National Guideline.
- Step 6: Report all SAC 1 incidents to the next level of management within 24 hours.
- Step 7: Complete the Patient Safety Incident Management form when a patient safety incident occurs. See [Annexure 56](#) as an example.
- Step 8: Capture the information from the patient safety incident form on the national web-based information system for Patient Safety Incidents.
- Step 9: If the facility did not have any patient safety incidents for a specific month, complete the 'Null Report' on the web-based information system.
- Step 10: At the beginning of every month generate the following records for the previous month:
 - patient safety incidents register. See [Annexure 57](#).
 - monthly statistics on patient safety incidents. See [Annexure 58](#).
 - data on classifications of agents (contributing factors) involved
 - data on classifications of incident type
 - data on classifications of incident outcome
 - indicators for patient safety incidents

- Step 11: Identify trends in system failures. To identify system failures, analyses the data on classification of contributing factors and incident type to determine trends in cause/s of the incidents as well as frequently occurring incidents. Add to the facility's quality improvement plans areas where gaps in patient safety have been identified.
- Step 12: Do quarterly checks to verify that the facility complies with the Guideline. See [Annexure 59](#).

Note to reviewers:

- The Patient Safety Incident Management forms, forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must, however, provide the data to enable the facility to report on the indicators and categories for patient safety incidents as set out in the National Guideline.
- For element 73, score NA if the facility did not report any patient safety incidents with SAC1 rating in the past 3 months.

Commitment for elements 75 – 78

Quality clinical care is maintained by conducting regular clinical audits.

- 75 National Clinical Audit guideline is available**
- 76 Clinical audits are conducted quarterly on priority health conditions**
- 77 *80% of patient records audited are compliant***
- 78 Clinical audit meetings are conducted quarterly in line with the guidelines**

Process

- Step 1: Obtain National Clinical Audit guideline from www.health.gov.za.
- Step 2: Obtain the National Clinical Audit Implementation Guideline for PHC facilities from www.health.gov.za. Note: Provinces that have approved Clinical audit guidelines should use their own guidelines which must align with the treatment guidelines for priority health conditions.
- Step 3: Conduct quarterly clinical record audits on the files of patients diagnosed with priority health conditions that is in-line with the Guideline. Verify that audits for each priority area have been conducted. See [Annexure 59](#).
- Step 4: Use [Annexure 60](#) to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures
- Step 5: Where there is a need, seek guidance from an expert from the district.
- Step 6: Add to the facility's quality improvement plan areas identified for improvement.
- Step 7: Provide feedback to relevant staff members.
- Step 8: Implement improvements as per agreed time frame on the quality improvement plan.
- Step 9: Discuss the facility's results of the clinical record audits on the quarterly Clinical audit meetings. Keep records of the meetings held.

Commitment for element 78

Notifiable Medical Conditions (NMC) are reported in-line with the national guidelines.

78 *National guidelines are followed for all notifiable medical conditions*

Process

Step 1: Ensure that all staff know the following regarding NMC:

- why staff must report all NMCs
- Who should notify
- **NMC that falls within category 1 and 2 NMC**, see [Annexure 61](#)

Step 2: Report all category 1 NMCs immediately to the relevant focal person at the health establishment or Sub-District level using the most rapid means available.

Step 3: Obtain the SOP with flow chart, case definitions and case investigation forms from www.health.gov.za

Step 4: Obtain the NMC Notification booklet from the NMC focal person at Sub-District/District

Step 5: Report category 1 and 2 NMCs using the paper based or the electronic notification system:

Reporting can be done either via a paper based or an electronic notification.

Paper based notification

- Complete the NMC Case Notification Form which may be found on the NICD website.
- Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or send a photograph by SMS, WhatsApp, email or fax to the NMC hotline 072 621 3805.
- Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page).
- The NMC Focal Person at health facility level or Sub-District must ensure that the forms are captured electronically.

OR

Electronic notification via the NMC APP

Step 6: Verify that notifiable conditions are reported in line with the SOP for reporting notifiable conditions. See [Annexure 62](#).

Note to reviewers:

- The facility must have the NMC Notification booklet OR have access to the web-based application to report to NMC to be compliant
- Ask the staff member responsible for reporting to NMC to explain:
 - the NMCs that must be reported (category 1 and 2 NMC) and
 - the process to be followed to report category 1 and 2 NMC

Commitment for element 79

Preventing controlling infection

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

Process

- Step 1: Develop/obtain a facility/district specific Standard Operating Procedure (SOP) for the management of patients with highly infectious disease
- Step 2: Verify that the content of the SOP covers the required topics. See [Annexure 63](#)
- Step 3: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application.

10. Infection Prevention and Control

Commitment for elements 83 - 90

Preventing and controlling infection

- 80 *National Infection Prevention and Control strategic framework is available*
- 81 *Facility has functional infection prevention and control programme*
- 82 *SOP on infection control is available*
- 83 *All staff have received in-service training in the past two years on infection control standard precautions that is in line with the standard operating procedure.*
- 84 *Posters on hand hygiene is displayed*
- 85 *Awareness Day on hand hygiene is held annually*
- 86 *Poster on cough etiquette is displayed in every waiting area*
- 87 *Staff wear appropriate protective clothing*

Process

- Step 1: Assign a staff member to ensure compliance with the National IPC strategic framework. The staff member must be trained in infection prevention and control. This training can be provided by the district or the province; it does not need to be formal training provided by a Specialised service provider.
- Step 2: Check that the facility has a functional infection prevention and control programme. See [Annexure 64](#).
- Step 3: Obtain the National Infection Prevention and Control (IPC) strategic framework and the Practical Manual for the implementation of the National IPC strategic framework from www.health.gov.za.
- Step 4: Use the Practical Manual for the implementation of the National IPC strategic framework as guidance to develop a district/facility specific SOP. Ensure that the key elements for standard precautions are addressed in the SOP as outlined in the national document. See [Annexure 65](#).
- Step 5: Schedule training for all staff on the infection control standard precautions, see [Annexure 66](#). Repeat training every two years to ensure that staff is kept up to

date. Keep attendance registers of the training conducted. See [Annexure 16](#).

Step 6: Ensure that the poster on hand hygiene washing is displayed near the hand basins, see [Annexure 67](#) and posters for alcohol based hand rub (ABHR) is displayed on the notice board (or wall where there is no notice board) in consulting areas, see [Annexure 68](#). These posters should be laminated to avoid damage. A copy of the posters can be obtained from www.health.gov.za.

Step 7: Check that the posters are displayed. See [Annexure 69](#).

Step 8: Plan and host an annual awareness day on hand hygiene to raise awareness with staff and patients. The awareness day can coincide with the Open day of the facility. The World Health organization's drives an annual hand wash campaign. Each year the *SAVE LIVES: Clean Your Hands* campaign of the WHO selects a specific topic for the year. Facilities can access the WHO's website (<http://www.who.int/infection-prevention/campaigns/clean-hands/en/>) to assist them in the planning of the awareness day as they publish promotional material every year in the form of pamphlets, posters and videos.

Activities can include but are not limited to:

- Signing up the facility in support of world hand hygiene on the WHO's website at <http://www.who.int/gpsc/5may/register/en/>
- Displaying posters on the annual theme in the facility
- Show health promotion videos on hand hygiene to staff and patients
- Host short information sessions for staff and patients on the importance of hand hygiene, method and opportunities for hand washing (5 moments for hand hygiene. Keep attendance registers of staff and patients that attended the sessions.

Step 9: Ensure that the poster on cough etiquette ([Annexure 70](#)) is displayed in every waiting area in various service areas. See [Annexure 71](#). A copy of the poster can be obtained from www.health.gov.za.

Step 10: Conduct spot checks to determine if staff are complying with personal protective clothing requirements. See [Annexure 72](#).

Note to reviewers:

- Facilities must display both the poster for hygienic hand wash technique and ABHR technique to be compliant with element 84.

Commitment for elements 88 and 89

Prevention and control of infection

88 *The linen in use is sufficient, clean, appropriately used and not torn*

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

Process

- Step 1: Obtain the Practical Manual for the implementation of the National IPC strategic framework from www.health.gov.za that has a chapter on the management of linen.
- Step 2: Orientate all staff on the use of clean linen, the appropriate use of all linen to ensure that linen is always used for its intended purpose and that linen that is torn must be replaced.
- Step 3: Determine the stock levels required by a facility and comply with it.
- Step 4: In large facilities dedicate a well-ventilated room solely for storage of clean linen. In small facilities stores linen on a clean and neat rack in store with other supplies and consumables or in a separate lockable cupboard.
- Step 5: Keep linen store locked.
- Step 6: Order linen as soon as the stock reaches a minimum level.
- Step 7: Use [Annexure 73](#) to verify that linen is clean, appropriately used and not torn.
- Step 8: Ensure that the facility has a trolley/cart to collect dirty, soiled and infectious linen in the various service areas. See [Annexure 73](#).

Commitment for elements 90

Prevention and control of infection

90 *Sharps are disposed of in appropriately*

Process

- Step 1: Train all staff including cleaning staff on the infection control standard precautions that included waste management (refer to SOP of element 86).
- Step 2: Place waste segregation poster in a prominent position at all waste generation points. See [Annexure 75](#).
- Step 3: Ensure that there is enough stock of impenetrable, tamperproof containers to dispose of sharps.
- Step 4: Ensure that all sharps' containers are placed on work surfaces or placed in a wall mounted bracket while still in use.
- Step 5: Store all sealed containers for sharps that had reached the limit mark in the designated area for storing healthcare waste.
- Step 6: Designate specific waste storage areas that caters for different types of waste without cross contamination. These areas must be lockable.
- Step 7: Conduct regular spot checks at the facility's waste generation and waste storage areas to determine that correct waste handling and segregation is taking place.
- Step 8: Use [Annexure 75](#) to check that sharps are disposed of appropriately.

Commitment for elements 91

Anatomical waste is disposed of safely.

91 *Register for human tissue is available*

Process

- Step 1: Ensure that copies of the register to record human tissue are available in the facility. The register must include the name of patient, date of placement and collection.
- Step 2: Record all disposed anatomical waste in the register.

Note to reviewers:

Check that the register for human tissue has been completed and contain the following information:

- Name of the patient
- Date of placement and
- Date of collection

Commitment for elements 92

Risks are identified and attended to that can compromise infection control compliance

92 *An annual risk assessment for infection prevention and control compliance is undertaken by the staff member assigned to infection prevention and control*

Process

- Step 1: Conduct an annual risk assessment for infection prevention and control compliance. Obtain the risk assessment tool from www.health.gov.za or use the risk assessment tool designed for the province/district/facility. Risk assessment can also be conducted by the provincial or district office.
- Step 2: Analyse the results of the risk assessment.
- Step 3: Add to the facility's quality improvement plan areas identified for improvement.
- Step 4: Provide evidence of feedback to relevant staff members.
- Step 5: Implement improvements as per agreed time frame on the quality improvement plan.
- Step 6: Keep records of the collated summary of the results of the risk assessment.
- Step 7: Discuss the facility's results for the risk assessment for infection prevention and control on one of the sub-district/district quarterly facility performance review meetings.

Commitment for elements 93

Prevention and control of infection

93 *All staff are made aware of the provincial letter/memo/circular that inform staff of the procedure to follow for prophylactic immunisations*

Process

Step 1: Obtain a letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office that inform staff of the procedure to follow for prophylactic immunisations. The letter should contain at a minimum the following information (see [Annexure 77](#)):

- Procedure to obtain prophylactic immunisations
- Who will bear the cost of immunisations?
- Recommended vaccinations as determined by the disease profile of the health facility or region.

Step 2: Staff to sign acknowledgment indicating that they are aware and know the content of the letter/memo/circular and its application.

Note to reviewers:

- The letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office must be reviewed at a minimum every five years or as the need arise.

11. Patient waiting time

Commitment for elements 94 - 99

Patients are offered treatment in the quickest possible time.

- 94 *National Guideline for the Management of Waiting Times is available*
- 95 *National target of not more the three hours for time spent in a facility is visible displayed at the reception of the 8-hour service area*
- 96 *Waiting time for 24-hour Emergency unit is visibly posted in the waiting area*
- 97 *Waiting time tools to record waiting time is available*
- 98 *Waiting time survey report is available*
- 99 *Average time that a patient spends in the facility is no longer than 3 hours the 8-hour service area*

Process

- Step 1: Obtain the national guideline on Patient Waiting Time (PWT) from www.health.gov.za.
- Step 2: Visibly display the national target of not more than three hours for time spent in a facility at the reception and waiting areas of the 8-hour service area.
- Step 3: Visibly display the waiting time for the 24-hour Emergency unit in the waiting area. (only applicable if the facility has a 24-hour Emergency unit).
- Step 4: PWT must be monitored quarterly.
- Step 5: The PWT data collection form must be completed for all patients, daily. Once a quarter file is retrieved according to the required sample size.
- Step 6: Capture the data from the PWT data collection forms (that were retrieved from the files) on the PWT module on www.idealhealthfacility.org.za.
- Step 7: Generate the quarterly report from the web-based information system and compare the waiting time with the previous quarters to establish trends and need for improvement.

Step 8: If the facility's average time spent in the facility exceeds three hours, establish which service areas are causing the bottle-neck.

Step 9: Address deficiencies in bottle-neck areas.

Note to reviewers:

- To assess element 97: Request the PWT data collection forms used to record the waiting time for each patient. Assess whether the forms have been completed/filled.
- For element 96, if the facility has a 24-hour emergency unit that has a combined waiting area for 8-hour service and 24-hour Emergency unit, assess the element in the 8-hour service area.

12. Patient Experience of Care

Commitment for elements 100 - 102

All patients are afforded the opportunity to voice their experience of care to guide service delivery improvement.

- 100** *National Patient Experience of Care Guideline is available*
- 101** *Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area*
- 102** *An average overall score of 80% is obtained in the Patient Experience of Care Survey*

Process

- Step 1: Obtain the National Patient Experience of Care (PEC) Guideline from www.health.gov.za.
- Step 2: Conduct the survey as stipulated in the National PEC Guideline.
- Step 3: Publish and display the results of the survey at the reception/main waiting area. See [Annexure 77](#).
- Step 4: Develop the Quality Improvement Plan (QIP) to respond to the results of the survey.
- Step 5: Sign and date the commitment. See [Annexure 78](#).
- Step 6: Implement the quality improvement plan.

Commitment for elements 103 - 104

All patients will be afforded the opportunity to lodge a complaint, give compliments or make suggestions at the facility.

103 National Guideline to Manage Complaints/Compliments/Suggestions is available

104 Complaints/compliments/suggestions toolkit is available at the main entrance/exit

Process

- Step 1: Obtain the National Guideline to manage complaints, compliments and suggestions from www.health.gov.za.
- Step 2: Familiarise yourself with specifications for the complaints, compliment and suggestion box. See [Annexure 78](#) for an example of the specifications.
- Step 3: Order the box if there is not one available.
- Step 4: Identify a visible and accessible location at the entrance and/or exit of the facility for placement of the box. Install the box at the identified location.
- Step 5: A pen and sufficient copies of the complaints, compliments and suggestions forms must be available from the person managing complaints, compliments and suggestions or next to the box. See [Annexure 79](#).
- Step 6: Obtain the National poster, See [Annexure 80](#) that describes the process to follow when a patient wants to lodge a complaint, give a compliment or make a suggestion from www.health.gov.za.
- Step 7: Visibly display the poster in at least two local languages at the main entrance/exit of the facility next to the complaints/compliments/suggestion box.
- Step 8: Use [Annexure 81](#) to check whether the complaints/compliments/suggestion toolkit is available in the service areas as indicated.

Note to reviewers:

- If the forms and pen are not placed next to the box, a clear notice must be placed on or next to the box that directs patients and family/support persons to the helpdesk/reception to ask for a pen and or forms.
-

Commitment for elements 105 and 106

Ensure that patient's complaints/compliments/suggestions are attended to within the prescribed time frame.

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

106 *Targets set for complaints indicators are met*

Process

- Step 1: Develop a facility/district specific Standard Operating Procedure (SOP) using the National Guideline for Developing a Facility Specific SOP to Manage Complaints, Compliments and Suggestions.
- Step 2: Assign a staff member to ensure compliance with the facility's SOP to manage complaints, compliments and suggestions.
- Step 3: Follow the procedure to manage complaints/compliments/suggestions whenever complaints/compliments/suggestions are received.
- Step 4: Capture the information from the complaints/compliment/suggestion form on the national web-based information system for Complaints/compliments/suggestions.
- Step 5: If the facility did not have any complaints for a specific month, complete the 'Null Report' on the web-based information system.
- Step 6: Keep the following records as stipulated in the National Guideline up to date:
 - letters of complaint
 - redress letters and/or minutes of redress meeting
- Step 7: At the beginning of every month generate the following records for the previous month:
 - complaints, compliments and suggestions registers. See [Annexure 82](#). (complaints)
 - monthly statistical data on complaints, compliments and suggestions. See [Annexure 83](#).
- Step 8: Identify trends in system failures making use of statistical data on categories of complaints. Add to the facility's quality improvement plans areas where gaps have been identified.
- Step 9: Do quarterly checks to verify that the facility complies with the guideline/SOP. See [Annexure 84](#).
- Step 10: Use [Annexure 85](#) to check whether the targets set for complaints indicators were met.

Note to reviewers:

- The forms for statistical data as well as registers do not need to be exactly in the same format/layout as set out in the National Guideline. The contents must, however, provide the data to enable the facility to report on the indicators and categories for complaints, compliments and suggestions as set out in the National Guideline.
- Telephonic redress will be accepted as a form of redress if the user doesn't have postal or e-mail addresses and is not able to come to the facility for a redress meeting. Date of telephonic redress must be noted down in the Complaints register. Users that cannot come to the facility for a redress meeting must be sent a letter via the post or e-mail as proof of redress conducted. Copy of letter/e-mail must be in the complaints file.

COMPONENT 3: MEDICINES, SUPPLIES AND LABORATORY SERVICES

13: Medicines and supplies

Commitment for element 107 to 111

Good Pharmacy Practice principles are followed for the management and administration of medicine

- 107** *License for Pharmacy issued by the Director-General of the National Department of Health is available*
- 108** *Certificate of recording of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up to date*
- 109** *Certificate of registration of the responsible pharmacist of the facility with the South African Pharmacy Council available*
- 110** *Proof of registration of all other pharmacist/s or pharmacist/s assistant with the South African Pharmacy Council available*
- 111** *Authorisation for prescribing and dispensing by professional nurse available (Section 56l.6 authorisation)*

Process

- Step 1: Ensure that the facility has a licence for the Pharmacy issued by the Director General; certificate of registration with the Pharmacy council with annual fees paid and the certificate of registration of the pharmacist responsible.
- Step 2: All three certificates must be displayed in the Pharmacy manager's office or in a suitable place within the pharmacy.
- Step 3: Ensure that all pharmacists and pharmacist assistants are registered with the South African Pharmacy Council. File a copy of their current registration in a file.
- Step 4: Ensure that nurses that prescribe and dispense medicine at the facility have a letter from the Director General Health or designated person authorising nurses to prescribe and dispense. File a copy of the letter.

Note to reviewers:

For element 107 to 110, mark NA is the facility that do not have a pharmacy.

Commitment for elements 112 to 116

There is access control at the pharmacy/dispensary and queues are managed.

- 112** *Duty roster indicates that a pharmacist is available during operational hours*
- 113** *There is access control at the pharmacy/dispensary at all times*
- 114** *Legible signage at the entrance of the unit indicates the days and times when service is offered*
- 115** *There is a process that prioritises the very sick, frail and elderly patients is implemented*
- 116** *There is a 'No unauthorised entry' sign on the door*

Process

- Step 1: Ensure that there is a current duty roster for the pharmacy/dispensary to ensure that a pharmacist is available during operational hours.
- Step 2: Display the days and times when the service is open.
- Step 3: The pharmacy/dispensary must be always locked and a sign to indicate 'No unauthorised entry' must be on the door of the medicine room/dispensary.
- Step 4: Develop a SOP that describes how the facility will ensure that the very sick, frail and elderly patients are prioritised.
- Step 5: Delegate the function of prioritisation process to a designated staff member daily.
- Step 6: Display notice in at least two local languages in the waiting area indicating the prioritisation process for very sick, frail and elderly patients. See [Annexure 12](#).
- Step 7: Conduct random spot checks during the day to determine if the very sick, frail, and elderly patients are prioritised.
- Step 8: Check that the SOP adheres to the prescribed aspect and that the poster is available. See [Annexure 12](#)

Commitment for elements 117 - 118

Good Pharmacy Practice principles are followed for the management and administration of medicine

117 *SOP for the management of availability of medicines is available*

118 *Goods received voucher available and completed according to SOP*

Process

- Step 1: Develop/obtain the SOP for the management and safe administration of medicines. An example of the SOP can also be obtained from www.health.gov.za
- Step 2: Check that the content of the SOP is aligned with the requirements for the content of the SOP. See [Annexure 87](#).
- Step 3: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See [Annexure 88](#).
- Step 4: Staff must always follow the procedures as set out in the SOP when managing and administering medicines.
- Step 5: Ensure that the goods received voucher are available and completed according to the facility's SOP.

Note to reviewers:

The SOP for the management and safe administration of medicines can be a SOP developed by the facility or the district or the province. It is also acceptable if the facility has separate SOPs dealing with the management of medicine and the administration of medicine for patients.

Commitment for elements 119 and 126

Ensure quality of medicine and hygiene in the pharmacy/dispensary, and/or medicine room is maintained through appropriate storage and temperature control.

- 119** *Hand hygiene facilities are available*
- 120** *Cleaning schedule is available*
- 121** *Cleaning is carried out in accordance with the schedule*
- 122** *All work completed is signed off by cleaners and verified by manager or delegated staff member*
- 123** *Pharmacy/dispensary and waiting area are clean*
- 124** *Medicine are stored to maintain quality in the pharmacy/dispensary and/or medicine room*
- 125** *Medicine room/cupboard/trolley is neat*
- 126** *Temperature of the pharmacy/dispensary and/or medicine room and areas where medicines are stored is maintained within the safety range*

Definition of terms used in this section:

Dispensary is a room in a facility where medicines are stored, and prescriptions are dispensed for patients attending the facility. In facilities where there is no dispensary, dispensing is done in the consulting room/s.

The Medicine room is a room in a facility where medicines are stored but no dispensing takes place.

Process

- Step 1: Ensure the availability of liquid hand wash soap and/or hand rub and disposable hand paper towels in the appropriate areas.
- Step 2: Conduct daily inspections to ensure that hand hygiene facilities are available. See [Annexure 89](#).

- Step 3: Compile daily, weekly and monthly cleaning schedules for all areas in the facility. File in the designated file for cleanliness. See [Annexure 90](#) as an example.
- Step 4: Ensure that cleaning is in line with expected IPC standards and that cleaners take responsibility for their allocated areas through appropriate supervision and sign-off on check lists for toilets. The manager or the professional health care staff member delegated by the manager to supervise the cleanliness of areas must also sign the checklist daily and indicate on the checklist whether he/she is satisfied with the cleanliness of the areas. The checklist must be filed in the cleanliness file and should be used to guide performance evaluation of cleaners. See [Annexure 91](#) as an example.
- Step 5: To check whether the cleaning is carried out in accordance with the schedule (element 120), check whether the cleaning checklist is aligned with the cleaning schedule (times and tasks on the schedule) and the work signed off.
- Step 6: Conduct daily inspections of the service areas of the facility using the Cleaning Inspection Checklist. See [Annexure 92](#). If any areas are not clean, discuss with the relevant cleaner and get them to clean again.
- Step 7: Medicines in the medicine room must be organised according to the system as stipulated in the facility/district/provincial SOP for the management and safe administration of medicines. See [Annexure 93](#) as an example of how medicines can be organised in a medicine room. Do take note that this is only an example of how a medicine room can be organised, thus any other system will also be compliant.
- Step 8: Ensure that the medicine room/dispensary is neat, and medicines are stored to always maintain quality and availability, see [Annexure 94](#).
- Step 9: Ensure that the medicine in the medicine room/cupboard/trolley is neat, orderly and locked when not in use.
- Step 10: Check daily that the medicine cupboard or trolley in the consultation room/s are neat and orderly. Use [Annexure 95](#).

- Step 11: Check availability and functioning of air conditioner in the medicine room/dispensary. If there is no air conditioner in medicine room/ dispensary, or the air conditioner is not in good working order, place an urgent procurement/works order for procurement/repair using the applicable procurement procedure.
- Step 12: Mount the room thermometer on the wall in the medicine room/dispensary away from the direct flow of air from the air conditioner. Room thermometers must be available in all rooms where medicine is stored, including but not limited to consultation rooms, dental units, AE and MOU.
- Step 13: Ensure availability of monthly temperature record charts to record the temperature of the medicine room, see [Annexure 93](#). Ensure temperature records are available for all areas where medicine is stored.
- Step 14: Allocate a staff member to record temperatures for the room daily using the temperature record charts.
- Step 15: Maintain a file with all the completed monthly room temperature charts.
- Step 16: Review the room temperature record chart weekly to ensure the temperature range for the medicine room/dispensary is always within the safety range (below 25°C).
- Step 17: If the air conditioner is not working use a fan to keep the room cool.
- Step 18: Use [Annexure 96](#) to check whether the temperature of the medicine room/dispensary is maintained within the safety range

Note to reviewers:

- For element 123, for the measure “There is sufficient space in the dispensary/medicine room to store medicines needed in the facility”:
The criteria used to gauge whether there is sufficient space in the dispensary/medicine room to store medicines are that -
 - all medicines are stored in the medicine room and/or dispensary and not in sub-stores, passages or other areas in the facility; and
 - There is no medicine stored on the floor in the medicine room or dispensary

- For element 125: When conducting a status determination, check records for temperature control charts for the previous month.

Commitment for element 126

Ensure quality of medicine in the vaccine/medicine refrigerator is maintained through appropriate storage and temperature control.

126 Cold chain procedure for vaccines is maintained

Process

- Step 1: Check availability and functioning of purpose-built vaccine/medicine refrigerator with a holdover time of at least 48 hours for the storage of thermolabile medicines. If there is no vaccine/medicine refrigerator in medicine room/dispensary, or the vaccine/medicine refrigerator is not in good working order, place an urgent procurement/works order for procurement/repair using the applicable procurement procedure.
- Step 2: For a medicine refrigerator, hang/place 1 refrigerator thermometer in the center of the fridge. All vaccine refrigerators must also have a continuous monitoring device (eg, Log Tag) or Remote Temperature Monitoring Device (RTMD) in conjunction with the thermometer. (Built-in temperature regulators should not be used to monitor and note temperatures)
- Step 3: Check that the fridge is not over full and that medicines and vaccines are packed according to latest Cold Chain Manual (can be included in SOP) in the refrigerator with enough space for air to circulate between containers, and that no stock is touching the back of the refrigerator/ condenser which could expose it to freezing.
- Step 4: Ensure availability of monthly temperature record charts to record the vaccine/medicine refrigerator temperatures, see [Annexure 96](#).
- Step 5: Allocate a staff member to record temperatures for the vaccine/medicine refrigerator twice daily (at least seven hours apart) using the temperature record charts. In facilities which are not open every day of the week and do not have a monitoring device with an SMS alarm for out-of-range temperature on departure and arrival at the facility.

- Step 6: Check that there are no non-medicine items (such as food), expired medicine, and reconstituted liquids kept in the refrigerator. All open vials must be dated)
- Step 7: Maintain a file with all the completed refrigerator temperature charts.
- Step 8: Review the refrigerator temperature record chart daily to ensure the temperature range for the refrigerator is always within the safety range (between 2 - 8°C).
- Step 9: Check that any out-of-range temperature recordings were immediately reported, have a dated signed-off record of corrective actions taken and that temperatures have remained within range thereafter. Temperatures below 0°C may cause freezing and must also be corrected as this is critical to the viability of many vaccines.
- Step 10: If the refrigerator is not working follow contingency plan to ensure quality medicines.
- Step 11: Check availability of cooler box/es with suitable capacity and water-based ice packs, Thermometers and Freeze Tags for use in consultation rooms and in the case of emergencies.
- Step 12: The cold chain for vaccines must always be maintained. see [Annexure 96](#).

Note to reviewers:

When conducting a status determination, check records for temperature control charts for the previous month. If out of range temperatures were recorded during the previous month, confirm that corrective actions were taken and recorded.

Only purpose-built vaccine refrigerators with at least a holdover time of at least 24 hours (i.e., minus 40 or zero) may be accepted as approved vaccine medicine refrigerators. Domestic refrigerators must be marked as non-compliant.

Commitment for element 127

Ensure that patients receive the correct medicine with directions for use.

127 Medicines dispensed are labeled in accordance with acceptable legislation

Process

- Step 1: Ensure that all medicine that is dispensed is labeled in accordance with legislation.
- Step 2: Randomly check dispensed medication issues to three patients. Use [Annexure 97](#).

Commitment for elements 128 to 129

Ensure quality of medicine is maintained through appropriate storage and temperature control.

128 *The register for schedules 5 and 6 medicines are completed correctly*

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

Process

- Step 1: Check that there is a SOP for the handling of schedule 5 and 6 medicines.
- Step 2 Ensure that schedule 5 and 6 medicines are stored in a lockable cupboard and access to the keys is restricted.
- Step 3 Check that there is a register to record the receipt and issuing of schedule 5 and 6 medicines (separate registers for schedule 5 and 6 medicines may be kept).
- Step 4 Verify that all receipts of schedule 5 and 6 medicines are checked against invoices and entered in the register in accordance with the SOP.
- Step 5 Record all issues of schedule 5 and 6 medicines to outpatients in the register in accordance with the SOP.
- Step 6 Record the administration of schedule 5 and 6 medicines to patients in the facility in the register in accordance with the SOP. See [Annexure 98](#) as an example of a register to record schedule 5 and 6 medicines.
- Step 7 Check balances in the register weekly against physical stock.

Note to reviewers:

Verify that the receipt, issuing and administration of schedule 5 and 6 medicines are recorded in the register according to the guidelines as set out in the facility's SOP. Some tracer items / emergency trolley items are scheduled 5, thus no NA)

Commitment for element 130

Ensure consistent availability of essential PHC medicines.

130 An electronic stock management system is used to manage medicine inventory

Process

- Step 1: Apply to the district pharmacist for the installation of an electronic networked system for monitoring the availability of medicines
- Step 2: Ensure that the SOP/Guideline for monitoring the availability of medicines is available.
- Step 3: Staff responsible for managing the electronic networked system to sign acknowledgment indicating that they are aware of and know the content of the SOP/Guideline and its application. See [Annexure 99](#).
- Step 4: Verify that the principles for managing and using the electronic networked system for monitoring the availability of medicines are adhered to, see [Annexure 100](#).

Commitment for elements 131 and 133

Ensure consistent availability of essential PHC medicines.

- 131** *Stock take conducted in the medicine/dispensary in past 12 months*
- 132** Medicines on the tracer medicine list are available
- 133** Re-ordering stock levels (min/max) are determined for each item on the formulary

Definitions of terms used in this section:

Formulary

A formulary is a list of medicines extracted from the PHC Standard Treatment Guidelines and Essential Medicine List (PHC STGs/EML) approved for use by the Provincial/District Pharmaceutical and Therapeutics Committee (PTC) for a specific province/ district, category of facilities or even a single facility.

Essential medicine list

The South African PHC STGs/EML, see **Annexure 101**, provides a list of medicines, together with guidelines to support guiding rational medicine use. It provides a foundation for supporting preventative and curative healthcare services at primary healthcare level. Essential medicines are those that satisfy the priority healthcare needs of a population. They are selected with respect to disease prevalence and public health importance, with selection decisions made through the review of clinical evidence considering efficacy, safety, quality and comparative cost-effectiveness.

Tracer medicines list

A tracer medicine list is a list of medicines which is extracted from the PHC STGs/EML, considering the most common morbidities and health needs within a particular setting. The list is used as a monitoring tool within PHC facilities as a proxy for measuring the availability of a basket of essential medicines within a particular setting. An electronic networked system can be used to monitor the availability of tracer medicines.

SOP to be developed if N-acetylcysteine is not kept in PHC facilities with contingency plan signed off by each Province PTC Chairperson. Then NA should be added and note in heading to describe reason for NA.

Process

- Step 1: The facility manager or nurse designated to manage medicine in the facility must:
- ensure that all medicines on the formulary (extracted from the PHC STGs/EDL) applicable to the facility are available.
 - ensure all tracer medicines are monitored weekly, see [Annexure 102](#);
 - check the medicine room/dispensary, and medicine trolleys/cupboards to ensure stock is stored according to best practice following *First Expired First Out* (FEFO) stock rotation principles.
- Step 2: Determine reorder levels for stock items as per SOP.
- Step 3: Check stock in the medicine room and/or dispensary weekly to ensure stock levels are maintained within the minimum/maximum range for replenishment.
- Step 4: For facilities with an electronic networked system for monitoring availability of medicine, report stock levels as per the approved schedule and standard operating procedure.
- Step 5: Place a replenishment order to maintain medicine stock levels using the applicable SOP.
- Step 6: If an order is not received in full or in accordance with the pre-determined schedule, follow up in writing and telephonically immediately with the supervising pharmacist and/or supplier of stock (depot, sub-depot or hospital).
- Step 7: Follow local procedures if the stock is not delivered within seven days.
- Step 8: Conduct an annual stock taking.

Commitment for elements 134 - 137

Ensure that expired medicines are removed from the facility and disposed of safely, minimising the risk of harm to the environment and people.

134 *Expired medicine is disposed of according to prescribed procedures*

135 *There is no expired medicine on the shelves*

136 *Waste receptacles for pharmaceutical waste are available*

137 *Health care waste is managed appropriately*

Process

- Step 1: Check the medicine room/dispensary, and medicine trolleys/cupboards to ensure that expired stock has been removed.
- Step 2: Return medicines that will expire within three months or are unlikely to be used before expiry to the immediate supplier of stock or make arrangements for stock to be rotated to other facilities that could use the medicines before expiry.
- Step 3: Record details of medicine that has expired before it is sent for destruction. See SOP for the management of availability of medicine at www.health.gov.za
- Step 4: Maintain all records in a file.
- Step 5: After recording, expired stock seal the expired medicine securely in an appropriate container as per SOP.
- Step 6: Store all expired stock items separately from usable stock, in waste receptacles in accordance with the applicable SOP.
- Step 7: It is the responsibility of the pharmacist's assistant or professional nurse designated to manage medicine in the facility to ensure that expired medicine is removed from the facility.
- Step 8: The supervising pharmacist must ensure that the expired medicine is disposed of in accordance with applicable legislation and supply chain procedures. See [Annexure 103](#).
- Step 9: Check that waste is managed appropriately in the medicine room/dispensary. See [Annexure 103](#).

Note to reviewers:

- Expired stock must be stored separately from stock which is being used for supply to patients. It may be stored separately in the appropriate waste receptacles in the medicine room, but not on the shelves of the dispensary.
- When conducting a status determination, ask the facility manager or nurse designated to manage medicine to explain the process to be followed at facility level for disposal of expired medicines. The element is scored green if he/she explains the process correctly.

Commitment for elements 138 to 140

Manage minor injuries at Primary Health Care facilities.

138 *Basic medical supplies (consumables) are available*

139 *Basic consumables are available for the Rehabilitation treatment area*

140 *Basic medical supplies (consumables) are available for the Oral Health services*

Process

- Step 1: Determine re-order levels for each item on the list for basic medical supplies. Verify that all medical supplies are available, see [Annexure 104](#) (general supplies), [Annexure 105](#) (rehabilitation treatment area) and [Annexure 106](#) (oral health supplies).
- Step 2: Monitor stock of basic surgical supplies weekly.
- Step 3: Place a replenishment order to maintain the minimum/maximum surgical supply levels using the prescribed procurement procedure.
- Step 4: If an order is not received on schedule follow up immediately with the district pharmacy.

Note to reviewers:

For element 139: Only assess if the facility:

- Provides a full-time service.
- Provides an outreach service that comes on certain days to the facility, and which has a dedicated room with the appropriate equipment. Try to arrange for the visiting therapist to be present on the day of assessment.

For element 140: Assess only if the facility provides the service.

14. Management of Laboratory Services

Commitment for elements 141 – 145

The facility uses laboratory technology to ensure that patients' health conditions are managed appropriately.

- 141** *Primary Health Care Laboratory Handbook is available*
- 142** *Required functional diagnostic equipment and concurrent consumables for point of care testing are available*
- 143** *Required specimen collection materials and stationery are available*
- 144** *Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook*
- 145** *Laboratory results are received from the laboratory within the specified turnaround times*

Process

- Step 1: Obtain the Primary Health Care Laboratory Handbook from www.health.gov.za.
- Step 2: Where there is no electronic access, obtain hard copies from the sub-district or district manager.
- Step 3: Ensure that all required functional diagnostic equipment and concurrent consumables for point of care testing are available. See [Annexure 107](#)
- Step 4: Ensure that required specimen collection materials and stationery are available. See [Annexure 108](#).
- Step 5: Induct all new staff on the NHLS process on handling specimens correctly as outlined in the manual. Conduct spot checks to make sure the process is being followed correctly. See [Annexure 109](#).
- Step 6: Using the manual or electronic tracking form check if patient laboratory results have been received within the specified time frame. See [Annexure 110](#).
- Step 7: If the results have not been received within the specified turnaround times, follow up with the laboratory.
- Step 8: File/record all abnormal results appropriately in the patient record within 24 hours of receipt, all other results to be filed/recorded within 5 working days.

Commitment for element 146

Inter-facility comparison to determine if HIV testing services can provide correct test status

146 Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme

Process

- Step 1: Ensure healthcare facility performing HIV testing service (HTS) is enrolled in HIV Serology Proficiency Testing (PT) scheme provided by the National Health Laboratory Service (NHLS).
- Step 2: If the facility is not enrolled in the HIV Serology PT:
- For PEPFAR supported facilities, the facility should work with the district HAST Directorate and District Support Partner (DSP) for the enrolment of the sites. PEPFAR is responsible for the cost enrolment.
 - For facilities not supported by PEPFAR, the facility should work with the district HAST Directorate for the enrolment of the site and will be responsible for the cost of the enrolment.
 - Application forms can be requested from NHLS. Application is done in the last three months of every year, once completed it must be sent to ptsadmin@nhls.ac.za.
 - Cost for enrollment is R600 per survey for 2018.
- Step 3: Treat PT samples as potentially infectious and always follow universal safety precautions when handling them.
- Step 4: Upon PT package reception at facility, wear personal protective equipment (PPE) e.g. gloves and plastic aprons. Inspect the package for breakages, and deterioration or missing sample. The package should contain six samples. Broken samples should be disposed-of according to the health and safety protocols used in your facility. For missing samples, facilities must notify the NHLS PT schemes immediately so that replacement of samples can be issued.
- Step 5: Carefully read the instruction sheet enclosed in the package and note the deadline for return of the PT testing results to NHLS.
- Step 6: Store samples in fridge before use at 2°C to 8°C.
- Step 7: All testers providing HTS must participate in proficiency testing. Ideally, each tester should be able to test all samples at a given PT survey, but to

accommodate all testers, it is recommended that two testers should participate in a PT survey at a time. Each tester should test three PT samples. The names of both testers should be written on the PT response form and details of the samples tested by each tester must be noted. All testers on the site should alternate participation in the subsequent survey.

- Step 8: Use personal protective equipment (PPE) when testing PT samples.
- Step 9: The samples must be tested with HIV test kits used for routine HTS and the national HIV testing algorithm must be followed. That is, confirmatory test should only be conducted when the screening test is reactive. Test 1 is the screening test and test 2 is the confirmatory test.
- Step 10: After use, store the remaining samples in a deep freezer at -20°C. This is because NHLS may require the sample to be re-tested. Used PT samples must be disposed of after the score of the survey is issued by NHLS and received by the healthcare facility; and applicable corrective action is done, and the corrective action report is complete. The samples should be disposed of according to the health and safety protocols used in your facility.
- Step 11: The PT form must be completed in full of the site IDENTIFICATION CODE and results of the testing twice a year in April/May and Oct/Nov. Record result of PT sample testing in the spaces provided in the PT response form corresponding to the sample number. The form without identification code will be rejected automatically as the healthcare facility that sends the form cannot be identified. The form can be sent to NHLS by email and fax. It is important to use only contacts details provided by NHLS on the response form which is included in the PT package.
- Step 12: The facility manager must review the PT response form and sign it before it is sent to NHLS. A copy of the PT response form used to submit result of the testing must be kept in a file for PT at the healthcare facility. Confirm if NHLS PT schemes has received your PT form before the closing date for the submission.
- Step 13: The facility manager must also review and sign the PT report from NHLS and share it with testers. The signed copy must be kept in the PT file at the healthcare facility. Corrective measures must be implemented according to the PT results indicated in the report. The corrective action implemented must be recorded and kept in the PT file.

Note to reviewers:

- Note that this element is only applicable for facilities that are enrolled for the HIV Serology Proficiency Testing (PT) scheme provided by the National Health Laboratory Service (NHLS). If the facility is not part of the pilot mark the element as not applicable.
- Check PT file of the facility for participation and performance in last PT survey (April/May and Oct/Nov), the facility is compliant if:
 - the response from was signed off by the facility manager before being sent to NHLS PT section
 - AND
 - the PT report that contains the results of the last PT survey was signed by the facility manager, showing that it has been reviewed by the manager. Scores of 80 – 100% is acceptable. For scores<80%, a record of planned or implemented corrective action must be available in the PT file.

Commitment for element 147

To assess performance of test kits prior to testing patients

147 Facility controls rapid test kit performances by running negative and positive control on a weekly basis

Process

- Step 1: Ensure healthcare facility providing HIV testing service (HTS) is implementing Independent Quality Control (IQC) regularly to monitor quality of HIV rapid test kits.
- Step 2: Treat IQC samples as potentially infectious, always follow universal safety precautions when handling them, and as per instructions enclosed in the IQC package.
- Step 3: Ensure that sufficient stock is ordered from NHLS to avoid stock out of IQC samples. DO NOT USE IQC sample when expired or if suspected to be contaminated or showing signs of deterioration e.g. clumping, change of colour, turbidity or foul odour. IQC sample should be disposed-of when it is expired or contaminated. The health and safety protocols used in your facility should be followed to dispose of the sample.
- Step 4: Upon receiving new stock of IQC samples, they should be kept in a freezer at or below -20°C until opened for use. Once thawed (defrosted) for use, they should be stored in the fridge at 2°C to 8°C. Ensure control sample tubes are recapped and sealed tightly and restored at 2-8°C immediately after use.
- Step 5: Perform IQC testing once a week at the minimum, preferably at the beginning of the week and/or on receiving a new shipment of test kit; at the beginning of a new lot number; and when environmental conditions exceed range needed for stability of the test kits e.g. high temperature.
- Step 6: Use personal protective equipment (PPE) when testing IQC samples e.g. gloves and plastic aprons.
- Step 7: Perform IQC testing with negative control and positive control on the screening test and confirmatory test respectively. Follow the serum testing procedure described for the screening test and confirmatory test in conducting the IQC testing.

- Step 8: Follow the job aid for the screening and confirmatory test for interpretation of IQC testing results. Negative control testing should yield a non-reactive result for both the screening test and confirmatory test and a positive control reactive result for both the screening test and confirmatory test.
- Step 9: If IQC testing produces a false result, repeat the test and ensure that the test procedure described in the job aide or manufacturer package insert is accurately followed. If repeated test still produces a false result, it may indicate a problem with the test kit or control sample. Repeat the test using a new control sample. Also, for invalid IQC test, repeat the test. Check the HIV rapid test quality improvement trainers guide for further troubleshooting procedures in case of false or invalid test results.
- Step 10: Record each quality control result in the 'Independent Quality Control Record Sheet' and complete all information as required. Maintain record of IQC testing for the screening test and confirmatory test on separate sheet. Also, indicate discordant or discrepant and invalid result in the sheet. Recording IQC test result in the spaces provided for it in the backs pages of HTS register. The record can be kept on separate file for IQC where HTS register cannot be used.
- Sept 11: The facility manager must review and sign on a weekly basis the 'Independent Quality Control Record Sheet' to ensure IQC is performed as required and documented in full.
- Step 12: If a test kit consistently gives false or invalid result, ALL KITS WITH THE SAME LOT NUMBER SHOULD BE PUT ASIDE AND NOT USED FOR FURTHER TESTING. The incident must be reported to the facility manager and district immediately including the name and lot number of the test kit and control samples. HIV testing should be continued with test kit with another lot number which is found to give correct result after IQC testing is conducted.

Note to reviewers:

- Note that this element is only applicable for facilities that are enrolled as pilot sites to monitor the quality of HIV rapid test kits. If the facility is not part of the pilot mark the element as not applicable.

- Check the records for IQC Control for the past 3 months. The facility is compliant if there is a weekly IQC Record Sheet for IQC testing that has been signed off by the facility manager for the past 3 months.

COMPONENT 4: HUMAN RESOURCES FOR HEALTH

15: Staff allocation and use

Commitment for elements 148 - 150

The facility has adequate number of staff in place with the correct skills mix for the services provided.

148 *Staffing needs have been determined in line with workload requirements*

149 *Staff appointed in line with the determined requirements*

150 *The facility has a dedicated manager*

Process

- Step 1: Determine the staffing needs for the facility according to the package of service that is provided at the facility and the population served. This should be done in collaboration with the district office.
- Step 2: The district office must sign off on the determined staffing needs and the approve the staff establishment for the facility.
- Step 3: Should there be surplus staff in your facility, plan with district manager for redeployment.
- Step 4: Should there be a need for additional staff, write a request to the district manager for the posts to be created, funded and filled.
- Step 5: Participate in the recruitment and selection process as required.
- Step 6: District manager to appoint a facility manager for facilities that have a headcount of more than 170 patients per day. The suggested split between management and clinical functions should be 60% management and 40% clinical (rural) and 80% management and 20% clinical for facilities with a workload of more than 170 patients. Content of the job description and performance agreement must be in line with the approximately 60/80 per cent management and 40/20 per cent clinical work principle.

Step 7: Use [Annexure 115](#) to check whether the staff is appointed is in line with the determined needs (approved staff establishment).

152) Staffing needs have been determined in line with workload requirements

- In the absence of a national standards: There are currently different mechanisms for determining workloads, this must be documented and authorised by the province.
- Linked to provincial to the classifications of facilities (clinic/CHC/CDCs) – types of staffing, service packaging etc.
- Provincial policy/protocol on how to determine the staffing needs
- Must take into account relevant legislations, norms, standards and professional codes.
- Address OPM speciality scarce, PN with (community nursing and admin) and relevant experience can be considered for general OPM – because focusing on management.

Note to reviewers:

- Staffing needs must be reviewed at a minimum every five years, or earlier if the need arises.
- If the facility manager's post is vacant for less than three months and the facility has a formal letter from the sub-district/district that designate a staff member as the acting manager, the facility can score green.

Commitment for element 155

Staff members are aware of work allocations and perform as scheduled.

151 *Work allocation schedule is signed by all staff members*

Process

- Step 1: Complete the work allocation schedule daily, weekly or monthly as appropriate for the facility. See [Annexure 112](#).
- Step 2: Each staff member must sign the schedule confirming that they are aware of their duty allocation.
- Step 3: Place the schedule on the staff noticeboard for easy access to all staff members.

Commitment for elements 152 - 153

All staff understands the leave policy and a leave schedule have been developed to suit service needs. Every staff member has an individual staff file that contains up to date staff records.

152 *Leave policy is available*

153 *An annual leave schedule is available*

Process

- Step 1: Obtain the public service leave policy from the district office.
- Step 2: Share the contents of the public service leave policy with all staff members
- Explain the policy contents clearly to the staff so that they understand the leave process, emphasising the need for approval prior to going on leave, unless in an emergency.
 - Staff sign acknowledgment indicating that they are aware of the policy and its application. See [Annexure 88](#).
- Step 3: Draw up an annual leave schedule for all staff members taking into account the service needs of the facility. See [Annexure 113](#).
- Step 4: Print and place the annual leave schedule on staff notice board.

16: Professional Standards and Performance Management Development (PMDS)

Commitment for element 154

Staff is inducted to make them feel welcome, that they understand core information about their job and help them to settle into their new job and work environment.

154 *Record of staff induction is available (N/A - Not Applicable if no new staff were appointed in the last 12 months)*

Process

Step 1: Schedule induction training for all newly appointed staff. Staff should receive induction training within the first three months of being appointment.

Step 2: Training must cover at a minimum the following:

- Vision and mission of the district
- Batho Pele Principles
- Operational policies and procedures
- Health and Safety of patients and staff
- Quality improvement methodology
- Infection Prevention and Control
- Patient safety
- Add basic conditions of employment to the topic list
- Operational policies and procedures + relevant to the cadre/profession
-

Step 3: Keep attendance registers of the training conducted. See [Annexure 16](#) as an example

Note to reviewers:

Obtain the list with the facility's staff establishment. Verify which staff members have been appointed in the past 12 months. Check on the training register whether these staff members have received induction training.

Commitment for element 155

Healthcare workers comply with legislation regarding registration with professional bodies

155 *All healthcare workers have current registration with relevant professional bodies*

Process

- Step 1: On an annual basis that coincide with the relevant professional body's time frames for registration, request staff to provide a copy of their current registration with the relevant professional body.
- Step 2: Obtain an updated list of appointed staff and check whether the staff member has submitted a copy of their registration.
- Step 3: File the copies in a file that is clearly marked for this purpose.
- Step 4: Use the list compiled in step 2 to verify, using [Annexure 118](#), that all categories of healthcare workers have current registration with the relevant professional bodies.

Commitment for element 156

Entrench goal-oriented performance by staff members through appropriate performance agreements and reviews.

156 *Performance Management guidelines are adhered to*

Process

- Step 1: Obtain the PMDS policy from the district.
- Step 2: Explain the content of the PMDS policy clearly to all staff members.
- Step 3: Ensure that each staff member has an approved and signed job description available.
- Step 4: Use the prescribed PMDS templates to develop an individual Performance Management Agreement (PMA).
- ensure that the performance goals of the facility are reflected within the key result areas of individual staff members' PMAs
 - PMA to be signed by the individual staff member and the facility manager after discussion and agreement
 - submit signed original copies to district office by 15 April of the relevant financial year or submit electronically
- Step 5: Performance appraisal to be conducted six monthly using the PMDS evaluation templates. Evaluation templates are available on the DPSA website. Note: Even if personnel records are kept at a central location, copies of staff PMAs and performance review documents must be available at the facility. Good practice prescribes that individual staff members and the facility manager refers to these documents regularly to track performance and staff development needs.
- Step 6: Use [Annexure 119](#) to verify that the guidelines for performance management has been adhered to.

Commitment for elements 157 - 158

Create an environment that supports the professional development of staff to ensure the delivery of quality health services.

157 *Continued staff development needs are determined for the current financial year and submitted to the district manager*

158 *Training records reflect planned training is conducted as per the district training programme*

Process

- Step 1: Develop a staff development and training plan based on the facility's service needs. This must be done in time to include training costs in the budget of the financial year.
- Step 2: Submit to district manager as per the PMDS policy.
- Step 3: Staff members should be released for the identified training taking into consideration the facility's staffing and service needs.
- Step 4: Record all training in a register. See [Annexure 16](#) as an example. Include certificate in table (if applicable)

Commitment for elements 159 - 160

Staff is disciplined and committed to providing quality health services.

159 *The disciplinary procedure is available*

160 *The grievance procedure is available*

Process

- Step 1: Obtain the public service disciplinary and grievance procedures from the district office.
- Step 2: Explain the contents of the disciplinary and the grievance procedures to all staff members.
- Step 3: All staff must sign acknowledgement that they have been informed of both procedures and understand . See [Annexure 89](#).

Commitment for elements 161- 162

Staff work in a positive work environment.

161 *Staff satisfaction survey is conducted annually*

162 *The results of the staff satisfaction survey are used to improve the work environment*

Process

- Step 1: In cooperation with the sub district/district human resource management unit, conduct the yearly staff satisfaction survey. As an example, see [Annexure 120](#).
- Step 2: Sub district/district human resource unit must analyse the results and present to sub district/district Health Management Team (DHMT) with recommendations for improvement.
- Step 3: Using recommendations from step 2, Sub district/district human resource unit develops an action plan to address relevant weaknesses highlighted in the staff satisfaction survey report. The report should be shared with facilities.
- Step 4: Implement action plans in cooperation with sub-district/district.
- Step 5: Staff satisfaction survey report and action plan must be available for inspection.

Commitment for elements 163 to 168

Occupational Health and Safety hazards are attended to.

- | | |
|-----|---|
| 163 | <i>SOP for management of occupational health and safety incidents is available</i> |
| 164 | <i>Health and safety representative appointed (NA is staff establishment is less than 20 staff members)</i> |
| 165 | <i>Health and Safety committee appointed (NA if less than 2 safety reps)</i> |
| 166 | <i>Occupational Health and Safety incidents are managed and recorded in a register</i> |
| 167 | <i>Occupational health and safety risk assessment has been conducted in the past two years</i> |
| 168 | <i>Risk mitigation interventions are implemented for identified occupational health and safety risks</i> |

Process

- Step 1: Obtain the SOP for the management of occupational health and safety incidents from the district office. Find out that the content of the SOP is complete, use [Annexure 117](#).
- Step 2: Designate a health and safety representative if the staff establishment is more than 20. The designation must be done in writing, and the period must be stipulated. For facilities that have less than 20 staff members, the manager of the facility must oversee matters relating to occupational health and safety.
- Step 3: All health and safety representatives must receive appropriate training to ensure that the representatives can perform their duties effectively.
- Step 4: Appoint a health and safety committee if the facility has more than two health and safety representatives.
- Step 5: All occupational health and safety incidents must be reported by completing the WCL1 or WCL 2 forms for all staff that was involved in an occupational health and safety incident.

- Step 6: Submit the forms to the sub-district/district office.
- Step 7: Record all the occupational health and safety incidents in a register. The following information must be recorded in the register:
- summary of the incident
 - summary of investigation conducted
 - outcome of investigation
 - recommendations
 - date recommendation implemented
- See [Annexure 118](#) as an example of a register.
- Step 8: Check the past six months' register to verify that the registers has been completed in full, see [Annexure 119](#). The actions taken to manage the incident must be recorded in the register.
- Step 9: Annually analyse the register to establish trends.
- Step 10: Where trends have been identified, add activities to the quality improvement plan to prevent incidents from reoccurring.
- Step 11: Risk assessment and management are planned and systematic processes to identify the hazards in the work environment which have the highest potential to cause harm with the aim of eliminating or mitigating hazards. Plan to arrange for an occupational health and safety risk assessment to be conducted by trained staff every two years (or more frequently if the need arise).
- Step 12: Once the occupational health and safety risk assessment has been conducted, a report must be compiled which is to be signed off, dated and filed.
- Step 13: There must be documented evidence of identified risks and the implementation of mitigating actions. The documented evidence could include reports, such as hazard identification and risk assessment reports, or minutes of meetings in which risk management is discussed, which must be signed and dated.

Note to reviewers:

- An occupational health and safety incident is any injury that staff has sustained while on duty. In cases where there is no clarity on whether the injury will qualify as an occupational health and safety incident, the incident must still be reported. The determining body will evaluate the case and make a finding.
- For Element 168, if no risks were identified with the assessment, score the element as not applicable.

COMPONENT 5: SUPPORT SERVICES

17. Finance and supply chain management

Commitment for element 169

Always ensure the availability of key resources through the application of good financial management

169 Facility has a dedicated budget

Process

- Step 1: Sub district/district finance manager to set up the facility as a cost centre.
- Step 2: Ensure that facility managers are part of the discussion at sub district/district level that will result in the facility's budget allocation.
- Step 3: Allocate financial resources in line with the facility needs.
- Step 4: Develop control measures for rational budget utilisation and expenditure.
- Step 5: Using the monthly expenditure report as received from sub-district/district, compare the report to the monthly commitment register you have in your records for the relevant month. See [Annexure 124](#).
- Step 6: Participate in the quarterly sub-district/district expenditure review meetings.
- Step 7: Query any differences/discrepancies in expenditure balances with the sub-district/district and make relevant submission for correction of the discrepancies. After the corrections have been authorised, reallocate the funds according to budget pressures.

Commitment for elements 174

Ensure adequate replenishment of supplies through a supply chain management system. Suppliers will be monitored through Service Level Agreements (SLAs) to ensure compliance.

170 Facility has a SOP for obtaining general supplies

Process

Step 1: Ensure that the facility has a standard operating procedure for procuring general supplies.

Step 2: Set a minimum and maximum value for each item procured based on the facility's use.

Formula to calculate minimum and maximum levels

Formula Min level = Lead Time (time it takes from the moment the item is ordered until it is received and ready to be used) + Safety Stock (amount of stock to hold because of something that could occur to delay the lead time)
If the process is working smoothly, you will receive the item you ordered right as you get into the safety stock.

Formula Max level = Min + (Min/2)

Example:

Min = 30 days lead time + 15 days of safety stock = 45 days

Max = 45 + (45/2) = 67.5 round up to 68 days

The only other number that is needed is the quantity of the item that is used per day. This is used to translate the number of days to a quantity of the item.

For example, 50 surgical gloves are used daily

Min stock level = 45 days x 50 gloves = 2 250 gloves

Max stock level = 68 days x 50 gloves = 3 400 gloves

* the formulas can be adjusted to suite the circumstances in the facility to ensure that stock do not run out.

Step 3: Replenish item once the minimum level of an item has been reached.

Step 4: Obtain a copy of the relevant item contracts and use the terms and conditions of the contract to ensure acceptable turn-around times and to apply penalties where necessary.

Step 5: Keep all source documents safely.

18: Hygiene and cleanliness

Commitment for elements 171 - 176

The entire facility is always clean.

171 *All cleaners have been trained on cleaning*

172 *Cleaning schedules are available for all areas in the facility*

173 *Cleaning is carried out in accordance with the schedule*

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

175 *Disinfectant, cleaning materials and equipment are available*

176 *Service areas are clean*

Process

Step 1: Ensure that cleaners have been appropriately trained and are fully aware of their duties.

- if the facility has contract cleaners, meet with the contractor and ensure that the cleaners in your facility have been trained and have a clear understanding of their duties.

Step 2: Identify, schedule and record additional training needs of cleaners.

Step 3: Maintain records of training of each cleaner. See [Annexure 16](#) as an example

Step 4: Compile daily, weekly and monthly cleaning schedules for all areas in the facility. Verify that the schedules are available for all the service areas, use [Annexure 125](#). File in the designated file for cleanliness. See [Annexure 91](#) as an example.

Step 5: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains specifications for cleaning equipment from www.health.gov.za. Verify that the facility has the prescribed list of non-negotiable disinfectant,

cleaning materials and equipment and ensure that facility has disinfectant, cleaning materials and equipment ([Annexure 124](#)) at all times.

- Step 6: Obtain material safety data sheets for all cleaning material used in the facility from the sub-district/district office. The material safety data sheets must comply with the Hazardous Chemical Substances Regulations, 1995, see [Annexure 127](#).
- Step 7: Ensure that cleaning is in line with expected standards and that cleaners take responsibility for their allocated areas through appropriate supervision and sign-off on check lists for toilets. The manager or the professional health care staff member delegated by the manager to supervise the cleanliness of areas must also sign the checklist daily and indicate on the checklist whether he/she is satisfied with the cleanliness of the areas. The checklist must be filed in the cleanliness file and should be used to guide performance evaluation of cleaners. See [Annexure 92](#) as an example.
- Step 8: Use [Annexure 128](#) to verify that cleaners have signed of the work in all areas
- Step 9: Conduct daily inspections of the service areas of the facility using the Cleaning Inspection Checklist. See [Annexure 129](#) If any areas are not clean, discuss with the relevant cleaner and get them to clean again. Instruct cleaners to inform the facility manager immediately of any repairs required.
- Step 10: To check whether the cleaning is carried out in accordance with the schedule (element 173), check whether the cleaning checklist is aligned with the cleaning schedule (times and tasks on the schedule) and the work signed off.
- Step 11: Instruct cleaners to close taps properly and switch off unnecessarily lights.

For element 171: Review in-service training records from the current financial year to verify whether newly appointed cleaners have received training and training was provided if new equipment or cleaning materials were introduced. If there has been no new cleaning equipment or change in cleaning material or newly appointed cleaning personnel in the current financial year, the facility is compliant, therefore score 'Yes'.

Commitment for element 181

Staff and patients will be protected from communicable diseases through good hygiene practices.

177 Hand hygiene facilities are available

Process

- Step 1: District management to ensure that all facilities have running water
- if there is a break in the normal supply of clean running water, request repairs using the local prescribed process.
- Step 2: Conduct a weekly inspection of all consumables to ensure the correct quantity is available. See [Annexure 130](#).
- Step 3: Ensure the availability of liquid hand wash soap and disposable hand paper towels in the appropriate areas.

Commitment for elements 178 - 180

Staff and patients will be protected from communicable diseases through good practice disposal of general and health care risk waste.

178 *SOP for managing general and health care waste is available*

179 *Health care waste is managed appropriately*

180 *Central storage are for health care waste is appropriate*

Process

- Step 1: Ensure that the facility has a SOP for managing general and health care risk waste. Verify that the content of the SOP contains the minimum requirement. See [Annexure 131](#).
- Step 2: Check that health care waste is managed appropriately. See [Annexure 132](#).
- Step 3: Display on notice board in dirty utility room the instructions for the correct use of coloured bin liners to be used for sanitary disposal and general waste management.
- medical waste disposal bins/boxes must be lined with red plastic
 - general bins and sanitary disposal bins/boxes must be lined with the appropriate coloured bin liners
 - all disposal bins/boxes must be clean and intact
 - broken disposal bins/boxes must be replaced with new ones
- Step 4: Place the sanitary, health care risk waste and general disposal bins in the appropriate areas.
- disposal bins/boxed must never be more than three quarters full
 - disposal bins/boxes must be emptied as needed.
- Step 5: Conduct spot checks on the status of the sanitary and general disposal bins/boxes to ensure compliance to the infection control measures. Non-functional sanitary disposal bins and general waste bins (broken and/or damaged) must be replaced by ordering new ones.
- Step 6: Instruct the cleaners to inform the facility manager immediately if the bin liners is getting close to the minimum level.
- Step 7: Ensure that health care waste is stored in an appropriate central storage area. See [Annexure 133](#).

Commitment for element 185

Toilets are available and functional at all times to ensure staff and patient safety

181 <i>All toilets are clean, intact and functional</i>
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Process

- Step 1: Obtain checklist for functional toilet status.
- Step 2: Conduct a spot check of the toilets in your facility to see that they are intact and functional. See [Annexure 120](#).
- Step 3: If the toilets are not functional, put up a sign on the toilet door stating “Not Working - Do Not Use”
- Step 4: Ensure prompt repairs of broken toilets.

Commitment for element 182

The facility environment must be aesthetically pleasing to contribute positively to the mental health of patients and staff

182 *Exterior of the facility is clean and well maintained*

Process

- Step 1: Appoint the required number of grounds men as per the approved organogram. At facilities where grounds men are shared with other facilities, ensure that a schedule is drawn up that indicates the schedule of the ground's men at the different facilities.
- Step 2: Ensure that grounds men have been appropriately trained and are fully aware of their duties. This includes orientation of new grounds men.
- if you have contract grounds men, meet with the contractor and ensure that the grounds men in your facility have been trained and have a clear understanding of their duties.
- Step 3: Maintain records of training of each grounds man. [Annexure 132](#) as an example.
- Step 4: Do spot checks of the exterior to check whether the facility is neat and clean. See [Annexure 132](#).
- Step 5: Instruct grounds man to clean areas where weaknesses are identified.

Commitment for elements 183 - 186

Waste is stored and removed from the facility in line with acceptable standards to ensure patient and staff safety

183 *A signed waste removal service level agreement between the health department, and the service provider is available*

184 *Health care risk waste is removed in line with the contract*

185 *The service level agreement for waste removal and disposal of waste is monitored*

186 *Breaches in waste removal contract are escalated to the relevant authority*

Process

- Step 1: Develop/obtain the SOP for waste management. Refer to section on waste management in the Practical Manual for implementation of the National IPC strategic framework for guidance. Available from www.health.gov.za.
- Step 2: Train all staff on the importance of waste handling, segregation and the purpose of the colour categorisation.
- Step 3: Maintain records of training of all staff. See [Annexure 16](#) as an example.
- Step 4: Place a poster for waste segregation ([Annexure 75](#)) in the dirty utility room.
- Step 5: Conduct spot checks at the facility waste generation points to determine that correct waste handling and segregation is taking place.
- Step 6: If the correct procedures for waste management are not adhered to, correct weaknesses through instructions to relevant staff.
- Step 7: Ensure that all waste is stored in an access controlled general and health care risk waste storage areas
- if designated area is not available or conforming to required standard (refer to checklist of element 184), place a works order.
- Step 8: Obtain and keep a copy of the signed waste removal SLA from the sub-district/district
- Step 9: Read and understand the SLA so you are aware of the service delivery requirements that the waste removal service provider must comply with.

- Step 10: Monitor waste removal to ensure that the service provider complies with the requirements of the SLA.
- Step 11: Record each incident of non-compliance and escalate to the sub-district/district office.

Note to reviewers:

- Element 183: The service level agreement must be valid (not expired) and signed by the service provider and the responsible accounting officer
- Element 184: Removal of waste must be documented/recorded for example in a register. Assess records from the last three months to see if waste is collected as indicated in the service level agreement.
- Element 185: Monitoring compliance with the service level agreement will ensure that breaches in service delivery are identified. This could include a monitoring checklist, minutes of meetings, reports, receipts and disposal certificates
- Element 186: Evidence reflecting escalation of the breaches to the relevant authority must be available. This must be recorded in a document (evidence of submission to relevant authority must be available) or sent electronically via email. Mark not applicable if there were no breaches of the
- For Elements 184 to 186: If the facility is a gateway clinic where the hospital is responsible for removal of waste, score the element as not applicable.

Commitment for element 187

The facility is pests free to ensure that the environment is clean

187 *Records show that pest control is done according to schedule*

Process

- Step 1: Compile a pest control schedule for the facility. The frequency will depend on the current situation of the facility. If the facility is invested in pests, more frequent pest control will be needed. The schedule can be changed from time to time as the situation change in the facility. See [Annexure 133](#) as an example.
- Step 2: Monitor that pest control is conducted according to the set schedule. The manager must sign the schedule once the pest control has been conducted.

Note to reviewers:

Pest control should be conducted by the district office or through an appointed company. In rural areas and facilities where pests are not a big problem spraying with a high-performance residual insecticide spray is acceptable (example Fendona).

19: Security

Commitment for elements 188 - 192

Patients and staff safety is assured at all time.

188 *Safety and security SOP is available*

189 *Perimeter fencing is intact*

190 *Parking for staff on the facility premises*

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

192 *There is a security guard on duty OR the facility has an alarm system linked to armed response*

Process

Step 1: Ensure that the facility has a safety and security SOP. The SOP must cover at a minimum the following:

- High risk areas and the specific security needs for these areas
- Access control within the facility
- Reporting of security incidents (see register for security breaches)
- Training of personnel on the management of alarms (where applicable), provision of guarding services and patrolling
- Provision of guarding services
- Patrolling of the health facility
- Equipment for security personnel. See [Annexure 133](#).

Step 2: Conduct a daily walk about to ensure that perimeter fencing is intact, gates are functioning, and the guard room is neat and tidy.

Step 3: If the facility does not have parking space for staff this must be requested through the district/provincial infrastructure unit.

- Step 4: The guard room must conform to the standards (see [Annexure 134](#)) or have an alarm system that is linked to armed response. Facilities that have an alarm system that is linked to armed response must ensure that the alarm is serviced as prescribed by the company that has installed the alarm.
- Step 5: Inform the district/provincial infrastructure unit in writing of identified weaknesses regarding fencing, parking and guard room.
- Step 6: Keep a copy of correspondence with district infrastructure in this regard.
- Step 7: Ensure that there is a duty roster for security officers where there is no alarm system that is linked to armed response.

Note to reviewers:

- Facilities with structural make-up that render perimeter fencing and separate guard house impossible/unnecessary e.g. a multi-story building in a city must score not applicable at element 193 and the section for the security guard room on element 195.
- The parking area for staff can be outside the perimeter of the facility (example in a building, area next to the facility). This parking area must however be within 500m walking distance and the parking area must have specific allocated space for staff working at the facility. Parking in the street is not acceptable as it is not allocated to staff.

Commitment for element 193 - 194

Optimal security services are delivered to the facility to ensure safety and security of patients and staff.

193 *Security services rendered according to contract OR provincial security policy*

194 *A signed copy of the service level agreement between the security company, and the provincial department of health is available.*

(All parties including management of the facility must be aware of the content of the SLA).

Process

- Step 1: Obtain and keep a copy of the signed security SLA from the sub-district/district
- Step 2: Read and understand the SLA so that you are aware of the service delivery requirements that the security service provider must comply with. Ensure that these services include the control of prohibited items.
- Step 3: Orientate your staff on the terms of the SLA.
- Step 4: Monitor if security services complies with the requirements of the SLA OR standard operating procedure. See [Annexure 135](#).
- Step 5: If weaknesses are identified discuss with the supervisors working at your facility to take corrective action.
- Step 6: If weaknesses persist call a meeting with the management of the security service provider. Keep records of these meetings.
- Step 7: Escalate repeated incidents of non-compliance to the district office.

Note to reviewers:

For element 193: For the measure on the checklist to verify whether security officers have been trained - For outsourced services, request records from the service provider. For

security officers employed by the health establishment, request training records or certificates. The Private Security Industry Regulatory Authority (PSIRA) is the Governing Body and Regulatory Authority for the private security industry. If the security officers are PSIRA-accredited, they are acknowledged to have received training. Score Yes if compliant and No if not. NB: All PSIRA certificates must be renewed every 24 months for security businesses and every 24 months for security officers. Not applicable: Where the health establishments do not have physical security officers.

For element 194: In facilities where provincial/district/in-house staff performs the security duties, the content of the job description of the appointed staff must be reviewed. Check whether the job description addresses the facility's need in regard to security issues. Job descriptions for security staff must be signed.

Where a service level agreement is in place, the service level agreement must be valid (not expired) and signed by the service provider and the accounting officer responsible.

Commitment for elements 195 - 196

The safety of staff and patients are protected by managing security breaches appropriately and securing entrances.

195 *Security breaches are managed and recorded in a register*

196 *There is a security system at the entrance of the units*

Process

- Step 1: Record all security breaches in a register or the occurrence book. See [Annexure 140](#) as an example of a register.
- Step 2: Record how the breach was managed and what measures were taken to prevent the recurrence of the breach.
- Step 3: Verify that the register has been completed in full and that all breaches were managed, use [Annexure 136](#).
- Step 4: Once the investigation of the breach has been finalised the security staff must sign off onto the register.
- Step 5: Ensure that there is a security system at the entrances of the 24-hour Emergency unit and the MOU. See [Annexure 138](#).

Note to reviewers:

Where no security breaches occurred in a month, a “Null” record must be entered in the register and the register for that month must also be signed off.

For element 200: Mark not applicable (N/A) if the facility doesn’t have a MOU or 24-hour emergency unit.

20: Outbreak and Disaster preparedness

Commitment for element 197

Patients and staff are protected against the risk of injury due to fire.

197 *Functional firefighting equipment is available*

Process

- Step 1: Ensure that functional firefighting equipment ([Annexure 139](#)) is available in the facility.
- Step 2: The district manager must ensure that there is a service level agreement with a competent service provider for servicing the facility's firefighting equipment.
- Step 3: Conduct monthly inspections to ensure that equipment is present and intact.
- Step 4: The service provider must service firefighting equipment at least yearly.
- Step 5: A record must be kept of the services conducted. See [Annexure 140](#) as an example. The facility manager must remind the service provider of the next scheduled service date.
- Step 6: If an item(s) of firefighting equipment has been used, immediately contact the service provider to restore functionality for future use.
- Step 7: Escalate to sub-district/district manager in writing if corrective action is not timeously taken.

Commitment for elements 198 - 205

The facility is always ready for emergency evacuation.

- 198** *Evacuation plan is displayed in designated areas*
- 199** *Contact numbers of healthcare personnel required in emergencies are available in designated areas*
- 200** *Emergency evacuation procedure is practiced annually*
- 201** *Deficiencies identified during the practice of the emergency evacuation drill are addressed*

Process

- Step 1: Obtain a floor plan of the facility from the district office. Where there is no floor plan available from the district office, draw a floor plan. Excel can be used or neatly hand draw the floor plan.
- Step 2: Use the floor plan to develop an emergency evacuation plan that visually displays the evacuation paths.
- Step 3: Indicate all emergency exists, assembly points, main electrical power switch, main water shut off valve and firefighting equipment on the floor plan.
- Step 4: Add in directional arrows to show the way to the various emergency exit points as well as the emergency assembly point. [See Annexure 141](#) for an example of an evacuation plan.
- Step 5: Visibly display the evacuation plan in all the service areas. Use [Annexure 142](#) to check.
- Step 6: Ensure that the contact numbers of healthcare personnel that will be required in emergencies is in the file for contact details in the manager's office and reception. Where there is no manager's office in the facility the contact numbers must be available in the most accessible office in the facility. Use [Annexure 143](#) to check whether the contact details are available in all the service areas. Contact details of the following healthcare personnel must be included:

- District outbreak team,
- District Specialist Team OR General Medical Practitioner allocated to the facility,
- Local area manager,
- Referring to the district hospital (casualty section),
- District manager,
- Facility manager,
- Facility professional staff

Step 7: Conduct an annual evacuation drill. **Note: No critical patient must be left unattended during the evacuation practice.** Allocate a trained staff member to attend to them

- assign/designate roles to staff
- choose a date and time to practice evacuations that is not made known to staff
- set the scene and commence the evacuation drill in line with the plan.

Step 8: Debrief and give feedback to staff.

Step 9: Draw up an emergency evacuation drill practice report (see [Annexure 144](#) as an example) and file. This report must include recommendations for improvement if applicable.

Step 10: Plan and implement remedial action within two weeks.

Step 11: Rerun the evacuation practice if necessary.

Note to reviewers:

Element 201: Mark not applicable if there were no deficiencies identified during the practice of emergency evacuation drill.

Commitment for element 202

The facility staff is prepared to manage outbreaks effectively

202 *SOP for outbreak notification and response are available*

Process

- Step 1: Obtain the National Guidelines on Epidemic Preparedness and Response from www.health.gov.za.
- Step 2: Use the Guideline to develop a SOP for outbreak notification and response for the facility. District offices should be guiding this process.
- Step 3: All staff members to sign the acknowledgement form that they are aware of the content of the SOP. Attach this to the back of the SOP and file the document. See [Annexure 88](#) as an example.

21: Transport

Commitment for element 203 to 206

Patients and staff are transported safely.

- | | |
|-----|--|
| 203 | <i>All official vehicles used to render services or transport patients are licensed annually</i> |
| 204 | <i>All official vehicles used to render services or transport patients are serviced according to manufacturer's schedule</i> |
| 205 | <i>All staff driving official vehicles to render services or transport patients have a valid driver's license</i> |
| 206 | <i>All staff driving official vehicles to render services or transport patients have a valid professional driving permits where applicable</i> |

Process

- Step 1: If the facility uses official vehicles, draw up a schedule indicating when each vehicle is due for license renewal. Check monthly which vehicles are due for license renewal and renew the license where indicated.
- Step 2: If the facility uses official vehicles, draw up a schedule indicating when each vehicle is due for service. Check monthly which vehicles are due for a service and schedule the service accordingly.
- Step 3: Draw up a schedule for staff that render transport services to indicate when their licenses/permits will expire. Check monthly:
- Which staff member's licenses will expire within the next three months. Remind those staff members to renew their licenses/permits.
 - That the staff members whose licenses has expired in the specific month has renewed their licenses/permits.

Note to reviewers:

Facilities that do not make use of official vehicles are not applicable for element 203 to 206.

COMPONENT 6: INFRASTRUCTURE AND SUPPORT SERVICES

22. Physical space and routine maintenance

Commitment for elements 207 - 209

The physical space and environment is conducive to rendering quality health services.

207 *Clinic/CHC space accommodates all services and staff at the 8-hour service area*

208 *Clinic/CHC space accommodates all services and staff at the 24-hour Emergency unit*

209 *Clinic/CHC space accommodates all services and staff at the MOU*

Process

- Step 1: Determine if the size of the facility is sufficient to provide services based on the population to be served and PHC package of services provided. Refer to the size classification and facility reorganization sections in the ICSM manual to determine the required number of rooms/areas etc.
- Step 2: Once the approximate classification has been calculated according to the process as set out in the ICSM manual, use [Annexure 147](#), [Annexure 148](#) and [Annexure 149](#) to determine whether the size and configuration of the facility is sufficient in the 8 hour services, 24 hour emergency unit (where applicable) and the MOU (where applicable).
- Step 3: Prepare and submit a motivation to the district office for additions/renovations if needed.
- Step 4: Make regular follow-up with the district manager for feedback on this matter.

Commitment for element 210

The facility has adequate natural ventilation or functional mechanical ventilation.

210 *Clinical service areas have natural ventilation (windows) or functional mechanical ventilation (ceiling fans/air conditioner)*

Process

- Step 1: Ensure that the facility has natural ventilation (windows and doors that can be opened, cross ventilation between doors and windows) or functional mechanical ventilation (i.e. ceiling fans or air conditioners) in service areas.
- Step 2: Use [Annexure 148](#) to assess whether the facility has adequate ventilation in all service areas.

Commitment for element 211

The facility is accessible for people in wheelchairs.

211 *There is access for people in wheelchairs*

Process

- Step 1: Using the wheelchair access requirement checklist to check whether the facility complies with the criteria in all the service areas. See [Annexure 149](#).
- Step 2: Should the facility not comply, apply for the relevant alterations through the sub-district/district manager by following the relevant provincial protocol.

Commitment for elements 212 - 218

The facility infrastructure must be maintained to provide an environment conducive for health service delivery.

212 *Maintenance schedule for building(s) and grounds are available*

213 *Building(s) is maintained according to schedule*

214 *Building(s) complies with safety regulations*

Process

- Step 1: Using [Annexure 150](#), compile a checklist of major infrastructure repairs and maintenance work required.
- Step 2: Log a request to have major repairs onto the district's annual major maintenance plan.
- Step 3: Obtain the maintenance schedule for the current financial year for the facility from the sub-district/district.
- Step 4: Do regular follow-up to ensure that the maintenance is conducted according to the schedule.
- Step 5: Follow-up with the sub-district/district if maintenance is not done according to schedule. Document all follow-ups. See [Annexure 151](#).
- Step 6: As soon as items for minor repair are identified, complete and submit a works order. Keep record of orders submitted and track progress. See [Annexure 151](#) as an example.
- Step 7: If no action has been taken within one week, escalate to sub-district/district.
- Step 8: Obtain the certificates from the sub-district/district that is required to ensure that the facility is compliant with all safety regulations. File in the building maintenance file. See [Annexure 152](#).

23. Essential equipment and furniture

Commitment for elements 215 - 217

Essential equipment is maintained to ensure that it is functional.

215 *Staff are trained on the use of essential equipment*

216 *SOP for reactive maintenance of medical equipment is available*

217 *Maintenance plan for essential equipment is adhered to*

Process

- Step 1: Schedule in-service training for all healthcare personnel on the equipment that is used in the facility. If there is equipment that staff is not familiar with, arrange it through the sub district/district office where the supplier of the equipment conducts training for the healthcare personnel. Keep a register of all training conducted; see Annexure 16 as an example.
- Step 2: Ensure that the reactive SOP for the maintenance of all medical equipment is available.
- Step 3: Compile a maintenance schedule for the following equipment which is not exhaustive (see [Annexure 157](#) as an example):
- Automatic External Defibrillator (AED) OR ECG monitor and defibrillator
 - Pulse oximeter with adult & paediatric probes (recalibrated)
 - Non-invasive electronic blood pressure monitoring device including paediatric, adult & large adult cuff sizes (recalibration) (cuff bladders, valves and tubing replaced)
 - Scales (recalibration),
 - Hemoglobin meter (recalibration)
- Step 4: Sign off on the maintenance schedule when the maintenance for specific equipment has been performed.
- Step 5: Follow-up with the sub-district/district office if maintenance is not done according to schedule.

Commitment for elements 218 - 223

Appropriate furniture and essential equipment is available in the 8-hour service area.

- | | |
|-----|---|
| 218 | <i>Furniture is available and intact at the 8-hour service area</i> |
| 219 | <i>Essential equipment is available and functional at the 8-hour consultation areas</i> |
| 220 | <i>Furniture is available and intact at the Rehabilitation treatment area</i> |
| 221 | <i>Essential equipment is available and functional at the Rehabilitation treatment area</i> |
| 222 | <i>Furniture is available and intact at Oral Health services</i> |
| 223 | <i>Essential equipment is available and functional at Oral Health services</i> |

Process

- | | |
|---------|---|
| Step 1: | Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za |
| Step 2: | Obtain the list of the furniture and essential equipment required in the 8-hour service area <ul style="list-style-type: none"> • furniture at the 8-hour service Annexure 154 • essential equipment at the 8-hour service Annexure 155 • furniture at the Rehabilitation treatment area Annexure 156 • essential equipment at the Rehabilitation treatment area Annexure 157 • furniture at Oral health services Annexure 158 • essential equipment at Oral health services Annexure 159 |
| Step 3: | Using the lists of furniture and essential equipment required in the different service areas in the 8-hour service, conduct a quarterly stock taking and ensure that all the items are available. |
| Step 4: | Ensure that missing items are budgeted for. |
| Step 5: | Order missing items using the standard procurement procedure. |
| Step 6: | Immediately follow up if items are not received on the indicated date. |

Note to reviewers:

For element 220 and 221: Only assess if the facility:

- Provides a full-time service.
- Provides an outreach service that comes on certain days to the facility, and the facility has a dedicated room, and the equipment is kept at the facility. Try to arrange for the visiting therapist to be present on the day of assessment.

For element 222 and 223: Mark NA if the service is not provided at the facility.

Commitment for elements 224 - 232

Appropriate furniture and essential equipment is available in the 24-hour Emergency unit.

224 Furniture is available and intact at the 24-hour emergency unit

225 Essential equipment is available and functional at the 24-hour emergency unit

226 Sterile pack for minor surgery are available

227 Resuscitation room is equipped with functional basic resuscitation equipment

228 Emergency trolley is stocked with medicines, medical supplies and equipment

Process

- Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za
- Step 2: Obtain the list of the furniture and equipment required at the 24-hour Emergency unit
- furniture: [Annexure 160](#)
 - essential equipment: [Annexure 161](#)
 - sterile pack for minor surgery: [Annexure 162](#)
 - resuscitation room: [Annexure 163](#)
 - emergency trolley: [Annexure 164](#)
- Step 3: Using the lists of furniture and essential equipment required in the 24-hour Emergency unit, conduct a quarterly stock taking and ensure that all the items are available.
- Step 4: Ensure that missing items are budgeted for.
- Step 5: Order missing items using the standard procurement procedure.
- Step 6: Immediately follow up if items are not received on the indicated date.
- Step 7: Designate a professional nurse to ensure daily that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Note to reviewer:

Emergency sterile pack for minor surgery not to be opened during assessment, check only expiry dates and the contents list outside the pack.

For element 224 and 225, mark NA if the facility doesn't have a 24-hour Emergency unit.

Commitment for elements 229 - 232

Appropriate furniture and essential equipment are available in the MOU.

229 *Furniture is available and intact at the MOU*

230 *Essential equipment is available and functional in MOU*

231 *Sterile obstetric delivery packs are available*

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

Process

Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a standardised list with specifications for furniture and equipment from www.health.gov.za

Step 2: Obtain the list for the furniture and equipment required at the MOU

- furniture: [Annexure 165](#)
- essential equipment: [Annexure 166](#)
- sterile obstetric delivery pack: [Annexure 167](#)
- emergency trolley: [Annexure 168](#)

Step 3: Using the lists for furniture and essential equipment required in the MOU, conduct a quarterly stock taking and ensure that all the items are available.

Step 4: Ensure that missing items are budgeted for.

Step 5: Order missing items using the standard procurement procedure.

Step 6: Immediately follow up if items are not received on the indicated date.

Step 7: Designate a professional nurse to ensure daily that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Note to reviewer:

Sterile obstetric packs should not be opened during assessment, check only expiry dates and the contents list outside the pack.

Elements 229, 230 and 232 are only applicable to CHCs .

Commitment for element 233

Appropriate essential equipment is available to perform TOP and MMC

233 *Essential equipment is available and functioning in the TOP and MMC procedure rooms*

Process

- Step 1: Obtain the National Ideal Clinic Health Commodities Specification Catalogue that contains a detailed list with specifications for equipment and supplies needed for the TOP and MMC procedure rooms from www.health.gov.za.
- Step 2: Conduct regular audits for the equipment required in the TOP and MMC procedure rooms. See [Annexure 169](#).
- Step 3: Keep record of the completed audit lists for future reference.
- Step 4: Designate a professional nurse to ensure daily that the emergency equipment as stipulated in Step 2 are available, clean and functional.

Note to reviewer:

Element 233 is only applicable for facilities that provide the service.

Commitment for element 234 to 235

Oxygen must be consistently available to patients when needed.

234 *Functional oxygen cylinders with pressure gauge is available*

235 *Oxygen available in the cylinder is above the minimum level*

Process

- Step 1: The facility's mobile oxygen cylinder in the different service areas must be fitted with a functional gauge at all times. See [Annexure 170](#).
- Step 2: The emergency oxygen cylinder always has sufficient volume and pressure. Designate a staff member to check this on a daily basis in the different service areas using [Annexure 171](#). Check at least one month's records of daily oxygen levels.
- Step 3: The designated staff member must complete the check sheet (See [Annexure 172](#) as an example) on a daily basis to ensure that the oxygen level is as prescribed (above the minimum level).
- Step 4: Should the oxygen in the cylinder be below the prescribed level, contact the service provider to have the cylinder refilled or exchanged with a full one.

Commitment for element 236

Imaging services is safe to use.

236 *Imaging service unit is accredited*

Process

Step 1: Ensure that the imaging services (can include radiography and ultrasound) must have a valid accreditation certificate. Obtain this certificate from the Provincial authority.

Note to reviewers:

If the facility does not provide imaging services, mark not applicable.

Commitment for element 237

Assets in the facility are controlled.

237 *An up-to-date asset register is available*

Process

- Step 1: Obtain an updated asset register from the sub-district/district office.
- Step 2: Do regular spot check to determine whether the assets in the facility correspond with the asset register of the sub-district/district office. See [Annexure 173](#).
- Step 3: Report any discrepancies to the sub-district/district office; keep record of the communication done.
- Step 4: Report any stock that is lost due to theft immediately to the sub-district/district office to ensure that the asset register is kept up to date. Keep record of reports sent.

Commitment for element 238

The facility uses space optimally.

238 *Redundant and non-functional equipment is removed from the facility*

Process

- Step 1: If there are any items of equipment found to be redundant, inform the sub district/district to reallocate this to another facility.
- Step 2: If there are any items of equipment found to be beyond repair, have this condemned and disposed of. Complete an asset disposal form for the equipment. See [Annexure 174](#) as an example.
- Step 3: Update asset register accordingly.

Note to reviewers:

Check whether there is any redundant equipment or non-functional equipment in the facility.

24. Bulk supplies

Commitment for elements 239 – 240

Facilities must have clean, fresh running water and backup supply available always.

239 *Facility has a functional piped potable water supply*

240 *Facility has emergency water supply*

Process

- Step 1: In cooperation with the local municipality ensure that there is clean piped water to the facility.
- Step 2: Where there is no piped water ensure that the sub-district/district has planned for the installation of piped water.
- Step 3: The 24-hour contact number of the local municipality's water supply department must be displayed on the facility's noticeboard together with other emergency numbers of essential services.
- Step 4: Ensure that the facility has access to emergency water supply in the form of:
- water tanks that are regularly filled by the local municipality. The water level of the tank should be checked at least every fortnight.
 - tanks on trailers that are brought to the facility when there is a break in piped water supply. A short SOP describing the process to follow to arrange for the backup water supply must be available.

Note to reviewers:

Element 239: The health establishment must provide clean water in a manner that protects the water from contamination. The water supply for the health establishment must be piped and connected to the reticulation system

Element 240: Emergency water supply must be available. Water can be made available through amongst other containers with lids or water tanks or access to water trucks (this can be documented evidence). Documented evidence should be in the format of a (signed and dated) that outlines the process to follow for tanks on trailers to be brought to the facility.

Commitment for elements 241

Facilities must have uninterrupted electricity supply.

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

Process

- Step 1: In cooperation with the district infrastructure unit assure that functional back-up electricity is available at the facility.
- Step 2: Back-up electrical supply must be available in the form of:
- a generator permanently stationed at the facility OR
 - Uninterrupted Power Supply (UPS) OR
 - Solar power
- Step 3: If back-up electricity to the facility is in the form of a generator, assign a staff member to check the fuel levels monthly and after every use.
- report and correct any defects
 - make sure that the emergency contact number for the generator maintenance is prominently displayed on the facility notice board.
- Step 4: Verify that the back-up electricity supply is functional and connected to essential equipment. See [Annexure 175](#).

Note to reviewers:

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

Commitment for element 242

Removal of sewage must be properly managed to ensure a safe and hygienic facility.

242 *The sewerage system is functional*

Process

- Step 1: In cooperation with the local municipality, ensure that the facility is serviced by a piped sewerage removal system or a septic tank system.
- Step 2: Should the facility experience problems with the sewerage system log a call for repairs with the district maintenance services.
- Step 3: Make sure that the emergency contact number for the district maintenance services and the local municipality is prominently displayed on the facility notice board.

Note to reviewers:

When conducting a status determination observe that the sewerage system is functional, drains must not be blocked, both inside as well as outside the facility. There must also be no leaking drainpipes outside the building. Where the sewerage system is not functional, check that works orders have been completed to report it and follow-ups have been done where needed.

25. ICT infrastructure and hardware

Commitment for element 243

A functional telephone system must always be available in the facility to allow proper communication.

243 <i>There is a functional telephone in the facility in designated areas</i>

Process

- Step 1: Check that there are functional telephones in the different service areas. See [Annexure 176](#).
- Step 2: Should the landline not be functional, contact the relevant service provider.
- Step 3: If the fault persists for more than three days escalate it to the district.
- Step 4: Keep record of all maintenance and repairs of telephone lines.

Commitment for elements 244 – 246

Functional Information Communication Technology (ICT) equipment (computer, printer and e-mail) must be available.

244 *There is a functional computer*

245 *There is functional printer connected to the computer*

246 *There is internet access*

Process

- Step 1: If there is no computer with printer and e-mail in the facility, order the ICT equipment using the ICT procurement order form. The ICT equipment purchase agreement must include maintenance.
- Step 2: Update the asset register accordingly
- Step 3: In the event that the ICT equipment is not functional, order the repair by logging a call with district ICT support.
- Step 4: Using the district training plan, request training for relevant facility staff in correct use of the ICT equipment.
- Step 5: Ensure that the facility has internet/intranet (that allows access to all required applications) access.

COMPONENT 7: HEALTH INFORMATION MANAGEMENT

26. District Health Information System (DHIS)

Commitment for elements 247 - 252

Facilities generate and record accurate information for their own use and submission to district, provincial and national levels.

- 247 Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members*
- 248 National District Health Information Management System policy OR Provincial SOP aligned with National Policy is available*
- 249 Clinical personnel and data capture trained on the facility level Standard Operating Guidelines for data management*
- 250 Relevant DHIS registers are available and are kept up to date*
- 251 Facility submits all monthly data on time to the next level*
- 252 Electronic patient registration system is functional*

Process

- Step 1: All clinical staff must be conversant with the burden of disease in their catchment population.
- Step 2: The PHC package of services provided at the facility must be based on the burden of disease for the catchment area.
- Step 3: Ensure that professional nurses and data capturers have been trained on the District Health Management Information System Policy
- Step 4: Ensure that professional nurses and data capturers have been trained on the Facility Level Standard Operating Guidelines for Data Management
- Step 5: Maintain records of training. See [Annexure 16](#) as an example
- Step 6: Data generated by the facility must be recorded in the approved PHC registers and kept up to date.

- Step 7: Verify that monthly data that was captured are correct.
- Step 8: Ensure that graphs are updated to the last quarter's data.
- Step 9: Sign off data report.
- Step 10: Submit all monthly data on time to the next level.
- Step 11: Discuss facility performance using data/information in facility's monthly meetings.
- Step 12: Correct data based on the sub-district/district's feedback where relevant. Document all evidence of monthly data feedback received from sub-district/district.
- Step 13: In cooperation with national, provincial and districts offices, install and train staff on the electronic Health Patient Registration Information System/Primary Healthcare Information system
- Step 14: Monitor that every patient is registered on the Health Patient Registration Information System.

COMPONENT 8 : COMMUNICATION

27. Internal communication

Commitment for element 253

Recommendations from the district quarterly performance review meetings are used to discuss the performance of the facility and plan corrective actions to improve facility performance.

253 *There are sub-district/district quarterly facility performance review meetings*

Process

- Step 1: In cooperation with the district manager and area managers, set dates for the quarterly performance review meetings as part of the sub-district/district annual calendar.
- Step 2: Review each programme's performance against predetermined targets and explain reasons for variations.
- Step 3: The facility manager must schedule a meeting with the facility staff one week before the quarterly performance review meetings to prepare the facility's presentation using the relevant provincial template.
- Step 4: Deliver the facility's presentation and answer all questions at the quarterly performance review meetings.
- discuss what actions will be taken to achieve set targets and what changes need to be made within the facility. Make notes during the discussion. Develop a performance Quality Improvement Plan on all poor performing indicators.
 - record activities, challenges and any good practices that you could replicate in your own facility from other facilities presentations
- Step 5: File a copy of the presentation electronically and make sure that computer content is backed up appropriately.

Commitment for element 254

Staff in the facility is well informed about the facility's current performance and future plans.

254 *A staff meeting is held at least quarterly within the facility*

Process

- Step 1: Draw up a monthly meeting schedule in consultation with all staff members. Facilities are free to have more frequent meetings on an ad hoc basis.
- Step 2: Include quarterly meeting dates on the Annual Facility Calendar. See Annexure 177 as an example.
- Step 3: Display quarterly meeting schedule for the year on the staff notice board. Attendance of all staff is compulsory except those who are on leave.
- Step 4: Develop a standardised agenda for the meeting. See [Annexure 178](#) as an example.
- Step 5: All staff who attended the meeting must sign the attendance register. See [Annexure 179](#) as an example.
- Step 6: Designate a staff member to take minutes.
- Step 7: Minutes of the meeting will be available within three working days after the meeting and will be filed electronically in date order. Minutes are available for all staff to read.
- Step 8: . Review the action points after the meeting and ensure that all activities agreed upon at the meeting are executed(develop a clear decision-frame matrix on activities that must be executed with clear timeframes).

Commitment for element 255

Staff is knowledgeable about all relevant policies and notifications. This knowledge is used to improve the facility's functioning and services to the patients.

255 *Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications*

Process

- Step 1: When new policies and notifications are received, check if they replace existing policies and notices.
- Step 2: Discuss the new policies and notices with staff immediately. and those share on knowledge hub
- Step 3: Check to see that the relevant staff members understand the changes and determine if further training may be required. If training is required, request this using the district training protocol.
- Step 4: Staff members that must implement and/or have knowledge of the policies/guidelines and notices must sign the acknowledgement form for the specific policies/guidelines and notices. Attach this to the back of the new policy/guidelines or notice and file the document. See [Annexure 88](#) as an example.
- Step 6: Verify that all staff has signed the acknowledgement form for the National guidelines for priority health conditions. See [Annexure 180](#).
- Step 5: If there are further questions regarding the policies and notices seek relevant answers from the relevant source or your local area manager.

28. Community engagement

Commitment for elements 256 - 257

The community being served by the facility supports the facility management and staff by being involved in service planning and taking ownership and pride of their facility and its functioning.

256 *There is a functional clinic committee*

Process

- Step 1: Using the District Governance Structures Policy (www.health.gov.za) to understand the roles, responsibilities and activities of the clinic committee as well as how to establish a functional clinic committee.
- Step 2: Determine whether there is a clinic committee in place. If so, ascertain whether it is functional. See [Annexure 181](#).
- Step 3: If clinic committee is not in place or not functional obtain guidance through the district manager from the office of the MEC for Health.
- Step 4: In cooperation with the office of the MEC obtain nominations of clinic committee members and ensure that the appointment process is taken to completion.
- Step 5: Develop a clear and legible list of the names of clinic committee members and all their contact details
- place this list on patient notice board in the waiting area
 - update this list when there are changes to clinic committee members.
- Step 6: In cooperation with the chairperson of the clinic committee:
- develop a schedule of monthly meetings
 - request training for clinic committee members from the district
 - attend clinic committee meetings, ensure that agenda is developed, register is kept, and minutes are taken. See [Annexure 177](#) / [Annexure 178](#) as an example
 - follow up actions arising out of clinic committee meetings.

- (Constituent (Nominating Structure) Meetings, Imbizo, open community meetings, Facility Open day)

Commitment for element 257

Promote community ownership of the facility and its functions while strengthening health promotion and disease prevention in the community.

257 *The facility hosts an annual open day*

Process

- Step 1: In consultation with facility staff and community leaders plan for open days. See an example of suggested services and activities for an open day. See [Annexure 182](#) as an example.
- Step 2: Log dates of the open day in the annual calendar to be displayed on the staff notice board. See [Annexure 177](#) as an example.
- Step 3: In cooperation with the clinic committee seeking support from relevant sources.
- Step 4: Ensure the necessary communication with stakeholders is required for a successful open day.
- Step 5: On the day of the event, oversee the setup and activities including various health screening.
- Step 6: Compile a report of the event including relevant statistics of screenings conducted.
- Step 7: Submit the report to the sub-district/district and file the report.

COMPONENT 9: DISTRICT HEALTH SYSTEM SUPPORT

29. District health support

Commitment for elements 258 - 259

The district supports the facility through Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) to function in line with the national quality standards. The district must provide comprehensive support on all aspects of the management of the facility.

258 *There is a health facility operational plan in line with the current district health plan*

259 *District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal Clinic Realisation status for the end of year report*

Process

- Step 1: Develop a facility operational plan in line with the district health plan. See [Annexure 183](#) that gives guidance on how to develop an operational plan.
- Step 2: The PPTICRM, in cooperation with the facility manager, plan and agree on the dates for visits to provide the necessary support to the facility with regard to all the components, sub-components and elements of the Ideal Clinic. See [Annexure 184](#) for a schedule of when the various types of status determinations must be conducted.
- Step3: Conduct the status determination and capture the results on the Ideal Clinic software.
- Step 4: Using the generated quality improvement plan correct the weaknesses immediately.
- Step 5: The status of the facility as well and the corrective actions must be presented at the quarterly district performance review meetings.

30. Emergency patient transport

Commitment for elements 260 - 264

The facility must have access to emergency medical services (EMS) transport.

- 260** *There is a pre-determined EMS response time to the facility*
- 261** *Register for emergency transport request is available*
- 262** *Remedial action taken when determined EMS response time is not adhered to*
- 263** *Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available*
- 264** *Protocol/SOP available for the handover from facility to EMS*

Process

- Step 1: Obtain the norm for the response time relevant to the facility from the sub-district/district Emergency Medical Services (EMS) manager.
- Step 2: Keep a register of actual emergency transport response time. See [Annexure 185](#) as an example.
- the staff member requesting patient emergency transport must record the patient details (name, surname, date of birth/age/ID number), date and time patient transport was requested, reason for referral, referral destination, and date and time of patient collection in the ambulance response time
 - calculate and record the response times in the register
 - on a monthly basis monitor the trend in response time to determine whether the EMS complies with the norm.
- Step 3: Verify that the content of the register has been completed in full. See [Annexure 186](#).
- Step 4: Escalate to the sub-district/district office if there are consistently long response times or for serious incidents where response time was poor. The district management must communicate the course of redress to the facility.
- Step 5: If no response to the follow-up has been received from the sub-district/district office within seven days then escalate the query to the next level.
- Note: All corresponded of remedial action taken must be documented, i.e. e-mails, memos etc. sent to the next in line management.

- Step 6: Visibly display the contact details of the fire brigade, police station and ambulance in all areas where there are telephones. Check that the contact details are displayed in all the service areas. See [Annexure 187](#).
- Step 7: Develop a SOP that sets out the procedure to hand over patients to EMS staff.
- Step 8: Verify that the content of the SOP is aligned with the requirements for the SOP. See [Annexure 188](#).
- Step 9: Staff to sign acknowledgment indicating that they are aware and know the content of the SOP and its application. See [Annexure 88](#).

Note to reviewers:

- For element 260: The pre-determined response times agreed by the EMS and the District Office must be documented and available within the facility.
- For element 262: Evidence of quarterly reporting to the District Office or sub-district or designated forum will be required in the form of a report or an email sent to the relevant authority. Mark NA where there have been no delays in EMS response times.

31. Referral system

Commitment for elements 265 - 273

Facility must have access to a rational and responsive referral system to ensure continuity of care between different levels of health service.

- | | |
|------------|---|
| 265 | <i>National Referral Policy is available</i> |
| 266 | <i>District SOP for the referral system is available</i> |
| 267 | <i>There is a referral register that records referred patients</i> |
| 268 | <i>Copy of referral letter available in the patient record</i> |

Process

- Step 1: Obtain a copy of the National Referral Policy.
- Step 2: Obtain a copy of the District SOP for referrals including referral pathways for the facility.
- Step 3: Verify that the SOP adheres to the minimum requirements. See [Annexure 189](#).
- Step 4: Schedule orientation and training for all healthcare professionals so they know how to refer patients.
- Step 5: Make a list of all the referral pathways for the facility as set-out in the SOP and display.
- Step 6: Keep sufficient stock of standardised referral forms.
- Step 7: Complete the patient referral form when a patient is referred. Hand a copy to the patient and keep a copy in the patient's record.
- Step 8: Keep record of all referred patients in the referral register. See [Annexure 190](#) as an example.
- Step 9: Verify that the referral register has been completed in full. Use [Annexure 191](#).
- Step 10: Randomly check whether the referral forms have been completed in full. See [Annexure 192](#).

COMPONENT 10: PARTNERS AND STAKEHOLDERS

32. Partners support

Commitment for elements 269 - 270

Implementing partners must support the activities of the facility.

269 *An up-to-date list of organisations that provide health related services in the catchment area and implementing health partners is available*

270 *The list of implementing health partners shows their areas of focus and business activities*

Process

- Step 1: Obtain a list of implementing partners that are operating in the sub-district/district. The list must include their focus and business activities.
- Step 2: Compile a list of implementing partners whose focus and business activities is needed by the facility. The list must be updated when details of the health partners change.
- Step 3: The sub-district/district schedules an annual meeting in November with all identified health partners to discuss and agree on their contribution to support the facility in the next financial year.
- Step 4: The sub-district/district develops and signs a memorandum of understanding on how the support is going to be carried out.
- Step 5: The sub-district/district establishes a reporting framework for all implementing partners to the facility and district. See [Annexure 193](#) as an example.
- Step 6: The quarterly district review meeting could be used for implementing partners to present their support progress.
- Step 7: Compile a list of all the organisation in the facility's catchment area that provide health related services. See [Annexure 194](#) as an example of a template to use to compile the list.

33. Multi-sectoral collaboration

Commitment for elements 271

There is continued cooperation and communication between the National Department of Health (NDoH) and the South African Police Service (SAPS)

271 *There is an official memorandum of understanding between the NDOH and SAPS*

Process

- Step 1: The NDoH develops a memorandum of understanding (MoU) with SAPS.

- Step 2: Provincial Department of Health (PDoH) is to develop an action plan to implement the deliverables as outlined in the MoU.

- Step 3: PDoH to draft action plans indicating how they are going to implement the deliverables as contained in the MoU.

- Step 4: Once action plans have been developed, they should be signed by the National Department of Health, in liaison with NDoH internal legal unit

- Step 5: Provincial Department of Health to distribute Memorandum of Understanding and the action plan to District offices and Facilities.

- Step 6: Orientate facility staff on the contents of the action plans.

- Step 7: Staff sign acknowledgement indicating that they are aware of the action plans and their applications (see Annexure 88).

- Step 8: The facilities must keep records and provide regular feedback to the Sub-District/ District on the implementation of the action plans including consistent lack of cooperation.

Commitment for elements 272

There is continued cooperation and communication between the Provincial Department of Health and Department of Education

272 <i>There is an official memorandum of understanding between the PDOH and Department of Education</i>

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Education.

Step 2: The responsibilities of Department of Education and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Ensure that school health services are rendered to the quantile 1 and quantile 2 schools and that the relevant grades are covered by the school health policy.
- Together with the Department of Education agree on a roster on when services will be delivered to the relevant schools.
- Provide health-promoting activities during school visits or in case of outbreaks
- Keep a record of every child that was assessed at a school.
- Provide feedback to the school after assessments have been completed.
- Refer a child to another level/ service where services cannot be rendered at the school.
- Ensure regular communication with Department of Education through meetings to ensure that services are rendered as required.
- Health facilities to receive and treat referrals from schools.
- In case of outbreaks at schools, visit the school, investigate and ensure that the relevant activities take place to address the matter.
- Ensure that confidentiality is adhered to regarding the health condition of learners.

Responsibilities of Department of Education

- Provide possible dates for visits to schools and communicate these dates to PDoH, district offices and facilities.
- Provide working space for the school health services to be rendered at a school.
- Ensure that the necessary approval forms were signed by parents prior to visits to school.
- Ensure that the services are arranged in such a manner that the maximum services can be rendered by the team during visits.
- Refer children with problems to the school health service or the local Clinic/CHC.
- Secure the files of children that were seen by the school health services.
- Inform the local Clinic/CHC in the event of any outbreak of any disease in the school and provide access to further investigations and treatments.
- Meet with the PDoH and stakeholders to plan joint activities.
- Ensure confidentiality of health records.
- Organise health promotion and other programmes in conjunction with Department of Health to ensure maximum benefit to staff and communities

Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understanding. See [Annexure 195](#) as an example. The same template can be used for all the memorandum of understanding listed in elements 271 to 275

Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.

Step 5: Distribute memorandum of understanding to district offices and facilities.

Step 6: Orientate facility staff to the contents of the memorandum of understanding.

Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See [Annexure 88](#).

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for elements 273

There is continued cooperation and communication between the Provincial Department of Health and Department of Social Services.

273 *There is an official memorandum of understanding between the PDOH and the Department of Social Development*

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Social Services.

Step 2: The responsibilities of Department of Social Services and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Render services in line with the Primary Health care re-engineered approach where ward base teams will be the extension of health services at a community level.
- Quality health services to be delivered at the health facility in line with the Ideal Clinic standards.
- Refer patients to Social Development where aspects are identified by the Clinic/CHC or ward based services which need intervention from Social Development.
- Meet on a regular basis at Provincial and local level to ensure a smooth working relationship with Department of Social Development.
- Organise health promotion and other programmes in conjunction with Department of Social Development to ensure maximum benefit to the communities.

- Monitor and communicate with Social development population health indicators that are affected by the mandate of social development.

Responsibilities of Department of Social Services

- Cooperate with the PDoH to ensure a coordinated community-based service.
- Will meet with the PDoH regularly to ensure that there is cooperation between the facility and Social Services.
- Social Development to ensure that staff that services the respective area follow-up on referrals from the clinic/CHC.
- Channel health related referrals to the relevant ward base team or Clinic/CHC.
- Work with PDoH to ensure a coordinated approach regarding programmes to enhance the service/
- Co-operate with PDoH in an annual joint quality assurance assessment of Old Age Homes and Children Homes.
- Train health staff on relevant Social Development programs.
- Provide access to support grants.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

- Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.
- Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.
- Step 5: Distribute memorandum of understanding to district offices and facilities.
- Step 6: Orientate facility staff to the contents of the memorandum of understanding.
- Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See [Annexure 88](#).

Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for elements 274

There is continued cooperation and communication between the Provincial Department of Health and Department of Public Works.

274 *There is an official memorandum of understanding between the PDOH and Department of Public Works*

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Public Works.

Step 2: The responsibilities of Department of Public Works and PDoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Provide information to Department of Roads and Public works where new facilities are planned, upgrades and refurbishment are required.
- Inform Department of Roads and Public Works when the condition of roads makes it impossible to deliver services.
- Communicate with Department of Roads with relation to the need for road signage to health facilities from major access routes.
- Ensure that properties are well maintained and report shortcomings to public works.

Responsibilities of Department of Public Works

- Ensure that there are proper roads to health facilities.

- Ensure that roads are in good condition for health personnel and community to have health facility access.
- Ensure the safety of roads to limit motor vehicle accidents.
- Provide signage to health facilities from major access roads.
- Oversee capital building projects of the Department to ensure that it is in line with the needs of the Department.
- Ensure quality in the building process of facilities for the PDoH.
- Keep an immovable asset register of all properties of the PDoH
- Do the payments of all rates and taxes on PDoH's buildings
- Ensure regular maintenance of buildings.
- Ensure land acquisition for new facilities
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes in conjunction with PDoH to ensure maximum benefit to staff and communities.

- Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.
- Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.
- Step 5: Distribute memorandum of understanding to district offices and facilities.
- Step 6: Orientate facility staff to the contents of the memorandum of understanding.
- Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See [Annexure 88](#).
- Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Commitment for elements 275

There is continued cooperation and communication between the Provincial Department of Health and Department of Transport.

275 *There is an official memorandum of understanding between the PDOH and Department of Transport*

Process

Step 1: Provincial office to develop the memorandum of understanding with Department of Transport.

Step 2: The responsibilities of Department of Transport and DoH must be clearly outlined in the memorandum of understanding. These responsibilities could include but are not limited to:

Responsibilities of the PDoH:

- Work with the Department of Transport, Safety and Liaison to ensure campaigns preventing injuries and accidents.
- Liaise closely with the Department of Transport, Safety and Liaison to assist with crime prevention and control in and around the health facilities.
- Take all health vehicles on a regular base for Road worthy testing to ensure safe vehicles.
- Ensure that all PDoH vehicles are licensed.
- Provide information to Department of Transport on areas where public transport may be needed to make health facilities more accessible.

Responsibilities of Department of Transport:

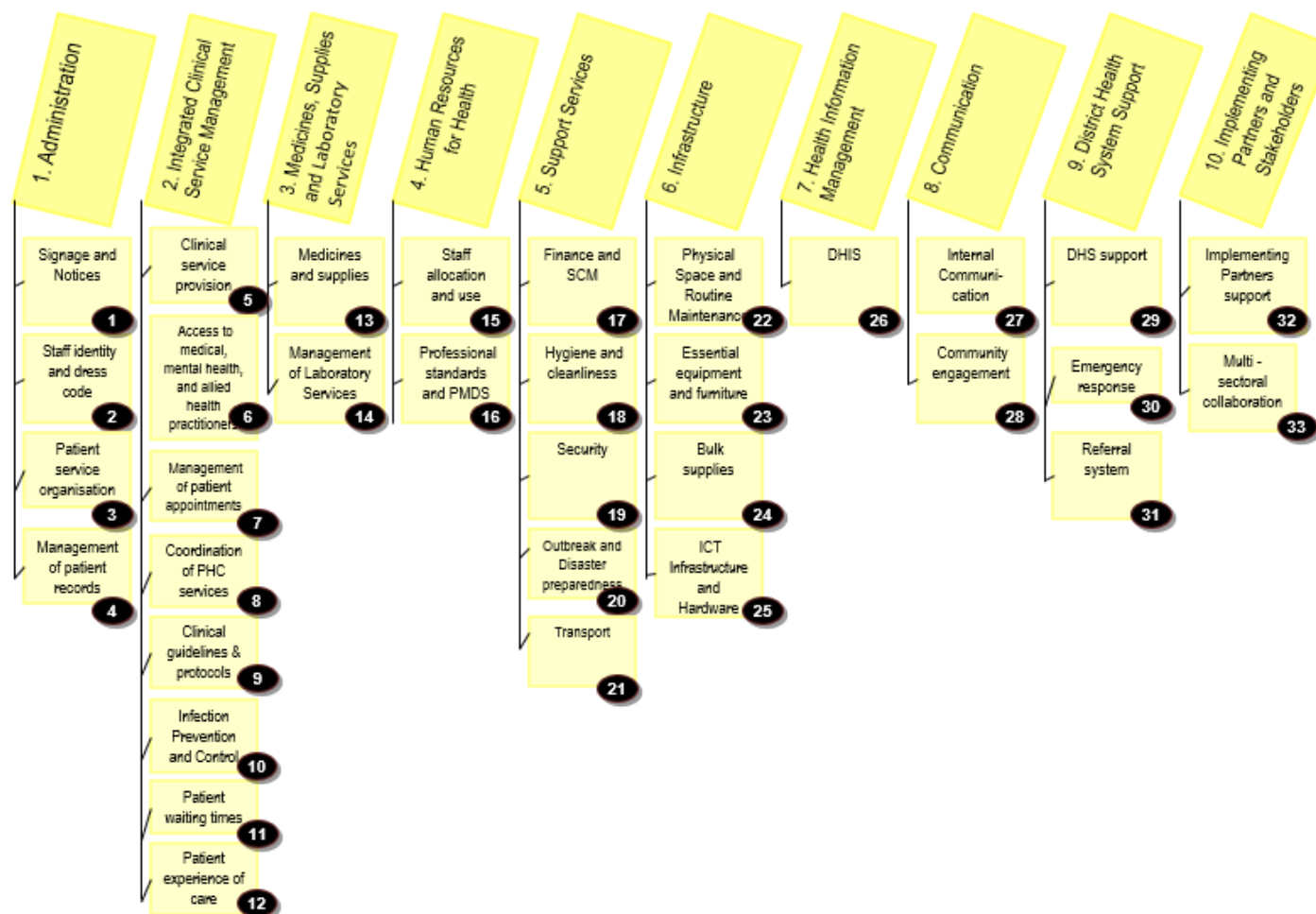
- Facilitate and coordinate social crime prevention and road safety programmes and thus reduce accidents and injury.
- Coordinate crime prevention and community safety partnerships and thus influencing safety at health facilities.

- Coordinate licensing and road worthiness of vehicles and thus also ensuring safety of PDoH vehicles.
- Communication and awareness of Road safety Campaigns.
- Provide access to the PDoH for health promotion activities and health service delivery to staff where applicable.
- Organise health promotion and other programmes

- Step 3: Draft the memorandum of understanding on the province's approved template for memorandum of understandings.
- Step 4: Once both parties have agreed on the content of the memorandum of understanding, sign the memorandum of understanding.
- Step 5: Distribute memorandum of understanding to district offices and facilities.
- Step 6: Orientate facility staff to the contents of the memorandum of understanding.
- Step 7: Staff to sign acknowledgment indicating that they are aware of the memorandum of understanding and its application. See [Annexure 88](#).
- Step 8: The facility must keep record and provide regular feedback to the sub-district/district on implementation of the memorandum of understanding including consistent lack of cooperation.

Annexure 1: Components and sub-component of Ideal Clinic dashboard, version 20

10 Components and 33 Sub-Components



Annexure 2: Ideal Clinic and Community Health Centre Framework, version 20

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

Colour coding of text:

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

Key and description for method of measurement

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

Key and description for level of responsibility

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

Key and description for weights

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

Performance is scored in line with two colours as follows:

Green  = Achieved (Yes)

Red  = Not achieved (No)

For elements without a checklist

Binary scoring: 1 or 0

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

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

For elements with a checklist

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

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

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

WEIGHTING OF THE IDEAL CLINIC ELEMENTS

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

Definition of weight categories

Non-negotiable Vital

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

Vital

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

Essential

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

Important

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

Summary: Scoring Ideal Clinic categories

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

Ideal Clinic and Community Health Centre Framework															
 health Department of Health REPUBLIC OF SOUTH AFRICA		Components, sub-components and elements - Version 20 (Updated April 2025)													
Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
1. Signage and notices: Monitor whether there is communication about the facility and the services provided															
		1	All external signage in place	I	☹	P	Y		✓						
		2	Facility information board displayed at the entrance of the premises reflects relevant information for the facility	E	☹	D	Y		✓						
		3	Disclaimer sign is clearly sign posted at the entrance of the facility/premises	E	☹	D	Y		✓						
		4	Vision, mission and values of the province/district are visibly displayed	I	☹	D		Y/N	✓						
		5	Facility organogram with contact details of the facility manager is displayed on a central notice board	I	☹	HF		Y/N	✓						
		6	Patients' Rights Charter is displayed in at least two local languages	I	☹	HF	Y			✓				✓	✓
		7	All service areas within the facility are clearly signposted	I	☹	HF	Y		✓	✓	✓	✓	✓		
2. Staff identity and dress code: Monitor whether staff uniform, protective clothing and mode of staff identification are in accordance with policy prescripts															
		8	There is a prescribed dress code for all service providers	I	🚫	P		Y/N	✓						
		9	All healthcare professional staff members comply with prescribed dress code	I	?☹	HF	Y		✓	✓	✓	✓	✓	✓	✓
		10	All staff members wear an identification tag	I	☹	HF	Y		✓	✓	✓	✓	✓	✓	✓
3. Patient service organisation: Monitor the processes that enable responsive patients service															
		11	Signposted helpdesk/reception services are available	E	☹🚫	HF		Y/N		✓					
		12	There is a process that prioritises the very sick, frail and elderly patients at the 8 hour service area	V	?🚫	HF	Y		✓						
		13	SOP for triaging of patients in the 24 hour Emergency unit is available	V	?🚫	HF	Y								✓
		14	Triage system is visibly displayed	E	☹🚫	HF		Y/N							✓
		15	There is a designated individual responsible for the management of queues at the 24 hour Emergency Unit	E	☹	HF		Y/N		✓					✓
		16	Functional wheelchair is available	E	?☹	HF	Y		✓						✓
4. Management of patient record: Monitor whether patients' records content is organised according to Integrated Clinical Services Management (ICSM) prescripts, whether the prescribed stationery is used and whether the patient records are managed appropriately															

Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
		17	There is a single patient record irrespective of health conditions	I	⊖Ⓜ	HF		Y/N		✓				✓	✓
		18	Patient record content adheres to ICSM prescripts at the 8 hour service area	V	⊖Ⓜ	HF	Y			✓		✓			
		19	Patient record content adheres to ICSM prescripts at the 24 Hour Emergency Unit	V	⊖Ⓜ	HF	Y		✓						
		20	Maternity Case Record including partogram is completed	V	⊖Ⓜ	HF	Y		✓						
		21	Mothers are provided with a discharge summary report	E	⊖Ⓜ	HF	Y		✓						
		22	Guideline for accessing, tracking, filing, archiving and disposal of patient records is available and adhered to	E	⊖	HF	Y		✓						
		23	There is a single location for storage of all active patient records	I	⊖	HF			✓						
		24	Patient records are filed in close proximity to patient registration desk	I	?⊖	HF		Y/N	✓						
		25	Retrieval of a patient's file takes less than ten minutes	I	?⊖	HF		Y/N	✓						
		26	Records are not left unattended in public and clinical service areas and are only accessible to facility staff	V	⊖	HF	Y		✓	✓	✓	✓	✓	✓	✓
		27	Priority stationery (clinical and administrative) is available (hard copy or electronic) at the facility in sufficient quantities	I	Ⓜ	HF	Y		✓						
5. Clinical service provision: Monitor whether clinical integration of clinical care services allowing for four discrete streams (acute, chronic, MCSRH and health support services) of service delivery is adhered to as per service package and whether this results in improvement in the quality of health service delivering															
		28	Facility has been reorganised with designated consulting areas and staffing for acute, chronic health conditions, preventative and promotive health services and health support services	E	⊖	HF		Y/N	✓						
		29	Patients are consulted, examined and counselled in privacy	I	⊖	HF	Y			✓	✓	✓	✓	✓	✓
		30	All DS-TB Client Treatment Success Rate is at least 80% or has increased by at least 5% from the previous year	E	Ⓜ	HF		Y/N/Na	✓						
		31	All DS-TB Client Lost to Follow Up rate < 5%	E	Ⓜ	HF		Y/N/Na	✓						
		32	Antenatal 1st visit rate before 20 weeks rate is at least 75% or has increased by at least 5% from the previous year	E	Ⓜ	HF		Y/N/Na	✓						
		33	ART child viral load suppressed rate below 50 at 12 months is at least 45% or has increased by at least 5% from the previous year	E	Ⓜ	HF		Y/N/Na	✓						

Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Sery	AE	MOU
2. Integrated Clinical Services Management (ICSM)		34	Immunisation under one year coverage is at least 85% or has increased by at least 5% from the previous year	E		HF		Y/N	✓						
		35	Quality Improvement plan address all areas, is signed and updated quarterly	E		HF	Y		✓						
		36	Six monthly district/sub-district clinical performance review report with action plan from clinical quality supervisors are available	E		D		Y/N	✓						
		37	Quarterly maternal and perinatal morbidity and mortality meetings are attended	E		D		Y/N/NA	✓						
		38	Patients are formally handed over at the end of each shift	E		HF	Y		✓						
		39	Correct handover procedure was followed between the facility and EMS	E		HF	Y		✓						
		40	Patients who have been triaged as requiring immediate, very urgent care are seen within the target time frames	E		HF	Y		✓						
		41	Protocols and guidelines regarding examination and stabilization of patients is adhered to	E		HF	Y		✓						
		6. Access to medical, mental health, allied health practitioners and adolescent friendly services: Monitor patient and staff access to clinical expertise at PHC level													
		42	Facility has a doctor at all times	V		D		Y/N/NA	✓						
		43	Patients have access to oral health services	I		D		Y/N	✓						
		44	Patients have access to health support services	I		D	Y			✓					
		45	Patients have access to eye health services	I		D		Y/N	✓						
		46	Patients have access to mental health services	E		D		Y/N	✓						
		47	Patients have access to TOP	I		D		Y/N/NA	✓						
		48	Patients have access to MMC	I		D		Y/N/NA	✓						
		49	Adolescent and Youth Friendly Health Services are available	I		D	Y		✓						
		7. Management of patient appointments: Monitor whether an ICSM patient appointment system is adhered to													
		50	ICSM compliant patient appointment system for patients with chronic health conditions or requiring MCSRH and health support services is used	I		HF	Y	Y/N		✓					
		51	Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/or patients are enrolled on the CCMD/CDU programme	E	?	HF	Y	Y/N		✓					

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			8. Coordination of PHC services: Monitor whether there is coordinated planning and execution between PHC facility, School Health Team, community-based and environmental health services												
		52	Facility does referrals to and receives referrals from school health services in its catchment area	I		D		Y/N	✓						
		53	Facility refers patients with chronic but stable health conditions to home- and community-based services for support	E		HF	Y	Y/N	✓						
		54	Facility refers environmental health related risks to environmental health services	I		D	Y		✓						
			9. Clinical guidelines and protocols: Monitor whether clinical guidelines and protocols are available, whether staff have received training on their use and whether they are being appropriately applied												
		55	ICSM compliant package of clinical guidelines is available in all consulting rooms	E		HF	Y		✓	✓					✓
		56	National guidelines on priority health conditions are available in the facility	E		HF	Y		✓						✓
		57	Resuscitation protocol is available	E		HF		Y/N	✓	✓					✓
		58	SOP for refusal of treatment available	E		HF		Y/N	✓	✓					✓
		59	SOP for handover between shifts available	E		HF	Y		✓						✓
		60	SOP for safe administration of medicine	V		HF	Y		✓						
		61	SOP for informed consent available	V		HF	Y		✓						
		62	SOP for identification of patients is available	V		HF	Y		✓						
		63	80% of professional nurses have been fully trained on Adult Primary Care OR Practical Approach to Care Kit	E		D		Y/N	✓						
		64	80% of professional nurses have been fully trained on Integrated Management of Childhood Illness	E		D		Y/N	✓						
		65	80% of professional nurses have been trained on Basic Life Support	V		D		Y/N	✓						
		66	Professional nurses at the facility are trained on BANC Plus	E		D	Y		✓						
		67	80% of professional nurses at the MOU are trained on ESMOE	E		D		Y/N/NA	✓						
		68	50% of professional nurses are trained on Mother Baby Friendly Initiative	E		D		Y/N/NA	✓						
(ICSM)		69	CHC professional nurses performing Termination of Pregnancy procedure are trained	E		D		Y/N/NA	✓						

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2. Integrated Clinical Services Management		70	National Guideline for Patient Safety Incident Reporting and Learning is available	E		NDoH		Y/N	✓							
		71	Facility/district SOP for Patient Safety Incident Reporting and Learning is available	E		HF	Y		✓							
		72	Patient safety incident records comply with the National Guideline for Patient Safety Incident Reporting and Learning	V		HF	Y		✓							
		73	All SAC 1 adverse events are reported to the next level of management within 24 hours	V		HF		Y/N/NA	✓							
		74	National Clinical Audit Guideline is available	E		NDoH		Y/N	✓							
		75	Clinical audits are conducted annually on priority health conditions	E		HF	Y		✓							
		76	80% of records audited are compliant	E		HF	Y		✓							
		77	Clinical audit meetings are conducted quarterly in line with the guidelines	E		HF		Y/N	✓							
		78	National guidelines are followed for all notifiable medical conditions	V		HF	Y		✓							
		79	SOP for the management of patients with highly infectious diseases is available	V		HF	Y		✓							
10. Infection prevention and control: Monitor adherence to prescribed infection prevention and control policies and procedures																
		80	National Infection Prevention and Control strategic framework is available	E		NDoH		Y/N	✓							
		81	Facility has a functional Infection Prevention and Control programme	E		HF	Y		✓							
		82	SOP on standard precautions is available	V		HF	Y		✓							
		83	All staff have received in-service training in the last two years on standard precautions that is in-line with the SOP	V		HF	Y		✓							
		84	Posters on hand hygiene is displayed	E		HF	Y		✓							
		85	Awareness day on hand hygiene is held annually	I		HF		Y/N	✓							
		86	Poster on cough etiquette is displayed in every waiting area	I		HF	Y		✓	✓						
		87	Staff wear appropriate personal protective clothing	V		HF	Y		✓							
		88	Linen in use is sufficient, clean, appropriately used and not torn	E		HF	Y		✓							

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2. Integrated Clinical Services Management (ICSM).		88	Linen in use is sufficient, clean, appropriately used and not torn	E	☺	HF	Y		✓						
		89	Dirty, soiled and infectious linen are collected in a wheeled cart or trolley	E	☺	HF	Y		✓						
		90	Sharps are disposed of appropriately	V	☺	HF	Y		✓	✓					
		91	Register for human tissue is available	E	📖	HF		Y/N/NA							✓
		92	An annual risk assessment for infection prevention and control compliance is undertaken by the designated staff member assigned to the infection prevention and control	I	📖	HF		Y/N	✓						
		93	All staff are made aware of the district or provincial letter/memo/circular that inform staff of the procedure to follow for prophylactic immunisations	E	📖	HF	Y		✓						
	11. Patient waiting time: Monitor adherence to the facility's prescribed waiting times														
		94	National Guideline for the Management of Waiting Times is available	I	📖	NDoH		Y/N	✓						
		95	National target of not more than three hours for total time spent in a facility is visibly displayed at the reception of the 8 hour service areas	E	☺📖	HF		Y/N		✓					
		96	Waiting time for 24 hour Emergency unit is visibly posted in the waiting area	E	☺📖	HF		Y/N						✓	
		97	Waiting time tools to record waiting time is available	E	📖	HF		Y/N	✓						
		98	Waiting time survey report is available	E	📖	HF		Y/N	✓						
		99	Average time that a patient spends in the facility is no longer than 3 hours at the 8 hour service areas	E	📖	HF		Y/N	✓						
	12. Patient experience of care: Monitor whether an annual patient experience of care survey is conducted and whether patients are provided with an opportunity to complain about or compliment the facility and whether complaints are managed within the prescribed time														
		100	National Patient Experience of Care Guideline is available	E	📖	NDoH		Y/N	✓						
		101	Results of the annual Patient Experience of Care Survey are visibly displayed at the main waiting area	E	📖	HF	Y		✓						
		102	An average overall score of 80% is obtained in the Patient Experience of Care Survey	E	📖	HF		Y/N	✓						

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		103	National Guideline to Manage Complaints/Compliments/Suggestions is available	E		NDoH		Y/N	✓						
		104	Complaints/compliments/suggestions toolkit is available at the main entrances/exits	E		HF	Y		✓						✓
		105	Complaints/compliments/suggestions records comply with the National Guideline to Manage Complaints/Compliments/Suggestions	E		HF	Y		✓						
		106	Targets set for complaint indicators are met	E		HF	Y		✓						
13. Medicines and supplies: Monitor consistent availability of required good quality medicines and supplies															
		107	License for Pharmacy issued by the Director-General of the National Department of Health is available	V		D		Y/N/NA		✓					
		108	Certificate of recording of registration of the pharmacy with the South African Pharmacy Council and proof that payment of the annual fee is up to date	V		HF		Y/N/NA		✓					
		109	Certificate of registration of the responsible pharmacist of the facility with the South African Pharmacy Council available	E		D		Y/N/NA		✓					
		110	Proof of registration of all other pharmacist/s or pharmacist/s assistant with the South African Pharmacy Council available	E		HF		Y/N		✓					
		111	Authorisation for prescribing and dispensing by professional nurse available (Section 56L6 authorisation)	E		D		Y/N	✓					✓	
		112	Duty roster indicates that a pharmacist is available during operational hours	E		HF		Y/N/NA		✓					
		113	There is access control at the pharmacy/dispensary at all times	E		HF		Y/N		✓					
		114	Legible signage at the entrance of the facility indicates the days and times when service are offered	I		HF		Y/N		✓					
		115	There is a 'No unauthorised entry' sign on the door	E		HF		Y/N		✓					
		116	SOP for the management of availability of medicines is available	E		HF	Y		✓						
		117	Goods received voucher available and completed according to SOP	E		HF		Y/N		✓					
		118	Hand hygiene and sanitary facilities are available at the Pharmacy/dispensary				Y			✓					
		119	Cleaning schedule is available	E		HF		Y/N		✓					
		120	Cleaning is carried out in accordance with the schedule	V		HF		Y/N		✓					

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3. Medicines, Supplies and Laboratory Services		121	All work completed is signed off by cleaners and verified by manager or delegated staff member	E	☹	HF		Y/N							
		122	Pharmacy/dispensary and waiting area are clean	V	☹	HF	Y								
		123	Medicines are stored to maintain quality in the pharmacy/dispensary	I	☹	HF	Y								
		124	Medicine room/cupboard/trolley is neat	I	☹	HF	Y								
		125	Temperature of the pharmacy/dispensary and areas where medicines are stored is maintained within the safety range	V	☹	HF	Y								
		126	Cold chain procedure for vaccines is maintained	V	☹	HF	Y								
		127	Medicines dispensed for patients are labeled in accordance with applicable legislation	V	☹	HF	Y								
		128	The register for schedule 5 and 6 medicine is completed correctly	V	☹	HF		Y/N/NA							
		129	Schedule 5 and 6 medicine in stock correspond with the balance recorded in the register	V	☹	HF		Y/N/NA							
		130	An electronic stock management system is used to manage medicine inventory	E	☹	HF	Y								
		131	Stock take conducted in the past 12 months	V	☹	HF		Y/N							
		132	Medicines on the tracer medicine list are available	V	☹	HF	Y								
		133	Re-ordering stock levels (min/max) are determined for each item on the formulary	V	☹	HF		Y/N							
		134	Expired medicine is disposed of according to prescribed procedures	E	?	HF	Y								
		135	There is no expired medicine on the shelves	V	☹	HF		Y/N							
		136	Waste receptacles for pharmaceutical waste are available	V	☹	HF		Y/N							
		137	Health care waste is managed appropriately	E	☹	HF	Y								
		138	Basic medical supplies (consumables) are available	V	☹	HF	Y								
		139	Basic consumables are available for the Rehabilitation treatment area	E	☹	HF	Y								
		140	Basic medical supplies (consumables) are available for the Oral Health services	E	☹	HF	Y								

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4. Human Resources		14. Management of laboratory services: Monitor consistent availability and use of laboratory services													
		141	The Primary Health Care Laboratory Handbook is available	E	☹	NDoH		Y/N	✓						
		142	Required functional diagnostic equipment and concurrent consumables for point of care testing are available	V	☹	HF	Y			✓				✓	✓
		143	Required specimen collection materials and stationery are available	V	☹	HF	Y			✓				✓	✓
		144	Specimens are collected, packaged, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook	E	☹	HF	Y			✓				✓	✓
		145	Laboratory results are received from the laboratory within the specified turnaround times	E	☹	HF	Y			✓				✓	✓
		146	Facility is enrolled as testing point in the NHLS HIV- Proficiency Testing scheme	I	☹	HF		Y/N/NA	✓						
		147	Facility controls rapid test kit performances by running one negative and one positive control on a weekly basis	E	☹	HF		Y/N/NA	✓						
		15. Staff allocation and use: Monitor whether the PHC facility has the required HRH capacity and whether staff are appropriately applied													
		148	Staffing needs have been determined in line with workload requirements	V	?	D		Y/N	✓						
		149	Staff appointed in line with determined requirements	V	☹	D	Y		✓	✓	✓	✓	✓	✓	✓
		150	Facility has a dedicated manager	E	☹	D		Y/N	✓						
		151	Work allocation schedule is signed by all staff members	I	☹	HF		Y/N	✓						
		152	Leave policy is available	I	☹	D		Y/N	✓						
		153	An annual leave schedule is available	I	☹	HF		Y/N	✓						

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4. Human Resources for Health	16. Professional standards and Performance Management Development System (PMDS): Monitor whether staff are managed according to DPSA and Department of Labour prescripts														
		154	Record of staff induction is available (N/A - Not Applicable if no new staff were appointed in the last 12 months)	I		HF		Y/N/NA	✓						
		155	All healthcare workers have current registration with relevant professional bodies	V		HF	Y		✓	✓	✓	✓	✓	✓	✓
		156	Performance Management guidelines are adhered to	E		HF	Y		✓						
		157	Continued staff development needs are determined for the current financial year and submitted to the district manager	I		HF		Y/N	✓						
		158	Training records reflect planned training is conducted as per the district training programme	I		HF		Y/N	✓						
		159	The disciplinary procedure is available	I		HF		Y/N	✓						
		160	The grievance procedure is available	I		HF		Y/N	✓						
		161	Staff satisfaction survey is conducted annually	I		D		Y/N	✓						
		162	The results of the staff satisfaction survey are used to improve the work environment	I		HF		Y/N	✓						
		163	SOP for management of occupational health and safety incidents is available	E		HF	Y		✓						
		164	Health and Safety representative appointed (NA is staff establishment is less than 20 staff members)	E		HF		Y/N/NA	✓						
		165	Health and Safety committee appointed (NA is less than 2 safety reps)	E		HF		Y/N/NA	✓						
		166	Occupational Health and Safety incidents are managed and recorded in a register	E		HF	Y		✓						
		167	Occupational health and safety risk assessment has been conducted in the past two years	E		HF		Y/N	✓						
		168	Risk mitigation interventions are implemented for identified occupational health and safety incidents	E		HF		Y/N	✓						
	17. Finance and supply chain management: Monitor the consistent availability of a functional supply chain management system as well as the availability of funds required for optimal service provision														
		169	Facility has a dedicated budget	I		D	Y	Y/N	✓						
		170	Facility has a SOP for obtaining general supplies	E		HF		Y/N	✓						

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5. Support Services	18. Hygiene and cleanliness: Monitor whether the required systems and procedures are in place to ensure consistent cleanliness in and around a facility														
		171	All cleaners are trained on cleaning	V		HF		Y/N	✓						
		172	Cleaning schedules are available for all areas in the facility	E		HF	Y		✓	✓	✓	✓	✓	✓	✓
		173	Cleaning is carried out in accordance with the schedule	V		HF		Y/N	✓						
		174	All work completed is signed off by cleaners and verified by manager or delegated staff member	E		HF	Y		✓	✓	✓	✓	✓	✓	✓
		175	Disinfectant, cleaning materials and equipment are available	V		HF	Y		✓						
		176	Service areas are clean	V		HF	Y		✓	✓	✓	✓	✓	✓	✓
		177	Hand hygiene facilities are available	V		HF	Y		✓	✓	✓	✓	✓	✓	✓
		178	SOP for managing general and health care waste is available	V		HF	Y		✓						
		179	Health care waste is managed appropriately	V		HF	Y		✓	✓	✓	✓	✓	✓	✓
		180	Central storage area for health care waste is appropriate	E		D	Y		✓						
		181	All toilets are clean, intact and functional	V		HF	Y		✓	✓					✓
		182	Exterior of the facility is clean and well maintained	E		HF	Y		✓						
		183	A signed waste removal service level agreement between the health department and the service provider is available	E		P		Y/N/NA	✓						
		184	Health care risk waste is removed in line with the contract	V		HF		Y/N/NA	✓						
		185	The service level agreement for waste removal and disposal of waste is monitored	E		HF		Y/N/NA	✓						
		186	Breaches in waste removal contract are escalated to the relevant authority	E		HF		Y/N/NA	✓						
		187	Records show that pest control is done according to schedule	V		HF		Y/N	✓						

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5. Support Services			19. Security: Monitor whether systems processes, procedures are in place to protect the safety of assets, infrastructure, patients and staff of the PHC facility												
			188 Safety and security SOP is available	E	Ⓜ	HF	Y	✓							
			189 Perimeter fencing is intact	I	Ⓜ	HF	Y/N/NA	✓							
			190 Parking for staff in provided on the facility premises	I	Ⓜ	D	Y/N	✓							
			191 There is a standard security guard room OR the facility has an alarm system linked to armed response	I	Ⓜ	D	Y	✓							
			192 There is a security guard on duty OR the facility has an alarm system linked to armed response	I	Ⓜ	D	Y/N	✓							
			193 Security services rendered according to contract OR provincial security policy	E	Ⓜ	HF	Y	✓							
			194 Signed copy of the service level agreement between the security company and the provincial department of health is available	E	?	D	Y/N	✓							
			195 Security breaches are managed and recorded in a register	E	Ⓜ	HF	Y	✓							
			196 There is a security system at the entrance of the units	E	Ⓜ	D	Y							✓	✓
			20. Outbreak and Disaster preparedness: Monitor whether firefighting equipment is available and whether staff know how to use it and whether disaster drills are conducted												
			197 Functional firefighting equipment is available	V	Ⓜ	D	Y	✓							
			198 Evacuation plan is displayed in designated areas	I	Ⓜ	HF	Y	✓	✓					✓	✓
			199 Contact numbers of healthcare personnel required in emergencies are available in designated areas	I	Ⓜ	HF	Y		✓					✓	✓
			200 The emergency evacuation procedure is practiced annually	E	Ⓜ	HF	Y/N	✓							
			201 Deficiencies identified during the practice of the emergency evacuation drill are addressed	E	Ⓜ	HF	Y/N/NA	✓							
			202 SOP for outbreak notification and response are available	E	Ⓜ?	HF	Y/N	✓							

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6. Infrastructure			21. Transport: Monitor whether staff and patients are transported safely												
			203 All official vehicles used to render services or transport patients are licensed	E	Ⓜ	D	Y/N/NA	✓							
			204 All official vehicles used to render services or transport patients are serviced according to manufacturer's schedule	E	Ⓜ	D	Y/N/NA	✓							
			205 All staff driving official vehicles to render services or transport patients have a valid driver's license	E	Ⓜ	D	Y/N/NA	✓							
			206 All staff driving official vehicles to render services or transport patients have a valid professional driving permits where applicable	E	Ⓜ	D	Y/N/NA	✓							
			22. Physical space and routine maintenance: Monitor whether the physical space is adequate for the PHC facility workload, disabled persons and whether timely routine maintenance is undertaken												
			207 Clinic/CHC space accommodates all services and staff at the 8 hour service area	V	Ⓜ	D	Y		✓	✓	✓	✓			
			208 Clinic/CHC space accommodates all services and staff at the 24 hour Emergency Unit	E	Ⓜ	D	Y							✓	
			209 Clinic/CHC space accommodates all services and staff at the MOU	E	Ⓜ	D	Y		✓						✓
			210 Clinical service areas have natural ventilation (windows) or functional mechanical ventilation (ceiling fans/air conditioner)	E	Ⓜ	D	Y			✓	✓	✓	✓		
			211 There is access for people in wheelchairs	V	Ⓜ	D	Y			✓				✓	✓
			212 Maintenance schedule for building (s) and grounds are available	V	Ⓜ	D	Y/N	✓							
			213 The Building(s) is maintained according to schedule	V	Ⓜ	D	Y		✓	✓	✓	✓	✓	✓	✓
			214 Building(s) is compliant with safety regulations	V	Ⓜ	D	Y		✓					✓	✓

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			23. Essential equipment and furniture: Monitor whether essential equipment and required furniture are available												
		215	Staff are trained on the use of essential equipment	E	☺	HF	Y/N	✓							
		216	SOP for reactive maintenance of medical equipment is available	I	☺	HF	Y/N	✓							
		217	Maintenance plan for essential equipment is adhered to	E	☺	HF	Y/N	✓							
		218	Furniture is available and intact at the 8 hour service areas	I	☺	HF	Y	✓	✓						
		219	Essential equipment is available and functional at 8 hour consulting areas	V	☺	HF	Y		✓						
		220	Furniture is available and intact at the Rehabilitation treatment area	E	☺	HF	Y					✓			
		221	Essential equipment is available and functional at the Rehabilitation treatment area	V	☺	HF	Y					✓			
		222	Furniture is available and intact at Oral health services	E	☺	HF	Y				✓				
		223	Essential equipment is available and functional at Oral Health services	V	☺	HF	Y				✓				
		224	Furniture is available and intact at the 24 hour Emergency Unit	I	☺	HF	Y						✓		
		225	Essential equipment is available and functional at the 24 hour Emergency Unit	V	☺	HF	Y						✓		
		226	There is a sterile pack for minor surgery	V	☺	HF	Y		✓				✓		
		227	Resuscitation room is equipped with functional basic furniture and equipment for resuscitation	V	☺	HF	Y		✓				✓		
		228	Emergency trolley is stocked with medicines, medical supplies and equipment	NNV	☺	HF	Y		✓				✓		
		229	Furniture is available and intact in the MOU	E	☺	HF	Y								✓
		230	Essential equipment is available and functioning in the MOU	V	☺	HF	Y								✓
		231	Sterile obstetric delivery packs are available	V	☺	HF	Y		✓						✓
		232	Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment	NNV	☺	HF	Y								✓
		233	Essential equipment is available and functioning in the TOP and MMC procedure rooms	V	☺	HF	Y		✓						✓
		234	Functional oxygen cylinders with a pressure gauge is available	NNV	☺	HF	Y		✓						✓

Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
7. Health Information Management		235	Oxygen cylinders are filled above the minimum level	NNV	☹	HF	Y		✓					✓	✓
		236	Imaging service unit is accredited	E	☹	HF	Y/N/NA	✓							
		237	An up to date asset register is available	I	☹	HF	Y		✓						
		238	Redundant and non-functional equipment is removed from the facility	I	☹	HF		Y/N	✓						
		24. Bulk supplies: Monitor whether the required electricity supply, water supply and sewerage services are constantly available													
		239	Facility has a functional piped potable water supply	V	?	D		Y/N	✓						
		240	Facility has emergency water supply	V	?	D		Y/N	✓						
		241	Facility has a functional back-up electrical supply available in designated areas	V	☹	D	Y		✓					✓	✓
		242	The sewerage system is functional	V	?	D		Y/N	✓						
		25. ICT infrastructure and hardware: Monitor whether systems for internal and external electronic communication are available and functional													
		243	There is a functional telephone in the facility in designated areas	E	?	D	Y			✓	✓			✓	✓
		244	There is a functional computer	I	?	HF		Y/N	✓						
		245	There is functional printer connected to the computer	I	?	HF		Y/N	✓						
		246	There is internet access	I	?	D		Y/N	✓						
		26. District Health Information System (DHIS): Monitor whether there is an appropriate information system that produces information for service planning and decision making													
		247	Facility performance in response to burden of disease of the catchment population is displayed and is known to all clinical staff members	I	☹	HF		Y/N	✓						
		248	National District Health Information Management System policy available OR Provincial SOP aligned with National Policy is available	I	☹	HF		Y/N	✓						
		249	Clinical personnel and data capturer trained on the facility level Standard Operating Guidelines for Data Management	I	☹	HF		Y/N	✓						
		250	Relevant DHIS registers are available and are kept up to date	I	☹	HF		Y/N	✓						
		251	Facility submits all monthly data on time to the next level	I	☹	HF		Y/N	✓						
		252	Electronic health patient registration system is functional	E	?	D		Y/N	✓						

Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
8	Communication	27. Internal communication: Monitor whether the communications system required for improved quality for service delivery is in place													
		253	There are sub-district/district quarterly facility performance review meetings	I		D		Y/N	✓						
		254	A staff meeting is held at least quarterly within the facility	I		HF		Y/N	✓						
		255	Staff members demonstrate that incoming policies and notices have been read and are understood by appending their signatures on such policies and notifications	E		HF	Y		✓						
		28. Community engagement: Monitor whether the community participates in PHC facility activities through representation in a functional clinic committee													
		256	There is a functional clinic committee	E		P	Y		✓						
		257	The facility hosts an annual open day	I		HF		Y/N	✓						
9	District Health System Support	29. District Health Support (DHS): Monitor the support provided to the facility through guidance from district management, regular Ideal CHC status measurement by the PPTICRM as well as through visits from the district support and health programme managers													
		258	There is a health facility operational plan in line with district health plan	I		HF		Y/N	✓						
		259	District PPTICRM visits all facilities at least once a year and those targeted to be Ideal in the specific year at least twice a year to ensure that weaknesses have been corrected and to record the Ideal CHC Realisation status for the end of year report	E		D		Y/N	✓						
		30. Emergency response: Monitor the effectiveness of emergency responses													
		260	There is a pre-determined EMS response time to the facility	E		D		Y/N	✓						
		261	Register for emergency transport requests is available	E		D	Y		✓					✓	✓
		262	Remedial action taken when predetermined EMS response time is not adhered to	E		D		Y/N/NA	✓						
		263	Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	V		HF	Y		✓					✓	✓
		264	Protocol/SOP available for the handover from facility to EMS	E		HF	Y		✓						

Component	Sub Component	Element #	Element	Weight	MM	Level of response	Check list	Score	Imin & Admin Sup	8 Hour	Phar/Disp	Oral	Allied Serv	AE	MOU
10		31. Referral system: Monitor whether patients have access to appropriate levels of health care													
		265	National Referral Policy is available	I		NDoH		Y/N	✓						
		266	District referral SOP is available	E			Y		✓						
		267	There is a referral register that records referred patients	E		HF	Y		✓						
		268	Copy of referral form available in the patient record	E		HF	Y		✓						
		32. Implementing partners support: Monitor the support that is provided by implementing partners													
		269	An up to date list of all organisations that provide health related services in the catchment area and implementing health partners is available	I		HF		Y/N	✓						
		270	The list of implementing health partners shows their areas of focus and business activities	I		HF		Y/N	✓						
		33. Multi-sectoral collaboration: Monitor the systems in place to respond to the social determinants of health													
		271	There is an official memorandum of understanding between the NDoH and SAPS	I		NDoH		Y/N	✓						
		272	There is an official memorandum of understanding between the PDOH and Department of Education	I		P		Y/N	✓						
		273	There is an official memorandum of understanding between the PDOH and the Department of Social Development	I		P		Y/N	✓						
		274	There is an official memorandum of understanding between the PDOH and Department of Public Works	I		P		Y/N	✓						
		275	There is an official memorandum of understanding between the PDOH and Department of Transport	I		P		Y/N	✓						

Annexure 3: Checklist for element 1 - External signage in place

Checklist for Element 1							
All external signage in place							
Instruction: Use the checklist to check the facility's external signage. Score: Y (Yes) = if present, N (No) = if not present intact and clearly legible, NA (Not applicable) = if the facility does not have the area/service.							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Geographical location signage from main roads							
a. Both directions on each main road	Yes / No						
b. Within 1 km of Clinic/CDC/CHC	Yes / No						
c. No obstructions to visibility	Yes / No						
Facility gate entrance signage							
a. Vehicles and pedestrians will be searched	Yes / No						
b. Entry and parking are at own risk	Yes / No						
c. Directional signage for MOU	Yes / No / Na						
d. Directional signage for 24-hour Emergency Services	Yes / No / Na						
e. Directional signs for deliveries	Yes / No / Na						
Specific external locations:							
a. Emergency Assembly Point	Yes / No						
Waste storage:							
a. Health care Risk Waste (medical waste)	Yes / No/Na						
b. Health care General Waste	Yes / No/Na						
At or near to main entrance of building:							
a. Ambulance parking sign OR area marked on paving	Yes / No/Na						
b. Disabled parking sign OR area marked on paving	Yes / No						

Annexure 4: Checklist for element 2 - Facility information board displayed at the entrance of the facility reflects relevant information for the facility

Checklist for Element 2							
Facility information board displayed at the entrance of the facility reflects relevant information for the facility							
Instruction: Use the checklist to check if the facility information board displayed at the entrance of the facility reflects relevant information for the facility. Score: Y (Yes) = if present, N (No) = if not present							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Information							
Facility's name	Yes / No						
Service hours of the facility	Yes / No						
Physical address of the facility	Yes / No						
Contact details for the facility	Yes / No						
Contact details for the Ambulance	Yes / No						
Contact details for South African Police Services	Yes / No						
Service package	Yes / No						

Annexure 5: Checklist for element 3 – Disclaimer sign is clearly sign posted at the entrance of the facility

Checklist for Element 3							
Disclaimer sign is clearly sign posted at the entrance of the facility							
Instruction: Use the checklist to check the Disclaimer sign if is posted at the entrance of the facility . Score: Y (Yes) = if present, N (No) = if not present							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Information							
No weapons	Yes / No						
No smoking	Yes / No						
No animals (except for service animals)	Yes / No						
No littering	Yes / No						
No Hawkers Vehicles and pedestrians will be searched Entry and parking are at own risk Right of admission reserved No taking of videos and photos allowed on the premises	Yes / No Yes / No Yes / No Yes / No Yes / No						

Annexure 6: Patient's Rights Charter

The Patients' Rights Charter

For many decades the vast majority of the South African population has experienced either a denial or violation of fundamental human rights, including rights to health care services. To ensure the realisation of the right of access to health care services as guaranteed in the Constitution of the Republic of South Africa (Act No 108 of 1996), the Department of Health is committed to upholding, promoting and protecting this right and therefore proclaims this **PATIENTS' RIGHTS CHARTER** as a common standard for achieving the realisation of this right.

This Charter is subject to the provisions of any law operating within the Republic of South Africa and to the financial means of the country.

A healthy and safe environment

Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.

Participation in decision-making

Every citizen has the right to participate in the development of health policies, and everyone has the right to participate in decision-making on matters affecting one's health

Access to healthcare

Everyone has the right of access health care services that include:

- i. receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;
- ii. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;
- iii. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients;
- iv. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;
- v. palliative care that is affordable and effective in cases of incurable or terminal illness;
- vi. a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance; and
- vii. health information that includes the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

Knowledge of one's health insurance/medical aid scheme

A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such health insurance or medical aid scheme relating to the member.

Choice of health services

Everyone has the right to choose a particular health care provider

for services or a particular health facility for treatment provided that such choice shall not be contrary to the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guide lines.

Be treated by a named health care provider

Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers

Confidentiality and privacy

Information concerning one's health, including information concerning treatment, may only be disclosed with informed consent, except when required in terms of any law or an order of the court.

Informed consent

Everyone has the right to be given full and accurate information about the nature of one's illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.

Refusal of treatment

A person may refuse treatment, and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.

Be referred for a second opinion

Everyone has the right to be referred for a second opinion on request to a health provider of one's choice.

Continuity of care

No one shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

Complain about health services

Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation

Every patient or client has the following responsibilities:

- Advise the health care providers on his or her wishes with regard to his or her death.
- Comply with the prescribed treatment or rehabilitation procedures.
- Enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
- Take care of health records in his or her possession.
- Take care of his or her health.
- Care for and protect the environment.
- Respect the rights of other patients and health providers.
- Utilise the health care system properly and not abuse it.
- Know his or her local health services and what they offer.
- Provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counseling purposes

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Annexure 7: Checklist for element 6: Patients' Rights Charter is displayed in at least two local languages

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

Annexure 8: Checklist for element 7 - All service areas within the facility are clearly signposted

Checklist for Element 7							
All service areas within the facility are clearly sign posted							
Instruction: Use the checklist below to check whether all service areas within the facility are clearly signposted. Score Y (Yes) = if present, N (No) = if not present, NA (Not applicable) = if the facility does not have the area/service							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/ Disp/Med room	Oral	Allied	AE	MOU
Internal Branding							
Help Desk/Reception	Yes / No						
Complaints/suggestions/compliments box	Yes / No					Yes / No	Yes / No
Pharmacy/ dispensary/medicine room			Yes / No				
Time and days services are offered at the pharmacy/dispensary/medicine room are displayed at the entrance of the pharmacy/dispensary/medicine room			Yes / No				
Chronic Medicine Collection (CCMDD/CDU)		Yes / No / NA	Yes / No / NA				
24 Hour Emergency Unit	Yes / No					Yes / No	
Midwife Obstetric Unit	Yes / No						Yes / No
Oral Health Services	Yes / No			Yes / No / NA			
X-rays (if applicable)	Yes / No	Yes / No / NA					
Facility Manager – door identifier	Yes / No						
Emergency exit(s)	Yes / No					Yes / No	Yes / No
Exit(s)	Yes / No					Yes / No	Yes / No
Assembly points	Yes / No						
Stairs (if applicable)	Yes / No / NA						
Patient Toilets							
Directional arrows to toilets	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disabled toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Female toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Male toilet pictogram	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Directional signs for 8 hours service areas - Colour-coded signage for each of the 4 streams of care service areas							
Acute/minor ailments (orange)	Yes / No	Yes / No					
Chronic Diseases (blue)	Yes / No	Yes / No					
MCWH (deep green)	Yes / No	Yes / No					
Health Support Services (yellow)	Yes / No	Yes / No		Yes / No	Yes / No		
Functional room signage (each area/room should be labelled)							
Vital signs		Yes / No					
Counselling room/s		Yes / No					

Consultation room/s		Yes / No					
Dressing room		Yes / No					
Fire-fighting signs:							
At each hose, fire hose pictogram	Yes / No						
At each extinguisher, fire extinguisher pictogram	Yes / No						
Support/admin areas (room name sign on each door)							
Storeroom(s)	Yes / No						
Dirty utility room/slucice	Yes / No						
Laundry	Yes / No / Na						
Cleaner's room	Yes / No						
Linen room/cupboard	Yes / No						
Staff Kitchen	Yes / No						
Patient records storage room	Yes / No						
Community Outreach Service (if applicable)	Yes / No						
Staff toilet(s)	Yes / No						
Staff room	Yes / No						
Boardroom/multi-purpose meeting room	Yes / No						

Annexure 9: Example of a dress code for staff

Dress code for staff	
All staff members	
• An identification tag must be visibly displayed at chest level. The tag shall include the following information: ○ emblem of the provincial Department of Health ○ initial/full names and surname of the staff member ○ staff designation e.g. "professional nurse", "data capture", "general assistant" • General appearance for all staff members ○ clothing must be clean, neat and fit properly ○ shoes must be clean and in good condition ○ good personal hygiene principles must be adhered to at all times ○ the following is not allowed: ➢ clogs, crocs, slip-ons ➢ t-shirts ➢ jeans, leggings, tights ➢ see through clothes ➢ low-cut necklines ➢ hats • General appearance applicable for staff that provide direct patient care ○ may not wear artificial nails or colored nail polish ○ nails must be short, clean and neatly trimmed ○ hair must be clean and long hair must be tied back ○ minimal jewelry must be worn ○ sleeves must be short (for infection control purposes)	
Dress code for nursing staff	
Prescribed uniform for females: • white blouses (no see- through type) • navy jersey/jacket in the winter season • navy skirt/slacks • navy/black court/flat shoes - no clogs, crocs, slip-ons allowed • skin colour stockings • South African Nursing Council (SANC) approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff's professional qualifications	Prescribed uniform for males: • white collared shirts • navy jersey/jacket in the winter season • navy trousers • navy blue/black socks • black shoes – no clogs, crocs, slip-ons allowed • SANC approved distinguishing devises (epaulettes) must be worn at all times according to the nursing staff's professional qualifications
Dress code for doctors	
Prescribed uniform for females: • neat blouses (no see- through type) • neat skirt/slacks • neat dress with appropriate length (not shorter than 10cm from above the knee) • jersey/jacket in the winter season • court/flat shoes - no clogs, crocs, slip-ons • optional - white coat worn over clothes	Prescribed uniform for males: • neat, collared shirts • neat trousers • jersey/jacket in the winter season • socks • closed shoes – no clogs, crocs, slip-ons • optional - white coat worn over clothes

Dress code for allied health workers	
<u>Allied groups</u> Occupational Therapist Radiologist Speech Therapist Physiotherapist Dieticians and Nutritionist	<u>Dress colours</u> green brown red light blue navy
Prescribed uniform for females: • neat blouses (no see-through type) • skirt/slacks • neat dress with appropriate length (not shorter than 10cm from above the knee) • jersey/jacket in the winter season • court/flat shoes - no clogs, crocs, slip-ons	Prescribed uniform for males: • neat, collared shirts • trousers • jersey/jacket in the winter season • socks • black shoes – no clogs, crocs, slip-ons
Dress code for administration staff, data capturers	
• short or long sleeve shirt/blouse • skirt/dresses of appropriate length, smart casual trousers • cardigan, jersey or jacket in the winter season	
Dress code for general assistants, community health workers and lay-councilors	
• neat shirt or golf shirt (colours can be determined by district/province) • neat trousers or skirts (colours can be determined by district/province) • jersey or jacket in the winter season • closed shoes and socks – no clogs, crocs, slip-ons allowed	

Annexure 10: Checklist for element 9 - All staff members comply with prescribed dress code

Checklist for Element 9							
All healthcare professional staff members comply with the prescribed dress code							
Instruction: Use the checklist below to check if All healthcare professional staff members comply with the prescribed dress code. Score Y (Yes) = if present, N (No)							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Item							
Nails short	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Jewellery minimal (plain wedding band, small ear rings, no necklaces)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Dress/skirts OR pants (dress/skirt should not be shorter than knee length)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Tailored clothes (not too tight nor too loose)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Distinguishing devices worn		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Annexure 11: Checklist for element 10 - All staff members wear an identification tag

Checklist for Element 10							
All staff members wear an identification tag							
Instruction: Use the checklist below to check that the staff on duty wear official identification tags. Score Y (Yes) = if present, N (No). Take note that clinical area staff to be included under admin & admin support. For facilities with less than 5 staff members please tick Yes for the rest.							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Staff member							
Staff member 1	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Staff member 2	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Staff member 3	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Staff member 4	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Staff member 5	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

PLEASE NOTE

THE VERY SICK, FRAIL AND

ELDERLY PATIENTS

WILL BE GIVEN PRIORITY

AND MOVED TO THE FRONT OF

THE QUEUE

Annexure 13: Checklist for element 12 - There is a process that prioritises the very sick, frail and elderly patients at the 8-hour service area

Checklist for Element 12							
There is a process that prioritises the very sick, frail, and elderly patients at the 8-hour service area							
Instruction: Use the checklist to check if there is a process that prioritises the very sick, frail, and elderly patients in the 8-hour service area. Score: Y (Yes) = if present, N (No) = if not present							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/med room	Oral	Allied	AE	MOU
Item							
The process to fast track very sick, frail and elderly users to the front of the queue is communicated and implemented. (The process to implement the fast-tracking of vulnerable users must be evident on observation of the waiting room. This should at a minimum include a poster or information provided to users about the process)	Yes / No		Yes / No				
Check whether random spot checks are conducted during the day to determine whether the very sick , frail, and elderly patients are prioritised	Yes / No		Yes / No				
SOP to prioritise the very sick, frail and elderly patients is available	Yes / No						
The SOP to prioritise the very sick, frail and elderly patients covers the following aspects:							
Prioritization procedure for the facility is described	Yes / No						
The procedure is displayed in at least two official languages in the waiting area indicating the prioritisation process	Yes / No						
In-service training of ALL staff on prioritisation process	Yes / No						
Delegate the function of prioritisation process to a designated staff member	Yes / No						
Conduct random spot checks during the day to determine whether the very sick, frail, and elderly patients are prioritised	Yes / No						

Annexure 14: Checklist for element 13: SOP for triaging of patients in the 24-Hour Emergency unit is available

Checklist for Element 13							
SOP for triaging of patients in the 24-Hour Emergency unit is available							
Instruction: Use the checklist to check the SOP for triaging of patients in the 24-hour Emergency unit available. Score: Y (Yes) = if present, N (No) = if not present							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Item							
Describe the designation of the healthcare provider/s who should conduct the triage						Yes / No	
Location or area where the triage should be conducted						Yes / No	
Equipment and material required in the triage area						Yes / No	
Triage process is described for different categories of patients						Yes / No	
Documentation of triage findings						Yes / No	

Annexure 15: Checklist for element 16: Functional wheelchair is available

Checklist for Element 16							
A Functional wheelchair is available.							
Instruction: Use the checklist below to check if a Functional wheelchair is available. Score Y (Yes) = if present, N (No)							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Area							
A Functional wheelchair is available.		Yes / No				Yes / No	Yes / No
Weekly monitoring of wheelchair is implemented		Yes / No				Yes / No	Yes / No

Annexure 16: Example of a Template for training register for staff

By signing my name in the table below I acknowledge that I have undergone formal training on how to..... (insert details on specific training e.g. clean the facility)

STAFF NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	SIGNATURE	CERTIFICATE (Yes or No)	DATE

Annexure 17: Checklist for element 18 - Patient records adheres to ICSM prescripts at the 8-hour service area

Checklist for Element 18													
Patient records adheres to ICSM prescripts at the 8 hour service area													
Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts. Randomly select seven records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below. Y (Yes) = recorded, N (No) = not recorded.													
Description	Score												
	8 hr Non-clinical							8 hr clinical services		24 hr clinic al serv			
	Admin & Admin Support							8hr	Phar/	Oral	Allied	AE	MOU
	Adult Acute/minor ailments	Adult Chronic	Adult maternal health	Sick child (MCI)	Well Baby	Oral	Allied						
Type of information/notes													
Administrative details (on cover of record)													
Facility's name	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Name and surname	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Patient file number	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
ID/Refugee/passport number OR date of birth	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Gender	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Demographic details													
Residential address	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Personal contact details	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Name and surname of parents or guardian				Yes/No	Yes/No	Yes/No	Yes/No						
Contact details of parents or guardian				Yes/No	Yes/No	Yes/No	Yes/No						
Next of kin contact details	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Employment contact details (if employed)	Yes / No / NA	Yes / No / NA	Yes / No / NA			Yes / No / NA	Yes / No / NA						
Marital status	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Gender	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Patient profile – first visit													
Type of employment	Yes/No/Na	Yes/No/Na	Yes/No/Na			Yes/No/Na	Yes/No/Na						

Social (type of employment, living conditions, social assistance, cooking method)	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Social(school grade, social assistance, nutrition, where child resides)				Yes/No	Yes/No	Yes/No	Yes/No						
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes/No	Yes/No	Yes/No			Yes/No	Yes/No						
Family history of chronic conditions	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Known chronic conditions	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Surgical history	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Allergies	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Clinical management													
Length/Height of patient at the 1st visit	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Weight at every visit	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Body mass index (BMI) calculated at the 1st and 7th visit	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Weight-for-height z score				Yes/No	Yes/No								
MUAC (every 3 months)			Yes/No	Yes/No	Yes/No								
Temperature	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Blood pressure at every visit	Yes/No	Yes/No	Yes/No			Yes/No							
Respiratory rate	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Pulse rate at every visit	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Blood sugar as per guidelines	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Urine dipstick as per guidelines	Yes/No	Yes/No	Yes/No			Yes/No							
Basic screening where indicated (HIV, TB, STI, Diabetes)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No							
Current chronic condition	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Adherence to medication	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Reported side effects of medication	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							

Other hospital/doctor visits	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Presenting complaints	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Examination													
General (JACCOLD)	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Respiratory	Yes/No	Yes/No	Yes/No	Yes/No									
Cardiovascular	Yes/No	Yes/No	Yes/No	Yes/No									
Gastro intestinal	Yes/No	Yes/No	Yes/No	Yes/No									
Mental state	Yes/No	Yes/No	Yes/No	Yes/No									
Central nervous system (CNS)	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No							
Musculo-skeletal	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Diagnosis	Yes/No	Yes/No	Yes/No	Yes/No		Yes/No	Yes/No						
Patient management													
Investigation/tests requested	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Date of investigation/test requested	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Results of investigations/test recorded	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Health education provided	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Treatment prescribed	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Rehabilitation (where applicable)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Referral (where applicable)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Date of next visit indicated (where applicable)	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Health Care Practitioner's name and surname	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Health Care Practitioner's qualification	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Health Care Practitioner's signature	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Date signed by Health Care Practitioner	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
HPCSA Number	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No						
Child health records													
History of immunisations				Yes/No	Yes/No								
Deworming treatment				Yes/No	Yes/No								

Vit A supplementation				Yes/No	Yes/No									
Developmental screening (6, 14, 6, 9, 18 months and 3, 5-6 years)				Yes/No	Yes/No									
Growth charts completed				Yes/No	Yes/No									
Basic screening completed according to Road to Health Charts				Yes/No	Yes/No	Yes/No	Yes/No							
Maternal health records														
BANC 1st visit														
Obstetric history			Yes/No											
Previous obstetric history and family			Yes/No											
Gestational age			Yes/No											
General examinations			Yes/No											
Abdomen – FHH examination			Yes/No											
Vaginal examination			Yes/No											
HIV status			Yes/No											
Pregnancy risk screening			Yes/No											
Health education provided, including information on MomConnect			Yes/No											
Health Care Practitioner's name and surname			Yes/No											
Health Care Practitioner's qualification			Yes/No											
Health Care Practitioner's signature			Yes/No											
Date signed by Health Care Practitioner			Yes/No											
BANC PLUS follow-up visits														
HIV status (retest)			Yes/No											
General examination			Yes/No											
Abdomen examination			Yes/No											
Supplements (for mother)			Yes/No											
Feeding practices for baby discussed			Yes/No											
Gestational graph plotted per visit			Yes/No											
Health Care Practitioner's name and surname			Yes/No											

Health Care Practitioner's qualification			Yes/No										
Health Care Practitioner's signature			Yes/No										
Date signed by Health Care Practitioner			Yes/No										
Delivery summary													
Birth date			Yes/No/Na										
Birth weight			Yes/No/Na										
Apgar score			Yes/No/Na										
Delivery mode			Yes/No/Na										
Pregnancy outcome			Yes/No/Na										
Health Care Practitioner's name and surname			Yes/No/Na										
Health Care Practitioner's qualification			Yes/No/Na										
Health Care Practitioner's signature			Yes/No/Na										
Date signed by Health Care Practitioner			Yes/No/Na										
Postnatal care Visits													
General examination (3-6 days post delivery)			Yes/No/Na										
General examination (6 weeks post delivery)			Yes/No/Na										
Health education			Yes/No/Na										
Health Care Practitioner's name and surname			Yes/No/Na										
Health Care Practitioner's qualification			Yes/No/Na										
Health Care Practitioner's signature			Yes/No/Na										
Date signed by Health Care Practitioner			Yes/No/Na										
Prescription													
Patient's name and surname	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na						
ID number	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na						
Age	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na						
Allergies	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na	Yes/No/Na						

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

Annexure 18: Checklist for element 19: Patient records adheres to ICSM prescripts at the 24 hour Emergency Unit

Checklist for Element 19									
Patient records adhere to ICSM prescripts at the 24-hour Emergency Unit									
Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts. Randomly select three records of patients who were seen in the past three months. Audit the last visit. The type of record to be audited is indicated in the table below. Y (Yes) = recorded, N (No) = not recorded.									
	Score								
	8 hr Non-clinical			8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp			8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
	Pt record from 24hr AE								
	Record 1	Record 2	Record 3						
Type of information/notes									
Administrative details (on cover of record)									
Facility's name	Yes / No	Yes / No	Yes / No						
Name and surname	Yes / No	Yes / No	Yes / No						
Patient file number	Yes / No	Yes / No	Yes / No						
ID/Refugee/passport number OR date of birth	Yes / No	Yes / No	Yes / No						
Gender	Yes / No	Yes / No	Yes / No						
Demographic details									
Residential address	Yes / No	Yes / No	Yes / No						
Personal contact details	Yes / No	Yes / No	Yes / No						
Name and surname of parents or guardian	Yes / No	Yes / No	Yes / No						
Contact details of parents or guardian	Yes / No	Yes / No	Yes / No						
Next of kin contact details	Yes / No	Yes / No	Yes / No						
Employment contact details (if employed)	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Marital status	Yes / No	Yes / No	Yes / No						
Gender	Yes / No	Yes / No	Yes / No						
Patient profile – first visit									
Type of employment	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Social (type of employment, living conditions, social assistance, cooking method)	Yes / No	Yes / No	Yes / No						
Social(school grade, social assistance, nutrition, where child resides)	Yes / No	Yes / No	Yes / No						
Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes / No	Yes / No	Yes / No						
Family history of chronic conditions	Yes / No	Yes / No	Yes / No						
Known chronic conditions	Yes / No	Yes / No	Yes / No						

Surgical history	Yes / No	Yes / No	Yes / No						
Allergies	Yes / No	Yes / No	Yes / No						
Clinical management									
Triage/prioritise category indicated	Yes / No	Yes / No	Yes / No						
Length/Height of patient at the 1st visit	Yes / No	Yes / No	Yes / No						
Weight at every visit	Yes / No	Yes / No	Yes / No						
Body mass index (BMI) calculated at the 1st and 7th visit	Yes / No	Yes / No	Yes / No						
Weight-for-height z score	Yes / No	Yes / No	Yes / No						
MUAC (every 3 months)	Yes / No	Yes / No	Yes / No						
Temperature	Yes / No	Yes / No	Yes / No						
Blood pressure at every visit	Yes / No	Yes / No	Yes / No						
Respiratory rate	Yes / No	Yes / No	Yes / No						
Pulse rate at every visit	Yes / No	Yes / No	Yes / No						
Blood sugar as per guidelines	Yes / No	Yes / No	Yes / No						
Urine dipstick as per guidelines	Yes / No	Yes / No	Yes / No						
Basic screening where indicated (HIV, TB, STI, Diabetes)	Yes / No	Yes / No	Yes / No						
Current chronic condition	Yes / No	Yes / No	Yes / No						
Adherence to medication	Yes / No	Yes / No	Yes / No						
Reported side effects of medication	Yes / No	Yes / No	Yes / No						
Other hospital/doctor visits	Yes / No	Yes / No	Yes / No						
Presenting complaints	Yes / No	Yes / No	Yes / No						
Examination									
General (JACCOLD)	Yes / No	Yes / No	Yes / No						
Respiratory	Yes / No	Yes / No	Yes / No						
Cardiovascular	Yes / No	Yes / No	Yes / No						
Gastro intestinal	Yes / No	Yes / No	Yes / No						
Mental state	Yes / No	Yes / No	Yes / No						
Central nervous system (CNS)	Yes / No	Yes / No	Yes / No						
Musculo-skeletal	Yes / No	Yes / No	Yes / No						
Diagnosis	Yes / No	Yes / No	Yes / No						
Patient management									
Investigation/tests requested	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Date of investigation/test requested	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Results of investigations/test recorded	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Health education provided	Yes / No	Yes / No	Yes / No						
Treatment prescribed	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Rehabilitation (where applicable)	Yes / No /Na	Yes / No /Na	Yes / No /Na						
Referral (where applicable)	Yes / No /Na	Yes / No /Na	Yes / No /Na						

Date of next visit indicated (where applicable)	Yes / No / Na	Yes / No / Na	Yes / No / Na						
Health Care Practitioner's name and surname	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's qualification	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's signature	Yes / No	Yes / No	Yes / No						
Date signed by Health Care Practitioner	Yes / No	Yes / No	Yes / No						
SANC/HPCSA Number	Yes / No	Yes / No	Yes / No						
Prescription									
Patient's name and surname	Yes / No	Yes / No	Yes / No						
ID number	Yes / No	Yes / No	Yes / No						
Age	Yes / No	Yes / No	Yes / No						
Allergies	Yes / No	Yes / No	Yes / No						
Name of medication	Yes / No	Yes / No	Yes / No						
Strength of medication	Yes / No	Yes / No	Yes / No						
Quantity	Yes / No	Yes / No	Yes / No						
Dosage	Yes / No	Yes / No	Yes / No						
Dosage form	Yes / No	Yes / No	Yes / No						
Batch number (applicable for immunizations)	Yes / No	Yes / No	Yes / No						
Prescriber's name and surname	Yes / No	Yes / No	Yes / No						
Prescriber's qualification	Yes / No	Yes / No	Yes / No						
Prescriber's signature	Yes / No	Yes / No	Yes / No						
Date signed by prescriber (Date of issue of prescription)	Yes / No	Yes / No	Yes / No						
Dispenser's name and surname	Yes / No	Yes / No	Yes / No						
Dispenser's signature	Yes / No	Yes / No	Yes / No						
SANC/HPCSA number	Yes / No	Yes / No	Yes / No						
Consent form (where applicable)									
Patient's full names and surname are written on the consent form	Yes / No	Yes / No	Yes / No						
The user's age or date of birth or identity number is documented in the consent form	Yes / No	Yes / No	Yes / No						
The exact nature of the operation/procedure/treatment is written on the consent form	Yes / No	Yes / No	Yes / No						
The consent form is signed by the patient or parent/guardian	Yes / No	Yes / No	Yes / No						
The consent form is signed by the health care provider	Yes / No	Yes / No	Yes / No						
The consent form is dated	Yes / No	Yes / No	Yes / No						
The information is legible	Yes / No	Yes / No	Yes / No						

Annexure 19: Checklist for element 20: Maternity Case Record including partogram is completed

Checklist for Element 20											
Maternity Case Record including partogram is completed											
Instruction: Use the checklist below to check whether patient records comply with ICSM prescripts Scoring - in column for score mark as follows: Check - randomly select five records of female patients seen in the past three months in the MOU. Audit the last visit. Y (Yes) = recorded, N (No) = not recorded.											
Description	Score										
	8 hr Non-clinical					8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp					8 hr	Phar/Dis	Oral	Allied	AE	MOU
	Pt record from MOU										
	Record 1	Record 2	Record 3	Record 4	Record 5						
Type of information/notes											
Administrative details (on cover of record)											
CHC's name	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name and surname	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Patient file number	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
ID/Refugee/passport number OR date of birth	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Demographic details											
Residential address	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Personal contact details	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name and surname of parents or guardian (if applicable)	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Contact details of parents or guardian (if applicable)	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Next of kin contact details	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Employment contact details (if employed)	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Marital status	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Patient profile											
Type of employment	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Social (type of employment, living conditions, social assistance, cooking method)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Social (school grade, social assistance, nutrition, where child resides)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						

Health risk factors (alcohol, smoking, other substances, physical activity, healthy eating, sexual behaviour)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Family history of chronic conditions/congenital disorders	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Known chronic conditions	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Surgical history	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Allergies	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Antenatal record											
Planned pregnancy	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Unplanned pregnancy	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Booked under 20 weeks	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Booked after 20 weeks	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
LNMP (Last normal menstrual period)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
EDD (expected date of delivery)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Future contraception selected	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Infant feeding discussed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Risk assessment	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical management											
Height of patient	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Weight	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Body mass index (BMI) calculated	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Temperature	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood pressure	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Pulse rate	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood sugar as per guidelines	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Urine dipstick as per guidelines	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Basic screening where indicated (HIV, TB, STI, Diabetes,)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Current chronic condition	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Adherence to medication	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Reported side effects of medication	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Other hospital/doctor visits	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
Examination											
General (JACCOLD)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Respiratory	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Cardiovascular	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Gastro intestinal	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Vaginal examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Mental state	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Diagnosis	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Patient management											
Investigations/tests - PAP smear	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						

Investigations/tests – Syphilis	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – Rhesus	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – Hb	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Investigations/tests – HIV	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Gestational growth chart completed with each visit from 20 weeks onwards	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Symphysis fundal height (SFH) at each visit	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Intrauterine growth restriction (IUGR) assessed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Maternal and foetal risks listed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Foetal movements felt	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Foetal presentation from 36 weeks	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Partogram completed fully: (Each assessment section to be fully completed)											
Observation chart for antenatal problem admissions completed fully	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Observation chart completed fully (if diagnosis of labour is doubtful)	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Labour: Initial Assessment Completed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Decision: assessment, diagnosis and management	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Foetal heart rate	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Method of placenta delivery	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Findings on placenta examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Findings on membranes examination	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
State of perineum	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
State of uterus	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Blood loss checked	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Feeding initiated	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Maternal and foetal risks listed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Admission findings counter signed	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Assessment of Newborn form completed:											
a. Birth time	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
b. Birth date	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
c. Risk factors to baby	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
d. Konakion administered	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
e. Eye prophylaxis administered	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						

Health Care Practitioner's name and surname	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's qualification	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Health Care Practitioner's signature	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Date signed by Health Care Practitioner	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
SANC/HPCSA Number	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Consent form (where applicable)											
Patient's full names and surname are written on the consent form	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The user's age or date of birth or identity number is documented in the consent form	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The exact nature of the operation/procedure/treatment is written on the consent form	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The consent form is signed by the patient or parent/guardian	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The consent form is signed by the health care provider	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The consent form is dated	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						
The information is legible	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No/Na						

Annexure 20: Checklist for element 21: Mothers are provided with a discharge summary report

Checklist for Element 21								
Mothers are provided with a discharge summary report								
Use the checklist below to verify that the discharge report describes the information listed Scoring – in column for score mark as follows: Check – randomly select two discharge reports Y (Yes) = compliant; N (No) = not compliant.								
Description	Score							
	8 hr Non-clinical		8 hr clinical services				24 hr clinical services	
	Admin & Admin Supp		8hr	Phar/ Displ/ Med room	Oral	Allied	AE	MOU
	Discharge report 1	Discharge report 2						
Item								
Name and Surname of Patient	Yes / No	Yes / No						
Date of birth	Yes / No	Yes / No						
Identity number or passport number	Yes / No	Yes / No						
Date of delivery	Yes / No	Yes / No						
Date of discharge	Yes / No	Yes / No						
Type of delivery	Yes / No	Yes / No						
Name of the facility to which the patient was admitted	Yes / No	Yes / No						
Examination on discharge conducted	Yes / No	Yes / No						
Family Planning (contraception) discussed	Yes / No	Yes / No						
Feeding options discussed	Yes / No	Yes / No						
Medicine and treatment given	Yes / No	Yes / No						
Postnatal advice on discharge	Yes / No	Yes / No						
Information regarding baby:								
Gender	Yes / No	Yes / No						
Weight	Yes / No	Yes / No						
Head circumference	Yes / No	Yes / No						
Length	Yes / No	Yes / No						
BCG given	Yes / No	Yes / No						
Polio given	Yes / No	Yes / No						
Name and surname of health care provider	Yes / No	Yes / No						
Health care provider's qualification	Yes / No	Yes / No						
Signature of health care provider completing the report	Yes / No	Yes / No						
Date signed by health care provider	Yes / No	Yes / No						

Annexure 21: Checklist for element 22: Guideline for accessing, tracking, filing, archiving and disposal of patient records is available and adhered to

Checklist for Element 22							
Guideline for accessing, tracking, filing, archiving and disposal of patient records is available and adhered to							
Use the checklist below to determine whether the facility adheres to the SOP for filing, archiving and disposal of patient records Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Guideline for accessing tracking, filing, archiving and disposal of patient records is available	Yes / No						
Patient record storage room adheres to the following:							
Lockable with a security gate OR electronically controlled entrance (tag)	Yes / No						
There is a 'No unauthorised entry' sign on the door	Yes / No						
Shelves OR cabinets to store files	Yes / No						
Lowest shelf OR cabinets start at least 100 mm off the floor ant the top of shelving is not less than 320 mm from the ceiling to allow airflow	Yes / No						
Aisle and shelves OR Cabinets labelled correctly according to SOP	Yes / No						
Counter or sorting table or dedicated shelves to sort files	Yes / No						
Light is functional and allows for all areas of the room to be well lit	Yes / No						
Room is clean and dust free	Yes / No						
Filing for patient records adheres to the following:							
Facility has a patient record for patients that consulted at the facility	Yes / No						
Standardised unique record registration number assigned to files	Yes / No						
Record registration number is clearly displayed on the cover of the patient record	Yes / No						
All patient records are filed as per SOP	Yes / No						
A tracking system is in place to check that all patient records that were issued for the day are returned to the patient records storage room/registry by the end of the day	Yes / No						
Annual register available of archived records	Yes / No						
Annual register available of disposed records	Yes / No						
Copy of disposal certificates available. Copies must correspond with entries in disposal register	Yes / No						
Access for patient to their records							

The SOP/guideline for filing, archiving and disposal of patient records describes the process to follow for patients to access their patient record	Yes / No						
---	----------	--	--	--	--	--	--

Annexure 22: Checklist for element 26: Records are not left unattended in public and clinical areas and only accessible to facility staff

Checklist for Element 26							
Records are not left unattended in public and clinical service areas and are only accessible to facility staff							
Use the checklist below to check whether records are not left unattended at the areas as indicated Scoring - in column for score mark as follows: Y (Yes) = if present, N (No) = if not present.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Records are not left unattended in public areas and only accessible to facility staff	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Records are not left unattended in clinical service areas		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Annexure 23: Checklist for element 27: Priority stationery (clinical and administrative) is available (hard copy or electronical) at the facility in sufficient quantities

Checklist for Element 27							
Priority stationery (clinical and administrative) is available (hard copy or electronical) at the facility in sufficient quantities							
Use the checklist below to check stationary availability Y (Yes) = complaint, N (No) = not compliant.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
	Facility minimum required quantity (Record must be available stipulating the facility's minimum required quantities)						
Goods and supplies order forms/books	Yes / No						
Patient record for adults	Yes / No						
Patient record for children	Yes / No						
Road to Health Booklet for Boys and Girls	Yes / No						
Appointment Cards – General	Yes / No						
Patient information registers/Tick sheet	Yes / No						
WBPHCOT referral forms	Yes / No						
General referral forms	Yes / No						
Sick note	Yes / No						
Maternity Case Record with Partogram	Yes / No						
Refusal of treatment forms	Yes / No						

Annexure 24: Training register for staff trained on Integrated Clinical Service Management

By signing against my name in the table below I acknowledge that I have undergone formal training on indicated modules of ICSM.

Staff name and surname	Persal number	Desig- nation	Module 1	Module 2	Module 3	Module 4	Module 5	Module 6	Module 7	Module 8	Module 9	Module 10	Module 11	Module 12
			Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date	Signature and date

Annexure 25: Checklist for element 29: Patients are consulted, examined and counseled in privacy

Checklist for Element 29							
Patients are consulted, examined and counselled in privacy							
Use the checklist below to check whether patients are consulted, examined and counselled in privacy Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Patients are consulted, examined and counselled in privacy		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No

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

Annexure 26: Quality Improvement Plan

QUALITY IMPROVEMENT PLAN

Facility Name: _____

Date Generated: _____

Element #	Element	Weight	Responsibility	No	Partial	Comment	Activity	By Whom	When	Results
ADDITIONAL AREAS FOR IMPROVEMENT AS IDENTIFIED TRHOUGH SURVEYS, RISK ASSESSMENTS, COMPLAINTS										
Item							Activity	By Whom	When	Results

Name and Surname of facility manager: _____

Signature: _____

Date: _____

Annexure 27: Checklist for element 35: Quality Improvement plan address all areas, is signed and updated quarterly

Checklist for Element 35							
Quality Improvement plan to address all areas, is signed and updated quarterly.							
Use the checklist below to check whether the facility's quality improvement plan addresses all areas, is signed and updated quarterly Scoring - in column for score mark as follows: Y (Yes) = Compliant, N (No) = Not compliant.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
Quality improvement plan is updated quarterly	Yes / No						
Quality improvement plan is signed by the facility manager	Yes / No						
Quality improvement plan address the following:							
Elements failed on the Ideal Clinic framework	Yes / No						
Gaps identified in the following areas are addressed:							
Patient experience of care surveys	Yes / No						
Complaints	Yes / No						
Patient safety incidents	Yes / No						
Clinical record audit	Yes / No						
Annual risk assessment for infection prevention and control	Yes / No						
Occupational health and safety register	Yes / No						
Security breaches	Yes / No						
Loss to follow-up of HIV and TB patients	Yes / No						
Tracer list medicine stock-out	Yes / No						
Laboratory specimen collection material stock-out	Yes / No						
Waiting Time	Yes / No						

Annexure 28: Checklist for element 38: Patients are formally handed over at the end of each shift

Checklist for Element 38										
Patients are formally handed over at the end of each shift										
Scoring - in column for score mark as follows: Check – Select two records of patients in each of the areas as indicated who was handed over between shifts. Y (Yes) = Compliant, N (No) = Not compliant.										
Item	Score									
	8 hr Non-clinical				8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp				8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
	AE Record 1	AE Record 2	MOU Record 1	MOU Record 2						
Time of patient handover is documented	Yes / No	Yes / No	Yes / No	Yes / No						
Obstetric history (gravidity and parity)			Yes / No	Yes / No						
Antenatal history			Yes / No	Yes / No						
Vital signs	Yes / No	Yes / No	Yes / No	Yes / No						
Stage of labour			Yes / No	Yes / No						
Progress of labour			Yes / No	Yes / No						
Time next examination is due			Yes / No	Yes / No						
Treatment required during the next shift	Yes / No	Yes / No	Yes / No	Yes / No						
Signature to confirm handover done	Yes / No	Yes / No	Yes / No	Yes / No						
Condition of patient is documented after handover	Yes / No	Yes / No	Yes / No	Yes / No						

Annexure 29: Checklist for element 39: Correct handover procedure was followed between the facility and EMS

Checklist for Element 39										
Correct handover procedure was followed between the facility and EMS										
Use the checklist below to check whether the correct procedure was followed between the facility and EMS. Scoring - in column for score mark as follows: Check – Select two records of patients in each area as indicated who were transferred via EMS according to EMS register. Note if the facility does not have a 24 hour Emergency unit, assess in the 8 hour emergency unit. Y (Yes) = compliant; N (No) = not compliant; NA = as indicated										
Item	Score									
	8 hr Non-clinical				8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp				8 hr	Phar/D isp/Me	Oral	Allied	AE	
	AE Record 1	AE Record 2	MOU Record 1	MOU Record 2						
Arrival time of EMS	Yes / No	Yes / No	Yes / No	Yes / No						
Handover time	Yes / No	Yes / No	Yes / No	Yes / No						
Method of transfer of patient from facility to ambulance	Yes / No	Yes / No	Yes / No	Yes / No						
Confirmation of patient identity	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical condition	Yes / No	Yes / No	Yes / No	Yes / No						
Vital signs	Yes / No	Yes / No	Yes / No	Yes / No						
Clinical condition of the baby (where applicable)	Yes / No	Yes / No	Yes / No	Yes / No						
Method of transferring patient from facility to ambulance, i.e. walking, stretcher or wheelchair	Yes / No	Yes / No	Yes / No	Yes / No						
Treatment provided	Yes / No	Yes / No	Yes / No	Yes / No						
Treatment required during transfer	Yes / No	Yes / No	Yes / No	Yes / No						
Monitoring required during transfer	Yes / No	Yes / No	Yes / No	Yes / No						
The receiving facility expecting the patient	Yes / No	Yes / No	Yes / No	Yes / No						
Name of the health care provider who telephonically accepted the transfer at the receiving hospital	Yes / No	Yes / No	Yes / No	Yes / No						
Previous/known medical history (treatment given to user, how the patient was managed by EMS prior to arriving at the facility)	Yes / No	Yes / No	Yes / No	Yes / No						
Transfer letter and/or maternity records to be handed over to the receiving facility (where applicable)	Yes / No / Na	Yes / No / Na	Yes / No / Na	Yes / No / Na						
The name and designation of the health care provider receiving the patient	Yes / No	Yes / No	Yes / No	Yes / No						
Signatures of transferring and receiving personnel	Yes / No	Yes / No	Yes / No	Yes / No						

Annexure 30: Checklist for element 40: Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames

Checklist for Element 40									
Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames									
Use the checklist below to check whether patients have been triaged as required Scoring - in column for score mark as follows: Check – randomly select records of three patients who were triaged as requiring immediate, urgent or very urgent care. Compare the time the patient was triaged with the time the patient was seen to evaluate whether the patient was seen within the triage time scale as indicated on the triage algorithm. Y (Yes) = if patient was seen within the target time frame, N (No) = if patient was not seen within the target time frame, N/A if the facility does not have Accident and Emergency (AE) unit.									
Item	Score								
	8 hr Non-clinical			8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp			8 Hour	Phar/Disp /Med	Oral Health	Allied	AE	MOU
	AE Record 1	AE Record 2	AE Record 3						
Patients who have been triaged as requiring immediate, very urgent care, are seen within the target time frames	Yes/No	Yes/No	Yes/No						

Annexure 31: Checklist for element 41: Protocol and guidelines regarding examination and stabilisation of patients is adhered to

Checklist for Element 43									
Protocol and guidelines regarding examination and stabilisation of patients is adhered to									
Use the checklist below to check whether patients have been stabilised according to guidelines and protocols Scoring - in column for score mark as follows: Check – randomly select records of three patients who were triaged as requiring immediate, very urgent care. Y (Yes) = compliant, N (No) = not compliant.									
Item	Score								
	8 hr Non-clinical			8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp			8hr	Phar/Dis p/Med room	Oral Health	Allied	AE	MOU
	AE Record 1	AE Record 2	AE Record 3						
Triage category or score	Yes / No	Yes / No	Yes / No						
Initial clinician's assessment	Yes / No	Yes / No	Yes / No						
Medical history	Yes / No	Yes / No	Yes / No						
Physical examination	Yes / No	Yes / No	Yes / No						
Investigations ordered	Yes / No	Yes / No	Yes / No						
Provisional diagnosis	Yes / No	Yes / No	Yes / No						
Final diagnosis (N/A where final diagnosis has not been made prior to transfer)	Yes / No / NA	Yes / No / NA	Yes / No / NA						
Interventions made to stabilize the patient	Yes / No	Yes / No	Yes / No						
All vital signs have been monitored	Yes / No	Yes / No	Yes / No						
Transfer arrangements for the receiving facility	Yes / No	Yes / No	Yes / No						

Annexure 32: checklist for element 44: Patients have access to health support services

Checklist for Element 44							
Patients have access to health support services							
Use the checklist below to check whether patients have access to health support services Scoring - in column for score mark as follows: Y (Yes) = if patients have access onsite or via referral (referral facilities for each service must be describe in the facility's), N (No) = if patients don't have access on site or via referral							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Occupational therapy services					Yes / No		
Physiotherapy services					Yes / No		
Dietetic services					Yes / No		
Social work services					Yes / No		
Speech and hearing services					Yes / No		

ADOLESCENT AND YOUTH SERVICES

Service times: 14h00 to 17h00

These are service times dedicated to adolescent and youth services. However, adolescents will be assisted throughout the day if a specific condition requires this.

Services will be provided in a friendly and supportive manner and include health promotion and disease prevention as well as curative interventions relating to sexual and reproductive health, HIV/AIDS and TB, mental health/illness, drug and substance abuse and violence and injury.

Annexure 34: Profile for adolescent and youth in the catchment area

Facility profile for adolescents and youth in the catchment area

Item	Percentage/Rate
Percentage youth (ages 10 to 24 years) in province (obtained from Stats SA's data)	
School dropout rate in the province (obtained from Stats SA's data)	
Percentage of youth who obtained tertiary qualifications in the province	
Percentage of youth unemployment in the province (obtained from Stats SA's data)	
Teenage pregnancies rate in the catchment area (obtained from DHIS)	
Description of strengths and challenges pertaining to youth in the catchment area using the above statistics	

Annexure 35: Checklist for element 49 - Adolescent and youth friendly health services are provided

Checklist for Element 49
Adolescent and Youth Friendly Health services are available

Use the checklist below to check whether the facility renders services that are adolescent and youth friendly Scoring –in column for score mark as follows: Y (Yes) = if present and compliant; N (No) = if not present or not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
The National Adolescent and Youth Health Policy is available	Yes/No	Yes/No					
A poster indicating that the facility allocates dedicated time to consult adolescents and youth after school hours is visibly posted in the reception area and in consulting room(s) where AYFS are provided	Yes/No	Yes/No					
Facility's AYFS poster displays its comprehensive integrated package of AYFS services provided	Yes/No						
The facility's staff development plan makes provision for all healthcare professionals to be trained in AYFS	Yes/No						
The training register/record reflect that the healthcare professionals providing comprehensive integrated package of services to young people are trained on AYFS	Yes/No						
Facility's clinic committee includes a representative of the adolescent and youth sector aged 18-24 years	Yes/No						
Facility has a brief profile of adolescents and youth in its catchment area, including their challenges	Yes/No						

Annexure 36: Checklist for element 50 - ICSM compliant patient appointment system for patients with chronic health conditions, or requiring MCSRH and health support services is in use

Checklist for Element 50	
ICSM compliant patient appointment system for patients with chronic health conditions, MCSRH and health support services is in use	
Use the checklist below to verify the functionality of the Pt appointment system. Score (Y) Yes=compliant; (N)No= non-compliant, (Na) Not applicable if the facility does not have the area/service/item	
Item	Score

	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
General							
SOP for ICSM compliant Pt appointment system is available	Yes/No						
Appointment register/s is available	Yes/No						
All staff is orientated on the Pt appointment system	Yes/No						
There is evidence of communication and engagement with the community about the patient appointment system	Yes/No						
Poster for appointment procedure is displayed in all four streams (acute, chronic, preventative, support)	Yes/No	Yes/No		Yes/No	Yes/No		
Pre-appointment retrieval of clinical records							
Pt records are retrieved not later than the day before the appointment	Yes/No						
Pre-retrieved and backfilled records are ticked in the correct column of the appointment register	Yes/No						
Outstanding results from previous visits are retrieved and placed in the pt record	Yes/No						
The clinical records are stored at the registration point	Yes/No						
Scheduling the appointment							
Appointments are scheduled for facilities with more than one consulting room, by reception/appointment scheduling desk	Yes/No						
The maximum number of patients to be consulted daily is pre-determined	Yes/No						
Patients received appointments fall into various categories	Yes/No						
Patients are offered timeslots for attending their appointment	Yes/No						
Timeslots are per 2hour sessions	Yes/No						
Two to three blank slots are available after each 2hour timeslot to accommodate missed appointments within the 96 hour grace period	Yes/No						
Frail, elderly and high-risk clients are given priority	Yes/No						
Adolescents & youth are scheduled after school hours	Yes/No						
Procedure for missed appointments							
Patients are informed of their missed appointment	Yes/No						
Patients who missed appointments are referred to the adherence counsellors to encourage and motivate them	Yes/No						
Missed appointments within 5 days are waiting in the queues for blank slots	Yes/No						
Missed appointments after the 5day period follow the normal process	Yes/No						
The missed appointment after 5days patient's medication are unpacked and re-distributed within the medication stock OR provincial/district directive is followed	Yes/No						

The patient's name, surname, physical address and mobile number are entered into the home based carers register with a comment- missed appointment requiring follow-up	Yes/No						
Community Health Workers are visiting patients who missed appointments at home and motivate the patient to return to the facility for further assessment.	Yes/No						

Annexure 37: Appointment scheduling process

1. PRE-APPOINTMENT RETRIEVAL OF CLINICAL RECORDS

Between 48 and 72 hours prior to the patient's appointment

- The designated appointment clerk, together with the administrative clerk at the front desk, should retrieve patients' records for each of the planned services.
- The clinical records then need to be provided for the relevant professional nurse who will be consulting planned patients for the various services.

- The relevant prescription and laboratory investigations should be updated where necessary.
- Clinical records should then be submitted to the pharmacy, or the nurse should pre-dispense the medication and store it appropriately.
- The patients' clinical records should then be stored at the registration point.

2. SCHEDULING OF PATIENT APPOINTMENTS

Once the starting date for consulting patients according to a scheduling system has been determined, the scheduling of patients should commence.

Who is responsible for scheduling the patients?

If only a single room is utilised to see patients with appointments for either chronic or MC&SRH, then the professional nurse could schedule the patient's next visit.

If more than one consultation room is used, then an appointment scheduling desk should be established near the exit of the facility, or patients should return to reception to schedule the next appointment.

How is the appointment date decided?

Depending on the patient's condition (immunisation, family planning, well-baby, post-natal care, ANC, and chronic care) and availability of medication at the facility, the patient will either return on a monthly basis, every 2nd or 3rd month or 6 monthly to the facility.

- The maximum number of patients to be consulted daily is pre-determined.
- At the beginning of each week, the professional nurses should determine and provide a 5- day period on which returning patients should be scheduled.
- This should be calculated between 25 and 30 days after the current date.
- The patient should then be given a choice as to the exact date when they would like to return within this period. The date should not be imposed on the patient.

Scheduling the appointment

Patients receiving an appointment will fall into various categories:

- Requiring a full clinical examination (6-month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

The format chosen to schedule patients will be facility specific – a time format should be used as this spreads the workload.

In order to avoid the batching of patients and prolonging the waiting times, patients should be offered time slots for attending the appointment.

Patients requiring 6-month appointments should be distributed equally across the time slots or scheduled in a specific time slot to avoid prolonging the waiting times for other patients.

The time slots should be per 2-hour session with 10 patients scheduled per two-hour session (see example on the following page). At the end of each slot, two to three slots should be left blank for patients that missed scheduled appointments but returned within the 96-hour grace period.

Note: Frail, elderly and high-risk clients should be given priority.

Adolescents and youth should be scheduled after school hours.

Complete the consultation room number, day of the week and date.

Patients Details

Consultation Room: 5 Day of the week(circle) Date:

MON	TUES	WED
THUR	FRI	SAT

 DD/MM/YYYY

No.	Record number	Full name and surname of patient	Comment	Record Retrieved		Appointment Attended		Record returned	
				Y	N	Y	N	Y	N
07.30-10.00									

1.	2468013579	Mary Saints	CCMDD	Y	N	Y	N	Y	N
2.					N	Y	N	Y	N
3.					N	Y	N	Y	N
4.					N	Y	N	Y	N
5.					N	Y	N	Y	N
6.					N	Y	N	Y	N
7.					N	Y	N	Y	N
8.					N	Y	N	Y	N
9.					N	Y	N	Y	N
10.	1234567890	James Doe	FU	Y	N	Y			
10.15-12.45 (Tea time = 10.00-10.15)									
11.						Y	N	Y	N
12.							N	Y	N
13.							N	Y	N
14.							N	Y	N
15.							N	Y	N
16.	2345678901	Polly Jacaranda	LR	N	Y		N	Y	N
17.							N	Y	N
18.							N	Y	N
19.							N	Y	N
20.							N	Y	N
13.30-16.00 (Lunch time= 12.45-1.30)									
21.				Y	N	Y			
22.				Y	N	Y			
23.				Y	N	Y			
24.				Y	N	Y			
25.				Y	N	Y	N	Y	N
26.				Y	N	Y	N	Y	N
27.				Y	N	Y	N	Y	N
Missed appointments (Record all patients who present with 5 working days of a missed appointment below.)									
28.	5678901234	Zenthembe Ndlovu		Y	N	Y	N	Y	N
29.				Y	N	Y	N	Y	N
30.					N	Y	N	Y	N
31.	At the end of the day indicate how many patients attended their appointments, missed their appointments, records retrieved and records returned.								
32.									

Total number of patients attended		Total number of missed appointments	
Total number of records retrieved		Total number of records returned	

PATIENT SCHEDULING TOOL

Date of appointment: This refers to a calendar date. You should label all the dates in the forms to cater for operating calendar days for the facility for the year. Eg 9th April 2012, 10th April 2012

No: Number refers to the numerical order in ascending order. This will guide you as to when you reach your target appointments for the respective date

Patient file number: This refers to the patient file number as on the patient record. This will facilitate easy retrieval of patient record prior to the appointment

Name and surname: This should be reflected in patient's identity documents and or patient records

Diagnostic condition: This refers to the chronic condition for which the patient is booked. Eg: hypertension, diabetes, epilepsy, asthma, COPD, and ART

Investigations to be conducted or checked: Patients may require laboratory monitoring and investigations need to be conducted and checked. In this column record the investigations that need to be conducted on the following appointment or results that need to be checked.

Nature of appointment: In this column reflect the nature of patient appointment that will assist in triaging the patients as well as monitoring the patient in the process: e.g.

- Patient defaulted – referred for tracing. You can add address and health tracer's name
- Requiring a full clinical examination (6-month visit)
- Repeat visit (chronic, immunisation, family planning)
- Consultation by doctor
- Collection of medication – CCMDD facility based

Attended: The last column should reflect if the patient attended (✓) or if the patient defaulted (x)

What is the procedure when a patient misses their scheduled appointment date?

The patient should be informed that they should miss their scheduled date:

Their record will be filed back in the main filing area after five working days

Should they come within five working days after their scheduled date, they will be consulted after all the patients allocated to that time slot have been consulted, even if they arrive first.

The patient will need to wait in the queues.

Should the patient arrive *after five working days*, they will need to follow the normal process of retrieving their files, wait for vital signs and be consulted in a vacant time slot.

How will an appointment system work in a single room and single nurse clinic?

- Chronic stable patients for medicines collection should be scheduled between 07h30 and 08h30 or between 15h00 and 16h00.
- Well-baby clinic, immunisation, post-natal visits and follow-up antenatal visits should be scheduled for the 1st 2 hours (8h30-10h30).
- Patients with acute episodic illness, antenatal first visits and patients for chronic prescription six-month review should be scheduled between 10h30 and 14h00.
- Family planning and other preventive services should be offered between 14h30 and 16h00.
- Emergencies should be consulted at any time.

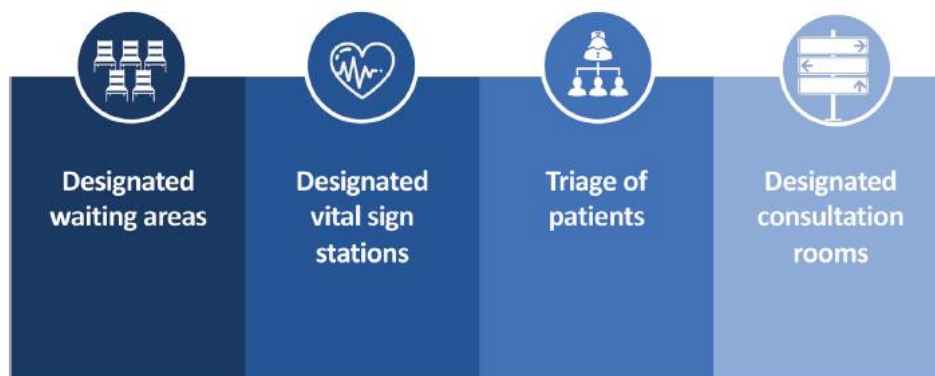
Ensure co-ordination of appointments, for example, a mother coming for a chronic appointment but also needing her baby to be immunised, should be given one appointment.

Patient defaulting on appointments

In order to improve the outcome of patients (chronic patients, ensure healthy mothers and babies, reduce unwanted pregnancies and prevent childhood infections) it is important that patients adhere to their appointment schedule.

Patients who miss appointments should be referred to the adherence counsellors to encourage and motivate them.

- A patient who does not return to the facility without informing the facility within seven days of their scheduled appointment should be considered a defaulter.
- This patient's medication should be unpacked and re-distributed within the medication stock for supply to other patients.
- The patient's name, surname, physical address and mobile number should be retrieved from the patient's file and entered the home-based carers register with a comment- defaulter requiring follow-up.
- Home based carers should then visit the patient's home to discover the reasons for the default of the appointment and motivate the patient to return to the facility for further assessment.



Annexure 38: Checklist for element 51: Pre-dispense medication for clinically stable chronic patients is prepared for collection not later than a day before collection date or patients are enrolled on the CCMDD/CDU programme

Checklist for Element 51							
Pre-dispensed medication for clinically stable chronic patients is prepared for collection not later than the day before collection date/or patients are enrolled on the CCMDD/CDU programme							
Instruction: Use the checklist below to check whether facility implement processes that comply with CCMDD programme prescripts. Y (Yes) = compliant, N (No) = not compliant							
Description	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp /Med room	Oral	Allied	AE	MOU
General							
Availability and use of Next Scheduled Date (NSD) Calendar	Yes / No	Yes / No	Yes / No				
Facility has a functional decanting system (Synch/Manual)	Yes / No	Yes / No	Yes / No				
Does the facility inform patients about CCMDD (Posters or pamphlets in the waiting areas)	Yes / No	Yes / No	Yes / No				
Is the authorised prescribers (Drs & PN) list for the facility available	Yes / No	Yes / No	Yes / No				
Is the authorised prescriber list reviewed and updated annually	Yes / No	Yes / No	Yes / No				
Is the national CCMDD formulary available	Yes / No	Yes / No	Yes / No				
Is the provincial CCMDD formulary available	Yes / No/Na	Yes / No/Na	Yes / No/Na				
Availability of the CCMDD SOP	Yes / No	Yes / No	Yes / No				
Evidence of SOP communication to all relevant staff	Yes / No	Yes / No	Yes / No				
Were there any rejected scripts in the past 3 months	Yes / No	Yes / No	Yes / No				
Were rejected scripts analysed, QIPs developed and implemented for rejections	Yes / No	Yes / No	Yes / No				
Facility pick-up point (FAC-PUP)							
Are the Patient Medicine Parcels (PMPs) stored in an access controlled area	Yes / No	Yes / No	Yes / No				
Is there a designated official to run Facility pick-up point (FAC-PUP)	Yes / No	Yes / No	Yes / No				
Registering attendance in Repeat Prescription Collection (RPC) monitoring tool available	Yes / No	Yes / No	Yes / No				
Accurate Capturing patient's Facility pick-up point (FAC-PUP) on Tier.net	Yes / No	Yes / No	Yes / No				
Procedure in place for management of uncollected medication	Yes / No	Yes / No	Yes / No				
Are there any PMPs not collected for more than 7 days	Yes / No	Yes / No	Yes / No				
External pick-up (EX-PUP)							
Total number of external PuP registered with the CCMDD service provider	Yes / No	Yes / No	Yes / No				
Total number of active external PuP	Yes / No	Yes / No	Yes / No				
Supporting statement to the reason why is the external PuP not Active	Yes / No	Yes / No	Yes / No				

Annexure 39: Pre-dispensing of chronic medication

- Two days prior to the patient's appointment, the patient's clinical records and scheduling list should be provided to the allocated professional nurse for chronic patients or the pharmacist's assistant, where available.
- The designated professional should pre-dispense (phase 1 and 2 of the dispensing process) the chronic medicine according to the prescription.
- The medicine should be packed in a brown bag or opaque plastic bag, where available.
- A sticker with the patient's name and file number should be placed on the external part of the bag.
- The bag should be sealed to avoid tampering. The bags can be opened when validation takes place upon issuing the medicine to the patient.
- Once the medicine has been pre-dispensed (phase 1 and 2), depending on the allocation of the patient, the medicine parcels should be placed in the medicine cupboard in alphabetical order, in the relevant consultation room, or kept in the dispensary if it is to be issued by a pharmacist's assistant.

Annexure 40: Example of a tool for acknowledging receipt of chronic medication by patient

TOOL FOR ACKNOWLEDGING RECEIPT OF CHRONIC MEDICATION BY PATIENT					
Name and surname					
CHC file number					
Identity number or date of birth					
Month in schedule					
Date of medicine delivery					
Dispenser's signature (to be completed after checking, packing and labeling packet)					
Community health worker's signature upon receipt of medicine (sealed bag)					
Patient's signature on opening of sealed bag and checking medicine					
Medicine not delivered					

Annexure 41: School health service referral letter and follow-up assessment form

REFERRAL LETTER TO HEALTHCARE PROVIDER



Basic Education
Health

Date: _____

Dear colleague

Re: Referral for further assessment

During routine health screening it was found that _____

may have a problem with _____

_____ and may require further assessment.

[Add findings in as much detail as possible from school health screening form e.g., Visual screening left eye 6/18 - Severe visual problem in the space provided above]

Kindly complete the attached follow up form indicating the outcomes of the assessment for attention of the school principal.

Yours sincerely

SIGNATURE (School Health Nurse)

PRINT NAME

School Health Stamp

FOLLOW UP ASSESSMENT FORM



Basic Education
Health

Date: _____

Name of facility: _____

Name of health provider: _____

Designation (e.g. Prof Nurse) _____

Contact number: _____

Dear Sir / Madam

FOLLOW UP OF HEALTH ASSESSMENT

The following learner _____ was referred for further assessment as a result of the Integrated School Health Screening Programme.

Further assessment conducted **Yes / No (tick whatever applicable).**

The child must return to the facility for further treatment on _____ (add date).

Care and support at school level

The school can assist the child in the following ways:

[Add simple interventions e.g. sit at the front of the class for vision problems]

Please do not hesitate to contact the facility/private healthcare provider should you require additional information at _____ (add contact numbers)

Yours sincerely

NAME AND SIGNATURE OF HEALTH PROFESSIONAL

School Health Stamp

Annexure 42: Example of a register of learners referred to from school health teams

REGISTER OF LEARNERS ASSESSED WHICH WERE REFREED BY SCHOOL HEALTH

Name of health facility: _____

Month and year: _____ 20____

Name and surname of learner	Grade	Name of school	Reason for referral	Referral date	Date learner seen at facility	Date feedback provided to school health teams

Annexure 43: Checklist for element 53: Facility refers patients to home and community-based services for support.

Checklist for Element 53							
Facility refers patients to home- and community based services for support							
Use the checklist below to check whether the facility refers patients to home and community-based services for support. Scoring –in column for score mark as follows: Y (Yes) = if present and compliant; N (No) = if not present or not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
HRH—Does the facility have CHWs							
The clinic has CHWs linked to it working in the community	Yes/No						
All CHWs are trained on Foundation Phase	Yes/No						
CHW/WBPHCTs data audit national guideline available	Yes/No						
Are all CHWs trained on basic IPC	Yes/No						
CHW Identity							
CHWs have uniform	Yes/No						
CHWs have name tags	Yes/No						
CHWs have backpacks (with tools of trade)							
1 Notebook	Yes/No						
1 Pen	Yes/No						
1 Adult weight measuring scale	Yes/No						
1 Blood pressure monitor digital (wrist)	Yes/No						
1 Glucometer (with strips)	Yes/No						
1 Adult MUAC tape	Yes/No						
1 Child MUAC tape	Yes/No						
1 Measuring tape	Yes/No						
1 Raincoat	Yes/No						
1 water bottle	Yes/No						
1 Mackintosh apron/Plastic Apron	Yes/No						
1 Umbrella	Yes/No						
3 Waste plastic bags	Yes/No						
1 Hand sanitiser	Yes/No						
1 Small size sharps container	Yes/No						
5 Disposable thermometers	Yes/No						
1 Screening tool booklet	Yes/No						
Surgical mask/N95 respirators	Yes/No						
Hand gloves (sterile and non-sterile)	Yes/No						
Supervision of CHWs							
The CHWs have a full-time Outreach Team Leader (OTL) — (appointed OTL)	Yes/No						
The CHWs have designated OTL (Assigned Nurse)	Yes/No						

The CHWs and OTL meet once every week	Yes/No						
Is there a weekly meeting activity plan/agenda	Yes/No						
Furniture and management of CHW records							
CHWs have a designated meeting room in the facility	Yes/No						
CHWs have filing cabinets for data collection tools	Yes/No						
Filing system structured by CHWs	Yes/No						
Reporting							
File on CHW data collection and reporting tool available at facility	Yes/No						
CHW monthly DHIS reports are filed by quarter.	Yes/No						
CHW DHIS reports signed by the Facility Manager	Yes/No						
CHW monthly activity report signed by the OTL	Yes/No						
CHW data collection tools are audited quarterly	Yes/No						
CHW data collection audit report signed by OTL and Facility Manager	Yes/No						
Referral							
Facility does referrals to and receives referrals from WBPHCOTs — (element 55 only refers to school health)	Yes/No						
Facility keeps a file of referrals from CHWs	Yes/No						
Referral forms are filed by month	Yes/No						

CHW data collection audit report signed by OTL and Facility Manager	Yes/No						
Referral							
Facility does referrals to and receives referrals from WBPHCOTs—(element 55 only refers to school health)	Yes/No						
Facility keeps a file of referrals from CHWs	Yes/No						
Referral forms are filed by month	Yes/No						

Annexure 447: Referral and back referral form for WBPHCOT

 health Department: Health REPUBLIC OF SOUTH AFRICA		Referral Form (from outreach team to provider) <i>A person has been referred to your service by a member of the outreach team working in your ward. Community healthcare workers are mandated by the National Department of Health to identify community members in need of primary health and social services. Thank you for seeing this client, we look forward to working together for improved health and welfare for all South Africans.</i>																		
		Client referred to (facility name)				Date referral is made				Ward No										
Name of CHW referring client				Outreach team leader name																
Contact number for CHW										Team leader contact number										
Client details																				
Client address										Client name and surname										
										Date of birth (dd/mm/yyyy)					Age		Gender			
										Client contact telephone number										
Referred to Facility (Tick all that apply)																				
MCHW				Under 5				Treatment related problems				Other								
Antenatal care				Newborn care				TM symptoms				Other health problems (specify below)								
Postnatal care				Low birth weight				STI testing												
Pregnancy test				Immunisation				Mental health												
Family planning				Vitamin A				Treatment adherence												
Emergency contraception				Persistent diarrhoea				Chronic health problem												
Cervical contraception				Pneumonia				Chronic health problem												
PCR test for infants				Nutritional/growth problems				HCT												
								CD4 test												
								OIs												
Referred to social services (tick all that apply)										Referred for home-based care (Please write condition that needs home care)										
Child-headed household				Protection services																
Food support				Grant support																
Other (specify in box below)				Mental health																
				Support groups																
				Housing																
				Vital documents																
Provide a brief explanation for the referral (Include place client is being referred if not above and reason for referral)																				
Please complete Back-referral Form on the other side of this paper so we can ensure follow-up care. Please contact the outreach team leader noted on this form if you have any further questions regarding this referral.																				
Signed _____										Date _____										
										Back-referral Form (from provider to outreach team)										

 health Department: Health REPUBLIC OF SOUTH AFRICA	
This client was seen by (<i>provider name</i>)	Date client seen (<i>dd/mm/yyyy</i>)
Facility name	Facility telephone number
Name of referring CHW	Name of team leader
Client details	
Client name and surname	Telephone number
Findings (include diagnosis with patient consent)	
Actions taken (including medicines given/prescribed if relevant)	
Follow-up actions to be monitored or completed by CHW	
Please send client back to this provider on/by _____ for further follow-up (<i>dd/mm/yyyy</i>)	
Signature	Date (<i>dd/mm/yyyy</i>)

Annexure 45: Checklist for element 54: Facility refers environmental health related risks to environmental health services

Checklist for Element 54							
Facility refers environmental health related risks to environmental health services							
Use the checklist below to check whether the facility has access to and refers environmental health risks to environmental health services Scoring - in column for score mark as follows: Y (Yes) = if available and compliant; N (No) = if not available or not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Contact details of the environmental health services is available at the facility	Yes/No						
No stagnant water inside and outside the perimeters of the facility	Yes/No						
No overgrown vegetation outside the perimeters of the facility	Yes/No						
No litter 5 meters outside the perimeters of the facility	Yes/No						

Annexure 46: Checklist for element 55: The ICSM compliant package of clinical guidelines is available in all consulting rooms

Checklist for Element 55							
The ICSM compliant package of clinical guidelines is available in all consulting rooms							
Use the checklist below to check the availability of ICSM compliant package of clinical guidelines Scoring - in column for score mark as follows: Check – randomly select consulting rooms in the areas as indicated Y (Yes) = present, N (No) = not present.							
Area	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Adult Primary Care guide (APC) – 2019 or Practical Approach to Care Kit (PACK), 2019 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Integrated Management of Childhood Illness Chart Booklet, 2022 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Primary Health Care, 2020 or latest version	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Adults, 2019 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No
Standard Treatment Guidelines and Essential Medicines List for Hospital Level, Paediatrics, 2023 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No
Newborn Care Charts Management of Sick and Small Newborns in Hospital SSN Version 1,- 2014 or latest version (only in consulting room used by the doctor)	Yes/No	Yes/No				Yes/No	Yes/No

* Guidelines can also be available electronically or via apps

Annexure 47: Checklist for element 56: National guidelines on priority health conditions are available in the facility

Checklist for Element 56							
National guidelines on priority health conditions are available in the facility							
Use the checklist below to check the availability of national guidelines Scoring - in column for score mark as follows: Check - whether a copy of the guidelines and policies are available in an office that is accessible to staff at the areas as indicated Y (Yes) = present, N (No) = not present.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Child, Youth and School Health							
Integrated School Health Policy 2012		Yes/No				Yes/No	Yes/No
South African Infant and Young Child feeding Policy (2013) (updated with circular in 2017) or latest version		Yes/No				Yes/No	Yes/No
Non-Communicable diseases (NCD)							
National User Guide on the Prevention and Treatment of Hypertension in Adults at PHC Level (2021) or latest version		Yes/No				Yes/No	Yes/No
HIV							
Antiretroviral Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2023) or latest version		Yes/No				Yes/No	Yes/No
National HIV Testing Services Policy (2024) or latest version		Yes/No				Yes/No	Yes/No
National Medical Male Circumcision Guidelines (2016) or latest version		Yes/No				Yes/No	Yes/No
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2023) AGL SOPs* or latest version		Yes/No				Yes/No	Yes/No
National guidelines for the management of Viral Hepatitis (2019) or latest version		Yes/No				Yes/No	Yes/No
TB							
National Tuberculosis Management Guidelines (2014) or latest version		Yes/No				Yes/No	Yes/No
National Guidelines for the Management of Tuberculosis in Children (2013) or latest version		Yes/No				Yes/No	Yes/No
National Guidelines on the Tuberculosis infection (2023 or latest version)		Yes/No				Yes/No	Yes/No
Clinical Management of Rifampicin Resistance Tuberculosis 2023 or latest version		Yes/No				Yes/No	Yes/No

	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Women, Maternal and Reproductive Health							
Guidelines for Maternity Care in South Africa (2016) or latest version		Yes/No				Yes/No	Yes/No
Cervical Cancer Prevention and Control Policy (2017) or latest version		Yes/No				Yes/No	Yes/No
Clinical Guidelines for Breast Cancer Control and Management (2019) or latest version		Yes/No				Yes/No	Yes/No
National Contraceptives clinical guidelines (2019) or latest version		Yes/No				Yes/No	Yes/No
National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020) or latest version		Yes/No				Yes/No	Yes/No
Maternal, Perinatal and Neonatal health policy (2021) or latest version		Yes/No				Yes/No	Yes/No
Clinic Guideline for Genetics Services (2021) or latest version		Yes/No				Yes/No	Yes/No
National Clinical Guidelines for Safe Conception and Infertility (2021) or latest version		Yes/No				Yes/No	Yes/No
National integrated Sexual & Reproductive Health and Rights Policy (2019)		Yes/No				Yes/No	Yes/No
National Clinical Guideline for Implementation of Choice on Termination of Pregnancy Act (2019)		Yes/No				Yes/No	Yes/No
National integrated Sexual & Reproductive Health and Rights Policy (2019)		Yes/No				Yes/No	Yes/No

* Guidelines can also be available electronically or via apps

Annexure 48: Checklist for element 59: SOP for handing over between shifts

Checklist for Element 62								
SOP for handing over between shifts								
Use the checklist below to check whether the SOP covers the topics as listed Scoring –in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.								
Item	Score							
	8 hr Non-clinical		8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp		8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
	AE	MOU						
Procedure describes who must conduct the handovers	Yes / No	Yes / No						
Describe the handover process (is it face to face/documented)	Yes / No	Yes / No						
Minimum details to be provided at handover (summary of patient condition, procedure and treatment required)	Yes / No	Yes / No						
When handovers should take place (frequency)	Yes / No	Yes / No						

Annexure 49: Checklist for element 60: SOP for safe administration of medicine

Checklist for Element 60							
SOP for safe administration of medicine							
Use the checklist below to check whether the SOP covers the topics as listed Scoring –in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Check validity of prescription before administration	Yes / No						
Verification of medicine to be administered	Yes / No						
Route of administration	Yes / No						
Parental medicine	Yes / No						
Schedule 5 and 6 administration	Yes / No						
Reporting of medication errors	Yes / No						
Recording of medication administration	Yes / No						

Annexure 50: Checklist for element 61: SOP for informed consent is available

Checklist for Element 61							
SOP for informed consent is available							
Use the checklist below to check whether the SOP covers the topics as listed Scoring –in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Signatory providing consent must be legally entitled	Yes/No						
Exact nature of the procedure or treatment must be communicated to the patient	Yes/No						
Patient's full names must appear on the consent form	Yes/No						
Age/date of birth or identity number of patients must be reflected on the consent form	Yes/No						
Consent form must be signed by the health care provider who will perform the procedure	Yes/No						
The consent form must be dated	Yes/No						
All entries on the form must be legible	Yes/No						

Annexure 51: Checklist for element 62: SOP for identification of patients is available

Checklist for Element 62							
SOP for identification of patients is available							
Use the checklist below to check whether the SOP covers the topics as listed Scoring –in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Procedure for identification including determination of correct information	Yes/No						
Method of identification (e.g. wrist band) and information to be included (name, surname, telephone number, allergies)	Yes/No						
Applying the identification band/item	Yes/No						
Removal of identification band/item	Yes/No						
Specific precautions for managing at risk patients such as babies and intellectually challenged patients	Yes/No						

Annexure 52: Example of a register for nurses trained on Basic Life Support

Record all the staff members' names and surnames in the register. Record the date the first training was conducted. Ensure that follow-up training is conducted every two years.

Keep a copy of the certificate obtained in a file together with the register

Staff name and surname	Persal number	Designation	Date of training	Date of update in 2 years	Date of update in 2 years	Date of update in 2 years
Nursing staff						

Annexure: 53: Checklist for element 66: Professional nurses at the facility are trained on BANC Plus

Checklist for Element 66							
Professional nurses at the facility are trained on BANC Plus							
Use the checklist below to check whether professional nurses are trained in BANC Plus Scoring –in column for score mark as follows: Y (Yes) = available; N (No) = not available.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
50% of nurses are trained on BANC Plus in the 8 hour service area	Yes/No						
50% of nurses are trained on BANC Plus in the 24 hour Emergency unit	Yes/No						
80% of nurses are trained on BANC Plus in the MOU	Yes/No						

Annexure 53: Checklist for element 71 - Facility/district SOP for patient safety incident reporting and learning is available

Checklist for Element 71							
Facility/district SOP for patient safety incident reporting and learning is available							
Use the checklist below to check whether the SOP covers the aspects as listed Scoring –in column for score mark as follows: Y (Yes) = available; N (No) = not available.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Terms of reference of the patient safety committee which reviews PSI is clearly documented	Yes / No						
Designation of members of the committee	Yes / No						
Identifying patient safety incidents	Yes / No						
Immediate action	Yes / No						
Prioritisation	Yes / No						
Notification	Yes / No						
Investigation	Yes / No						
Classification	Yes / No						
Analysis	Yes / No						
Implementation of recommendations	Yes / No						
Learning	Yes / No						

Annexure 56 : Patient Safety Incident reporting form

Section A: (notification) - to be completed by the staff who witnessed the incident that occurred. Submit section A and B to next level for notification for SAC 1 incidents.

Section B: (Account of the event by patient, staff or other witnesses) – to be completed by staff, patients or other that were directly involved while the incident took place.

Section C: (investigation) - to be completed by investigator(s) of the incident, in most cases this would be the manager(s) of section where the incident took place.

SECTION A – Notification of event

Ref no:

1. Date PSI identified					2. Time PSI identified						
3. Event identified by	Reported by health professional	Research studies	Patient experience of care surveys	Inpatient medical review	Review of record on follow-up	External sources			Safety walk rounds	Focused teams	Use of data
						Complaints	Media	Public			
4. Provide a short overview of the Patient Safety Incident											
What happened/went wrong?											
What is the initial outcome or harm?											
5. Describe immediate actions taken to minimise harm											
What action was taken to minimise harm?											

Who led that action?									
What was the outcome of the minimising action?									
6. Provide a description of communication and escalation (initial disclosure)									
What and how was the incident communicated with patient? (if appropriate)									
What and how was the incident communicated with patient's family? (if appropriate)									
What and how was the incident escalated to management within the facility? (if appropriate)									
7. Type of patient safety incident (PSI): Mark with an X (review this once the investigation has been finalised)									
No harm				Near miss			Harmful (Adverse Event)		
8. SAC rating: Mark with an X	1 Serious	2 Moderate	3 Minor	4 None	9. Date SAC 1 reported to next level			11. No of days to report PSI with SAC = 1	
					10. Time SAC 1 reported to next level				
12. Patient and ward information					13. Staff witnesses				
Patient name and surname					Name and surname		Contact detail	Department	
Patient file number									
Patient Id number									

Location (department/ward)				
Age				
Gender				
Final diagnosis				
Number of patients in the ward/head count				
Name of facility patient was referred from (where applicable)				
Name of facility patient was down referred to (where applicable)		14. Number of staff on duty		
Compiled by:	Designation:	Signature:	Date:	

SECTION B- Account of the event by patient, staff or other witnesses

1. Account by staff, patient or significant other: (Add sections for additional statements and information as needed)
Account 1:

Account 2:			
Compiled by:	Designation:	Signature:	Date:

SECTION C – Investigation including classification

1. Classification according to incident type – mark appropriate one with an X			
1.Clinical administration	3. Healthcare-associated infections	5. Blood and blood products	8. Patient accidents and self-inflicted injury
Medical procedure performed without valid consent	Central line associated Blood Stream Infection	Acute transfusion reactions	Falls – Bedside
			Falls – Toilet/bathroom
Communication/ confidentiality	Non-device related (Primary) blood line blood infection	Delayed transfusion reactions/ events (including Transfusion Transmitted Infections)	Falls – Stretcher
			Falls – Therapeutic equipment
Patient incorrectly identified and recorded	Peripheral line blood infection	Errors- wrong blood/ blood products	Patient injury
Missing patient record	Surgical site infection	6. Medical device/equipment	Self-inflicted injury
	Hospital acquired pneumonia	Not available	Suicide

Unclear/ ambiguous/ illegible/ incomplete information in patient record	Ventilator associated pneumonia	Failure / malfunction	Attempted suicide
	Catheter associated urinary tract infection	Not used correctly	9. Pressure ulcers acquired during/after admission
	Communicable diseases		
2. Clinical process/ procedure	4. Medication / IV fluids	Incorrect medical device/ equipment used	Grade I
Not performed when indicated	Incorrect dispensing	7. Behaviour	Grade II
Performed on wrong patient	Omitted medicine or dose	Sexual assault by staff member	Grade III
Clinical procedure errors	Medicine not available	Sexual assault by fellow patient or visitor	Grade IV
Surgical procedure errors	Adverse drug reaction	Physical assault by staff member	10. Infrastructure/ Buildings/ Fixtures
Clinical treatment error (incorrect clinical management)	Incorrect medicine	Physical assault by fellow patient or visitor	Damaged/ faulty/ poor maintenance
	Incorrect dose/ strength administered		Non-existent
Clinical assessment error (Missed, delayed, wrong)	Incorrect patient	Exploitation, verbal abuse, aggression, neglect or degrading treatment by fellow patient or visitor	Inadequate/inappropriate
	Incorrect frequency		Back-up electricity not functional/available
	Incorrect route		Back-up water supply not available
Failure to act on test results or report	Prescription error	Exploitation, verbal abuse, aggression, neglect or degrading treatment by staff member	1. Laboratory / Pathology
Performed on wrong body part/ site/ side	Incorrect dispensing label		Delayed laboratory results
Retention of foreign object during surgery	Medicine expired	Patient abscond	Processing error by laboratory
	Incorrect technique	Missing patient	Incorrect labelling of results
	Inappropriate polypharmacy	Abscond while under 72-hour observation	12. Other
			Any other incident that does not fit into categories 1 to 11

2. Framework for root cause analysis and implementation of action plans

a. Contributing factors – Mark with an X

1. Staff	Lack of knowledge of clinical processes/ guidelines/ protocols	Human error- clinical	Human error - Admin	Risky/reckless behaviour	Communication Factors	Condition/ related factor	disease	Social factors	Leadership
-----------------	--	-----------------------	---------------------	--------------------------	-----------------------	---------------------------	---------	----------------	------------

2. Patient	Behaviour		Communication factor		Condition/ disease related factor			Social factors			
3. Work/ environment	Physical environmental / infrastructure		Remote/ long distance from service		Equipment (faulty due to no maintenance)		Consumables	Environmental risk	Current Code/ specifications/ regulations		Security/ safety
4. Organisational/ service	Clinical Protocols/ policies/ procedures not available/ up to date/ approved		Non - Clinical Protocols/ policies/ procedures not available/ up to date/ approved		Organisational management/ decisions/culture		Organisation of teams	Staffing	Political unrest	Package of service	Bed utilisation
5. External	Natural event or disaster	Equipment, products malfunctioning due to manufacturer's fault			Services, systems and policies of external providers			Delays in emergency medical services transport			
6. Other	Not specified in classification 1 to 5										

b. Root cause analysis - These are the most fundamental underlying factors contributing to the incident that can be addressed

Contributing factor	Describe the factor that contributed to the event	Describe the action plan to rectify the identified problem	Person responsible for implementing the action plan	Date for implementation

3. Findings and recommendations of the investigation

What were the key findings (why did the incident occur)?

What are the key recommendations? (Note: Recommendations should address all the root causes and lessons learned, be designed to significantly reduce the likelihood of recurrence and/or severity of outcome; be clear and concise and kept to a minimum wherever possible; be Specific, Measurable, Achievable, Realistic and Timed (SMART) so that changes and improvements can be evaluated; be prioritised wherever possible; be categorised as: those **specific** to the area where the incident happened; those that are **common** only to; the organisation involved; those that are **universal** to all and, as such, have provincial/district significance.)

4. Type of behaviour according to Just Culture: mark with a X				No error	Human error	At-risk behaviour	Reckless behaviour	
5. Provide a description of final communication to patient/family (final disclosure)								
What and how was the incident communicated with patient? (if appropriate)								
What and how was the incident communicated with patient's family? (if appropriate)								
6. Date of closure of PSI case		7. No days to close PSI case		8. Type of closure: mark with an X		PSI case concluded	Litigation	
9. Patient outcome according to degree of harm: Mark with an X		No harm	Mild	Moderate	Severe	Neonatal trauma	Obstetric trauma	No longer classified as a PSI after investigation
		Child death under 5 years	Child death 5 years and above	Adult death	Neonatal death	Maternal death	Still birth	Deaths due to hospital associated venous thromboembolism
10. Organisational outcome: Mark with an X		Property damage	Increased length of stay	Admission to special care area (e.g., high care or ICU)		Additional treatment/tests	Additional staff required	Additional equipment required
		Formal complaint	Damaged reputation	Legal ramifications		None	Other	No longer classified as a PSI after investigation
Compiled by:		Designation:		Signature:		Date:		

Annexure 57 : Patient Safety Incident (PSI) register

HEALTH ESTABLISHMENT NAME: _____ MONTH/YEAR _____

Ref No.	Date and time of incident	Patient's name and surname	Age	Gender	Location (ward/ department/ area)	Type of PSI	SAC score	Reporting date of SAC 1 incidents	Number of working days to report SAC 1 incident	Summary of incident	Finding (all incidents) and recommendations by Patient Safety Committee	Class according to incident type	Class according to contributing factor	Patient outcome	Organisational outcome	Date PSI closed	Type of closure	# of working days to close PSI	Type of Behaviour

Annexure 58 : Records for statistical data on Patient Safety Incident

Statistical data on classification for agents (contributing factor)

Establishment Name/Province:	Financial Year: Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	% *
1. Staff factors																			
Lack of knowledge of clinical processes/guidelines/protocols																			
Human error – clinical																			
Human error – administrative																			
Risky/reckless behaviour																			
Communication factors																			
Condition/disease related factors																			
Social factors																			
Leadership																			
2. Patient factors																			
Behaviour																			
Communication factors																			
Condition/disease related factors																			
Social factors																			
3. Work/environment factors																			
Physical environment/ infrastructure																			
Equipment																			
Consumables																			
Remote/long distance from service																			
Environmental risk																			
Security/safety																			
Current code/ specifications/regulations																			
4. Organisational/service factors																			
Clinical protocols/policies/ procedures																			
Non-clinical protocols/policies/ procedures																			
Organisational management/decisions/ culture																			
Organisation of teams																			
Staffing																			
Political unrest																			
Package of service																			
Bed utilisation																			
5. External factors																			
Natural event or disaster																			
Equipment/products malfunctioning due to manufacturer's fault																			
Services, systems and policies of external providers																			
Delays in emergency medical services transport																			

6. Other																				
Other																				
GRAND TOTAL																				

Total of contributing factors in Column Q ÷ Grand Total of Column Q

Statistical data on classification according to type of Incident

Establishment Name/Province:	Financial Year: *Q=Quarter																		
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	% *
1.Clinical administration																			
Medical procedure performed without valid consent																			
Communication/confidentiality																			
Patient incorrectly identified and recorded																			
Missing patient record																			
Unclear/ambiguous/illegible/incomplete Information in patient record																			
2. Clinical process/procedure																			
Not performed when indicated																			
Performed on wrong patient																			
Clinical procedure errors																			
Surgical procedure errors																			
Clinical treatment error																			
Clinical assessment error																			
Failure to act on test results or reports																			
Performed on wrong body part/site/side																			
Retention of foreign object during surgery																			
3. Healthcare-associated infections																			
Central line associated blood stream infection																			
Non-device related (Primary) blood stream infection																			
Peripheral line blood stream infection																			
Surgical site infection																			
Hospital acquired pneumonia																			
Ventilator associated pneumonia																			
Catheter associated urinary tract infection																			
Communicable diseases																			
4. Medication/ IV fluids																			
Wrong dispensing																			
Omitted medicine or dose																			
Medicine not available																			
Adverse drug reaction																			
Wrong medicine																			
Wrong dose/strength administered																			
Wrong patient																			
Wrong frequency																			
Wrong route																			
Prescription error																			
Incorrect dispensing label																			
Medicine expired																			
Incorrect technique																			

Inappropriate polypharmacy																			
5. Blood or blood products																			
Acute transfusion reactions																			
Delayed transfusion reactions/ events																			
Errors- wrong blood/ blood products																			
6. Medical devises/equipment/ property																			
Not available																			
Failure/malfunction																			
Not used correctly																			
Incorrect medical device/equipment used																			
Not available																			
Failure/malfunction																			
7. Behaviour																			
Sexual assault by staff member																			
Sexual assault by fellow patient or visitor																			
Physical assault by staff member																			
Physical assault by fellow patient or visitor																			
Exploitation, verbal abuse, aggression, neglect or degrading treatment by fellow patient or visitor																			
Exploitation, verbal abuse, aggression, neglect or degrading treatment by staff member																			
Missing patient																			
Patient abscond																			
Abscond while under 72-hour admission																			
8. Patient accidents and self- inflicted injury																			
Falls – Bedside																			
Falls – Toilet/bathroom																			
Falls – Stretcher																			
Falls – Therapeutic equipment																			
Falls – Other																			
Patient injury																			
Self-inflicted injury/self-harm																			
Suicide																			
Attempted suicide																			
9. Pressure ulcers acquired during/after admissions																			
Grade I																			
Grade II																			
Grade III																			
Grade IV																			
10. Infrastructure/ buildings/ fixtures																			
Damaged/faulty/worn																			
Non-existent																			
Inadequate/inappropriate																			
Back-up electricity not functional/available																			

Back-up water supply not available																			
11. Laboratory / Pathology																			
Delayed laboratory results																			
Processing error by laboratory																			
Incorrect labelling of results																			
12. Other																			
Any other incident that does not fit into category 1 to 11																			
GRAND TOTAL																			

* Total of type in Column Q ÷ Grand Total of Column Q

Statistical data on classification according to incident outcome

ORGANISATIONAL OUTCOME																				
Establishment Name/Province:	Financial Year: Q=Quarter																			
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	
	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	TOT	AVG	%*	
Property damage																				
Increased length of stay																				
Admission to special care area (e.g. high care or ICU)																				
Additional treatment/tests																				
Additional staff required																				
Additional equipment required																				
Media attention																				
Formal complaint																				
Damaged reputation																				
Legal ramifications																				
None																				
No longer classified as a PSI after investigation																				
Other																				
GRAND TOTAL																				

* Total of outcome in Column Q ÷ Grand Total of Column Q

Statistical data on indicators for patient safety Incidents

Name of establishment/province: _____

Financial Year: _____

Column Name	A	B	C	D	E	F	G	H
Month:	# PSI cases	#PSI cases closed	% PSI cases closed (Column B/ Column A)	# PSI cases closed within 60 working days	% of PSI cases closed within 60 working days (Column D/ Column B)	# PSI SAC 1	# SAC 1 incidents reported within 24 hours	%of SAC 1 incidents reported within 24 hours (Column F/ Column G)
April								
May								
June								
Quarter 1								
July								
Aug								
Sept								
Quarter 2								
Oct								
Nov								
Dec								
Quarter 3								
Jan								
Feb								
March								
Quarter 4								
TOTAL								
AVG								

Annexure 55: Checklist for element 72 Patient Safety Incident management records comply with the National Guideline for Patient Safety Incident Reporting and Learning

Checklist for Element 72							
Patient Safety Incident management records comply with the National Guideline for Patient Safety Incident Reporting and Learning							
Use the checklist below to check the availability of records required for the effective management of /Patient Safety Incidents (PSI) Scoring - In column for score mark as follows: Check patient safety records for the past three months. Note: In cases where no incidents occurred in the past three months. The Patient Safety Incident Compliance report for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'NA'. Y (Yes) = available, N (No) = not available or Compliance report does not show 100% for "Null" reporting, NA (Not Applicable) = if facility did not record and patient safety incidents in the past three months							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Patient Safety Incident Register	Yes / No / Na						
Completed Patient safety incident form with investigation report is available for all patient safety incident cases that have been closed on the Patient Safety Incident Register	Yes / No / Na						
Statistical report for classifications of agents involved	Yes / No / Na						
Statistical report for classifications of incident type	Yes / No / Na						
Statistical report for classifications of incident outcome	Yes / No / Na						
Statistical report for Indicators for patient safety incidents	Yes / No / Na						

Annexure 59 : Checklist for element 75 - Clinical audits are conducted annually on priority health conditions

Checklist for Element 75							
Clinical audits are conducted annually on priority health conditions							
Use the checklist below to check whether clinical audits are conducted for all the priority health conditions annually Scoring - In the column for score mark as follows: Y (Yes) = audit conducted, N (No) = audit not conducted if the condition has not been audited in the current financial year as the next due date for audit is still to come; assess the previous financial year's records for that condition.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
HIV/TB	Yes/No						
NCD (diabetes and hypertension)	Yes/No						
Maternal health (ANC &PNC)	Yes/No						
Well baby	Yes/No						
Sick child (IMCI)	Yes/No						

Annexure 60: Checklist for element 76: 80% of records audited are compliant

Checklist for Element 76							
80% of records audited are compliant							
Use the checklist below to check whether 80% of the records that were audited for the priority health conditions are compliant according to defined measures Scoring - In the column for score mark as follows: Y (Yes) = compliant, N (No) = scored less than 80%. Audit the current financial year records, if the condition has not been audited in the current financial year as the next due date for adult is still to come; assess the previous financial year's records for that condition.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
HIV/TB	Yes/No						
NCD (diabetes and hypertension)	Yes/No						
Maternal health (ANC &PNC)	Yes/No						
Well baby	Yes/No						
Sick child (IMCI)	Yes/No						

Annexure 61 : Notifiable Medical Conditions

Notifiable medical conditions (NMC) to be reported by health facilities are those diseases that are important to public health because they pose significant risks that can result in disease outbreaks or epidemics with high facility rates nationally and internationally. Notification of certain medical conditions in South Africa is based on the Health Act, 1977 (Act No. 63 of 1977: Regulation 1434: Regulation relating to the surveillance of the control of notifiable medical conditions. Regulations on Notifiable Medical Conditions prescribe the diseases in South Africa that need to be notified by every health care provider and how soon after clinical diagnosis this information is required for each condition to break the cycle of transmission. This section provides a summary of the reporting system.

a. Why notify?

- International Health Regulations (IHR) and the South African National Health Act require rapid detection, notification and prompt risk assessment of public health risks to enable timely and targeted public health response.
- Notifications serve as early warning signs for possible outbreaks hence enable efficient public health actions to contain or prevent such outbreaks.
- Notifications provide empirical data required to monitor disease distribution and trends and identify populations at risk, and for policy decisions.

b. Who should notify a Notifiable Medical Condition (NMC)?

Every doctor or nurse (health care provider) who diagnoses a patient with any one of the NMC.

c. Where to obtain information on how to report NMC?

The National Standard Operating Procedure *with flow chart, case definitions and case investigation forms* are available from www.health.gov.za. The NMC Notification booklet from the NMC focal person at the province/district.

d. What and when to report NMC?

NMCs are categorised into four categories, i.e. category 1, 2, 3 and 4. See **Table 41**.

NMCs reported by health facilities:

Category 1 NMC are conditions that require **immediate reporting by the most rapid means available** upon clinical or laboratory diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers.

Category 2 NMC are conditions that must be **notified through a written or an electronic notification** to the Department of Health within 7 days of diagnosis.

NMCs Reported by private and public laboratories:

Category 3 and 4.

Categories of NMCs

Category 1 NMC	Category 2 NMC
Acute flaccid paralysis	Agricultural or stock remedy poisoning
Acute rheumatic fever	Bilharzia (schistosomiasis)
Anthrax	Brucellosis
Botulism	Congenital rubella syndrome
Cholera	Congenital syphilis
Food borne illness outbreak	Diphtheria
Enteric fever (typhoid or paratyphoid fever)	Enteric fever (typhoid or paratyphoid fever)
Malaria	<i>Haemophilus influenzae</i> type B
Haemolytic uraemic syndrome	Hepatitis A
Listeriosis	Hepatitis B
Measles	Hepatitis C
Meningococcal disease	Hepatitis E
Pertussis	Lead poisoning
Plague	Legionellosis
Poliomyelitis	Leprosy
Rabies (human)	Maternal death (pregnancy, childbirth and puerperium)
Respiratory disease caused by a novel respiratory pathogen	Mercury poisoning
Rift valley fever (human)	Pertussis
Smallpox	Soil-transmitted helminth infections
Viral haemorrhagic fever diseases	Tetanus
Waterborne illness outbreak	Tuberculosis: pulmonary
Yellow fever	Tuberculosis: extra-pulmonary
	Tuberculosis: multidrug-resistant (MDR-TB)
	Tuberculosis: extensively drug-resistant (XDR-TB)
Category 3 NMC	Category 4 NMC
Ceftriaxone-resistant <i>Neisseria gonorrhoea</i>	Carbapenemase-producing Enterobacteriaceae
West Nile virus, Sindbis virus, Chikungunya virus	Vancomycin-resistant enterococci
Dengue fever virus other imported arboviruses of medical importance	<i>Staphylococcus aureus</i> : hGISA and GISA
<i>Salmonella</i> spp. other than <i>S. typhi</i> and <i>S. paratyphi</i>	Colistin-resistant <i>Pseudomonas aeruginosa</i>
Rubella virus	Colistin-resistant <i>Acinetobacter baumannii</i>
Shiga toxin-producing <i>Escherichia coli</i>	<i>Clostridiaceae difficile</i>
<i>Shigella</i> spp	

a. How to report NMC?

Reporting can be done either via a paper based or an electronic notification.

Paper based notification

- Complete the NMC Case Notification Form which may be found on the NICD website.

- Send the NMC Case Notification Form to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or send a photograph by sms, Whatsapp, email or fax to the NMC hotline 072 621 3805. .
- Send a copy to the NMC focal person at Sub-District/District (details given on the NMC Notification booklet cover page).
- The NMC Focal Person at health facility level or Sub-District must ensure that the forms are captured electronically.

OR

Electronic notification via the NMC APP

- On the NICD webpage (www.nicd.ac.za) find the Notifiable Medical Conditions page. Follow the instructions to download the application (APP) onto your smartphone or open the APP on your laptop or PC.
- Follow the registration process. You will need to provide a HPCSA registration number (medical practitioner) or a SANC registration number (professional nurse).
- Capture the NMC case details onto the NMC APP using the patient's file and laboratory results (if available).
- The notification will automatically be sent via the APP to all relevant focal persons at facilities, Sub-District, District, Province & National levels. Category 1 conditions will be notified to focal persons by SMS to ensure immediate response.

Annexure 62: Checklist for element 78 - National guidelines are followed for all notifiable medical conditions

Checklist for Element 78							
National guidelines are followed for all notifiable medical conditions							
Use the checklist below to determine whether the National guidelines are followed for all notifiable medical conditions Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Notifiable Medical Conditions booklet available or have access to the web-based application to report Notifiable Medical Conditions	Yes/No						
All notifiable diseases are reported using the prescribed form or the web-based application	Yes/No						
Proof of submission of completed forms available	Yes/No						

Annexure 63: Checklist for element 79: SOP for the management of patients with highly infectious diseases is available

Checklist for Element 79							
SOP for the management of patients with highly infectious diseases is available							
Use the checklist below to check whether to topics listed are described in the SOP Scoring – in column for score mark as follows: Y (Yes) = present; N (No) = not present							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Room identified or dedicated area to isolate patients with suspected highly infectious disease.	Yes / No						
Procedure for terminal cleaning of the identified room to isolate patients with suspected highly infectious disease is detailed.	Yes / No						
Personal Protective equipment required for treatment of infectious patients and cleaning of the room is listed.	Yes / No						

Annexure 64: Checklist for element 81: Facility has a functional Infection Prevention and Control Programme

Checklist for Element 84							
Facility has a functional Infection Prevention and Control programme							
Use the checklist below to check whether the content of the SOP describes the items as listed Scoring – in column for score mark as follows: Y (Yes) = present; N (No) = not present							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Facility has a designated staff member who is responsible for IPC	Yes / No						
Terms of reference of the IPC committee is available	Yes / No						
Designation of committee members is set out in the terms of reference	Yes / No						
IPC committee meet at a minimum quarterly (check attendance registers)	Yes / No						

Annexure 65: Checklist for element 82: SOP for standard precautions is available

Checklist for Element 82							
SOP for standard precautions is available							
Use the checklist below to check whether the content of the SOP describes the items listed Scoring – in column for score mark as follows: Y (Yes) = present; N (No) = not present							
Item	8 hr Non-clinical Admin & Admin Supp	Score					
		8 Hour clinical services				24 hr clinical services	
		8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Hand hygiene	Yes / No						
Personal Protective Equipment	Yes / No						
Patient placement	Yes / No						
Appropriate use of antiseptics, disinfectant and detergents	Yes / No						
Respiratory hygiene and cough etiquette	Yes / No						
Injection safety, prevention of injuries from sharp instruments, post- exposure prophylaxis and medical surveillance	Yes / No						
Environmental cleanliness	Yes / No						
Health care waste management	Yes / No						
Decontamination of medical devices	Yes / No						
Handling of linen and laundry	Yes / No						
Principles of asepsis	Yes / No						

Annexure 66: Checklist for element 83: All staff have received in-service training in the last two years on standard precautions that is in-line with the SOP

Checklist for Element 83										
All staff have received in-service training on infection control standard precautions that is in-line with the SOP in the last two years										
Use the checklist below to check whether staff has received in-service training on infection prevention and control in the past 2 years Scoring - in column for score mark as follows: Check– randomly select two health care professional and two cleaners from the facility's staff establishment. If the facility has less than four staff members on their staff establishment, check all the staff Y (Yes) = staff member was trained; N (No) = staff member was not trained; NA (Not applicable) = if there are fewer than 4 staff members										
Topics included in training	Score									
	8 hr Non-clinical				8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp				8hr	Phar/Disp/M ed room	Oral Health	Allied	AE	MOU
	Healthcare Professional 1	Healthcare Professional 2	Cleaner 1	Cleaner 2						
Healthcare professionals received training on:										
Hand hygiene	Yes / No	Yes / No / Na								
Personal Protective Equipment	Yes / No	Yes / No / Na								
Patient placement	Yes / No	Yes / No / Na								
Appropriate use of antiseptics, disinfectant and detergents	Yes / No	Yes / No / Na								
Respiratory hygiene and cough etiquette	Yes / No	Yes / No / Na								
Injection safety, prevention of injuries from sharp instruments, post- exposure prophylaxis and medical surveillance	Yes / No	Yes / No / Na								
Environmental cleanliness	Yes / No	Yes / No / Na								
Health care waste management	Yes / No	Yes / No / Na								
Decontamination of medical devices	Yes / No	Yes / No / Na								
Handling of linen and laundry	Yes / No	Yes / No / Na								
Principles of asepsis	Yes / No	Yes / No / Na								

	Healthcare Professional 1	Healthcare Professional 2	Cleaner 1	Cleaner 2						
Cleaners received training on:										
Hand hygiene			Yes / No	Yes / No / Na						
Handling of linen and laundry			Yes / No	Yes / No / Na						
Personal Protective Equipment			Yes / No	Yes / No / Na						
Respiratory hygiene and cough etiquette			Yes / No	Yes / No / Na						
Environmental cleanliness			Yes / No	Yes / No / Na						
Health care waste management			Yes / No	Yes / No / Na						

July 2020

How to wash your hands

- Wash visibly soiled hands with soap and water, otherwise use alcohol-based hand rub.
- Keep nails short and clean. Avoid artificial nails as they do not allow for adequate cleaning/disinfection.

Wash your hands for 40-60 seconds using steps below:

40-60 seconds



1

Wet hands in clean water and apply soap to palm.



2

Rub palms together.



3

Place one hand over back of other, rub between fingers. Swap hands.



4

Rub fingers between each other.



5

Grip fingers and rub together.



6

Rub each thumb with opposite palm. Swap hands.



7

Rub tips of nails against palm. Swap hands.



8

Rinse hands with water.



9

- Avoid shared towels.
- Dry using paper towel.
- Use paper towel to turn off tap.

Once dry, your hands are safe.



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Source: WHO. Practical manual for implementation of the National Infection Prevention and Control Strategy Framework. 2020

Adapted from the Infection Control Society of South Africa (ICSSA) and World Health Organization (WHO) and sponsored by the Knowledge Translation Unit (KTU).

Pires, D., Bellesuso-Rodriguez, F., Seale, H., Geyrhofer, A., & Peto, D. (2017). Revisiting the WHO 'How to Handrub' Hand Hygiene Technique: Flagship First? Infection Control & Hospital Epidemiology, 36(2), 230-233. doi:10.1017/S0950268816001441



July 2020

How to hand rub

- Use 70% alcohol-based hand rub (ABHR).
- If hands are visibly soiled, rather use soap and water.
- Keep nails short and clean. Avoid artificial nails as they do not allow for adequate cleaning/disinfection.

20

seconds

Clean your hands for at least 20 seconds using steps below:

1



- Apply palmful of ABHR to cupped hand.
- Use elbow to dispense where able.

2



Rub tips of nails against palm. Swap hands.

3



Rub palms together.

4



Place one hand over back of other, rub between fingers. Swap hands.

5



Rub fingers between each other.

6



Grip fingers and rub together.

7



Rub each thumb with opposite palm. Swap hands.

Once dry, your hands are safe.



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Source: NDoH. Practical manual for implementation of the National Infection Prevention and Control Strategy Framework. 2019

Adapted from the Infection Control Society of South Africa (ICSSA) and World Health Organization (WHO) and sponsored by the Knowledge Translation Unit (KTU).

Pires, D., Belizario-Rodriguez, F., Seale, H., Capel-Aigeron, A., & Pittet, D. (2017). Revisiting the WHO "Five to Handrub" Hand Hygiene Technique: Forget the First? Infection Control & Hospital Epidemiology, 38(2), 230-232. doi:10.1017/S0950268816000441



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Annexure 69 : Checklist for element 84 - posters on hand hygiene are displayed

Checklist for Element 84										
Posters on hand hygiene is displayed										
Use the checklist below to check whether the poster on hand hygiene is displayed Scoring - In column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = compliant, N (No) = not compliant. N/A (Not applicable) = if the facility does not have the area/service										
Sub-area	Score									
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services			
	Admin & Admin Supp	8hr		Phar/Disp /Med	Oral Health	Allied	AE		MOU	
		Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)				Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)	Poster for hand hygiene technique displayed near the hand wash basin	Poster for alcohol-based hand rub technique displayed on a notice board (or wall where there is no notice board)
Vital area		Yes / No	Yes / No							
Consultation room		Yes / No	Yes / No							
Rehabilitation treatment area		Yes / No / Na	Yes / No / Na							
Oral health		Yes / No / Na	Yes / No / Na							
Toilet 1 (3 streams of care)		Yes / No								
Toilet 2 (3 streams of care)		Yes / No / Na								
Toilet in Rehabilitation treatment area						Yes / No / Na				
Toilet in Oral Health					Yes / No / Na					
Resuscitation							Yes / No	Yes / No		

Consultation area							Yes / No	Yes / No		
Observation area							Yes / No	Yes / No		
Patient Toilet							Yes / No			
Toilet for the disabled							Yes / No			
Staff Toilet							Yes / No			
Antenatal ward									Yes / No	Yes / No
Delivery suite									Yes / No	Yes / No
Postnatal ward									Yes / No	Yes / No
Patient Toilet									Yes / No	
Toilet for the disabled		Yes / No							Yes / No	
Staff Toilet		Yes / No							Yes / No	

July 2020

Cover your cough and sneeze



DON'T

Don't cough or sneeze without covering your mouth and nose.



Cover your mouth and nose with a tissue and throw it away immediately after use.

DO



Cough or sneeze into your upper sleeve.



Cough or sneeze inside your shirt or top.



Wash your hands with soap and water immediately after coughing or sneezing.

Annexure 71: Checklist for element 86: Poster on cough etiquette is displayed in every waiting area

Checklist for Element 86							
Poster on cough etiquette is displayed in every waiting area							
Use the checklist below to check whether the poster on cough etiquette is displayed in every waiting area Scoring - In column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Waiting area at 3 streams of care	Yes / No	Yes / No	Yes / No				
Waiting area at Rehabilitation treatment area					Yes / No		
Waiting area at Oral health services					Yes / No		
Waiting area at the 24 Hour Accidents & Emergency Unit						Yes / No	
Waiting areas at the MOU							Yes / No

Annexure 72: Checklist for element 87: Staff wear appropriate personal protective clothing

Checklist for Element 90											
Staff wear appropriate personal protective clothing											
Use the checklist below to check whether protective clothing is available and worn Scoring - in column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = available and worn, N (No) = not available or not worn, NA (not applicable) = if staff is not in a situation where they need to wear protective clothing at the time of the audit OR the facility does not have the area											
Item	Score										
	8 hr Non-clinical	8 Hour clinical services						24 hr clinical services			
	Admin & Admin Supp	8hr	Phar/Dis p/Med room	Oral Health	Allied	AE	MOU				
		Consultation rooms									
		stock available	worn by staff		stock available	worn by staff		stock available	worn by staff	stock available	worn by staff
Gloves – non sterile		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Gloves – sterile		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Disposable gowns OR aprons		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Protective face shields OR goggles		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
Surgical face masks		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na
N95 Respirators		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No / Na

Annexure 73: Checklist for element 88: The Linen in use is sufficient, clean, appropriately used and not torn

Checklist for Element 88												
The Linen in use is sufficient, clean, appropriately used and not torn in all services areas where linen is used												
Use the checklist below to check whether the linen is sufficient, clean, appropriately used and not torn in the areas as indicated Scoring - In the column for score mark as follows: Check – Randomly select the areas as indicated. Y (Yes) = compliant, N (No) = not compliant.												
Item	Score											
	8 hr Non-clinical	8 Hour clinical services					A&E			MOU		
	Admin & Admin Supp	8hr		Phar/Disp /Med room	Oral Health	Allied						
		Consultation Room	Resuscitation Room				Triage	Resuscitation	Observation area	Antenatal ward	Delivery suite	Postnatal ward
All examination couches are covered with linen		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Cloth linen (i.e. couch cover, two draw sheets, two sheets, two pillowcases) is available for each consultation room		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disposable linen – at least 30 draw sheets/linen savers per consultation room		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is clean		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is appropriately used for its intended purpose		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Linen is not torn		Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Mattresses have a washable cover										Yes / No	Yes / No	Yes / No
Mattress covers are clean										Yes / No	Yes / No	Yes / No
Mattresses are intact										Yes / No	Yes / No	Yes / No

Annexure 74: Checklist for element 89: Dirty, soiled and infectious linen are collected in a wheeled cart or trolley

Checklist for Element 89							
Dirty, soiled and infectious linen are collected in a wheeled cart or trolley							
Use the checklist below to check whether a trolley is used to collect dirty, soiled and infectious linen at the area as indicated Scoring - in column for score mark as follows: Y (Yes) = if present, N (No) = if not present.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Dirty, soiled and infectious linen are collected in a wheeled cart or trolley		Yes/No				Yes/No	Yes/No

Annexure 75: Poster for waste segregation and colour coding

Colour coding and labelling of health care waste

Waste category	Waste sub category	Colour coding	Labelling	Examples of waste
Infectious anatomical waste	None	RED	Have the international infectious hazard label Marked "infectious waste"	Tissues, organs, body parts or products of conception from surgeries and autopsies
Infectious waste	None	RED	Have the international infectious hazard Label Marked "infectious hazard"	All microbiology laboratory wastes, waste from surgeries and autopsies and all contaminated waste produced during treatment of patients
Sharps	None	YELLOW	Have the international infectious hazard Marked "Danger contaminated sharps"	Items that could cause cuts or puncture wounds; needles, hypodermic needles, scalpels and other blades, knives, infusion sets, saws, broken glass and pipettes
General waste	None	BLACK BEIGE WHITE TRANSPARENT	Marked general waste Note: Provinces/organisation should choose one colour and use only that colour throughout the province/organisation. Transparent bags are recommended to be able to identify content	Domestic waste, building and demolition waste, business waste (waste that does not pose an immediate hazard or threat to health or to the environment)
Chemical waste including pharmaceutical waste	Chemical or pharmaceutical	DARK GREEN	Have the international hazard label Marked "pharmaceutical waste-liquid or Pharmaceutical waste-solid" AND for flammable liquids or solids marked "Highly flammable" or "Flammable"	Pharmaceutical: unused medicines, medications and residues of medicines that are no longer usable as medication Chemical: Solid, liquid and gaseous products that are to be discarded and that contain dangerous or polluting chemicals that pose a threat to humans, animals or the environment, when improperly disposed off
	Cytotoxic or genotoxic pharmaceutical	DARK GREEN	Have the international Cytotoxic hazard label Marked "Cytotoxic waste" or "Genotoxic waste" OR Marked "Cytotoxic sharps" or " Genotoxic Sharps"	Certain expired drugs, vomit, urine, or faeces from patients treated with cytostatic drugs, genotoxin or cytotoxin contaminated sharps or pharmaceuticals
Radioactive waste	None	NO COLOUR CODING	Have the international radiation hazard label Name and contact number of the radiation officer, for emergency purposes	Liquid, solid or gaseous materials that contain or are contaminated with, radio nuclides.

Annexure 76: Checklist for element 90: Sharps are disposed of appropriately

Checklist for Element 90												
Sharps are disposed of appropriately												
Use the checklist below to check whether sharps are disposed of appropriately in the areas as indicated Scoring - In column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = compliant, N (No) = not compliant.												
Item	Score											
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services					
	Admin & Admin Supp	8hr		Phar/Disp/ Med room	Oral Health	Allied	AE			MOU		
		Consultation Room	Resuscitation Room				Resuscitation	Consultation area	Observation area	Antenatal ward	Delivery suite	Postnatal ward
Health care risk waste is properly segregated		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Sharps are disposed of in impenetrable, tamperproof containers		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Sharp containers contain only sharps		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Sharps containers are disposed of when they reach the limit mark		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Sharps containers are placed on work surface or in wall mounted brackets		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Used needles are not recapped before disposal		Yes / No	Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Annexure 77: Checklist for element 93: All staff are made aware of the letter/memo/circular that informs staff of the procedure to follow for prophylactic immunisations

Checklist for Element 93							
All staff are made aware of the letter/memo/circular that informs staff of the procedure to follow for prophylactic immunisations							
Use the checklist below to check whether staff are made aware of the SOP on access to prophylactic immunisations for high-risk infections Scoring - In the column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Staff signed acknowledgment of the letter/memo/circular that sets out the guidelines for prophylactic immunisations	Yes / No						
Letter/memo/circular from the provincial head of health or the delegated staff member at the provincial office contains the following information:							
Procedure to follow for prophylactic immunisations	Yes / No						
Who will bear the cost of immunizations	Yes / No						
Recommended vaccinations as determined by the disease profile of the health facility or region	Yes / No						

ANNEXURE 78: CHECKLIST FOR ELEMENT 101: Results of the annual patient experience of care survey are visibly displayed at the main waiting area

Checklist for Element 101							
Results of the annual patient experience of care survey are visibly displayed at the main waiting area							
Use the checklist below to check whether the results of the patient experience of care survey are displayed at the main waiting area Scoring - In column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Access to services - Level of user experience with accessibility of health care services	Yes/No						
Availability and use of medicines - Level of user experience with availability and use of medicines	Yes/No						
User safety - Level of user experience with physical safety while in the health establishment	Yes/No						
Cleanliness and infection prevention and control - Level of user experience with cleanliness of a health establishment and infection prevention and control practices in the health establishment	Yes/No						
Values and attitudes - Level of user experience of personnel values and attitudes	Yes/No						
User waiting time - Level of user experience with waiting time for services in the health establishment	Yes/No						

Annexure 78: Template for commitment of the facility to improve/sustain the results of the patient experience of care

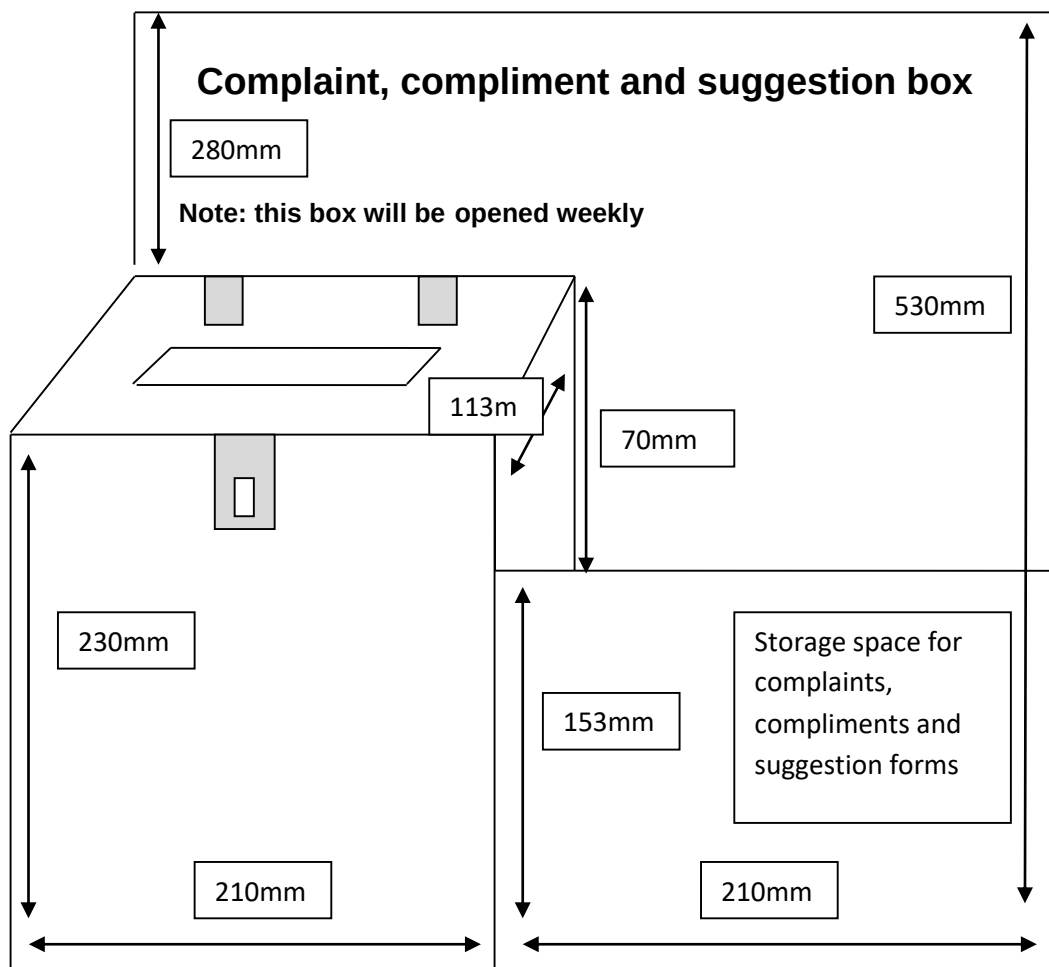
QUALITY IMPROVEMENT PLAN					
PRIORITY AREA	INTENTION	POSSIBLE SOLUTIONS (OPERATIONAL ACTIVITIES)	PERSON RESPONSIBLE FOR SOLUTION (NAME AND AREA OF WORK)	DUE DATE	MANAGER'S COMMENT (OUTCOME)
Access					
Availability of medicine					
Safety					
Cleanliness and IPC					
Values and attitudes					
Patient waiting time					

Signed commitment

Facility manager: _____ Sub-district manager: _____

Date: _____ Date: _____

Annexure 78: Example of specifications for a complaint, compliment and suggestion boxes



Specifications

Material	Perspex, 5mm thick
Colour	White, frosted
Hinges and hook and eye	Stainless steel
Label	Perspex print on box itself (no labels) in colour as determined by the province (Colour model CMYK: specify colours) Text and font size: "Complaint, compliment and suggestion box" – Arial 72 Repeat text translated into two other languages according to most prevalent language in the province "Note: this box will be opened weekly" – Arial 32
Lock	Lock with number sequence to lock
Mounted	Must be mounted onto the wall, 1.2m above the ground.

Annexure 879: Complaints, compliments and suggestion form

FORM TO LODGE A COMPLAINT OR RECORD A COMPLIMENT OR SUGGESTION

Date completed	
----------------	--

Do you want to: Complaint ☐ Give a compliment ☐ Make a suggestion ☐
(mark the applicable box with an X)

Details of the person lodging a complaint or recording a compliment or suggestion		
Surname		
First Name		
Contact details	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Hospital or clinic file number		
If you are submitting on behalf of someone else, please complete the following:		
Relation to the patient, e.g. mother, etc.		
Patient's Surname		
Patient's First Name		
Contact details of the patient	Cell number	
	Postal address	
	Physical address	
	E-mail address	
Service area (e.g ward no, reception, pharmacy)		
Patient's hospital or clinic file number		

Please describe the complaint or give a compliment or make a suggestion.

* Where possible also record the staff involved and department where the incident took place.

[illegible]

Signature of person lodging the complaint

Signature of patient

Annexure 80: Complaints, compliments and suggestions poster

??
WHAT YOU SHOULD DO IF YOU WANT TO COMPLAIN,
GIVE A COMPLIMENT OR MAKE A SUGGESTION
??

Lodge a complaint or record a compliment or suggestion

VERBALLY:

Approach the official responsible for managing complaints, compliments and suggestions.

This official is:

Telephone number:

Location of office:

The complaint, compliment or suggestion will be recorded on a prescribed form.

IN WRITING:

Fill in the prescribed form that is available next to the designated box or from the responsible official. The form will guide you on the information needed. Hand over the form to the official or place it in the box provided to post complaints, compliments, or suggestions that is situated at:

Take note: If the complaint is urgent, give it directly to the responsible official as the boxes will only be opened on scheduled times as indicated on the box. Otherwise:

Email or

Fax or

Post

ASK A FAMILY MEMBER OR FRIEND:

To submit a complaint, compliment or suggestion on your behalf in writing or verbally



The complaint will be acknowledged within 5 working days

The complaint will be investigated

The complaint will be resolved and redress conducted within 25 working days.
Should the case require more time for investigation, updates will be provided.

Should you be dissatisfied with the outcome, lodge the complaint at the district/provincial office or call centre on:



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Annexure 81: Checklist for element 104: Complaints/ compliments/ suggestions toolkit is available at the main entrance/exit

Checklist for Element 104							
Complaints/compliments/ suggestions toolkit is available at all service areas							
Use the checklist below to check whether the complaint forms, box and poster are available at the areas as indicated Scoring - In column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Lockable complaints/compliments/suggestions boxes are visibly placed at main entrance/exit		Yes/No				Yes/No	Yes/No
Complaints box is mounted (fixed to the wall or flat surface)		Yes/No				Yes/No	Yes/No
Official complaint/compliment/suggestion forms and pen are at the box at the main entrance/exit		Yes/No				Yes/No	Yes/No
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed at the entrance of the facility		Yes/No				Yes/No	Yes/No
A standardised poster describing the process to follow to lodge a complaint, give a compliment or make a suggestion is visibly displayed in a second language commonly spoken official languages		Yes/No				Yes/No	Yes/No

Annexure 82: Complaint, compliments and suggestion registers

Complaints Register

Health establishment’s name: _____

Month/year: _____

Ref No. (Column A)	Date received	Acknowledgment date	Number of working days to acknowledge	Patient/ family/ supporting person’s name and surname	Patient’s name and surname	Service area where complaint was lodged	Summary description of the complaint	Information on i.) action taken, ii) outcome, iii) remedial action	Category of complaint	Severity of complaint (risk rating)	Type of resolution	Date resolved (Column B)	Number of working days to resolve complaint (Column D)

REGISTER FOR COMPLIMENTS

Health establishment’s name: _____

Month/year: _____

Ref No.	Date Received	Name & surname of person who recorded the compliment	Patient's Name & Surname	Service area where compliment originated from	Summary description of the compliment	Information on action taken

REGISTER FOR SUGGESTIONS

Health establishment’s name: _____

Month/year: _____

Ref No.	Date Received	Name & surname of person who recorded the suggestion	Patient's Name & Surname	Service area where suggestion originated from	Summary description of the suggestion	Information on action taken

Annexure 83: Statistical data on complaints, compliments and suggestions

Statistical data on Complaints

Name of establishment/province: _____

Financial year: _____

Column name	INDICATORS					CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Month:	# Complaints received	# Complaints resolved	% Complaints resolved (Column B÷A)	# Complaints resolved within 25 working days	% Complaints resolved within 25 working days (D÷B)	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns F to R)
April																			
May																			
June																			
Tot Q1																			
Jul																			
Aug																			
Sept																			
Tot Q2																			
Oct																			
Nov																			
Dec																			
Tot Q3																			
Jan																			
Feb																			
March																			
Tot Q4																			
TOTAL																			
AVG (Tot/12)																			
% for financial year (Total of Column F to R ÷ Total Column S)																			

Statistical data on Compliments

Name of establishment/province: _____

Financial year: _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Compliment received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)															

Statistical data on Suggestions

Name of establishment/province: _____

Financial year: _____

Column name	INDICATOR	CATEGORIES													
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Month:	# Suggestions received	Staff attitude	Access to information	Physical access	Waiting times	Waiting list	Patient care	Availability of medicines	Safe and secure environment	Hygiene and cleanliness	Linen	Food	Missing patient record	Other	Total per month (Sum of Columns B to N)
April															
May															
June															
Tot Q1															
Jul															
Aug															
Sept															
Tot Q2															
Oct															
Nov															
Dec															
Tot Q3															
Jan															
Feb															
March															
Tot Q4															
TOTAL															
AVG (Tot/12)															
% for financial year (Total of Column B/C/D/E/F/G/H/I/J/K÷Total Column L)															

ANNEXURE 84: CHECKLIST FOR ELEMENT 105:

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

Checklist for Element 105							
Complaints/compliments /suggestions records comply with the National Guideline to Manage Complaints/Compliments/ Suggestions							
Use the checklist below to check the availability of records required for effective Complaint/compliment/suggestion Management Scoring - in column for score mark as follows: Check - complaints/compliments/suggestion records for the past three months for statistical data. For complaint letters and redress letter/minutes, check the last five resolved complaints for evidence Note: In cases where no complaints, compliments or suggestions occurred in the past three months. The Complaints Compliance Report for the facility as generated from the national web-based information system must show 100% compliance for "Null" reporting for the facility for the past 3 months, facility then score 'NA' at measures marked with a '*'. Y (Yes) = available, N (No) = not available, NA (Not applicable) = facility did not receive any complaints/compliments/suggestion in the past 3 months							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
The facility's/district's SOP to Manage Complaints/Compliments/Suggestions is available	Yes/No						
* Complaints letters (check the last 5 complaints resolved)	Yes/No/NA						
* Complaints redress letters/minutes (check the last 5 complaints resolved)	Yes/No/NA						
* Complaints register	Yes/No/NA						
* Compliments register	Yes/No/NA						
* Suggestion register	Yes/No/NA						
Statistical report for indicators and classifications for complaints	Yes/No						
Statistical report for indicators and classifications for compliments	Yes/No						
Statistical report for indicators and classifications for suggestions	Yes/No						

ANNEXURE 85: CHECKLIST FOR ELEMENT 106: Targets set for complaint indicators are met

Checklist for Element 106								
Targets set for complaint indicators are met								
Use the checklist below to check whether the targets set for the complaints indicators were met Scoring - in column for score mark as follows: Check –the previous quarter's data Y (Yes) = complaint, N (No) = not compliant; Not applicable (NA) = if no complaints were recorded in the previous quarter								
Item	Score							
	Target	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Target	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Complaint resolution rate	90%	Yes / No / Na						
Complaint resolution rate within 25 working days	90%	Yes / No / Na						

Annexure 86: Checklist for element 116: Management of availability of medicines

Checklist for Element 116							
SOP for management of availability of medicines is available							
Use the checklist below to check whether the SOP for management of availability of medicines covers the topics as listed Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Cleaning and appearance of the pharmacy/medicine room/dispensary	Yes / No						
Storage and organisation of the pharmacy/medicine room/dispensary	Yes / No						
Security and control of access to the pharmacy/medicine room/dispensary (within and outside normal working hours)	Yes / No						
Cold chain management	Yes / No						
Emergency cupboard/trolley management	Yes / No						

Management of medicines in the consulting room	Yes / No						
Pest Control	Yes / No						
Calculation and use of minimum, maximum and re-order stock levels	Yes / No						
Completion and management of stock (bin) cards	Yes / No						
Stock taking (counting) procedure	Yes / No						
Management of short-dated stock	Yes / No						
Procurement (ordering) of medicines	Yes / No						
Ordering and delivering schedule for stock	Yes / No						
Receipt of medicines into the pharmacy/medicine room/dispensary (ordered or borrowed stock)	Yes / No						
Managing return of stock to the depot	Yes / No						
Issuing of medicines to the consulting rooms and emergency trolley	Yes / No						
Managing stock transfers between facilities	Yes / No						
Medicine availability monitoring procedure/guide	Yes / No						
Separation and handling of expired, obsolete, unusable or patient-returned medicines (Schedule 0 – 4 medicines)	Yes / No						
Disposal of expired, obsolete, unusable and patient-returned medicines (Schedule 0 – 4 medicines)	Yes / No						
Managing recall of medicines	Yes / No						
Storage and control of Schedule 5 and Schedule 6 medicines	Yes / No						
Separation and disposal of expired, obsolete and unusable medicines (schedule 5 and schedule 6 medicines)	Yes / No						

Annexure 87: Checklist for element 118: Hand hygiene and sanitary facilities are available

Checklist for Element 118							
Hand hygiene and sanitary facilities are available at the Pharmacy/dispensary							
Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels Scoring - in column for score mark as follows: Y (Yes) = available, N (No) = not available. NA = If ONLY Medicine Room available							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Poster on hand hygiene is displayed near all hand hygiene stations (wash basins)			Yes / No/Na				
Functional hand wash basin			Yes / No/Na				
Taps are functional with running water			Yes / No/Na				
Liquid hand wash soap/hand rub			Yes / No/Na				
Disposable hand paper towels			Yes / No/Na				

Annexure 88: Checklist for element 122: Pharmacy/dispensary and waiting area are clean

Checklist for Element 122								
Pharmacy/dispensary and waiting area are clean								
Use the checklist below to check whether the areas are clean Scoring – in column for score mark as follows: Check – the medicine/dispensary room and the waiting area for the medicine/dispensary room Y (Yes) = compliant; N (No) = not compliant								
Area and measures	Score							
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room		Oral Health	Allied	AE	MOU
			Pharmacy/dispensary room	Waiting area				
CONSULTING ROOMS:								
Windows are clean			Yes / No/Na	Yes / No				
Window sills are clean			Yes / No/Na	Yes / No				
Floor is clean			Yes / No	Yes / No				
Wall skirtings are free of dust			Yes / No	Yes / No				
Countertops are clean			Yes / No	Yes / No				
Door handles are clean			Yes / No	Yes / No				
Walls are clean			Yes / No	Yes / No				
Bins are not overflowing			Yes / No	Yes / No				
Bins are clean			Yes / No	Yes / No				
Areas are odour-free			Yes / No	Yes / No				
Areas are free of cobwebs			Yes / No	Yes / No				

Annexure 89: Checklist for element 123: Medicines are stored to maintain quality in the pharmacy/dispensary

Checklist for Element 123							
Medicines are stored to maintain quality in the pharmacy/dispensary							
Use the checklist below to check how the facility stores medicine to ensure that quality medicines are available Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
There are no cracks, holes or signs of water damage in the pharmacy			Yes / No				
There is sufficient space in the pharmacy to store medicines needed in the facility			Yes / No				
There are no medicines stored in direct contact with the floor			Yes / No				
There is no evidence of pests in the pharmacy			Yes / No				
Medicines are stored neatly on shelves			Yes / No				
Medicines are stored according to a classification system			Yes / No				
Brazier bins (storage organisers) are neatly labelled			Yes / No				
Medicines are packed according to FEFO (First Expired, First Out) principles			Yes / No				

Annexure 90: Example of a schedule for acknowledgement of policies/ guidelines/protocols /SOP/notifications

Facility name: _____

Document name: _____

NAME AND SURNAME	PERSAL NUMBER	DESIGNATION	DATE	SIGNATURE

Annexure 91: Checklist for element 124: Medicine room/cupboard/trolley

Checklist for Element 124									
Medicine room/cupboard/trolley is neat and orderly									
Use the checklist below to check whether the medicine room/cupboard/trolley is neat and orderly Scoring - in column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = comply, N (No) = do not comply.									
Item		Score							
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services			
	Admin & Admin Supp	8hr	Phar/Displ/ Med room	Oral Health	Allied	AE		MOU	
		Consultation room				Resuscitation area	Observation area	Delivery suite	Antenatal/Postnatal ward
Surfaces inside the medicine room/cupboard/trolley are clean		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Medicines are neatly grouped together according to a classification system e.g. by dosage form (tablets/capsules, liquids, ointments, drops etc.) in alphabetical order and by generic name		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Medicine packets/bottles are clean and dust free		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
There are no loose tablets or vials lying around		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
There are no used unsheathed needles lying around or placed in open vials		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
All medicine trollies and cupboards including loose medicine should be stored out of direct sunlight.		Yes / No		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No

Annexure 92: Cleaning schedule

NAME OF FACILITY: _____

DAILY DUTIES

Key:

Area to be cleaned



Cleaning not applicable to those areas



Daily duties	Consultation rooms	General and waiting areas	Toilets	Staff kitchen
Wash floor				
Damp dust counter tops				
Wipe door handles				
Wash hand wash basin including taps		Where applicable		
Wash toilets (seats, urinals)				
Wipe soap and paper towel dispensers		Where applicable		
Replenish paper towels				
Replenish toilet paper				
Replenish liquid soap dispensers		Where applicable		
Wash kitchen basin with taps				
Damp dust kitchen equipment				
Spot clean dirty wall surfaces				
Damp dust dressing trolleys				
Damp dust examination lamp				
Damp dust chairs				
General waste bins cleaned and lined with bag				
Medical waste bins/boxes remove when full				
Sharps containers, sealed and removed when 3 quarter full				
Sanitary bins/boxes remove when full				
Remove waste from all service areas to temporary storage area.				
Tie and close all the general waste bags in the temporary storage area.				

WEEKLY DUTIES

Weekly Duties	Consultation rooms	General service and waiting areas	Toilets	Medicine room/ dispensary	All other store rooms
Damp dust windowsills					
Wash mirrors					
Damp dust wall skirtings					
Wash floors					
Damp dust counter tops					

MONTHLY DUTIES

Monthly Duties	All areas	Consulting/ vital rooms	Toilets	Staff kitchen	Medicine room/ dispensary	All other storage areas
Wash and wipe signage boards						
Wash soap dispensers inside and out when they are empty						
Clean refrigerator						
Wipe out kitchen unit/cupboards						
Damp dust shelves						

QUATERLY DUTIES

Quarterly duties	All areas
Strip all floors and apply polish	
Damp dust light fixtures	
Damp dust ceiling fans	

SIX MONTHLY DUTIES

Six monthly duties	All areas
Wash all the walls from top to bottom	
Wash windows	
Remove, wash and replace all curtains	

Cleaners to report any dysfunctional/missing cleaning equipment immediately to the facility manager or healthcare professional assigned to supervise cleanliness

Annexure 93: Control sheet for sign-off for cleanliness

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Month: _____ Year: _____

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust windowsills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Month: _____ Year: _____

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floor										
Damp dust counter tops										
Wipe door handles										
Wash handwash basin including taps										
Wash toilets (seats, urinals)										
Wipe soap and paper towel dispensers										
Replenish paper towels										
Replenish liquid soap dispensers										
Spot clean dirty wall surfaces										
Damp dust dressing trolleys										
Damp dust examination lamp										
Damp dust chairs										
General waste bins cleaned and lined with bag										
Medical waste bins/ boxes remove when full										
Sharps containers, sealed and removed when 3 quarter full										
Damp dust windowsills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR CONSULTATION/VITAL ROOMS/WAITING AREAS

Facility name: _____

Year: _____

Duties	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash soap dispensers inside and out when they are empty												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY AND DAILY CHECKLIST FOR MEDICINE ROOM/DISPENSARY

Facility name: _____

Month: _____

Year: _____

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floors										
Damp dust counter tops										
Damp dust windowsills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floors										
Damp dust counter tops										
Damp dust windowsills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Checklist for medicine/dispensing room for monthly/quarterly/six monthly cleaning duties

Facility name: _____

Year: _____

Duties	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash soap dispensers inside and out when they are empty												
Damp dust shelves												
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Remove, wash and replace all curtains												
Clean refrigerator												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY CHECKLIST FOR TOILETS

Facility name: _____

Date: _____

Area	Monday		Tuesday		Wednesday		Thursday		Friday	
	Time		Time		Time		Time		Time	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Wash Floor										
Clean basins										
Wash mirrors										
Wipe door handles										
Clean toilets										
Clean urinals										
Clean sanitary bins										
Clean general bins and line with bag										
Remove bins that are full										
Replenish disposable towels										
Replenish soap										
Replenish toilet paper										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Y)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

WEEKLY CHECKLIST FOR TOILETS

Facility name: _____

Month: _____

Year: _____

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 2					WEEK 3				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Damp dust window sills										
Wash mirrors										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR TOILETS

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Wash inside-out when soap dispensers are empty												
Damp dust light fixtures												
Wash all the walls from top to bottom												
Wash windows												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

DAILY AND WEEKLY CHECKLIST FOR STAFF KITCHEN

Facility name: _____

Month: _____

Year: _____

Area	WEEK 1					WEEK 2				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

Area	WEEK 3					WEEK 4				
	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Date										
Wash floors										
Damp dust window sills										
Damp dust wall skirting's										
Verification by manager OR delegated healthcare professional that areas are clean										
Signature of manager										
Satisfied (Yes)/Not satisfied (N)										

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

MONTHLY/QUARTERLY/SIX MONTHLY CHECKLIST FOR STAFF KITCHEN

Facility name: _____

Year: _____

Duties	Jan	Feb	Mrt	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Strip all floors and apply polish												
Damp dust light fixtures												
Damp dust ceiling fans												
Wash all the walls from top to bottom												
Wash windows												
Clean refrigerator												
Wipe out kitchen unit/ cupboards												
Verification by manager OR delegated healthcare professional that areas are clean												
Signature of manager												
Satisfied (Yes)/Not satisfied (N)												

The cleaner and manager/delegated healthcare professional must sign/initial in the appropriate space. Manager/delegated healthcare professional must also indicate the level of satisfaction.

Annexure 94: Checklist for element 125: Temperature of the pharmacy/dispensary is maintained within the safety range

Checklist for Element 125							
Temperature of the pharmacy/dispensary is maintained within the safety range							
Use the checklist below to check whether the medicine in the pharmacy is maintained within the safety range Scoring - in column for score mark as follows: Y (Yes) = comply, N (No) = do not comply. NOTE: Temperature should be monitored in all rooms/areas where medicine is stored.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
There is a functional air conditioner		Yes / No	Yes / No	Yes / No /NA		Yes / No	Yes / No
There is at least one functional, wall-mounted room thermometer		Yes / No	Yes / No	Yes / No /NA		Yes / No	Yes / No
The temperature of the pharmacy/dispensary is recorded daily		Yes / No	Yes / No	Yes / No /NA		Yes / No	Yes / No
Temperature of the pharmacy/dispensary and areas where medicines are stored is maintained within the safety range'		Yes / No	Yes / No	Yes / No /NA		Yes / No	Yes / No

Annexure 95: Example of a system to organise medicine in the medicine room

1. Pharmaceutical stock may be arranged according to the provincial facility order list, by dosage form (e.g. tablets/capsules, liquids, injections, topical preparations etc.) or in categories per disorder (e.g. diabetes, asthma, epilepsy, TB, HIV).
2. The applicable SOP and space available in the medicine room must be taken into consideration when deciding which approach to use.
3. Store items by generic name.
4. Label brazier bins or shelves neatly.
5. A colour coding system may be used to assist in the identification of medicines. The same colour coding used in the medicine room should be used in the organization of medicine stored in the consulting room/s. Refer Table 1 for an example of a colour coding system.
6. Pack stock in the designated storage location (brazier bin) for the item.
7. Stock must be stored and rotated using FEFO/FIFO principles.
8. Expired, damaged and obsolete stock must be removed from the shelves and stored in a separately designated area and disposed of according to approved procedures

Table 1: colour coding for brazier bins

CATEGORY	COLOUR	COLOUR INDICATION
ANTIBIOTICS	ORANGE	ORANGE
ACUTE AILMENTS	NEON YELLOW	NEON YELLOW
ANTENATAL	NEON PINK	NEON PINK
ASTHMA	BLUE	BLUE
DIABETES	LIGHT BLUE	LIGHT BLUE
EPILEPSY	LIGHT PURPLE	LIGHT PURPLE
FAMILY PLANNING	LIGHT PINK	LIGHT PINK
HEART & HYPERTENSION	RED	RED
HIV	GREEN	GREEN
TB	YELLOW	YELLOW
PAIN	PINK	PINK

NOTE: These colour indications are for the various categories of medicine, as per the provincial ordering list.

Example of a medicine room/dispensary with a colour coding system to organise the medicine



Annexure 96: Checklist for element 126: Cold chain procedure for vaccines

Checklist for Element 126							
Cold chain procedure for vaccines is maintained							
Use the checklist below to check whether the cold chain for vaccines is maintained Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Facility has a purpose built vaccine or medicine refrigerator with a holdover time of at least 48 hours			Yes / No			Yes / No	Yes / No
Record of annual service must be available for all refrigerators			Yes / No			Yes / No	Yes / No
The refrigerator is fitted with a thermometer			Yes / No			Yes / No	Yes / No
The refrigerator is fitted with a Continuous Temperature Monitoring Device (e.g. LogTag) or a Remote Temperature Monitoring Device			Yes / No			Yes / No	Yes / No
The temperature of the refrigerator is recorded twice daily, 7 hours apart (check one month's record)			Yes / No			Yes / No	Yes / No
The temperature of the refrigerator is maintained between 2-8 °C (check one month's record)			Yes / No			Yes / No	Yes / No
Water-based ice packs are available for use as needed			Yes / No			Yes / No	Yes / No
There is a functional thermometer and freeze tag for use in the cooler box			Yes / No			Yes / No	Yes / No
Is the vaccines packed according to the latest Cold Chain Manual (can be included in SOP)			Yes / No			Yes / No	Yes / No
The temperature of the cooler box is maintained between 2-8 °C and a monitoring process is in place (check one month's record)			Yes / No			Yes / No	Yes / No

Annexure 97: Checklist for element 127: Medicines dispensed for patients are labelled

Checklist for Element 127								
Medicines dispensed for patients are labelled in accordance with applicable legislation								
Use the checklist below to check whether the medicine dispensed to patients is labelled in accordance with applicable legislation Scoring - in column for score mark as follows: Y (Yes) = comply, N (No) = do not comply, Randomly check dispensed medication provided to 3 patients.								
Item	Score							
	8 hr Non-clinical						24 hr clinical services	
	Admin & Admin Supp	8hr		Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
		Medicine label 1	Medicine label 2				Medicine label 3	
Labels of dispensed medicines are clear and legible		Yes / No	Yes / No				Yes / No	
The label is attached to the medicine and does not obstruct or cover the expiry date		Yes / No	Yes / No				Yes / No	
The label contains the name of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the strength of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the dosage form of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the name of the patient		Yes / No	Yes / No				Yes / No	
The label contains the directions for use of the medicine		Yes / No	Yes / No				Yes / No	
The label contains the name and address of the facility supplying the medicines		Yes / No	Yes / No				Yes / No	
The label contains the date the medicine was dispensed		Yes / No	Yes / No				Yes / No	

Annexure 98: Example of a temperature control chart for medicine room/dispensary

DAILY MEDICINE ROOM/DISPENSARY TEMPERATURE RECORD

FACILITY _____ DISTRICT _____

MONTH/YEAR _____

RECORD TEMPERATURE DAILY

DAY	TEMPERATURE (°C)	COMMENT*	DAY	TEMPERATURE (°C)	COMMENT*
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

Signature of supervisor

Date:

** Indicate action taken when the temperature recorded exceeds 25 °C under the comments section.*

Action to take when the room temperature exceeds 25 °C:

1. Check that the air conditioner is on. If not, check the electricity supply to the air conditioner and switch the air conditioner on.
2. If there are no challenges with the electricity supply but the air conditioner is not on **OR** if the air conditioner is on but not in good working order, place an urgent work/procurement order for repairs/replacement using district procurement procedures.
3. Open windows and use electrical fans where available to reduce the temperature until air conditioner is functional

Annexure 99: Checklist for element 130: Electronic stock management system

Checklist for Element 130							
An electronic stock management system is used to manage medicine inventory							
Use the checklist below to check whether the electronic stock management system is used to manage medicine inventory Scoring – in column for score mark as follows: Y (Yes) = compliant, N (No) = non-compliant, Na (Not applicable) = as indicated							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
The facility has functional electronic networked system for monitoring the availability of medicines			Yes / No				
The approved list of medicines to be updated is visible in the medicine room			Yes / No				
The capturing device and accessories for the capturing device is in good working order (only applicable to SVS) is in good working order			Yes / No / Na				
The capturing device and its accessories are stored in a lockable unit (only applicable to SVS)			Yes / No / Na				
Access to the keys for the unit where the capturing device is kept is restricted (only applicable to SVS)			Yes / No / Na				
The facility has not been marked as non-reporting for two weeks (7 working days) or more (at the point of assessment) * (only applicable to SVS)			Yes / No / Na				

Annexure 100: Example of a temperature control chart for medicine refrigerator

DAILY REFRIGERATOR TEMPERATURE RECORD

FACILITY _____ MONTH/YEAR _____ DISTRICT _____

Record temperature at 08:00 and 15:00 daily

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Deg. °C	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
UNSAFE	22																															
	20																															
	18																															
	16																															
	14																															
	12																															
	10																															
SAFE	8																															
	6																															
	4																															
	2																															
UNSAFE	0																															
	-2																															
	-4																															
	-6																															
	-10																															
DEFROST																																

* Indicate in the 'Defrost' section of the temperature chart the date and time when the fridge is defrosted.

Signature of supervisor

Date:

- Action to take when the temperature moves into the “UNSAFE” range:
- 1. Check the electricity supply connection. Check the gas supply – is there a spare gas cylinder?
 - 2. Check that the door closes properly. Check that the door has not been left open for a while. Check how often the fridge door is opened. Make sure that the fridge is not overloaded.
 - 3. Check how thick the ice build-up is in the freezing compartment. **DEFROST IF THE ICE IS MORE THAN 0.5CM THICK** – CLEAN THE FRIDGE REGULARLY.
 - 4. Implement your contingency plan if the fridge is malfunctioning. Notify your supervising pharmacist, sub-district and/or district pharmacy and PHC managers of the challenge.

Annexure 101: Checklist for element 132: Medicines on the tracer medicine list are available

Checklist for Element 132							
Medicines on the tracer medicine list are available							
Use the checklist below the check whether the tracer medicines listed are available Scoring – Where an electronic networked stock availability monitoring system is not available, use the scoring columns in the list below to score availability as follows: Check available stock in the pharmacy/medicine room/dispensary Y (Yes) = available, not expired; N (No) = not available OR available but expired. NA (Not Applicable: * = Only required at midwife obstetric units; ** = Required for facilities, where there is a permanent doctor; *** = Relevant where malaria cases are prevalent.							
MEDICINE ROOM/DISPENSARY	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Oral formulations – tablets/capsules/liquid/inhaler							
Abacavir 20mg/ml solution OR Abacavir 60 mg dispersible tablets OR Abacavir/Lamivudine 120/60 mg dispersible tablets			Yes / No				
Abacavir 300mg, Lamivudine 300mg, Dolutegravir 50mg, fixed dose combination (FDC) tablet			Yes / No				
Aciclovir 200mg OR 400mg			Yes / No				
Amoxicillin 125mg/5ml OR 250mg/5ml suspension			Yes / No				
Amoxicillin 250mg OR 500mg capsules			Yes / No				
Aspirin 100mg OR 300mg			Yes / No				
Azithromycin 250mg OR 500mg tablets			Yes / No				
Beclomethasone/Budesonide 100mcg OR 200 mcg metered dose inhaler (MDI)			Yes / No				
Carbamazepine 200mg tablets OR Lamotrigine 25mg tablets or 50mg or 100mg or 200mg			Yes / No				
Chlorpheniramine 2mg/5ml syrup			Yes / No				
Chlorpheniramine 4mg (tablets)			Yes / No				
Combined oral contraceptive pill containing 30 mg ethinylestradiol ethinylestradiol/levonorgestrel OR ethinylestradiol/norethisterone OR ethinylestradiol/gestodene OR ethinylestradiol/norgestimate			Yes / No				
Co-trimoxazole 200/40mg per 5ml suspension			Yes / No				
Co-trimoxazole 400/80mg tablets			Yes / No				
Dolutegravir 10 mg dispersible			Yes / No				
Dolutegravir 50 mg capsule			Yes / No				
Doxycycline 100mg			Yes / No				
Enalapril 5mg or 10mg tablets			Yes / No				
Ethambutol 400mg tablets			Yes / No				
Ferrous lactate/gluconate liquid/syrup			Yes / No				
Ferrous sulphate (dried) /fumarate tablets providing ± 55 to 65mg elemental iron			Yes / No				

Flucloxacillin 250mg OR Cephalexin 250mg OR 500mg		Yes / No				
Fluconazole 50mg & 200mg		Yes / No				
Fluoxetine 20mg OR Citalopram 10mg OR 20mg **		Yes / No / Na				
Folic acid 5mg		Yes / No				
Gentamicin 80mg/2ml ampoule OR Fosfomycin 3g granules OR Nitrofurantoin 100mg capsules/tablets		Yes / No				
Haloperidol 1.5mg OR 5mg **		Yes / No / Na				
Hydrochlorothiazide 12.5mg OR 25mg tablets		Yes / No				
Hyoscine 10mg tablets OR 5mg/5ml syrup		Yes / No				
Ibuprofen 100mg/5ml suspension		Yes / No				
Ibuprofen 200 mg OR 400mg tablets		Yes / No				
Isoniazid 100mg OR 300mg tablets		Yes / No				
Isosorbide dinitrate 5mg sublingual		Yes / No				
Lamivudine 10mg/ml syrup/solution		Yes / No				
Lansoprazole 30mg OR Pantoprazole 40mg OR Omeprazole 20mg		Yes / No				
Levonorgestrel 1.5mg tablet OR Copper IUCD (for emergency contraceptive)		Yes / No				
Metformin 500mg OR 850mg tablets		Yes / No				
Methyldopa 250 mg tablets		Yes / No				
Metronidazole 200mg OR 400mg tablets		Yes / No				
Metronidazole 200mg/5ml suspension		Yes / No				
Misoprosol 200mg		Yes / No				
Nevirapine 50mg/5ml suspension		Yes / No				
Oral rehydration solution		Yes / No				
Phenobarbitone 30mg **		Yes / No / Na				
Prednisone 5mg tablets OR Prednisolone 5mg tablets		Yes / No				
Pyridoxine 25mg tablets		Yes / No				
Rifampicin + Isoniazid (RH) 300mg/150mg OR 150/75mg tablets		Yes / No				
Rifampicin + Isoniazid (RH) 75/50 tablets OR Rifampicin + Isoniazid (RH) + pyrazinamide (RHZ) 75/50/150 tablets		Yes / No				
Rifampicin + Isoniazid + pyrazinamide + ethambutol (RHZE) 150/75/400/275 tablets		Yes / No				
Salbutamol 100 mcg MDI		Yes / No				
Simvastatin 10mg OR 20mg tablets		Yes / No				
Tenofovir/ lamivudine /dolutegravir 300/300/50mg tablets (FDC)		Yes / No				
Tenofovir/emtricitabine 300/200 mg tablets (FDC)		Yes / No				
Vitamin A 50,000U OR 100,000U OR 200,000U capsules		Yes / No				
Zidovudine 50mg/5ml, solution/suspension		Yes / No				
Zinc oral suspension		Yes / No				
Injections and intrauterine devices						
Benzathine benzylpenicillin 1.2MU OR 2.4MU vial		Yes / No				
Ceftriaxone 250mg OR 500mg OR 1g vials		Yes / No				
Etonogestrel Implant		Yes / No				
Intrauterine contraceptive copper device (IUCD)		Yes / No				

Medroxyprogesterone acetate 150mg/ml OR Norethisterone 200mg/ml injections		Yes / No					
Topicals - drops/lotions/creams/oointments							
Chloramphenicol 1%, ophthalmic ointment		Yes / No					
Clotrimazole 1%		Yes / No					
Hydrocortisone 1%		Yes / No					
Oxymetazoline 0.025% ophthalmic		Yes / No					
Fridge							
BCG vaccine		Yes / No					
Ergometrine 0.5mg OR oxytocin/ ergometrine 5U/0.5mg combination*		Yes / No / Na					
Hepatitis B immunoglobulin*		Yes / No / Na					
Hepatitis B Paediatric vaccine, 10mcg/0.5ml injection* OR Hepatitis B Adult; 20mcg/ml*		Yes / No / Na					
Hexavalent: DTaP-IPV-HB-Hib vaccine		Yes / No					
Insulin, biphasic (pre-mixed)		Yes / No					
Insulin, short acting		Yes / No					
Rubella (MR) vaccine		Yes / No					
Oxytocin 5 OR 10 IU/ml		Yes / No					
Pneumococcal Conjugated Vaccine (PCV)		Yes / No					
Polio vaccine (oral)		Yes / No					
Rotavirus vaccine		Yes / No					
Tetanus, diphtheria and acellular Pertussis (TdaP) vaccine		Yes / No					
Tetanus toxoid (TT) vaccine		Yes / No					
Emergency trolley							
5% Dextrose 200ml OR 1L solution		Yes / No					
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution		Yes / No					
Activated Charcoal		Yes / No					
Adrenaline 1mg/ml (Epinephrine) 1ml ampoule		Yes / No					
Amlodipine 5mg OR 10mg tablets		Yes / No					
Ampicillin 250mg OR 500mg injection*		Yes / No /Na					
Artesunate 60mg injection***		Yes / No /Na					
Aspirin 100mg OR 300mg tablets		Yes / No					
Atropine 0.5mg OR 1mg ampoule		Yes / No					
Betamethasone 4mg/ml injection*		Yes / No /Na					
Calcium Gluconate 10% 10ml ampoule		Yes / No					
Furosemide 20mg OR 10mg/2ml ampoule		Yes / No					
Hydrocortisone 100mg/ml OR 200mg/2ml vial		Yes / No					
Ipratropium 0.25mg/2ml OR 0.5mg/2ml Unit dose vial for nebulization		Yes / No					
Isosorbide dinitrate 5mg sublingual (SL) tablet		Yes / No					
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial		Yes / No					
Magnesium sulfate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment)		Yes / No					
Midazolam (1mg/ml 5ml ampoule OR 5mg/ml) OR Diazepam 5mg/ml 2ml ampoule**		Yes / No /Na					

N-acetylcysteine 200mg tablets****			Yes / No / Na				
Naloxone 0.4mg/1ml 1 ml ampoule**			Yes / No / Na				
Nifedipine 5mg OR 10mg capsules			Yes / No				
Maintenance fluid: Sodium chloride 0.9% / dextrose 5%			Yes / No				
Paracetamol 120mg/5ml OR 500mg tablets			Yes / No				
Promethazine 25mg/2ml 2ml ampoule OR Promethazine 25mg/1ml ampoule			Yes / No				
Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI			Yes / No				
Sodium chloride 0.9% 1L solution OR Ringer's Lactate			Yes / No				
Streptokinase 1.5 MIU injection** OR Alteplase 50mg injection**			Yes / No / Na				
Thiamine 100mg/ml 10ml vial			Yes / No				
Tranexamic acid 500mg/5ml injection*			Yes / No / Na				
Vitamin K 2mg/0.2ml ampoule*			Yes / No / Na				

Annexure 102: Checklist for element 134: Expired medicine is disposed

Checklist for Element 134							
Expired medicine is disposed of according to prescribed procedures							
Use the checklist below to check whether expired medicine is disposed of according to prescribed procedures Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Expired or obsolete medicine is put in a dark green container			Yes / No				
Container is marked with the words "Pharmaceutical waste liquid or solid"			Yes / No				
The correct documentation is attached to the container			Yes / No				

Annexure 103: Register for schedule 5 and 6 medicines

Schedule 5 and 6 Medicine Register

[illegible]

***Note: Does not have to be completed if issued by a pharmacist**

Annexure 104: Checklist for element 137: Health care waste is managed appropriately

Checklist for Element 137							
Health care waste is managed appropriately in the pharmacy/dispensary							
Use the checklist below to check whether health care waste is managed appropriately Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
General waste is disposed of separately in a black/beige/white or transparent plastic bag			Yes / No				
Sharps are disposed of in impenetrable, tamperproof containers			Yes / No				
Sharps containers contain only sharps			Yes / No				
Sharps containers are disposed of when they reach the limit mark			Yes / No				
Sharps containers are placed on work surface or in wall mounted brackets			Yes / No				
Used needles are not recapped before disposal			Yes / No				

Annexure 105: Essential Medicines List for Primary Health Care Facilities

ATC	MEDICINE	ATC	MEDICINE
A02BC	Proton-pump inhibitor, oral	B05XA05	Magnesium sulphate, parenteral
A02BC03	Lansoprazole, oral	C01CA24	Epinephrine (adrenaline), parenteral
A03BA01	Atropine, parenteral	C01DA	Nitrates, short acting, oral
A03BB01	Hyoscine butylbromide, oral	C01DA08	Isosorbide dinitrate, oral
A03FA01	Metoclopramide, oral	C01DA14	Isosorbide mononitrate, oral
A03FA01	Metoclopramide, parenteral	C02AB01	Methyldopa, oral
A06AB06	Sennosides A and B, oral	C03AA	Thiazide Diuretic
A06AD11	Lactulose, oral	C03AA03	Hydrochlorothiazide, oral
A07AA02	Nystatin, oral	C03C	Loop Diuretic, oral
A07BA01	Charcoal, activated	C03C	Loop Diuretic, parenteral
A07CA	Oral rehydration solution (ORS)	C03CA01	Furosemide, oral
A07DA03	Loperamide, oral	C03CA01	Furosemide, parenteral
A10AB	Insulin, short/rapid acting	C03DA01	Spirolactone, oral
A10AC	Insulin, intermediate acting	C05AX02	Bismuth subgallate compound, topical
A10AD	Insulin, biphasic	C07A	β -blocker, oral
A10BA02	Metformin, oral	C07AB11	Atenolol, oral
A10BB	Sulphonylureas, oral	C07AG	Alpha 1 and non-selective β blocker, oral
A10BB01	Glibenclamide, oral	C07AG02	Carvedilol, oral
A10BB12	Glimepiride, oral	C08CA	Calcium channel blocker, long acting, oral
A11B	Multivitamin, oral	C08CA01	Amlodipine, oral
A11CA01	Vitamin A (retinol), oral	C08CA05	Nifedipine, short-acting, oral
A11DA01	Thiamine (vit B1), oral	C09A	ACE-Inhibitor, oral
A11EA	Vitamin B Complex, oral	C09AA02	Enalapril, oral
A11HA01	Nicotinamide (vitamin B3), oral	C10AA	HMGCoA reductase inhibitors (statins), oral
A11HA02	Pyridoxine (vit B6), oral	C10AA01	Simvastatin, oral
A12AA04	Calcium carbonate, oral	D01AC	Imidazole, topical
A12CB	Zinc, elemental, oral	D01AC01	Clotrimazole, topical
B01AC06	Aspirin, oral	D01AE12	Salicylic Acid, topical
B01AD01	Streptokinase, parenteral	D01AE13	Selenium sulphide, topical
B02BA01	Vitamin K1 (phytomenodione), parenteral	D02A	Emollient
B03A	Iron, oral	D02AB	Zinc and castor oil ointment
B03AA	Ferrous lactate, oral	D02AC	Petroleum Jelly
B03AA02	Ferrous fumarate, oral	D02AX	Aqueous cream (UEA)
B03AA03	Ferrous gluconate, oral	D02AX	Emulsifying ointment
B03AD03	Ferrous sulphate compound (BPC), oral	D04AB01	Lidocaine, topical
B03BB01	Folic Acid, oral	D04AB06	Tetracaine, topical
B05BA03	Dextrose, I.V. solution	D04AX	Calamine lotion
B05BB01	Sodium Chloride 0.9%, I.V. solution	D05AA	Coal Tar (LPC), topical
B05CB01	Sodium Chloride 0.9%, irrigation	D07AA02	Hydrocortisone, topical

ATC	MEDICINE	ATC	MEDICINE
D07AC01	Betamethasone, topical	H03AA01	Levothyroxine, oral
D08AC02	Chlorhexidine, topical	J01AA02	Doxycycline, oral
D08AG02	Povidone iodine, topical	J01CA01	Ampicillin, parenteral
D08AG03	Iodine tincture BP, topical	J01CA04	Amoxicillin, oral
D09AA	Bismuth iodoform paraffin paste (BIPP), topical	J01CE02	Phenoxymethylpenicillin, oral
D09AX	Paraffin gauze dressings	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
D10AD	Retinoids, topical	J01CF05	Flucloxacillin, oral
D10AD01	Tretinoin, topical	J01CR02	Amoxicillin/Clavulanic Acid, oral
D10AE01	Benzoyl peroxide, topical	J01DB01	Cephalexin, oral
G01AF02	Clotrimazole, vaginal	J01DD04	Ceftriaxone, parenteral
G02AB03	Ergometrine, parenteral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G02AD06	Misoprostol	J01FA	Macrolide, oral
G02BA02	Copper IUD	J01FA01	Erythromycin, oral
G03A	Contraceptives. Hormonal for systemic use	J01FA10	Azithromycin, oral
G03AA	Contraceptives, monophasic: combined estrogen/progestin pill	J01GB04	Kanamycin, parenteral
G03AA07	Ethinylloestradiol/levonorgestrel 30mcg/150 mcg, oral	J01MA	Fluoroquinolone, oral
G03AB	Contraceptives, triphasic: combined estrogen/progestin pill	J01MA02	Ciprofloxacin, oral
G03AB03	Levonorgestrel/Ethinyl oestradiol, oral	J01MA14	Moxifloxacin, oral
G03AC	Contraceptives, levonorgestrel, implant	J01XD01	Metronidazole, oral
G03AC	Contraceptives, monophasic: progestin only pill	J02AC01	Fluconazole, oral
G03AC	Contraceptives, progestin only pill	J04AB02	Rifampicin (R), oral
G03AC	Contraceptives, progestin-only injectable, parenteral	J04AC01	Isoniazid (H/INH), oral
G03AC	Contraceptives, progestin-only subdermal implant	H03AA01	Levothyroxine, oral
G03AC03	Levonorgestrel pill	J01AA02	Doxycycline, oral
G03AC06	Contraceptives, medroxyprogesterone acetate depot, parenteral	J01CA01	Ampicillin, parenteral
G03AC08	Etonogestrel, implant	J01CA04	Amoxicillin, oral
G03AD	Progestin-only, emergency contraceptive, oral	J01CE02	Phenoxymethylpenicillin, oral
G03AD01	Levonorgestrel, emergency contraceptive, oral	J01CE08	Benzathine benzylpenicillin (depot formulation), parenteral
G03C	Estrogen, oral	J01CF05	Flucloxacillin, oral
G03CA03	Estradiol valerate, oral	J01CR02	Amoxicillin/Clavulanic Acid, oral
G03CA57	Estrogens conjugated, oral	J01DB01	Cephalexin, oral
G03DA02	Medroxyprogesterone acetate, oral	J01DD04	Ceftriaxone, parenteral
G03DC02	Norethisterone acetate, oral	J01EE01	Trimethoprim/Sulfamethoxazole (Cotrimoxazole), oral
G03HA01	Cyproterone acetate, oral	J01FA	Macrolide, oral
H01BB02	Oxytocin, parenteral	J01FA01	Erythromycin, oral
H01BB02/ G02AB03	Oxytocin/ergometrine, parenteral	J01FA10	Azithromycin, oral
H02AB01	Betamethasone, parenteral	J01GB04	Kanamycin, parenteral
H02AB07	Prednisone, oral	J01MA	Fluoroquinolone, oral
H02AB09	Hydrocortisone, parenteral	J01MA02	Ciprofloxacin, oral

ATC	MEDICINE	ATC	MEDICINE
J01MA14	Moxifloxacin, oral	M02AC	Methyl Salicylate Ointment
J01XD01	Metronidazole, oral	M04AA01	Allopurinol, oral
J02AC01	Fluconazole, oral	N01AX13	Nitrous Oxide, general anesthetic
J04AB02	Rifampicin (R), oral	N01BB02	Lidocaine 1%, parenteral
J04AC01	Isoniazid (H/INH), oral	N01BB02	Lidocaine 2%, parenteral
J04AD03	Ethionamide, oral	N01BB52	Lidocaine with epinephrine (adrenaline), parenteral
J04AK01	Pyrazinamide (Z), oral	N02AA01	Morphine, parenteral
J04AK02	Ethambutol (E), oral	N02AA01	Morphine, oral
J04AK03	Terizidone, oral	N02AB02	Pethidine, parenteral
J04AM02	Rifampicin/Isoniazid (RH), oral	N02AX02	Tramadol, oral
J04AM06	Rifampicin/Isoniazid/Pyrazinamide/Ethambutol (RHZE), oral	N02BE01	Paracetamol, oral
J05AB01	Aciclovir, oral	N03AA02	Phenobarbital (phenobarbitone), oral
J05AE03	Ritonavir, oral	N03AB02	Phenytoin, oral
J05AE08/ J05AE03	Atazanavir/ritonavir, oral	N03AE	Benzodiazepines (antiepileptics)
J05AF01	Zidovudine, oral	N03AF01	Carbamazepine, oral
J05AF05	Lamivudine, oral	N03AG01	Valproate, oral
J05AF06	Abacavir, oral	N03AX09	Lamotrigine, oral
J05AF07	Tenofovir, oral	N04A	Anticholinergic agents, oral
J05AF09	Emtricitabine, oral	N04A	Anticholinergic agents, parenteral
J05AG01	Nevirapine, oral	N04AA02	Biperiden, parenteral
J05AG03	Efavirenz, oral	N04AB02	Orphenadrine, oral
J05AR10/J05AE03	Lopinavir/ritonavir, oral	N05AA01	Chlorpromazine, oral
J06BB01	Anti-D immunoglobulin	N05AB02	Fluphenazine decanoate, parenteral
J06BB05	Rabies Immunoglobulin (RIG)	N05AD01	Haloperidol, parenteral
J07AG01	Haemophilus Influenzae Type B (Hib) vaccine	N05AD01	Haloperidol, oral
J07AL02	Pneumococcal conjugated vaccine (PCV)	N05AF01	Flupenthixol decanoate, parenteral
J07AM01	Tetanus toxoid (TT)	N05AF05	Zuclopenthixol acetate, parenteral
J07AM51	Tetanus and diphtheria (Td) vaccine	N05AF05	Zuclopenthixol decanoate, parenteral
J07AM51	Diphtheria, tetanus and pertussis(DTP) vaccine	N05AX08	Risperidone, oral
J07BB	Influenza vaccine	N05BA	Benzodiazepines (anxiolytics)
J07BC01	Hepatitis B (HepB) vaccine	N05BA01	Diazepam, oral
J07BD01	Measles vaccine	N05BA01	Diazepam, parenteral
J07BF	Oral polio vaccine (OPV)	N05CD	Benzodiazepines (sedatives)
J07BG01	Rabies vaccine	N05CD08	Midazolam, parenteral
J07BH	Rotavirus vaccine	N06AA	Tricyclic antidepressants, oral
J07CA09	Hexavalent - diphtheria, tetanus, acellular pertussis, inactivated polio, hepatitis B, haemophilus influenza type b vaccine	N06AA09	Amitriptyline, oral
L03AX03	Bacillus Calmette-Guerin (BCG) vaccine	N06AB	Selective serotonin reuptake inhibitors (SSRIs), oral
M01A	NSAID, oral	N06AB03	Fluoxetine, oral
M01AE01	Ibuprofen, oral	N06AB04	Citalopram, oral

ATC	MEDICINE	ATC	MEDICINE
P01AB01	Metronidazole, oral		
P01BC01	Quinine dihydrochloride, parenteral		
P01BE03	Artesunate, parenteral		
P01BF01	Artemether/lumefantrine, oral		
P02BA01	Praziquantel, oral		
P02CA01	Mebendazole, oral		
P02CA03	Albendazole, oral		
P03AC04	Permethrin, topical		
P03AX01	Benzyl benzoate, topical		
R01AA05	Oxymetazoline, nasal		
R01AA14	Epinephrine (adrenaline), inhalation		
R01AD	Corticosteroid, nasal		
R01AD05	Budesonide, nasal		
R03AC	β_2 agonist, short acting, inhaler		
R03AK	Long-acting β_2 agonist/corticosteroid combination, inhaler		
R03AK06	Salmeterol/fluticasone, inhaler		
R03BA	Corticosteroids, inhaled		
R03BA01	Beclomethasone, inhaler		
R03BB01	Ipratropium Bromide, inhaler		
R03AC02	Salbutamol, inhaler		
R05	Cough Syrup		
R06AB04	Chlorphenamine, oral		
R06AD02	Promethazine, parenteral		
R06AE07	Cetirizine, oral		
S01AA01	Chloramphenicol, ophthalmic		
S01EC01	Acetazolamide, oral		
S01FA01	Atropine, ophthalmic		
S01GA04	Oxymetazoline, ophthalmic		
S01GX01	Sodium Cromoglycate, ophthalmic		
S01HA03	Tetracaine (amethocaine), ophthalmic		
S01XA03	Sodium Chloride, hypertonic, I.V. solution		
S02AA10	Acetic acid in alcohol 2%, otological		
V03AB15	Naloxone, parenteral		
V03AN01	Oxygen		
V06DC01	Dextrose, oral		
V07AB	Water for injection/ sterile water, parenteral		

Annexure 106: Checklist for element 138: M

Annexure 103: Checklist for element 134: Expired medicine is disposed of according to prescribed procedures

Checklist for Element 134							
Expired medicine is disposed of according to prescribed procedures							
Use the checklist below to check whether expired medicine is disposed of according to prescribed procedures Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Expired or obsolete medicine is put in a dark green container			Yes / No				
Container is marked with the words "Pharmaceutical waste liquid or solid"			Yes / No				
The correct documentation is attached to the container			Yes / No				

Annexure 104: Checklist for element 137: Health care waste is managed appropriately in the pharmacy/dispensary

Checklist for Element 137							
Health care waste is managed appropriately in the pharmacy/dispensary							
Use the checklist below to check whether health care waste is managed appropriately Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Infused room	Oral Health	Allied	AE	MOU
General waste is disposed of separately in a black/beige/white or transparent plastic bag			Yes / No				
Sharps are disposed of in impenetrable, tamperproof containers			Yes / No				
Sharps container contains only sharps			Yes / No				
Sharps containers are disposed of when they reach the limit mark			Yes / No				
Sharps containers are placed on work surface or in wall mounted brackets			Yes / No				
Used needles are not recapped before disposal			Yes / No				

Annexure 107: Checklist for element 140: Basic medical supplies (consumables) are available

Checklist for Element 138							
Basic medical supplies (consumables) are available							
Use the checklist below to check the availability of medical and dressing supplies Scoring - in column for score mark as follows: Check- available stock in a storage room in the areas as indicated Y (Yes) = available, N (No) = not available. NA (not applicable) = ** for facilities that do not have a permanently appointed doctor and as indicated							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Intravenous administration set 20 drops/ml		Yes / No				Yes / No	Yes / No
Intravenous admin set paed 60 drops/ml		Yes / No				Yes / No	Yes / No
Blade stitch cutter sterile/pack		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 12f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 14f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 16f		Yes / No				Yes / No	Yes / No
Urinary (Foley's) catheter silicone/latex 18f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 06f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 08f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 10f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 12f		Yes / No				Yes / No	Yes / No
Catheter suction resp 500mm 14f		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone (Not all sizes needed, only 30 or 32 needed)*		Yes / No				Yes / No	Yes / No
Catheter thoracic silicone st32		Yes / No / Na				Yes / No	Yes / No
Drainage sys chest u/water adult		Yes / No / Na				Yes / No	
Urine drainage bag		Yes / No				Yes / No	Yes / No
Reservoir mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Nasal cannula (prongs) for adults		Yes / No				Yes / No	Yes / No
Simple face mask for oxygen, paediatric		Yes / No				Yes / No	Yes / No
Nasal cannula (prongs) for paediatric		Yes / No				Yes / No	Yes / No
Simple face mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Reservoir mask for oxygen for adults		Yes / No				Yes / No	Yes / No
Nasogastric feeding tube 600mm fg5		Yes / No				Yes / No	
Nasogastric feeding tube 600mm fg8		Yes / No				Yes / No	

Nasogastric feeding tube 1000mm fg10 OR 12		Yes / No				Yes / No	
Disposable aprons		Yes / No				Yes / No	Yes / No
Eye patches (disposable)		Yes / No				Yes / No	
Disposable razors/disposable shaving set		Yes / No				Yes / No	Yes / No
Disposable Amnihook **						Yes / No	Yes / No
Ultrasound gel medium viscosity		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile large /box		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile medium /box		Yes / No				Yes / No	Yes / No
Gloves exam n/sterile small /box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 6 OR6.5 OR Small/box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 7OR 7.5 OR medium/box		Yes / No				Yes / No	Yes / No
Gloves surg sterile sz 8 OR large/box		Yes / No				Yes / No	Yes / No
Endotracheal tubes – uncuffed size 2.5mm**		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – uncuffed size 3.5mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes –uncuffed size 4.5mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 3.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 4.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 5.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 6.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 7.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Endotracheal tubes – cuffed size 8.0mm **		Yes / No / Na				Yes / No / Na	Yes / No
Tube,stomach washout 28fg		Yes / No / Na				Yes / No	
Intravenous cannula 18g green/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 20g pink/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 22g blue/box		Yes / No				Yes / No	Yes / No
Intravenous cannula 24g yellow/box		Yes / No				Yes / No	Yes / No
Needles: 18 (pink) OR 20 (yellow)/box		Yes / No				Yes / No	Yes / No
Needles: 21 (green)/box		Yes / No				Yes / No	Yes / No
Needles: 22 (black)/box		Yes / No				Yes / No	Yes / No
Needles: 23 (blue)/box		Yes / No				Yes / No	Yes / No
Needles: 25(brown) /box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 2ml/box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 5ml/box		Yes / No				Yes / No	Yes / No

* Syringes 3-part 10 ml/box		Yes / No				Yes / No	Yes / No
* Syringes 3-part 20ml/box		Yes / No				Yes / No	Yes / No
Insulin syringe with needle /box		Yes / No				Yes / No	Yes / No
Dental syringe and needle for LA		Yes / No / Na				Yes / No	
Suture chromic g0/0 or g1/0 1/2 75cm		Yes / No				Yes / No	Yes / No
Suture nylon g2/0 or g3/0 3/8 45cm		Yes / No				Yes / No	Yes / No
Suture nylon g4/0 3/8 45cm		Yes / No				Yes / No	Yes / No
Vaginal Cusco speculum (disposable)		Yes / No				Yes / No	Yes / No
Only applicable if facility uses an Automatic External Defibrillator (AED)							
Replacement pads for AED – adult		Yes / No / Na				Yes / No / Na	Yes / No / Na
Replacement pads for AED – paediatric		Yes / No / Na				Yes / No / Na	Yes / No / Na
Dressing Supplies / Wound Care							
Plaster roll (Pack size: 1)		Yes / No				Yes / No	Yes / No
Bandage crepe (Pack size: 1)		Yes / No				Yes / No	Yes / No
Gauze paraffin 100x100 /box (Pack size: 1)		Yes / No				Yes / No	
Gauze swabs plain n/s 100x100x8ply/pack (Pack size: 100)		Yes / No				Yes / No	
Gauze abs grade 1 burn /pack		Yes / No				Yes / No	Yes / No
Basic disposable dressing pack (should contain as a minimum cotton wool balls, swabs, 2 forceps, disposable drape) (Pack size: 1)		Yes / No				Yes / No	Yes / No
Cotton wool balls 1g 500`s		Yes / No				Yes / No	Yes / No
Sanitary towels maternity /pack (Pack size: 12)		Yes / No				Yes / No	Yes / No
Stockinette 100mm OR150mm/roll (Pack size: 1)		Yes / No				Yes / No	
Adhesive micro-porous surgical tape 24/25mm or 48/50mm (Pack size: 1)		Yes / No				Yes / No	Yes / No
70% isopropyl alcohol prep Pads 24x30 1ply OR 2 ply /box (Pack size: 200)		Yes / No				Yes / No	Yes / No
Skin traction kit - adult (elast 0468)		Yes / No / Na				Yes / No	
Skin traction kit - child (elast 0469)		Yes / No / Na				Yes / No	
Sodium carboxymethylcel (intrasite) 15g		Yes / No / Na				Yes / No	

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

Annexure 106: Checklist for element 139: Basic consumables are available for the Rehabilitation treatment area

Checklist for Element 139							
Basic consumables are available for the Rehabilitation treatment area							
Use the checklist below to check the availability of consumable for the rehabilitation treatment area Scoring - in column for score mark as follows: Check available stock in storage room Y (Yes) = available, N (No) = not available.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Batteries: hearing aid					Yes / No		
Bicarbonate of soda sachets					Yes / No		
Breadboard - one-handed					Yes / No		
Cable ties, nylon, medium					Yes / No		
Cable ties, nylon, long					Yes / No		
Cardboard A4 coloured					Yes / No		
Coloured writing instruments					Yes / No		
Contact adhesive					Yes / No		
Cerumen curette: replacement cures					Yes / No		
Cerumen curette: replacement globe					Yes / No		
Cushion: wheelchair, thin, positioner					Yes / No		
Cushion: wheelchair, thick, pressure care					Yes / No		
Cushion cover: basic stretchable					Yes / No		
Cushion cover: waterproof					Yes / No		
Ear mould impression material and scoop					Yes / No		
Ear mould impression material catalyst					Yes / No		
Ear mould impression Otolight: replacement globe					Yes / No		
Ear mould impression Otolight: replacement tips					Yes / No		
Ear mould impression Otostops 3 sizes					Yes / No		
Exercise band latex					Yes / No		
Feeding cup					Yes / No		
Feeding spoon					Yes / No		
Ferrule: rubber 4 sizes					Yes / No		
EVA foam					Yes / No		
Foam HD compressed					Yes / No		
Foam high-density					Yes / No		
Masonite					Yes / No		
Oil: arnica					Yes / No		
Paper: print-out, tympanometer					Yes / No		
Pelvic strap 5cm					Yes / No		
Pelvic strap 3cm					Yes / No		

Pressure garment material (Elastonet)					Yes / No		
Sewing kit					Yes / No		
Splinting material 6 sizes					Yes / No		
Splinting material: thermoplastic tape					Yes / No		
Superglue (cyanoacrylate)					Yes / No		
Toothbrush, large					Yes / No		
Towelling					Yes / No		
Varnish (wood)					Yes / No		
Velcro circles (hook and loop)					Yes / No		
Velcro hook tape 2 sizes					Yes / No		
Velcro loop tape 2 sizes					Yes / No		
Washboard one-handed					Yes / No		
Waterproof wood glue					Yes / No		
Wheelchair gloves					Yes / No		
Wheelchair spares kit					Yes / No		

Annexure 107: Checklist for element 140: Basic medical supplies (consumables) are available for the Oral Health Services

Checklist for Element 140							
Basic medical supplies (consumables) are available for the Oral Health Services							
Use the checklist below to check the availability of consumable for the Oral Health Services Scoring - in column for score mark as follows: Check available stock in storage room Y (Yes) = available, N (No) = not available.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Exodontia (tooth extraction) and minor oral surgery							
Apron, dental, plastic Adult				Yes / No			
Apron, dental, plastic child				Yes / No			
Surgical blades No.11 and No. 12				Yes / No			
Chlorhexidine oral rinse 0,2%				Yes / No			
Cotton wool balls				Yes / No			
Dry socket alveolar paste				Yes / No			
Ethyl chloride				Yes / No			
Haemostat sponge				Yes / No			
Hydrogen peroxide				Yes / No			
Hypodermic needles (disposable)				Yes / No			
Saline solution, 500ml				Yes / No			
Saliva ejectors (disposable)				Yes / No			
Sutures surgical				Yes / No			
Topical anaesthetic				Yes / No			
Local anaesthetic (without and without vasoconstrictor)				Yes / No			
Conservative (preventive) dentistry							
Fissure sealants				Yes / No			
Amalgam capsules				Yes / No			
Composite				Yes / No			
Fluoride gel				Yes / No			
Varnish cavity liner				Yes / No			
Prophylaxis paste				Yes / No			
Cements /liners (kalzinol, Dycal etc.)				Yes / No			

Articulating paper				Yes / No			
Cotton wool pellets				Yes / No			
Polyester strips (composite)				Yes / No			
Glass ionomers				Yes / No			
Polishing strips				Yes / No			
Polishing kit				Yes / No			
Dental floss				Yes / No			
Fluoride trays				Yes / No			
Acid etch and bonding agent				Yes / No			
School outreach							
Toothpaste, dental, fluoride				Yes / No			
Toothbrushes				Yes / No			

Annexure 108: Checklist for element 142: Required functional diagnostic equipment and concurrent consumables for point of care testing are available

Checklist for Element 142							
Required functional diagnostic equipment and concurrent consumables for point of care testing are available							
Use the checklist below to check the availability of laboratory equipment and consumables in the various areas where they are used Scoring - in column for score mark as follows: Y (Yes) = available, N (No) = not available, NA (not applicable) = only for Malaria rapid strips. In areas where malaria is not prevalent, malaria rapid strips to be marked NA and if the facility has fewer areas as indicated for review							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Laboratory equipment and consumables							
Hb meter		Yes / No				Yes / No	Yes / No
Blood glucometer		Yes / No				Yes / No	Yes / No
Spare batteries for blood glucometer		Yes / No				Yes / No	Yes / No
Lancets		Yes / No				Yes / No	Yes / No
Blood glucose strips		Yes / No				Yes / No	Yes / No
Urine dipsticks		Yes / No				Yes / No	Yes / No
Urine specimen jar OR flask		Yes / No				Yes / No	Yes / No
Malaria rapid test (where applicable in facilities in KZN, GP, MP and LP)		Yes / No/ Na				Yes / No/ Na	Yes / No/ Na
Rapid HIV test		Yes / No				Yes / No	Yes / No
Rh 'D' (Rhesus factor) test		Yes / No				Yes / No	Yes / No
Pregnancy Test		Yes / No				Yes / No	Yes / No
Rapid Syphilis Test		Yes / No				Yes / No	Yes / No

Annexure 109: Checklist for element 143: Required specimen collection materials and stationery are available

Checklist for Element 143							
Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook							
Use the checklist below to check whether specimen collection materials and stationery are available Scoring - in column for score mark as follows: Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook Y (Yes) = available, N (No) = not available, NA (not applicable) = as indicated.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Vacutainer tube: Blue Top (Sodium Citrate)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Red OR Yellow Top (SST)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Grey Top (Sodium Fluoride)		Yes / No				Yes / No	Yes / No
Vacutainer tube: White Top (PPT)		Yes / No				Yes / No	Yes / No
Vacutainer tube: Purple Top (EDTA)		Yes / No				Yes / No	Yes / No
Microtainer tube: Purple Top (EDTAPaeds)		Yes / No				Yes / No	Yes / No
Microtainer tube: Yellow Top (SST-Paeds)		Yes / No				Yes / No	Yes / No
Specimen jars		Yes / No				Yes / No	Yes / No
Swabs with transport medium		Yes / No				Yes / No	Yes / No
Sterile Tubes (without additive) for MCS (Microscopy, culture and sensitivity)		Yes / No				Yes / No	Yes / No
Venipuncture needles (Green OR Black)		Yes / No				Yes / No	Yes / No
Specimen Plastic Bags		Yes / No				Yes / No	Yes / No
Pap smear collection materials							
Liquid - based Cytology (LBC) vials (NA if facility uses traditional pap smear method) *		Yes / No				Yes / No	Yes / No
Combi - brush (NA if facility uses traditional pap smear method) *		Yes / No				Yes / No	Yes / No
Cervix – brush (NA if facility uses traditional pap smear method) *		Yes / No				Yes / No	Yes / No
Early Infant diagnosis (EID) collection material							
DBS PCR Kit OR EDTA Microtainer tube (where PCR is performed at the laboratory)		Yes / No				Yes / No	Yes / No
NHLS stationery							
N1 - PHC Request Forms		Yes / No				Yes / No	Yes / No
N2 - Cytology Request Form		Yes / No				Yes / No	Yes / No

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

Illustration of NHL specimen collection materials



See the correct specimen collection material as per specimen key next to each test

Specimen collection material	KEY
Vacutainer tube: Red Top	R
Vacutainer tube: Blue Top (Sodium Citrate)	BL
Vacutainer tube: Yellow Top (SST) and (SST-Paeds)	Y
Vacutainer tube: Grey Top (Sodium Fluoride)	G
Vacutainer tube: White Top (PPT)	W
Vacutainer tube: Purple Top (EDTA) and Microtainer (EDTA Paeds)	P
Sterile specimen jars	SJ
Dried blood spot	DBS

Syphilis test	
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Test	Specimen collection material	Test	Specimen collection material
CHEMICAL PATHOLOGY			
ALP (Alkaline Phosphatase)	Y	Phenytoin	Y
ALT (Alanine Transaminase)	Y	Pleural effusion Protein	R
Amylase/Lipase	Y	Potassium (serum)	Y
Calcium (serum)	Y	Prostate-Specific Ag (PSA)	Y
Cholesterol	Y	Sodium (serum)	Y
Creatinine (eGFR) (serum)	Y	Total Bilirubin	Y
CRP (C-reactive protein)	Y	Triglycerides	Y
Folate (serum)	P	TSH (Thyroid-stimulating hormone)	Y
FT4 (Free Throxine 4)	Y	Uric Acid (serum)	Y
Gamma GT (GGT) (Serum)	Y	Urine albumin:creatinine ratio	SJ
Glucose	G	Urine protein:creatinine ratio	SJ
HbA1c (Glycated Haemoglobin)	Y	Vitamin B12	Y
LDL-Cholesterol (LDL-C)	Y		
Haematology		Microbiology	
Differential count	P	CRAG (Cryptococcal Antigen test)	Y
Full Blood Count (FBC)	P	Hepatitis A IgM	Y
Haemoglobin	P	Hepatitis B Surface Ab	Y
INR (International Normalized Ratio)	B	HIV Elisa (discordant rapids)	Y
Platelets	P	Stool parasites	SJ
Red Cell Antibody screen (Coomb's Test)	P	Syphilis Serology	Y
White Blood Cell (WBC)	P	MCS (Microscopy, culture band sensitivity)	
HIV viral load		TB testing	
HIV Viral Load	W/P	Xpert MTB/RIF	SJ
HIV DNA PCR		TB Smear microscopy	SJ
HIV DNA PCR	DBS/P	TB Culture	SJ
HIV CD4 Count		TB Drug Susceptibility	SJ
CD4 Count	P	TB Line Probe Assay (Hain MTBDR)	SJ
Blood grouping			
ABO (Blood grouping)	Y		
Rhesus Factor (Rh)	Y		

Annexure 110: Checklist for element 144: Specimens are collected, packed, stored and prepared for transportation according to the Primary Health Care Laboratory Handbook

Checklist for Element 144													
Use the checklist below to check whether specimens are handled according to the PHC Laboratory Handbook													
Check three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided in the PHC Laboratory Handbook. Scoring - in column for score mark as follows: Check three samples from each of the groups of specimens (A to C) as listed in Table 1 and check whether they comply with the guidelines provided Y (Yes) = handled correctly; N (No) = not handled correctly; NA (not applicable) = NA if the facility does not have the specific group of specimens listed in Table 1 in storage													
Item	Table 1: Grouping of specimens												
	Score												
	8 hr Non-clinical	8 Hour clinical services						24 hr clinical services					
	Admin & admin support	8hr			Phar/Displ/ Med room	Oral Health	Allied	AE			MOU		
		A Blood Pleural effusion Sputum Stool Urine	B Papsmeer	C MCS (Microscopy,culture & sensitivity)				A Blood Pleural effusion Sputum Stool Urine	B Papsmeer	C MCS (Microscopy,culture & sensitivity)	A Blood Pleural effusion Sputum Stool Urine	B Papsmeer	C MCS (Microscopy,culture & sensitivity)
Specimens are clearly labelled		Yes / No	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Each laboratory request form is correctly completed		Yes / No	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
There is at least one functional wall mounted thermometer in area where lab		Yes / No						Yes / No			Yes / No		

specimens are stored for courier collection												
The temperature of the storage area for lab specimens is recorded daily		Yes / No					Yes / No			Yes / No		
Group A specimen												
Samples are kept away from direct sunlight		Yes / No / Na					Yes / No / Na			Yes / No / Na		
Where the room temperature exceeds 25°C, samples are stored in the fridge (+- 5°C)		Yes / No / Na					Yes / No / Na			Yes / No / Na		
Length of storage does not exceed 24 hours, stored at room temperature 20-25°C		Yes / No / Na					Yes / No / Na			Yes / No / Na		
Group B specimens												
Stored at room temperature			Yes / No / Na					Yes / No / Na			Yes / No / Na	

Stored inside a slide carrier (envelope)			Yes / No / Na						Yes / No / Na			Yes / No / Na	
Group C specimens													
Samples placed into the transport medium provided (where appropriate)				Yes / No / Na						Yes / No / Na			Yes / No / Na
Samples kept away from direct sunlight				Yes / No / Na						Yes / No / Na			Yes / No / Na
Where room temperature exceeds 25°C, samples are stored in the fridge (+- 5°C)				Yes / No / Na						Yes / No / Na			Yes / No / Na
Length of storage does not exceed 24 Hours, stored at room temperature (20-25°C)				Yes / No / Na						Yes / No / Na			Yes / No / Na

Annexure 111: Checklist for element 145: The laboratory results are received from the laboratory within the specified turnaround times

Checklist for Element 145									
The laboratory results are received from the laboratory within the specified turnaround times									
Use the checklist below to check whether the turnaround times for laboratory results are in line with specifications Scoring - in column for score mark as follows: Check - register for sending and receiving laboratory results, check three records. Y (Yes) = results received within specified turnaround time, N (No) = results NOT received within specified turnaround time, NA (not applicable) = if the specific result (listed under point 1 to 9) is not in the record OR the facility does not have all the service areas as indicated.									
No	Item	Score							
		Turnaround time	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
			Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
1	All Blood results except those listed in number 2 and 3	24 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
2	Blood results: Cholesterol, CRP (C-reactive protein), FT4 (Free Throxine 4), HbA1c (Glycated Haemoglobin), Phenytoin, lipase, PSA (Prostate specific hormone), Red Cell Folate, Triglycerides, TSH (Thyroidstimulating hormone), Vitamin B12, CD4 Count, RPR (Rapid Plasma Reagin test for syphilis), Hepatitis A, B or C	24 to 48 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
3	Blood results: HIV PCR for infants	48- 120 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
4	Blood results: Viral Load	48- 120 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na

5	Pap smear	Variable depending on the result (4-6 weeks)		Yes / No /Na				Yes / No /Na	Yes / No /Na
6	Pus MCS (Microscopy, culture and sensitivity)	24-72 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
7	Sputum: TB	Between 5 days and 6 weeks		Yes / No /Na				Yes / No /Na	Yes / No /Na
8	Sputum: Xpert MTB/RIF	40 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
9	Stool (MCS)	24 – 72 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na
10	Urine (MCS)	24 – 72 hours		Yes / No /Na				Yes / No /Na	Yes / No /Na

Annexure 112: Checklist for element 149: Staff appointed in line with determined requirements

Checklist for Element 149							
Staff appointed in line with determined requirements							
Use the checklist below to check whether the staff is appointed in line with the determined requirements Scoring - in column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant, NA = if the staff category is not required according to the needs determined							
Category of staff	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Medical practitioner		Yes / No/Na				Yes / No	Yes / No
Pharmacy							
Pharmacist			Yes / No				
Pharmacist assistant – basic			Yes / No				
Pharmacist assistant – post basic			Yes / No				
Nurses							
Clinical Nurse Practitioners		Yes / No				Yes / No	Yes / No
Advanced midwife		Yes / No/Na				Yes / No	Yes / No
Professional nurses		Yes / No				Yes / No	Yes / No
Enrolled nurses		Yes / No				Yes / No	Yes / No
Enrolled nursing assistants		Yes / No				Yes / No	Yes / No
Oral health							
Dentist				Yes / No			
Dental assistant				Yes / No			
Dental therapist				Yes / No			
Oral hygienist				Yes / No			
Allied health professionals							
Occupational therapists					Yes / No		
Physiotherapists					Yes / No		
Speech and hearing therapists					Yes / No		
Social workers					Yes / No		
Nutritionists/dietitians					Yes / No		
Optometrists					Yes / No		
Psychologist					Yes / No		
Management							
Facility manager	Yes / No						
Support Staff							
Administrative officers	Yes / No						
Cleaners (general assistants)	Yes / No						
Grounds men	Yes / No						
Security officers	Yes / No						

Annexure 113: Example of a work allocation schedule for staff

Date from			Date to		
Name and surname of staff member	Designation	Service area	Date	Signature	

Annexure 114: Annual leave schedule (first 6 months)

Facility name: _____

Year: _____

Month	January				February				March				April				May				June			
Name and surname of staff member	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Example: Mr Xy																								
Example: Ms DB																								
Example: Mr TT																								

ANNUAL LEAVE SCHEDULE (Second 6 months)

Facility name: _____

Year: _____

Month	July				August				September				October				November				December			
Name and surname of staff member	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4	Week 1	Week 2	Week 3	Week 4
Example: Mr FF																								
Example: Ms DG																								
Example: Mr DT																								

Annexure 115: Checklist for element 155: All health care workers have current registration with relevant professional bodies

Checklist for Element 155							
All health care workers have current registration with relevant professional bodies							
Use the checklist below to check whether staff appointed at the facility is registered with relevant professional bodies Scoring - in column for score mark as follows: Y (Yes) = have current registration, N (No) = not have current registration, NA = if category of staff is not appointed at the facility							
Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Displ/ Med room	Oral Health	Allied	AE	MOU
Nurses							
Professional nurses		Yes / No				Yes / No	Yes / No
Enrolled nurses		Yes / No				Yes / No	Yes / No
Nursing assistants (ENA)		Yes / No				Yes / No	Yes / No
Clinical Nurse Practitioners		Yes / No				Yes / No	Yes / No
Advanced midwife		Yes / No / Na				Yes / No	Yes / No
Medical officers							
Medical officer – full time		Yes / No/Na				Yes / No	Yes / No
Medical officer – sessional		Yes / No/Na				Yes / No	Yes / No
Medical officer – sessional – private GP		Yes / No/Na				Yes / No	Yes / No
Oral health							
Dentist – full time				Yes / No/Na			
Dentist - sessional				Yes / No/Na			
Dental assistant - sessional private				Yes / No/Na			
Dental therapist				Yes / No/Na			
Dental assistant				Yes / No/Na			
Oral hygienist				Yes / No/Na			
Pharmacy							
Pharmacist			Yes / No/Na				
Pharmacist assistant – basic			Yes / No				
Pharmacist assistant – post basic			Yes / No				
Allied health professionals							
Nutritionists/dietitians					Yes / No		
Physiotherapists					Yes / No		
Occupational therapists					Yes / No		
Psychologist					Yes / No		
Social workers					Yes / No		
Optometrists					Yes / No		
Speech and hearing therapists					Yes / No		

Annexure 116: Checklist for element 156: Performance Management guidelines are adhered to

Checklist for Element 156									
Performance Management guidelines are adhered to									
Use the checklist below to check whether Performance Management guidelines are adhered to Scoring – in column for score mark as follows: Check – randomly select three files for review Y (Yes) = completed; N (No) = not completed.									
Category of staff	Score								
	8 hr Non-clinical			8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp			8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
	File 1	File 2	File 3						
Performance management agreement signed for the current financial year	Yes / No	Yes / No	Yes / No						
Key performance areas and activities aligned with the facility's operational plan	Yes / No	Yes / No	Yes / No						
Personal Development Plan completed	Yes / No	Yes / No	Yes / No						
Evaluation is conducted six monthly	Yes / No	Yes / No	Yes / No						
Annual assessment report for previous financial year completed	Yes / No	Yes / No	Yes / No						

Annexure 117: Example of a staff satisfaction survey

Rate the below questions as follows:

Disagree =1, Slightly disagree = 2, Slightly agree = 3, Agree = 4, Strongly agree = 5

ID	Question	Score				
1	Staff Satisfaction Survey	1	2	3	4	5
1.1	Personal profile					
1.1.1	Facility name:					
1.1.2	Occupational class:					
1.1.3	Occupational band:					
1.1.4	Race:					
1.1.5	Gender:					
1.1.6	Age group:					
1.1.7	Years of service:					
1.1.8	Language:					
1.2	Survey questions (score ranges from 0 to 5)					
1.2.1	Direction/strategy/integration					
1.2.1.1	I am clear on what the Department of Health's strategies and goals are and my role in supporting their attainment					
1.2.1.2	The Department of Health's strategies and goals directly support those of the National Department of Health					
1.2.1.3	I am aware of the initiatives to create better integration of policies and coordination across units					
1.2.1.4	The implementation of integration policies will optimise the use of resources and enhance efficiencies					
1.2.1.5	Management actively supports the integration initiatives					
1.2.2	Morale					
1.2.2.1	I feel valued as an employee					
1.2.2.2	I enjoy being a part of this organisation					
1.2.2.3	Employees have a good balance between work and personal life					
1.2.2.4	Morale is high across the organisation					
1.2.2.5	Employees speak highly about this organisation					
1.2.3	Workload					
1.2.3.1	There is enough staff employed to meet work demands in the organisation					
1.2.3.2	I am given enough time to do my job well					
1.2.3.3	Sufficient time is available to work on agreed high priority activities					
1.2.4	Wellbeing and security					
1.2.4.1	I feel in control and on top of things at work					
1.2.4.2	I feel emotionally well at work					
1.2.4.3	I can keep my job stress at an acceptable level					
1.2.4.4	I feel safe in my work environment					
1.2.5	Job satisfaction					
1.2.5.1	My work gives me a feeling of personal accomplishment					
1.2.5.2	I like the kind of work I do					
1.2.5.3	Overall, I am satisfied with my job					
1.2.6	Organisation commitment					
1.2.6.1	I feel a sense of loyalty and commitment to the organisation					
1.2.6.2	I am proud to tell people that I work at DoH					
1.2.6.3	I feel emotionally attached to the organisation					
1.2.6.4	I am willing to put in extra effort for the organisation					
1.2.7	Diversity					
1.2.7.1	Diversity among staff is valued					
1.2.7.2	Sexual harassment is prevented and discouraged at the organisation					

1.2.7.3	Discrimination is prevented and discouraged by the organisation								
1.2.7.4	Bullying and abusive behaviors are prevented and discouraged at the organisation								
1.2.7.5	There is equal opportunity for all staff in the organisation								
1.2.7.6	The organisation has effective procedures for handling employee grievances								
1.2.7.7	Management provides support to staff in reporting any discrimination or harassment								
1.2.8	Change and innovation								
1.2.8.1	Change is handled well in the organisation								
1.2.8.2	The way the organisation is run has improved over the last year								
1.2.8.3	The organisation is innovative								
1.2.8.4	The organisation is good at learning from its mistakes and successes								
1.2.9	Comments								
1.2.9.1	Please provide any suggestions or recommendations you must improve performance across the organisation								
1.2.10	Client orientation and quality of service								
1.2.10.1	We understand the specific needs of our clients (people we provide service to)								
1.2.10.2	We are focused on delivering high-quality and timeous services to our clients								
1.2.10.3	We have sufficient facilities equipment and supply to deliver quality service								
1.2.10.4	Our services meet our clients' needs								
1.2.10.5	Department of Health's services are accessible to the community.								
1.2.10.6	Department of Health's services are well known and appreciated in the community.								
1.2.11	Employee/management relations								
1.2.11.1	Management sets high standards of excellence								
1.2.11.2	Management creates an environment where employees are enabled to perform their jobs well								
1.2.11.3	Management values the role that unions play in the organisation								
1.2.11.4	Management and unions engage in constructive conflict resolution								
1.2.11.5	Management encourages collaboration across the organisation								
1.2.11.6	Management treats employees fairly								
1.2.12	Respect								
1.2.12.1	I feel my input is valued by my peers								
1.2.12.2	Knowledge and information sharing is a group norm across the organisation								
1.2.12.3	Employees consult each other when they need support								
1.2.12.4	Individuals appreciate the personal contributions of their peers								
1.2.12.5	When disagreements occur, they are addressed promptly in order to resolve them								
1.2.13	Role clarity								
1.2.13.1	The organisation's goals and objectives are clear to me								
1.2.13.2	Employees have a shared understanding of what the organisation is supposed to do								
1.2.13.3	Roles and responsibilities within the group are understood								
1.2.13.4	Clear reporting structures have been established								
1.2.13.5	Employees at this organisation have the right skill sets to perform their job functions								
1.2.13.6	My role has a clearly defined performance expectation								
1.2.14	Performance/reward systems								
1.2.14.1	People are involved in setting their own performance goals								
1.2.14.2	People are recognised for achieving their goals								
1.2.14.3	People are rewarded for the quality of their work								
1.2.14.4	There is a clear link between performance and rewards								

1.2.14.5	Management gives feedback that is specific enough to be used for improving their performance								
1.2.14.6	When people do not perform up to their potential action is taken to help them improve and grow								
1.2.14.7	People are rewarded for team efforts not only individual performance								
1.2.15	Communication								
1.2.15.1	I receive the information I need to perform my job well								
1.2.15.2	When I need help, I can ask others in my work group for suggestions or ideas								
1.2.15.3	Interpersonal communication and relationships contribute to organisational performance								
1.2.15.4	Our face-to-face meetings are productive								
1.2.15.5	The organisation uses effective methods to communicate important information								
1.2.16	Career development								
1.2.16.1	When a position needs to be filled in this organisation the best person for the job is the one who gets it								
1.2.16.2	The organisation continuously invests in developing the skills of its employees								
1.2.16.3	The organisation has effective training and education programmes to assist people to do their jobs effectively								
1.2.16.4	My responsibilities include challenging goals that encourage personal growth								
1.2.16.5	The organisation actively retains scarce talent required for efficient quality care								
1.2.17	Decision-making/management structures								
1.2.17.1	The structure of the organisation supports cooperation between functions and departments								
1.2.17.2	I believe that the organisation manages its finances responsibly								
1.2.17.3	The organisation supports the implementation of Batho Pele principles to ensure that poor people are not further disadvantaged by the system								
1.2.17.4	There are clear policies and procedures for how work is to be done								
SUB TOTAL SCORE (add the scores in each column)									
TOTAL (add subtotal scores									
AVERAGE PERCENTAGE (total/ (109*5)									%

Annexure 118: Checklist for element 166: Occupational Health and Safety incidents are managed and recorded

Checklist for Element 166							
Occupational Health and Safety incidents are managed and recorded in a register							
Use the checklist below to check whether the Occupational Health and Safety register is completed Scoring – in column for score mark as follows: Check – the register for entries of incidents six month prior to the status determinations Y (Yes) = completed; N (No) = not completed; NA (Not applicable) = if the facility had no occupational health and safety incidents							
Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Summary of description of incident	Yes / No / Na						
Summary of investigation conducted	Yes / No / Na						
Outcome of investigation	Yes / No / Na						
Recommendation/s	Yes / No / Na						
Date recommendations implemented	Yes / No / Na						
Personnel who experience needle stick injuries received post-exposure prophylaxis	Yes / No / Na						

Annexure 119: Occupational Health and Safety Register

OCCUPATIONAL HEALTH AND SAFETY REGISTER

NAME OF FACILITY: _____

FINACIAL YEAR: _____

Date of Injury	Time of Injury	Name and surname of employee	Persal number of employees	Summary of description of incident	Summary of investigation conducted	Outcome of investigation	Recommendations to prevent reoccurrence	Date recommendations implemented	Official forms submitted to district (Yes/No)
APRIL									
MAY									
JUNE									
JULY									
AUGUST									

SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									
JANUARY									
FEBRUARY									
MARCH									

Verified at end of financial year by: Name and Surname _____ Signature: _____ Date: _____

Annexure 120: Checklist for element 169: Facility has a dedicated budget

Checklist for Element 169							
Facility has a dedicated budget							
Use the checklist below to check whether the facility has a dedicated budget Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Description	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/ Med room	Oral	Allied	AE	MOU
General							
The facility is set-up as a cost centre	Yes / No						
The facility manager participates in the discussion at sub district/district level for budget allocation	Yes / No						
There is a monthly expenditure report received from sub-district/district	Yes / No						
The facility manager participates in the quarterly sub-district/district expenditure review meetings	Yes / No						

Annexure 121: Expenditure report

NAME OF FACILITY: _____ FINANCIAYEAR: _:

SUBJECT: EXPENDITURE REPORT

MAIN ITEM	COMPENSATION OF EMPLOYEE	GOODS AND SERVICES	MACHINERY & EQUIPMENT	PROV & LOCAL GOVERNMENT	HOUSEHOLDS	TOTAL
BUDGET	R 5,301,000	R6,491,000	R 1,251,000		R 259,000	R 13,302,000
APRIL'15	R 345,650	R 79,427				R 425,107
MAY'15	R 300,845	R 1,161,304				R 1,462,149
JUNE'15	R 399,783	R 464,126				R 863,909
JULY'15						R -
AUGUST'15						R -
SEPTEMBER'15						R -
OCTOBER'15						R -
NOVEMBER'15						R -
DECEMBER'15						R -
JANUARY'16						R -
FEBRUARY'16						R -
MARCH'16						R -
ACTUAL	R 1,046,308	R 1,704,857	R -	R -	R -	R 2,751,165
VARIANCE	R 4,254,692	R 4,786,143	R 1,251,000	R -	R 259,000	R 10,550,165
% SPENT	20	26				21
PROJECTION	R 1,395,077	R 2,273,143	R -	R -	R -	R 3,668,220

EXPECTED MONTHLY EXPENDITURE

COMPENSATION OF EMPLOYEES	R 44,175,000
GOODS AND SERVICES	R540,917
MACHINERY & EQUIPMENT	
TOTAL	R 982,667

Annexure 122: Checklist for element 172: Cleaning schedule is available for all areas in the facility

Checklist for Element 172							
Cleaning schedules is available for all areas in the facility							
Use the checklist below to check whether a cleaning schedule is available for all areas in the facility Scoring – in column for score mark as follows: Y (Yes) = available; N (No) = not available.							
Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Med room	Oral Health	Allied	AE	MOU
Cleaning schedules is available for all areas in the facility	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Annexure 123: Checklist for element 174 - All work completed is signed by cleaners and verified by manager or delegated staff member

Checklist for Element 174													
All work completed is signed by cleaners and verified by manager or delegated staff member													
Use the checklist below to check whether all work is signed by cleaners and verified by the manager or delegated staff member Scoring - in column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = signed off, N (No) = not signed off													
Item	Score												
	8 hr Non-clinical		8 Hour clinical services						24 hr clinical services				
	Admin & Admin Supp		8 hr		Phar/Dis	Oral Health		Allied		AE		MOU	
	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor		Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by supervisor	Score Signed by cleaner	Score Signed by supervisor	Score Signed by cleaner
Consultation rooms (randomly select 3 rooms)			Yes / No	Yes / No									
Vital rooms			Yes / No	Yes / No									
Health Support area (Rehabilitation treatment area)								Yes / No	Yes / No				
Oral Health Service						Yes / No	Yes / No						
Waiting area	Yes / No	Yes / No				Yes / No	Yes / No	Yes / No	Yes / No				
Public toilets (randomly select 3 toilets)	Yes / No	Yes / No	Yes / No	Yes / No									
Staff toilets (randomly select 3 toilets)	Yes / No	Yes / No	Yes / No	Yes / No									
Staff rooms	Yes / No	Yes / No											
Resuscitation area										Yes / No	Yes / No		
Observation area										Yes / No	Yes / No		
Consultation area										Yes / No	Yes / No		
Waiting area										Yes / No	Yes / No		

Public toilets (randomly select 3 toilets)										Yes / No	Yes / No		
Staff toilets										Yes / No	Yes / No		
Staff rooms										Yes / No	Yes / No		
Doctor's rest rooms										Yes / No	Yes / No		
Antenatal ward												Yes / No	Yes / No
Postnatal ward												Yes / No	Yes / No
Delivery suite												Yes / No	Yes / No
Waiting area												Yes / No	Yes / No
Public toilets												Yes / No	Yes / No
Patient ablution facilities												Yes / No	Yes / No
Staff toilets												Yes / No	Yes / No
Staff rooms												Yes / No	Yes / No

Annexure 124: Checklist for element 175: Disinfectant, cleaning materials and equipment are available

Checklist for Element 175							
Disinfectant, cleaning materials and equipment are available							
Use the checklist below to check whether the disinfectant, cleaning materials and equipment are available. Scoring - in column for score mark as follows: Y (Yes) = available, N (No) = not available; NA (Not applicable) = e.g. • External areas that do not need to be cleaned with a mop. • Polish, stripper and floor polisher in facilities where the floor surface does not require polishing.							
Description	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/ Med room	Oral Health	Allied	AE	MOU
Disinfectant and cleaning Material							
High level disinfection for medical equipment (e.g. Sodium Perborate Powder OR Ortho-phthalaldehyde)	Yes / No	Yes / No				Yes / No	Yes / No
Chlorine releasing agent - hypochlorite (e.g. Biocide D or Clorox)	Yes / No	Yes / No				Yes / No	Yes / No

Alcohol-based agent (70%-90%)	Yes / No	Yes / No				Yes / No	Yes / No
Detergents – neutral pH	Yes / No	Yes / No				Yes / No	Yes / No
Wet polymer (floor polish)	Yes / No	Yes / No				Yes / No	Yes / No
Protective polymer(strippers)	Yes / No	Yes / No				Yes / No	Yes / No
All cleaning materials clearly labelled	Yes / No	Yes / No				Yes / No	Yes / No
Materials Safety Data Sheets for all cleaning products	Yes / No	Yes / No				Yes / No	Yes / No
Cleaning equipment							
Two-way bucket system for mopping floors (bucket for clean water and bucket for dirty water) OR Janitor trolley	Yes / No	Yes / No				Yes / No	Yes / No
Colour labelled mop – Red for toilets and bathrooms	Yes / No	Yes / No				Yes / No	Yes / No
Colour labelled mop – Blue for clinical areas and non-clinical service areas	Yes / No	Yes / No				Yes / No	Yes / No
Mop labelled for cleaning exterior areas	Yes / No	Yes / No				Yes / No	Yes / No
Green bucket and cloths for bathroom and consulting room basins	Yes / No	Yes / No				Yes / No	Yes / No
Red bucket and cloths for toilet	Yes / No	Yes / No				Yes / No	Yes / No
White cloths for kitchen	Yes / No	Yes / No				Yes / No	Yes / No
Blue bucket and cloths for clinical areas and non-clinical service areas	Yes / No	Yes / No				Yes / No	Yes / No
Labelled spray bottle for disinfectant solution	Yes / No	Yes / No				Yes / No	Yes / No
Window cleaning squeegee	Yes / No	Yes / No				Yes / No	Yes / No
Mop sweeper or soft-platform broom	Yes / No /Na	Yes / No /Na				Yes / No /Na	Yes / No /Na
Floor polisher	Yes / No /Na	Yes / No /Na				Yes / No /Na	Yes / No /Na

Annexure 123: Regulations for material safety data sheets

Hazardous Chemical Substances Regulations, 1995

The Minister of Labour has under section 43 of the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993), after consultation with the Advisory Council for Occupational Health and Safety, made the regulations in the Schedule.

9A (1) Subject to section 10(3) of the Act, every person who manufactures, imports, sells or supplies any hazardous chemical substance for use at work, shall, as far as is reasonably practicable, provide the person receiving such substance, free of charge, with a material safety data sheet in the form of Annexure 1, containing all the information as contemplated in either ISO 1 1014 or ANSI Z400.1.1993 with regard to-

- (a) Product and company identification;
- (b) Composition/information on ingredients;
- (c) Hazards identification;
- (d) First-aid measures;
- (e) Fire-fighting measures;
- (f) Accidental release measures;
- (g) Handling and storage;
- (h) Exposure control/personal protection;
- (i) Physical and chemical properties;
- (j) Stability and reactivity;
- (k) Toxicological information;
- (l) Ecological Information;
- (m) Disposal considerations;
- (n) Transport information;
- (o) Regulatory information; and
- (p) Other information:

Provided that, where it is not reasonably practicable to provide a material safety data sheet, the manufacturer, importer, seller or supplier shall supply the receiver of any hazardous chemical substance with sufficient information to enable the user to take the necessary measures as regards the protection of health and safety.

(2) Every employer who uses any hazardous chemical substance at work, shall be in possession of a copy of Annexure 8 or a copy of sufficient information, as contemplated in sub regulation (1).

(3) Every employer shall make Annexure 8 or sufficient information, as contemplated in sub regulation (1), available at the request of any interested or affected person.

ANNEXURE 124

Material safety data sheet

MATERIAL SAFETY DATA SHEET		No: Date issued: Page of
COMPANY DETAILS		
Name: Address: Tel:	Emergency telephone no.: Telex: Fax:	
1) Product and Company Identification: (Page 1 may be used as an emergency safety data sheet)		
Trade name : Chemical family : Chemical name: Synonyms:	Chemical abstract no. : NIOSH no.: Hazchem code: UN no.:	
2) Composition		

Hazardous components : EEC classification : R Phrases :
3) Hazards Identification
Main hazard: Flammability: Chemical hazard: Biological hazard: Reproductive hazard: Eye effects: eyes: Health effects - skin: Health effects - ingestion: Health effects - inhalation: Carcinogenicity: Mutagenicity: Neurotoxicity:
4) First-aid Measures
Product in eye: Product on skin: Product ingested: Product inhaled:
5) Fire-fighting Measures
Extinguishing media: Special hazards: Protective clothing:
6) Accidental Release Measures
Personal precautions: Environmental precautions: Small spills: Large spills:
7) Handling and Storage
Suitable material: Handling/storage precautions:
8) Exposure Control/Personal Protection
Occupational exposure limits: Engineering control measures: Personal protection - respiratory: Personal protection - hand: Personal protection - eye: Personal protection - skin: Other protection:
9) Physical and Chemical Properties
Appearance: Odour: pH: Boiling point: Melting point: Flash point: Flammability: Auto flammability: Explosive properties: Oxidizing properties: Vapour pressure: Density:

Solubility - water:	
Solubility - solvent:	
Solubility - coefficient	
10) Stability and Reactivity	
Conditions to avoid:	
Incompatible materials:	
Hazardous decomposition products:	
11) Toxicological Information	
Acute toxicity:	
Skin and eye contact:	
Chronic toxicity:	
Carcinogenicity:	
Mutagenicity:	
Neurotoxicity:	
Reproductive hazards:	
12) Ecological Information	
Aquatic toxicity - fish:	
Aquatic toxicity - daphnia	
Aquatic toxicity - algae	
Biodegradability:	
Bio-accumulation:	
Mobility:	
German wgk:	
13) Disposal Considerations	
Disposal methods:	
Disposal of packaging:	
14) Transport Information	
UN no.	
Substance identity no.	
ADR/RID class:	
ADR/RID item no.	
ADR/RID hazard identity no.:	
IMDG - shipping name:	
MDG - class:	
IMDG - packaging group:	
IMDG - marine pollutant:	
IMDG - EMS no.	
IMDG - WAG tabel no.:	
IATA - shipping name:	
IATA - class:	
IATA - subsidiary risk(s):	
ADNR - class:	
UK - description:	
UK - emergency action class:	
UK - classification:	
Tremcard no.:	
15) Regulatory Information.	
EEC hazard classification:	
Risk phases:	
Safety phases:	
National legislation:	

16) Other Information

Annexure 126: Checklist for element 176: Service areas is clean

Checklist for Element 176																	
Service areas is clean																	
Use the checklist below to check whether the areas are clean Scoring - in column for score mark as follows: The reviewers should Randomly select two service areas as indicated in the column for the score Y (Yes) = compliant, N (No) = not compliant, NA (not applicable) = if the facility has fewer areas as indicated for review																	
Area and standards	Score																
	8 hr Non-clinical					8 Hour clinical services					24 hr clinical services						
	Admin & Admin Supp					8hr			Phar/Dis n/med	Oral Health	Allied	AE			MOU		
						Vital area	Consulting room 1	Consulting room 2				Triage	Resus Area	Observ	Antenatal Ward	Delivery room	Post natal ward
Windows are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Window sills are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Floor is clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall skirtings are free of dust						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The countertops are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The door handles are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Mirrors are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Walls are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins are not over flowing						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins are clean						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The areas are odour-free						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
All areas are free of cobwebs						Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
NON-CLINICAL AREAS:	Main Waiting area	Reception	Sub-Waiting area 1	Staff Room	Security guard room							Waiting area	Nurses Station	Manager Office	Waiting area	Unit managers office	Staff room
Windows are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Window sills are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Floor is clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall skirtings are free of dust	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The countertops are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The door handles are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Walls are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins are not over flowing	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Bins are clean	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
The areas are odour-free	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
All areas are free of cobwebs	Yes / No	Yes / No	Yes / No / Na	Yes / No	Yes / No							Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Annexure 127: Checklist for element 177: Hand hygiene facilities are available

Checklist for Element 177												
Hand hygiene facilities are available												
Use the checklist below to check whether there is running water, toilet paper, liquid hand wash soap and disposable hand paper towels in the areas as indicated Scoring - in column for score mark as follows: Check - Randomly select the areas as indicated Y (Yes) = available, N (No) = not available, NA (not applicable) if the facility has fewer areas than listed for review or (*) During drought episodes taps can be closed, facility must then have alcohol based hand rub available. Taps must be elbow or foot -operated in user care areas, except in toilets.												
Item	Score											
	8 hr Non-clinical	8 Hour clinical services					24 hr clinical services					
	Admin & Admin Supp	8hr		Phar/Disp/ Med room	Oral Health	Allied	AE			MOU		
Toilet/Bath tub/Shower		Toilet 1 (3 streams)	Toilet 2 (3 streams)		Toilet Oral	Toilet Allied	Patient Toilet	Toilet for disabled	Staff toilet	Patient Toilet	Toilet for disabled	Staff toilet
Functional hand wash	Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Taps functional with running water (*)	Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Toilet paper	Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Liquid hand wash soap	Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disposable hand paper towels	Yes / No	Yes / No	Yes / No/Na		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bath tub/Shower										Yes / No	Yes / No	Yes / No

Clinical Areas		Vital signs room 1	Consultation Room	Phar/Disp/Med room	Oral Health Treatment Room	Rehab Treatment Room	Triage	Resuscitation area	Observation area	Antenatal room	Delivery room	Postnatal room
Functional hand wash basin		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Taps functional with running water (*)		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Alcohol based hand rub		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Liquid hand wash soap		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Disposable hand paper towels		Yes / No	Yes / No / Na		Yes / No	Yes / No / Na	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Annexure 128: Checklist for element 178: SOP for managing general and health care risk waste is available

Checklist for Element 178							
SOP for managing general and health care risk waste is available							
Use the checklist below to verify that the SOP describes the topics as listed Scoring - In column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
Segregation containers	Yes / No						
Handling of segregated waste	Yes / No						
Storage of segregated waste	Yes / No						
Collection	Yes / No						
Disposal	Yes / No						

Annexure 129: Checklist for element 179: Health care waste is managed appropriately

Checklist for Element 183														
Health care waste is managed appropriately														
Use the checklist below to check whether health care waste is managed appropriately at the areas as indicated Scoring - in column for score mark as follows: Check – Randomly select the areas as indicated Y (Yes) = available/with lid and appropriately lined; N (No) = not available or no lid or not appropriately lined														
Item	Score													
	8 hr Non-clinical	8 Hour clinical services						24 hr clinical services						
	Admin & Admin Support	8 hr			Phar/Di sp/Med room	Oral Health	Allied	AE			MOU			
Toilet		Patient Toilet	Toilet for disabled	Staff Toilet				Patient Toilet	Toilet for disabled	Staff Toilet		Patient Toilet	Toilet for disabled	Staff Toilet
Sanitary disposal bins with functional lids	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No
* Sanitary disposal bins/boxes lined with appropriate colour plastic bags	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No
Sanitary disposal bins/boxes are clean and not overflowing	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No/Na	Yes / No/Na	Yes / No/Na	Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No
Clinical Areas		Waiting area	Consultation room			Oral Treatment room	Rehab Treatment Room	Waiting areas	Triage	Resuscitation area	Observation area	Antenatal ward	Delivery suite	Postnatal ward
Health care risk waste disposal bins with functional lids OR health care risk waste box available			Yes / No	Yes / No		Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Health care risk waste disposal bins/boxes lined with red colour plastic bags			Yes / No	Yes / No		Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Health care risk waste disposal bins/boxes contain only health care waste			Yes / No	Yes / No		Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

Health care risk waste disposal bins/boxes are not overflowing			Yes / No	Yes / No		Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Anatomical waste (Red bucket with sealable lid)													Yes / No	
Bins available for general waste		Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Bins for general waste are lined with white, black, transparent or beige coloured bags		Yes / No	Yes / No	Yes / No		Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

* If disposable boxes for sanitary waste are used where gel granules in the bottom of the box treat the waste, no bag is required and facility can score “Y”

Annexure 130: Checklist for element 180 - Central storage area for health care waste is appropriate

Checklist for Element 180							
Central storage area for health care waste is appropriate							
Use the checklist below to check whether storage areas for health care waste is appropriate Scoring - in column for score mark as follows: Y (Yes) = comply; N (No) = do not comply							
General waste storage area	Score						
	8 hr Non-clinical	8 Hour clinical services				24 hr clinical services	
	Admin & Admin Supp	8hr	Phar/Disp/Me d room	Oral Health	Allied	AE	MOU
General waste is stored in a designated area	Yes / No						
General waste is stored in appropriate containers which are neatly packed or stacked	Yes / No						
General waste is not burned or buried in the health establishment premises but collected for disposal at a designated area/landfill	Yes / No						
Health care risk waste storage area							
Health care risk waste is stored in an access-controlled area	Yes / No						
Health care waste storage area is clean and free from rodents	Yes / No						
Health care storage area is well ventilated	Yes / No						
Health care risk waste containers must be stored on shelves/pallets	Yes / No						
Area has access to water to hose the area	Yes / No						
Area has adequate drainage for the water (must be connected to a municipal sewerage system)	Yes / No						
Storage area is enclosed and protected from natural elements (rain, wind and sun)	Yes / No						
Area is marked with international biohazard symbol toilet	Yes / No						

Annexure 131: Checklist for element 181: All toilets are clean, intact and functional

Checklist for Element 181													
All toilets are clean, intact and functional													
Use the checklist below to check whether the toilets are functional. Scoring - in column for score mark as follows: Check - Randomly select the areas as indicated Y (Yes) = intact, N (No) = not intact.													
Item	Score												
	8 hr Non-clinical			8 hr clinical services						24 hr clinical services			
	(Admin & Admin Supp)			8 Hour			Phar/Disp/Med room	Oral	Allied	AE	MOU		
Toilet	Patient Toilet	Toilet for disabled	Staff Toilet	Patient Toilet	Toilet for disabled	Staff Toilet					Patient Toilet	Toilet for disabled	Staff Toilet
Cleanliness of toilets													
Windows are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Windowsills are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Floor is clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Basins are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Walls are clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Toilets/urinals clean	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Sanitary bins clean and not overflowing	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The areas are odour-free	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
All areas free of cobwebs	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
Intact and functional													
The toilet bowl seat and cover/squat pan are intact	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet bowl is stained free	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet flush/sensor flush is functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The toilet cistern cover is complete and in place	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
The urinals are intact and functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No

The urinal/flush sensor is functional	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No					Yes / No	Yes / No	Yes / No
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Annexure 132: Checklist for element 182: The exterior of the facility is clean and well maintained

Checklist for Element 182							
The exterior of the facility is clean and well maintained							
Use the checklist below to check whether the exterior of the facility is clean and well maintained Scoring - in column for score mark as follows: Observe the general exterior environment of the facility Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
The facility's premises are clean (e.g. free from dirt and litter)	Yes / No						
Exterior walls of the facility are clean	Yes / No						
Corridors are clean	Yes / No						
Grass is cut	Yes / No						
Paving is free of weeds	Yes / No						
Flower beds are well kept and free of weeds	Yes / No						

Annexure 133: Schedule for pest control

PEST CONTROL SCHEDULE

Name of facility: _____

Year: _____

Key: Pest control scheduled to take place

ITEM	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Pest control schedule												
Date completed												
Comments (where applicable)												
Facility manager's signature												

Annexure 134: Checklist for element 188: Safety and security SOP is available

Checklist for Element 188							
Safety and security SOP is available							
Use the checklist below to verify that the SOP describes the topics as listed							
Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
High risk areas and the specific security needs for these areas	Yes / No						
Access control within the facility	Yes / No						
Reporting of security incidents (format for register for security breaches)	Yes / No						
Training of personnel on the management of alarms (where applicable)	Yes / No						
Provision of guarding services	Yes / No						
Patrolling of the health facility	Yes / No						
Equipment for security personnel	Yes / No						
Documentation of response time for security breaches/incidents	Yes / No						

Annexure 1358: Checklist for element 191 - There is a standard security guard room OR the facility has an alarm system linked to armed response

Checklist for Element 191							
There is a standard security guard room OR the facility has an alarm system linked to armed response							
Use the checklist below to check whether facility security adheres to standard guidelines Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant; NA (not applicable) = if the facility's structural make-up does not allow for its security guard room e.g. in a multi-storey building in a city or at a very small facility. Security services should, however, still be available therefore measures listed under equipment and stationery must be scored.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Does the facility have an alarm system linked to armed response (if Yes, checklist for security guardroom and security equipment must not be assessed. If No, mark NA and assess checklist for security guardroom and security equipment)	Yes / No / Na						
Security guard room							
Kitchenette – sink with cupboard underneath	Yes / No / Na						
Table	Yes / No / Na						
Chair	Yes / No / Na						
Functioning lights	Yes / No / Na						
Security equipment for security officer(s) and accompanying stationery							
Baton	Yes / No / Na						
Handcuffs OR Cable ties	Yes / No / Na						
Incident book	Yes / No / Na						
Metal detector	Yes / No / Na						
Telephone OR two-way radio OR dedicated cell phone	Yes / No / Na						
Functional Torch	Yes / No / Na						

Annexure 9: Checklist for element 193: Security services rendered according to contract

Checklist for Element 193							
Security services rendered according to contract or provincial security policy/facility SOP							
Use the checklist below to check whether the security services are rendered according to contract Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant; NA (Not applicable) = for whichever option is not in operation at the facility.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
If armed response is available							
Response time indicated in register for security breaches	Yes / No						
If there were breaches did, they respond in time?	Yes / No						
If security guards are available							
Security guards wear uniforms	Yes / No						
Security guards have received training*	Yes / No / Na						
Duty patrol register updated	Yes / No						
There is an access control system in the facility	Yes / No						

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

Annexure 136: Register for security breaches

Name of facility: _____

Year: _____

Date of breach	Name of surname of staff managing the breach	Name and surname of staff and or patients involved in the breach (where applicable)	Short description of the breach	Short description of how the breach was managed	Actions taken to prevent reoccurrence	Signature of staff managing the breach
January						
February						
March						
April						
May						
June						
July						
August						
September						

October						
November						
December						

Annexure 138: Checklist for element 195: Security breaches are managed and recorded in a register

Checklist for Element 195							
Security breaches are managed and recorded in a register							
Use the checklist below to check whether security breaches are managed and recorded in a register Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant; NA (Not applicable) = if the facility had no security breaches in the past three months. Zero reporting must be done in such cases.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
A designated person monitors the service level agreement for security services	Yes / No						
Security breaches are recorded in a register	Yes / No / Na						
Remedial actions to address security breaches identified are implemented	Yes / No / Na						

Annexure 139: Checklist for element 196: There is a security system at the entrance of the units

Checklist for Element 196							
There is a security system at the entrance of the units							
Use the checklist below to verify that there is a security system at the entrance of the 24-hour Emergency unit and the MOU Scoring - In the column for score mark as follows: Y (Yes) = compliant, N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
There is a security system at the entrance of the units						Yes / No	Yes / No

Annexure 14010: Checklist for element 197: Functional firefighting equipment is available

Checklist for Element 197							
Functional firefighting equipment is available							
Scoring –in column for score mark as follows: Y (Yes) = available and intact; N (No) = not available and intact; NA (not applicable) = for fire hose if the facility has less than 250 m2 floor area OR the facility has no municipality piped water supply.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Fire extinguishers	Yes / No						
Fire hoses and reels unless it is a single-storey building of less than 250 m2 in floor area OR the facility has no municipality piped water supply.	Yes / No / Na						
Two 9 kg or equivalent fire extinguishers where the facility has no water supply	Yes / No						
Firefighting equipment is maintained according to schedule	Yes / No						

Annexure 140: Control sheet for inspection of firefighting equipment

Facility name: _____

Date inspected: _____

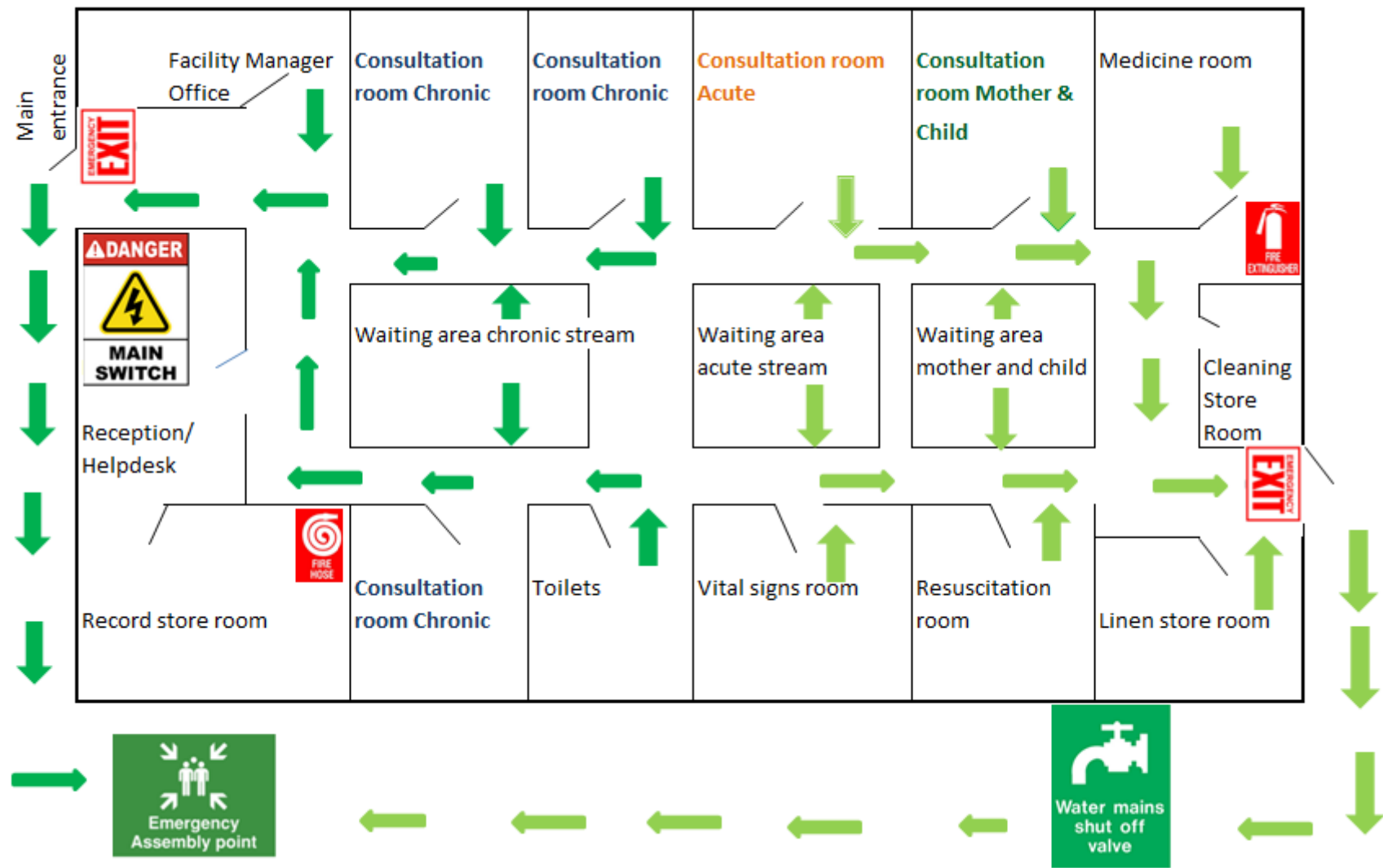
Type of firefighting equipment	Location	Date of last service	Date of next service	Condition of equipment

Annexure 142: Evacuation plan

Name of facility: _____

Key: Exit routes





Annexure 143: Checklist for element 198: Evacuation plan is displayed in designated areas

Checklist for Element 198							
Evacuation plan is displayed in designated areas							
Use the checklist below to check whether evacuation plan is displayed in the areas as indicated Scoring – in column for score mark as follows: Y (Yes) = available, N (No) = not available.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Main waiting areas	Yes / No						
Manager's office	Yes / No						
Entrance to the 8 hour service		Yes / No					
Entrance to the 24-hour Emergency Unit						Yes / No	
Entrance to the MOU							Yes / No

Annexure 144: Checklist for element 199: Contact numbers of healthcare personnel required in emergencies are available in designated areas

Checklist for Element 199							
Contact numbers of healthcare personnel required in emergencies are available in designated areas							
Use the checklist below to check whether the contact numbers of healthcare personnel required in emergencies are available in designated areas Scoring – in column for score mark as follows: Y (Yes) = available, N (No) = not available.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Contact numbers of healthcare personnel required in emergencies are available in designated areas		Yes / No				Yes / No	Yes / No

Annexure 11: Evacuation drill report

Date of evacuation drill	Staff member responsible for arranging and conducting drill	Findings of evacuation drill (short falls)	Corrective action taken	Date of repeating drill to establish if shortfalls were corrected

Annexure 146: Checklist for element 207: Clinic/CHC space accommodates all services and staff in the 8-hour service area

Checklist for Element 207							
Clinics and CHC space accommodate all services and staff at the 8 hour service area							
Use the checklist below to check whether internal and external areas offer sufficient space for task performance. Scoring – in column for score mark as follows: Y (Yes) = available; N (No) = not available. Not Applicable (N/A) if the facility does not have a service area.							
Item	Score						
INTERIOR SPACE	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp /Med room	Oral	Allied	AE	MOU
General							
Main waiting area	Yes / No						
Help desk/Reception/patient registration	Yes / No						
Toilets	Yes / No						
8-hour Clinical Service Areas							
Sub-waiting area		Yes / No / Na					
Vitals area /room		Yes / No					
Consulting room		Yes / No					
Counselling room		Yes / No					
Treatment room (including MMC)		Yes / No					
Emergency / Resuscitation Room		Yes / No					
Health Support services							
Rehab treatment room					Yes / No		
Oral health treatment room				Yes / No			
Support /administration areas							
Multipurpose meeting room	Yes / No						
Facility manager office	Yes / No						
Staff tearoom with kitchenette	Yes / No						
Pharmacy/dispensary			Yes / No				
Shelves available			Yes / No				
Medicine collection kiosk (CCMDD)	Yes / No		Yes / No				
Surgical stores store-room	Yes / No						
Lockable cleaning material storeroom OR cupboard	Yes / No						
Laundry – is the service outsourced (score Y/N)	Yes / No						
Laundry available – if not outsourced, score Y/N, if outsourced score NA	Yes / No / Na						
Oral Health storeroom	Yes / No						
Dirty utility room	Yes / No						
Linen room OR cupboard	Yes / No						
Exterior space							
Sputum booth	Yes / No						
Parking spaces							
a. Staff	Yes / No						
b. Disabled	Yes / No						

	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Waste storage room							
a. Health care general waste area	Yes / No						
b. Health care risk waste area	Yes / No						
Garden storeroom - is the service outsourced (score Y/N)	Yes / No						
Garden room available - if not outsourced, score Y/N, if outsourced score NA	Yes / No / Na						
Drying area (for mops, etc.)	Yes / No						

Annexure 147: Checklist for element 208: Clinic/CHC space accommodates all services and staff at the 24-hour Emergency Unit

Checklist for Element 208							
Facilities space accommodates all services and staff at the 24-hour Emergency Unit							
Use the checklist below to check whether internal and external areas offer sufficient space for task performance Scoring – in column for score mark as follows: Check – whether the following areas are present and sufficient Y (Yes) = available; N (No) = not available.							
Item	Score						
INTERIOR SPACE	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
General							
Main waiting area						Yes / No	
Help desk/Reception/patient registration						Yes / No	
Toilets						Yes / No	
Clinical Service Areas							
Triage						Yes / No	
Consulting room						Yes / No	
Counselling room						Yes / No	
Observation area						Yes / No	
Emergency/resuscitation room						Yes / No	
Support /administration areas							
Unit manager office						Yes / No	
Staff tearoom with kitchenette						Yes / No	
Medicine store room/cupboard/trolley						Yes / No	
Surgical stores store-room						Yes / No	
Lockable cleaning material storeroom OR cupboard						Yes / No	
Dirty utility room/slucie room						Yes / No	
Linen room OR cupboard						Yes / No	
Disaster stores room						Yes / No	
Doctor's rest room						Yes / No	
Exterior space							
Parking spaces						Yes / No	
Staff parking space						Yes / No	
Disabled parking space						Yes / No	
Ambulance parking space						Yes / No	

Annexure 148: Checklist for element 209: Clinic/CHC space accommodates all services and staff at the MOU

Checklist for Element 209							
Clinic/CHC space accommodates all services and staff at the MOU							
Use the checklist below to check whether internal and external areas offer sufficient space for task performance Scoring – in column for score mark as follows: Check – whether the following areas are present and sufficient Y (Yes) = available; N (No) = not available.							
Item	Score						
INTERIOR SPACE	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
General							
Main waiting area							Yes / No
Help desk/Reception/patient registration							Yes / No
Toilets							Yes / No
Clinical Service Areas							
Antenatal ward							Yes / No
Postnatal ward							Yes / No
Delivery suite							Yes / No
Support /administration areas							
Unit manager office	Yes / No						
Staff tea room with kitchenette							Yes / No
Medicine store room/trolley/cupboard							Yes / No
Surgical stores store-room							Yes / No
Lockable cleaning material store room OR cupboard							Yes / No
Sluice							Yes / No
Clean utility room							Yes / No
Linen room OR cupboard							Yes / No
Exterior space							
Staff parking space							Yes / No
Parking space for people with disabilities							Yes / No
Ambulance parking space							Yes / No
Drying area (for mops, etc.)							Yes / No

Annexure 149: Checklist for element 210: Clinical areas have adequate natural (windows) or functional mechanical ventilation (ceiling fans/air conditioner)

Checklist for Element 210							
Clinical areas have adequate natural (windows) or functional mechanical ventilation (ceiling fans/air conditioner)							
Use the checklist below to check whether the various areas have adequate ventilation Scoring – in column for score mark as follows: Check – randomly select the number of areas to review as indicated in the column for scores Y (Yes) = available; N (No) = not available.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Waiting area		Yes / No	Yes / No				
Vital signs rooms		Yes / No					
Consultation room		Yes / No	Yes / No				
Antenatal section					Yes / No		
Delivery suite					Yes / No		
Postnatal section					Yes / No		
Triage area				Yes / No			
Resuscitation area				Yes / No			
Observation area				Yes / No			

Annexure 150: Checklist for element 211: There is access for people with wheelchairs

Checklist for Element 211							
There is access for people with wheelchairs							
Use the checklist below to check the accessibility for patients in wheelchairs at the areas as indicated Scoring - in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Terrain must be compacted and smooth from gate to main entrance		Yes / No				Yes / No	Yes / No
At least one entrance to the 8-hour service area has a ramp to allow access for persons in wheelchairs unless the entrance to the facility has no incline		Yes / No				Yes / No	Yes / No
Ramp at one of the entrances to the 8-hour service area has handrails unless the entrance to the facility has no incline		Yes / No				Yes / No	Yes / No
Elbow taps in toilet with access for persons in wheelchairs		Yes / No				Yes / No	Yes / No
At least one toilet has access for persons in wheelchairs		Yes / No				Yes / No	Yes / No
In the toilet/s with access for persons in wheelchair, door handles are at the height of a wheelchair		Yes / No				Yes / No	Yes / No
In the toilet/s with access for persons in wheelchairs handrails are installed		Yes / No				Yes / No	Yes / No

Annexure 151: Checklist for element 213: The building/s is maintained according to schedule

Checklist for Element 213								
The building/s is maintained according to schedule								
Use the checklist below to check whether the various internal and external areas are in good condition Scoring - in column for score mark as follows: Randomly select the number of areas to review as indicated in the column for scores Y (Yes) = available; N (No) = not available. NA (not applicable) = if the facility does not have the service area or measure is not applicable to the specific facility because of the structural make-up of the facility e.g. in a multi storey building in a city								
Area and measures	8 hr Non-clinical	Score					24 hr clinical serv	
		8 hr	Phar/Disp /Med room	Oral	Allied	AE	MOU	
EXTERIOR OF BUILDING(S)	Admin & Admin Supp							
Walls - paint in good condition	Yes / No							
Roof intact	Yes / No							
Gutters and down pipes								
a. Intact	Yes / No							
b. Paint in good condition	Yes / No							
Doors and gates								
a. Working condition	Yes / No							
b. Handles working	Yes / No							
c. Open and close	Yes / No							
Lights								
a. Present	Yes / No							
b. Functional	Yes / No							
Paving is intact	Yes / No							
INTERIOR OF BUILDING(S)								
WAITING AREAS								
Walls - paint in good condition	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Ceiling								
a. Paint in good condition	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Intact	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Lights								
a. Present	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
b. Functional	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
TOILETS								
Wall mounted paper towel dispenser(s)	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall mounted hand soap dispenser(s)	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Wall tiles in good condition	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Walls - paint in good condition	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU
Ceiling							
a. Paint in good condition	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
b. Intact	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
Lights							
a. Present	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
b. Functional	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
Windows							
a. Windowpanes intact (glass not broken)	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
c. Windows can open and close	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
Doors							
a. Intact	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
c. Open and close	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
Hand wash basins							
a. Intact	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
b. Taps functional (with running water)	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
c. Not blocked	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
d. Floor intact	Yes / No			Yes / No	Yes / No	Yes / No	Yes / No
CLINICAL AREA							
Wall mounted paper towel dispenser(s)		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Wall mounted hand soap dispenser(s)		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Walls - paint in good condition		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Floor in good condition		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Ceiling							
a. Paint in good condition		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
b. Intact		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Lights							
a. Present		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
b. Functional		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
Windows							
a. Windowpanes intact (glass not broken)		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
b. Handles working		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
c. Windows can open and close		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No
d. Window covering (curtains/blinds) clean and intact (blinds)		Yes / No		Yes / No	Yes / No	Yes / No	Yes / No

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

Annexure 151: Example of a record to track maintenance work

Maintenance/ works order number	Date maintenance requested	Name and surname of staff member that requested the maintenance	Short description of maintenance requested	Notes on dates on which follow-ups were made	Date maintenance carried out and finalised

Annexure 153: Checklist for element 214 - Building is compliant with safety regulations

Checklist for Element 214							
Building is compliant with safety regulations							
Use the checklist below to check whether the building is compliant with safety regulations Scoring - in column for score mark as follows: Y (Yes) = available, N (No) = not available.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Fire compliance certificates							
Electrical compliance certificates							
Area							
Emergency exits must be clear of all obstructions						Yes / No	Yes / No
Entrance is free from any obstruction or hazards						Yes / No	Yes / No
Emergency vehicle entrance is free from any obstruction or hazards (must score at least one of the three areas indicated)						Yes / No	Yes / No

Annexure 153: Example of a maintenance schedule for equipment

MAINTENANCE SCHEDULE FOR EQUIPMENT

Name of facility: _____

Equipment/details of service	Date equipment procured	Frequency of maintenance	1 st service scheduled	2 nd service scheduled	3 rd service scheduled	4 th service scheduled	5 th serviced scheduled	6 th service scheduled
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator						Serial number		
Schedule of Service(example)	*1 Apr 2017	Annual	1 Apr 2018	1 Apr 2019	1 Apr 2020	1 Apr 2021	1 Apr 2022	1 Apr 2023
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Pulse oximeter with adult & paediatric probes						Serial number		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Non-invasive electronic blood pressure monitoring device including pediatric, adult & large adult cuff sizes (recalibration)						Serial number		
Schedule of Service								
Date serviced								
Company or health technology technician that								

serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								
Scales (recalibration)						Serial number		
Schedule of Service								
Date serviced								
Company or health technology technician that serviced the equipment								
Facility manager's Name & surname that signed off the service								
Signature of facility manager to confirm that the service was conducted								

* If the facility has more than one of the equipment listed, add lines to include all equipment with its serial number.

Add all the equipment that must be serviced on the schedule

Annexure 155: Checklist for element 218: Furniture is available and intact at 8-hour service areas

Checklist for Element 218									
Furniture is available and intact at 8-hour service areas									
Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 8-hour service area Scoring – in column for score mark as follows: Check – randomly select the areas to review as indicated in the column for scores Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area									
Item	Score								
	8 hr Non-clinical		8 hr clinical services					24 hr clinical serv	
	Admin & Admin Supp		8 Hour	Phar/Dis p/Med room	Oral	Allied	AE	MOU	
Waiting areas	Waiting area 1	Waiting area 2							
Seating									
a. Adequate seating for all patients	Yes / No	Yes / No/Na							
b. Chairs / benches intact	Yes / No	Yes / No/Na							
c. Notice boards available	Yes / No	Yes / No/Na							
Consulting rooms			Consultation room 1	Consultation room 2					
Desk									
a. Available			Yes / No	Yes / No/Na					
b. Intact (including the drawers)			Yes / No	Yes / No/Na					
Chair (clinician)									
a. Available			Yes / No	Yes / No/Na					
b. Intact			Yes / No	Yes / No/Na					
At least 1x chair (patient)									
a. Available			Yes / No	Yes / No/Na					
b. Intact			Yes / No	Yes / No/Na					
Tilting examination couch									
a. Available			Yes / No	Yes / No/Na					
b. Intact			Yes / No	Yes / No/Na					
Bedside footstool									
a. Available			Yes / No	Yes / No/Na					
b. Intact			Yes / No	Yes / No/Na					
Lockable medicine cupboards									
a. Available			Yes / No	Yes / No/Na					
b. Intact			Yes / No	Yes / No/Na					
Dressing trolley (at bedside for examination equipment)									
a. Available			Yes / No	Yes / No/Na					
b. Intact (including the drawers)			Yes / No	Yes / No/Na					

Annexure 156: Checklist for element 219: Essential equipment is available and functional at the 8-hour services

Checklist for Element 219													
Essential equipment is available and functional at the 8-hour services													
Use the checklist below to check whether essential equipment is available and functional in consultation/vital signs and child health rooms Scoring – in column for score mark as follows: Check – randomly select the number of areas to review as indicated in the scoring columns Y (Yes) = available and functional; N (No) = not available or not functional.													
Item	Score												
	8 hr Non-clinical				8 hr clinical services							24 hr clinical serv	
	Admin & Admin Supp				8 Hour				Phar/Disp/Med room	Oral Health	Rehab (Allied)	AE	MOU
	Vitals room	Consultation room 1	Consultation room 2	Child health room	Vitals room	Consultation room 1	Consultation room 2	Child health room					
Stethoscope					Yes / No	Yes / No	Yes / No	Yes / No					
Non-invasive Baumanometer (wall mounted/ portable)					Yes / No	Yes / No	Yes / No	Yes / No					
Adult, paediatric and large cuffs (3) for Baumanometer					Yes / No	Yes / No	Yes / No	Yes / No					
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)					Yes / No	Yes / No	Yes / No	Yes / No					
Patella hammer					Yes / No	Yes / No							
Tuning fork (only required					Yes / No	Yes / No		Yes / No					

in one consultation room)													
Tape measure					Yes / No	Yes / No	Yes / No	Yes / No					
MUAC Tape					Yes / No	Yes / No		Yes / No					
Vaginal Cusco speculum						Yes / No	Yes / No						
Clinical thermometers					Yes / No	Yes / No	Yes / No	Yes / No					
Wall mounted or portable angle poise style examination lamp						Yes / No	Yes / No						
	Admin & Admin Supp				8 Hour				Phar/Disp/Med room	Oral Health	Rehab (Allied)	AE	MOU
	Vitals room	Consul-tation room 1	Consul-tation room 2	Child health room	Vitals room	Consul-tation room 1	Consul-tation room 2	Vitals room	Consul-tation room 1	Consul-tation room 2	Child health room	Vitals room	Consul-tation room 1
Blood glucometer					Yes / No	Yes / No		Yes / No					
Peak flow meter						Yes / No							
Adult clinical scale up to 150 kg					Yes / No	Yes / No		Yes / No					
HB meter					Yes / No	Yes / No		Yes / No					
Height measure					Yes / No			Yes / No					
Urine specimen jars					Yes / No								
Baby scale					Yes / No			Yes / No					
Bassinet on stand								Yes / No					

Annexure 157: Checklist for element 220: Furniture is available and intact in the Rehabilitation treatment area

Checklist for Element 220								
Furniture is available and intact in the Rehabilitation treatment area								
Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Rehabilitation treatment area Scoring – in column for score mark as follows: Check – randomly select the areas to review as indicated in the column for scores. Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area								
Item	Score							
	8 hr Non-clinical	8 hr clinical services					24 hr clinical serv	
	Admin & Admin Supp	8 Hour	Phar/Displ/ Med room	Oral	Allied		AE	MOU
Waiting areas					Waiting Area 1			
Notice boards/snaplock frames available					Yes / No			
Seating								
a. Adequate seating for all patients					Yes / No			
b. Chairs / benches intact					Yes / No			
Treatment area					Treatment area 1	Treatment area 2		
Desk								
a. Available					Yes / No	Yes / No/Na		
b. Intact (including the drawers)					Yes / No	Yes / No/Na		
Chair (clinician)								
a. Available					Yes / No	Yes / No/Na		
b. Intact					Yes / No	Yes / No/Na		
At least 1x chair (patient)								
a. Available					Yes / No	Yes / No/Na		
b. Intact					Yes / No	Yes / No/Na		
Tilting examination couch								
a. Available					Yes / No	Yes / No/Na		
b. Intact					Yes / No	Yes / No/Na		
Bedside footstool								
a. Available					Yes / No	Yes / No/Na		
b. Intact					Yes / No	Yes / No/Na		
Instrument trolley								
a. Available					Yes / No	Yes / No/Na		
b. Intact					Yes / No	Yes / No/Na		
Bar fridge								
a. Available					Yes / No	Yes / No/Na		
b. Intact (including the drawers)					Yes / No	Yes / No/Na		

Annexure 158: Checklist for element 221: Essential equipment is available and functional at the health support service treatment areas

Checklist for Element 221							
Essential equipment is available and functional at the health support service treatment areas							
Use the checklist below to check whether essential equipment is available and functional in rehabilitation treatment area Scoring – in column for score mark as follows: Check – randomly select the number of areas to review as indicated in the scoring columns Y (Yes) = available and functional; N (No) = not available or not functional; NA (not applicable) = if the facility provides only one of the services OR if they have a visiting team only							
Item	Score						
PHYSIOTHERAPY	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Equipment – Clinical							
Aluminium crutches – adult					Yes / No /Na		
Aluminium crutches – paediatric					Yes / No /Na		
Balance pad					Yes / No /Na		
Basin, portable, large					Yes / No /Na		
Bobath Ball: 85cm					Yes / No /Na		
Bobath Ball: 65cm					Yes / No /Na		
Bobath Ball: 45cm					Yes / No /Na		
Bobath roller: 50cm					Yes / No /Na		
Bobath roller: 30cm					Yes / No /Na		
Construction Play equipment					Yes / No /Na		
Hot water bottle					Yes / No /Na		
Mat: gym					Yes / No /Na		
Mirror: hand-held with cover					Yes / No /Na		
Mirror: hand-held with handle					Yes / No /Na		
Nebuliser: ultrasonic					Yes / No /Na		
Patella hammer					Yes / No /Na		
Soccer ball					Yes / No /Na		
Standing frame –large					Yes / No /Na		
Standing frame –medium					Yes / No /Na		
Standing frame –small					Yes / No /Na		
Stethoscope					Yes / No /Na		
Tape measure: soft, retractable					Yes / No /Na		
Torch					Yes / No /Na		
Toys: multisensory					Yes / No /Na		
Transfer board					Yes / No /Na		
Walking frame: adult					Yes / No /Na		
Walking frame: paediatric					Yes / No /Na		
Walking stick: adult					Yes / No /Na		
Walking stick: paediatric					Yes / No /Na		
Wedges: set					Yes / No /Na		
Weights: ankle and wrist					Yes / No /Na		

	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Wheelchair: 25 x30cm					Yes / No /Na		
Wheelchair: 30x30 cm					Yes / No /Na		
Wheelchair: 30x40cm					Yes / No /Na		
Wheelchair: 36x40cm					Yes / No /Na		
Wheelchair: 41cm wide					Yes / No /Na		
Wheelchair: 46cm wide					Yes / No /Na		
Wheelchair: 51cm wide					Yes / No /Na		
Equipment – General							
Allen key set					Yes / No /Na		
Clamps: adjustable (pair)					Yes / No /Na		
Claw hammer					Yes / No /Na		
Cordless Drill					Yes / No /Na		
Drill bit set					Yes / No /Na		
Electric foam cutter					Yes / No /Na		
Electric frying pan					Yes / No /Na		
Electric jigsaw					Yes / No /Na		
Extension lead (on reel)					Yes / No /Na		
Eyelet punch					Yes / No /Na		
Hacksaw					Yes / No /Na		
Hacksaw blades					Yes / No /Na		
Heat gun					Yes / No /Na		
Measuring rule: folding					Yes / No /Na		
Multi-plug					Yes / No /Na		
Pliers set					Yes / No /Na		
Revolving punch					Yes / No /Na		
Screwdriver set					Yes / No /Na		
Shifting spanner					Yes / No /Na		
Spanner set (swivel-head)					Yes / No /Na		
Tape measure (industrial)					Yes / No /Na		
Tool box					Yes / No /Na		
Utility knife					Yes / No /Na		
Workbench, portable					Yes / No /Na		
Instruments							
Scissors: splinting					Yes / No /Na		
Scissors: standard, adult					Yes / No /Na		
Scissors: standard, child					Yes / No /Na		
SPEECH THERAPY							
Equipment – Clinical							
Audiometer portable					Yes / No /Na		
Cards - themed, speech therapy					Yes / No /Na		
HiPro box					Yes / No /Na		
Noisemakers					Yes / No /Na		
OAE/AABR screener portable					Yes / No /Na		
Otolight					Yes / No /Na		
Otoscope, portable					Yes / No /Na		
Portable screening tympanometer					Yes / No /Na		

	Admin & Admin Supp	8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Instruments							
Cerumen management kit					Yes / No /Na		
cup: ear					Yes / No /Na		
Curette: cerumen, plastic, adult					Yes / No /Na		
Curette: cerumen, plastic, paed					Yes / No /Na		
Curette, cerumen, lighted, magnified					Yes / No /Na		
Ear loop, Bileau, small					Yes / No /Na		
Forceps, crocodile					Yes / No /Na		
Syringe, impression					Yes / No /Na		

Annexure 159: Checklist for element 222 - Furniture is available and intact at the Oral Health services

Checklist for Element 222								
Furniture is available and intact at the Oral Health services								
Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the Oral Health services Scoring – in column for score mark as follows: Check – randomly select the areas to review as indicated in the column for scores Y (Yes) = available and intact; N (No) = not available or not intact. NA (not applicable) = if the facility does not have the service area.								
Item	Score							
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv		
Waiting areas	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU	
a. Notice boards/snaplock frames available				Yes / No				
Seating								
a. Adequate seating for all patients				Yes / No				
b. Chairs / benches intact				Yes / No				
Treatment area				Treatment area 1	Treatment area 2			
Desk								
a. Available				Yes / No	Yes / No /Na			
b. Intact (including the drawers)				Yes / No	Yes / No /Na			
2x Dental operators' stool (round stool on wheels)								
a. Available				Yes / No	Yes / No /Na			
b. Intact				Yes / No	Yes / No /Na			
Lockable medicine trolley/cupboard								
a. Available				Yes / No	Yes / No /Na			
b. Intact				Yes / No	Yes / No /Na			

Annexure 160: Checklist for element 223: Essential equipment is available and functional at the Oral Health services

Checklist for Element 223								
Essential equipment is available and functional at the Oral Health services								
Use the checklist below to check whether essential equipment is available and functional at the Oral Health services Scoring – in column for score mark as follows: Y (Yes) = available and functional; N (No) = not available or not functional.								
Item	Quantity	Score						
		8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
		Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Equipment								
Amalgam separator	1				Yes / No			
Amalgamator: digital	1				Yes / No			
Autoclave: cassette-type, desktop	1				Yes / No			
Cidex container with lid	1				Yes / No			
Compressor, 2-4 surgeries, fixed	1				Yes / No			
Cuspidor/spittoon/water unit	1				Yes / No			
Dental chair: basic	1				Yes / No			
Dental chair (For outreach portable with portable light)	1				Yes / No			
Dental delivery system with handpieces (fixed)	1				Yes / No			
Dental delivery system with handpieces (Mobile – for outreach)	1				Yes / No			
Dental light: LED	1				Yes / No			
Dental curing light (corded or cordless)	1				Yes / No			
Dental scaler: air	1				Yes / No			
Headband light	1				Yes / No			
Paediatric Booster seats	1				Yes / No			
Plastic dental instrument trays	1				Yes / No			
Stool: dentist	1				Yes / No			
Stool: dental assistant	1				Yes / No			
Suction: central, wet (commonest type)	1				Yes / No			
	1				Yes / No			
Suction: central, dry (optional in water-scarce areas)	1				Yes / No			
Suction: dry, mobile (for outreach and back-up)	1				Yes / No			
Ultrasonic cleaner	1				Yes / No			
Water distillation	1				Yes / No			
	1				Yes / No			
X-ray: wall-mounted	1				Yes / No			

X-ray: digital oral imaging plate with computer and cabling.	1				Yes / No			
Handpieces								
3-in-one syringe (included in dental delivery system)	1				Yes / No			
Air motor (high-speed turbine)	1				Yes / No			
Contra-angle handpiece	1				Yes / No			
Slow handpiece	2				Yes / No			
Slow handpiece motor	2				Yes / No			
Straight handpiece	1				Yes / No			
Dental elevators								
Cryers elevator left	4				Yes / No			
Cryers elevator right	4				Yes / No			
Straight elevator Large	4				Yes / No			
Straight elevator Medium	4				Yes / No			
Straight elevator Small	4				Yes / No			
Warwick-James elevator left	2				Yes / No			
Warwick-James elevator right	2				Yes / No			
Warwick-James elevator straight	2				Yes / No			
Dental extraction forceps								
Forceps: Cheatle					Yes / No			
Forceps: Cheatle container/holder					Yes / No			
Forceps: tooth extracting Lower bicuspid	6				Yes / No			
Forceps: tooth extracting Lower molars and crowded incisors	6				Yes / No			
Forceps: tooth extracting upper Anteriors and canines	2				Yes / No			
Forceps: tooth extracting Upper bicuspid and roots	6				Yes / No			
Forceps: tooth extracting Upper molars left	6				Yes / No			
Forceps: tooth extracting Upper Molars right 90	6				Yes / No			
Forceps: tooth extracting Upper Molars right 89	6				Yes / No			
Forceps: tooth extracting Upper roots 29	6				Yes / No			
Forceps: tooth extracting Upper roots 44 N	2				Yes / No			
Forceps: tooth extracting Upper roots 29 S	2				Yes / No			
Forceps: tooth extracting Upper roots 76	2				Yes / No			
Forceps: tooth extracting Upper roots small	2				Yes / No			
Forceps: tooth extracting Lower molars, child	6				Yes / No			
Forceps: tooth extracting Lower teeth and roots, child	6				Yes / No			
Forceps: tooth extracting Lower canines Adult	6				Yes / No			
Forceps: tooth extracting Lower Anteriors Adult	6				Yes / No			

Forceps: tooth extracting Upper incisors and canines, child	6				Yes / No			
Forceps: tooth extracting Upper Molars, child	6				Yes / No			
Forceps: tooth extracting Upper teeth and roots, Molars, child	6				Yes / No			
Conservative Instruments								
Amalgam carrier plastic right angle	3				Yes / No			
Amalgam carrier plastic straight	2				Yes / No			
Amalgam carver	6				Yes / No			
Amalgam plugger	4				Yes / No			
Ball burnisher 2.5-3.0mm	6				Yes / No			
Bib holders	2				Yes / No			
Bur Blocks	2				Yes / No			
Bur brushes	2				Yes / No			
Cement spatula	2				Yes / No			
Chip syringe					Yes / No			
Cotton and Dressing Tweezers	20				Yes / No			
Cotton pellet holder	2				Yes / No			
Cotton wool holder (small bowl)	2				Yes / No			
Dappen dishes	6				Yes / No			
Dental Explorers/Probes Straight	30				Yes / No			
Dental syringe Aspirating	30				Yes / No			
Excavator 125/126	4				Yes / No			
Excavator 129/130	4				Yes / No			
Excavator 133/134	4				Yes / No			
Flat plastic	6				Yes / No			
Handle Mouth Mirror	30				Yes / No			
Kidney dishes large	4				Yes / No			
Kidney dishes small	4				Yes / No			
Matrix retainer Siqueland Narrow/tofflemire	4				Yes / No			
Matrix retainer Siqueland Wide/tofflemire	4				Yes / No			
Mouth Mirrors to it Handle Mouth Mirror	30				Yes / No			
Mounth models					Yes / No			
Needle holder	2				Yes / No			
Sickel					Yes / No			
Tofflemier holder					Yes / No			
Thymosin					Yes / No			
Waste receiver	2				Yes / No			
Periodontal								
Dental probe: periodontal	4				Yes / No			
Periodontal hoe SG 5F	6				Yes / No			
Scaler, dental: H6/7	6				Yes / No			
Other								
Artery forceps	2				Yes / No			
Handle scalpel	2				Yes / No			
Mouth gag	4				Yes / No			

Needle holder	2				Yes / No			
Protective glasses	4				Yes / No			
Rongeur: dental No.4	4				Yes / No			
Rongeur: dental No. 5S	4				Yes / No			
Scissors ligature	2				Yes / No			
Slab: mixing, glass	2				Yes / No			
Tongue forceps	2				Yes / No			
Trimmer: gingival margin U3/U4	4				Yes / No			
Trimmer: gingival margin Ui/U2	4				Yes / No			
Wire ligature forceps	2				Yes / No			

Annexure 161: Checklist for element 224: Furniture is available and intact at the 24-Hour Emergency Unit

Checklist for Element 224									
Furniture is available and intact at the 24-Hour Emergency Unit									
Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the 24-Hour Emergency Unit Scoring - in column for score mark as follows: Randomly select the number of areas to review as indicated in the column for scores Y (Yes) = available/intact, N (No) = not available/not intact.									
Item	Score								
	8 hr Non-clinical	8 hr clinical services				AE	MOU		
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied				
Waiting areas									
Notice boards/snaplock frames available						Yes / No			
Seating						Waiting area 1			
a. Adequate seating for family/friends						Yes / No			
b. Chairs / benches intact						Yes / No			
Reception/nurses station									
Desk									
a. Available						Yes / No			
b. Intact (including the drawers)						Yes / No			
Chair									
a. Available						Yes / No			
b. Intact						Yes / No			
Clinical areas						Triage	Resuscitation	Observation	
1Chair per patient									
a. Available						Yes / No		Yes / No	
b. Intact						Yes / No		Yes / No	
Hospital beds/trolley									
a. Available according approved bed capacity						Yes / No	Yes / No	Yes / No	
b. Intact (check ALL)						Yes / No	Yes / No	Yes / No	
Bedside footstool (NA if bed or trolley height is adjustable)									
a. Available						Yes / No	Yes / No / Na	Yes / No	
b. Intact						Yes / No	Yes / No / Na	Yes / No	
Bedside locker									
a. Available							Yes / No	Yes / No	

b. Intact							Yes / No	Yes / No	
Lockable Scheduled Medicine cupboard									
a. Available							Yes / No		
b. Intact							Yes / No		
Dressing trolley									
a. Available (1 per area)						Yes / No	Yes / No	Yes / No	
b. Intact (including the drawers)						Yes / No	Yes / No	Yes / No	
Non-clinical area									
Dirty utility/slucie area									
a. Slop-hopper						Yes / No	Yes / No	Yes / No	
b. In working order						Yes / No	Yes / No	Yes / No	
Medicine storeroom/cupboard/trolley									
a. Medicine fridge						Yes / No	Yes / No	Yes / No	
b. In working order						Yes / No	Yes / No	Yes / No	

Annexure 162: Checklist for element 225: Essential equipment is available and functional at the 24-Hour Emergency Unit

Checklist for Element 225									
Essential equipment is available and functional at the 24-Hour Emergency Unit									
Use the checklist below to check whether essential equipment is available and functional in the resuscitation, consultation and observation areas in the 24 Hour Emergency Unit Scoring – in column for score mark as follows: Check – randomly select the number of areas to review as indicated in the scoring columns Y (Yes) = available and functional; N (No) = not available or not functional.									
Item	8 hr Non-clinical	8 hr clinical services				AE			MOU
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	Resuscitation area 1	Consultation area 1	Observation area 1	
Stethoscope						Yes / No	Yes / No	Yes / No	
Non-invasive Baumanometer (wall mounted/ portable)						Yes / No	Yes / No	Yes / No	
Adult, paediatric and large cuffs (3) for Baumanometer						Yes / No	Yes / No	Yes / No	
Diagnostic sets - including ophthalmic pieces (wall mounted or portable)						Yes / No	Yes / No	Yes / No	
Patella hammer						Yes / No	Yes / No		
Tuning fork (only required in one consultation room)						Yes / No	Yes / No	Yes / No	
Tape measure						Yes / No	Yes / No	Yes / No	
Clinical thermometers						Yes / No	Yes / No	Yes / No	
Blood glucometer						Yes / No	Yes / No	Yes / No	
Peak flow meter						Yes / No	Yes / No	Yes / No	
Adult clinical scale up to 150 kg							Yes / No		
HB meter						Yes / No	Yes / No	Yes / No	
Height measure							Yes / No		
Urine specimen jars						Yes / No	Yes / No	Yes / No	
Baby scale						Yes / No	Yes / No	Yes / No	
Bassinet							Yes / No	Yes / No	
Wall mounted or portable angle poise examination lamp							Yes / No	Yes / No	
Ceiling mounted examination light						Yes / No			

Annexure 162: Checklist for element 226 - There is a sterile pack for minor surgery

Checklist for Element 226								
There is a sterile pack for minor surgery								
Use the checklist below to check whether equipment for minor surgery is available Scoring - in column for score mark as follows: Check – If the facility does not have a 24 hour emergency unit, assess the 8 hour service Y (Yes) = available and functioning, N (No) = not available or not functioning Note: sterile packs for minor surgery must be labelled indicating the contents of the pack								
Item	Quantity	Score						
		8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
		Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
MINOR STITCH / SUTURING TRAY								
Small stitch tray	1		Yes / No				Yes / No	
Stitch scissor	1		Yes / No				Yes / No	
Toothed Forcep	1		Yes / No				Yes / No	
Non – toothed Forcep	1		Yes / No				Yes / No	
Bard- Parkersurgical blade handle to fit accompanying blades (blades do not form part of sterilised pack but must be available)	1		Yes / No				Yes / No	
Mosquito straight	2		Yes / No				Yes / No	
Mosquito curved	2		Yes / No				Yes / No	
Artery forceps straight	2		Yes / No				Yes / No	
Artery forceps curved	2		Yes / No				Yes / No	
Needle holder	1		Yes / No				Yes / No	
Swab holder	1		Yes / No				Yes / No	

Annexure 164: Checklist for element 227: Resuscitation room is equipped with functional basic furniture and resuscitation equipment (24 Hour Emergency Unit)

Checklist for Element 227							
Resuscitation room is equipped with functional basic furniture and resuscitation equipment (24 Hour Emergency Unit)							
Use the checklist below to check whether the emergency/resuscitation room complies with standards for functional basic equipment Scoring – in column for score mark as follows: Check – room where resuscitation is performed (if the facility does not have a 24 hour emergency unit, assess the resuscitation room in the 8 hour service) Y (Yes) = available and functional; N (No) = not available or not functional							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Emergency trolley is restored daily or after each use		Yes / No				Yes / No	
Emergency trolley with lockable medicine drawer and accessories		Yes / No				Yes / No	
Examination bed OR Patient trolley with fowlers position OR 2-part obstetric delivery bed OR Patient trolley or stretcher which can be adjusted into a fowlers position		Yes / No				Yes / No	
Chlorhexidine or Alcohol swabs		Yes / No				Yes / No	
Protective face shields OR goggles		Yes / No				Yes / No	
Gloves exam n/sterile gloves: small, medium and large at least one pair of each size		Yes / No				Yes / No	
Gloves surgical sterile latex: 6 OR 6.5, 7 OR 7.5 and 8 at least one pair of each size		Yes / No				Yes / No	
Disposable plastic aprons		Yes / No				Yes / No	
Disposable non-sterile face masks		Yes / No				Yes / No	
Syringes 3-part: 2ml		Yes / No				Yes / No	
Syringes 3-part: 5ml		Yes / No				Yes / No	
Syringes 3-part: 10ml OR 20ml		Yes / No				Yes / No	
Cather tip syringe 50ml		Yes / No				Yes / No	
Needles: 18 (pink) OR 20 (yellow)		Yes / No				Yes / No	
Needles: 21 (green)		Yes / No				Yes / No	
Needles: 23 (blue) OR 22 (black)		Yes / No				Yes / No	
Tourniquet		Yes / No				Yes / No	
Stethoscope		Yes / No				Yes / No	
	Admin & Admin Supp	8 hr	Phar/Disp/M ed room	Oral	Allied	AE	MOU

Nasogastric tubes: (a minimum of three different sizes that accommodate both adult and paediatric users)		Yes / No				Yes / No	
Nasal cannula (prongs) for adults		Yes / No				Yes / No	
Nasal cannula (prongs) for paediatric		Yes / No				Yes / No	
Wall or ceiling mounted or mobile angle poise style examination lamp		Yes / No				Yes / No	
Paediatric Broselow tape OR Pawper tape		Yes / No				Yes / No	
Resuscitation algorithms		Yes / No				Yes / No	
Resuscitation documentation register		Yes / No				Yes / No	

Annexure 165: Checklist for element 228: Emergency trolley is stocked with medicines, medical supplies and equipment

Checklist for Element 228							
Emergency trolley is stocked with medicines, medical supplies and equipment							
Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication Scoring –in column for score mark as follows: Check – whether the equipment and medication are available on the emergency trolley (or on other surfaces in the resuscitation room); and also check the expiry date of the medication. Mark expired medication as “N”. If the facility does not have a 24-hour Emergency unit, assess the Emergency trolley in the 8-hour service. Y (Yes) = available and functional or within expiry; N (No) = not available or not functional or expired. Na (Not applicable) = as indicated							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
EQUIPMENT FOR ALL FACILITIES (with and without a permanently appointed doctor)							
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults		Yes / No				Yes / No	
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for		Yes / No				Yes / No	
Simple face mask for oxygen for adults		Yes / No				Yes / No	
Simple face mask for oxygen, paediatric		Yes / No				Yes / No	
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator		Yes / No				Yes / No	
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator		Yes / No				Yes / No	
Conductive gel (NA if the facility uses an AED)		Yes / No				Yes / No	
Intravenous cannula 18g green and appropriate strapping		Yes / No				Yes / No	
Intravenous cannula 20g pink and appropriate strapping		Yes / No				Yes / No	
Intravenous cannula 22g blue and appropriate strapping		Yes / No				Yes / No	
Intravenous cannula 24g yellow and appropriate strapping		Yes / No				Yes / No	
Admin set 20 drops/ml 1.8m /pack		Yes / No				Yes / No	
Admin set paed 60 drops/ml 1.8m /pack		Yes / No				Yes / No	
Laryngeal masks (supraglottic airways): (a minimum of three different sizes that accommodate both adult and paediatric users)		Yes / No				Yes / No	
Cardiac arrest board		Yes / No				Yes / No	
Strapping to secure Intravenous cannulae		Yes / No				Yes / No	
Oropharyngeal airways (Guedel) size 00		Yes / No				Yes / No	
Oropharyngeal airways (Guedel) size 0		Yes / No				Yes / No	
Oropharyngeal airways (Guedel) size 1		Yes / No				Yes / No	

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

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

Annexure 166: Checklist for element 229: Furniture is available and intact in the MOU

Checklist for Element 229									
Furniture is available and intact in the MOU									
Use the checklist below to check whether facility service areas are equipped with sufficient functional furniture in the MOU									
Scoring - in column for score mark as follows: Randomly select the number of areas to review as indicated in the column for scores Y (Yes) = available/intact, N (No) = not available/not intact. Scoring: In the column for total score mark as follows: Yes (when facility adheres to prompt) = 1, No (when the facility does not adhere to prompt) =0.									
Item	SCORE								
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv			
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU		
Waiting areas							Waiting area 1		
Notice boards/snaplock frames available							Yes / No		
Seating									
a. Adequate seating for family/friends							Yes / No		
b. Chairs / benches intact							Yes / No		
Reception/nurses station									
Desk									
a. Available							Yes / No		
b. Intact (including the drawers)							Yes / No		
Chair									
a. Available							Yes / No		
b. Intact							Yes / No		
Service area							Antenatal ward	Delivery suite	Postnatal ward
1Chair per patient									
a. Available							Yes / No		Yes / No
b. Intact							Yes / No		Yes / No
Anaesthetist stool									
a. Available							Yes / No		Yes / No
b. Intact							Yes / No		Yes / No
Hospital beds									
a. Available according approved bed capacity							Yes / No		Yes / No
b. Intact (check ALL)							Yes / No		Yes / No
Over-bed patient trolley									
Available							Yes / No		Yes / No
Intact							Yes / No		Yes / No
Obstetric tilting couch									

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

Annexure 167: Checklist for element 230 - Essential equipment in the MOU

Checklist for Element 230										
Essential equipment is available and functioning in the MOU										
Use the checklist below to check whether essential equipment is available and functional in the Midwife Obstetric Unit Scoring - in column for score mark as follows: Randomly select the 2 consulting rooms in the Midwife Obstetric Unit Y (Yes) = available, N (No) = not available.										
Item	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv				
	Admin & Admin Supp	8 hr	Phar/Disp/Med room	Oral	Allied	AE	MOU			
							Delivery suite	Antenatal/postnatal ward	Sluice	Clean Utility Area
Stethoscope							Yes / No	Yes / No		
Foetal Stethoscope							Yes / No	Yes / No		
Non-invasive Baumanometer (wall mounted/ portable)							Yes / No	Yes / No		
Adult, large cuffs (3) for Baumanometer							Yes / No	Yes / No		
Paediatric cuffs for Baumanometer							Yes / No	Yes / No		
Diagnostic sets - including ophthalmic pieces (wall mounted or portable)							Yes / No	Yes / No		
Peak flow meter							Yes / No	Yes / No		
Patella hammer							Yes / No	Yes / No		
Tape measure							Yes / No	Yes / No		
Clinical thermometers							Yes / No	Yes / No		
Ceiling mounted or portable - examination lamp							Yes / No	Yes / No		
Adult clinical scale up to 150 kg								Yes / No		
Baby scale							Yes / No	Yes / No		
Bassinet with trolley and mattress							Yes / No	Yes / No		
Blood glucometer							Yes / No	Yes / No		
HB meter							Yes / No	Yes / No		
Height measure								Yes / No		
Urine specimen jars							Yes / No	Yes / No		
CTG Machine (cardiotocographic) OR Doppler foetal monitor							Yes / No	Yes / No		
Incubator Transport							Yes / No			
Infant warmer: radiant							Yes / No	Yes / No		

Suction Unit Mobile Electrical 2x 2lit Bottle							Yes / No			
Bowl Lotion S/Steel 150mm							Yes / No			
Rescue scissors							Yes / No			
Autoclave Stand alone (mobile) Approx 100 lit									Yes / No	Yes / No
Tray Instruments washing with lid 183mm x 140 x 17 mm									Yes / No	Yes / No

Annexure 168: Checklist for element 231: Sterile obstetric delivery packs are available

Checklist for Element 231								
Sterile obstetric delivery packs are available								
Use the checklist below to check whether there are emergency sterile obstetric packs available Scoring - in column for score mark as follows: Check – If the facility does not have a MOU, assess in the 8 hour service Y (Yes) = available, N (No) = not available Note: sterile packs must be labelled with the contents of the pack								
Item	SCORE							
	Quantity	8 hr Non-clinical	8 hr clinical services				AE	MOU
		Admin & Admin Supp	8 Hour	Pharmacy/ Meds Disp	Oral Health	Rehab (Allied)		Delivery suite
NON-NEGOTIABLE								
Stitch scissor	1		Yes / No					Yes / No
Episiotomy scissor	1		Yes / No					Yes / No
Cord scissor	1		Yes / No					Yes / No
Dissecting forcep non-toothed (plain)	1		Yes / No					Yes / No
Dissecting forcep toothed	1		Yes / No					Yes / No
Artery forceps straight long	2		Yes / No					Yes / No
Needle holder	1		Yes / No					Yes / No
Sterile green towels	4		Yes / No					Yes / No
Gauzes	5		Yes / No					Yes / No
Vaginal tampons	1		Yes / No					Yes / No
Sanitary Towels	2		Yes / No					Yes / No
Round cotton wool balls	1 pack		Yes / No					Yes / No
Sterile gown	1		Yes / No					Yes / No
Stainless steel round bowl large	1		Yes / No					Yes / No
Small bowl	2		Yes / No					Yes / No
Kidney dishes OR Receivers (big)	2		Yes / No					Yes / No
EXTRAS (not part of sterilised pack)								
Basin	1		Yes / No					Yes / No
Disposable apron	2		Yes / No					Yes / No
Umbilical cord clamps	2		Yes / No					Yes / No

Annexure 169: Checklist for element 232: Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment

Checklist for Element 232							
Emergency trolley in the MOU is stocked with medicines, medical supplies and equipment							
Use the checklist below to check whether the emergency trolley is sufficiently stocked with unexpired medication in the MOU Scoring –in column for score mark as follows: Check – whether the equipment and medication area available on the emergency trolley (or on other surfaces in the resuscitation room) in the MOU; and also check expiry date of medication. Mark expired medication as “N”. Y (Yes) = available and functional or within expiry; N (No) = not available or not functional or expired.							
Item	SCORE						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
NON-NEGOTIABLE							
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for adults							Yes / No
Manual bag valve mask/ manual resuscitator OR self-inflating bag with compatible masks for paediatric							Yes / No
Simple face mask for oxygen, paediatric							Yes / No
Simple face mask for oxygen for adults							Yes / No
Automatic External Defibrillator (AED) OR ECG monitor and defibrillator							Yes / No
Defibrillator pads for AED OR Electrodes for ECG monitor and defibrillator							Yes / No
Conductive gel (NA if the facility uses an AED)							Yes / No
Intravenous cannula 18g green and appropriate strapping							Yes / No
Intravenous cannula 20g pink and appropriate strapping							Yes / No
Intravenous cannula 22g blue and appropriate strapping							Yes / No
Intravenous cannula 24g yellow and appropriate strapping							Yes / No
Admin set 20 drops/ml 1.8m /pack							Yes / No
Admin set paed 60 drops/ml 1.8m /pack							Yes / No
Laryngeal masks (supraglottic airways): (a minimum of four different sizes that accommodate both adult and paediatric users)							Yes / No
Cardiac arrest board							Yes / No

Strapping to secure Intravenous cannulae							Yes / No
Oropharyngeal airways (Guedel) size 00							Yes / No
Oropharyngeal airways (Guedel) size 0							Yes / No
Oropharyngeal airways (Guedel) size 1							Yes / No
Oropharyngeal airways (Guedel) size 2							Yes / No
Oropharyngeal airways (Guedel) size 3							Yes / No
Oropharyngeal airways (Guedel) size 4							Yes / No
Oropharyngeal airways (Guedel) size 5							Yes / No
Functional electric powered OR manual suction devices							Yes / No
Suction catheters: sizes 8F							Yes / No
Suction catheters: sizes 10F							Yes / No
Suction catheters: sizes 12F							Yes / No
Suction catheters: sizes 14F							Yes / No
Rescue scissors (to cut clothing)							Yes / No
Pulse oximeter with adult & paediatric probes							Yes / No
Nebuliser OR face mask with nebuliser chamber for adult							Yes / No
Nebuliser OR face mask with nebuliser chamber for paediatric							Yes / No
EQUIPMENT FOR FACILITIES WITH A PERMANENT APPOINTED DOCTOR							
Laryngoscope handle with functional batteries							Yes / No
Adult curved blades for laryngoscope size 2							Yes / No
Adult curved blades for laryngoscope size 3							Yes / No
Adult curved blades for laryngoscope size 4							Yes / No
Paediatric laryngoscope handle							Yes / No
Paediatric straight blades for laryngoscope size 00							Yes / No
Paediatric straight blades for laryngoscope size 0							Yes / No
Paediatric straight blades for laryngoscope size 1							Yes / No
Spare bulbs for laryngoscope (NA if the laryngoscope has a built in bulb)							Yes / No
Spare batteries for laryngoscope handle							Yes / No
Endotracheal tubes – uncuffed size 2.5mm							Yes / No
Endotracheal tubes –uncuffed size 3.0mm							Yes / No
Endotracheal tubes – uncuffed size 3.5mm							Yes / No
Endotracheal tubes – uncuffed size 4mm							Yes / No

Endotracheal tubes –uncuffed size 4.5mm							Yes / No
Endotracheal tubes – cuffed size 3.0mm							Yes / No
Endotracheal tubes – cuffed size 4.0mm							Yes / No
Endotracheal tubes – cuffed size 5.0mm							Yes / No
Endotracheal tubes – cuffed size 6.0mm							Yes / No
Endotracheal tubes – cuffed size 7.0mm							Yes / No
Endotracheal tubes – cuffed size 8.0mm							Yes / No
Tape to hold tie endotracheal tube in place							Yes / No
Adult-size introducer, intubating stylet or bougie for endotracheal tubes							Yes / No
Paediatric size introducer, intubating stylet or bougie for endotracheal tubes							Yes / No
Magill's forceps (adult)							Yes / No
Magill's forceps (paediatric)							Yes / No
Lubricating gel							Yes / No
Emergency medicines (also check expiry dates) – APPLICABLE TO ALL FACILITIES							
Activated Charcoal							Yes / No
Adrenaline 1mg/ml (Epinephrine)1ml ampoule							Yes / No
Amlodipine 5mg OR 10mg tablets							Yes / No
Aspirin 100mg OR 300mg tablets							Yes / No
Atropine 0.5mg OR 1mg ampoule							Yes / No
Calcium gluconate 10% 10ml ampoule							Yes / No
Furosemide 20mg OR 10mg/2ml ampoule							Yes / No
Hydrocortisone 100mg/ml OR 200mg/2ml vial							Yes / No
Insulin, short acting (stored in the medicine fridge) vial							Yes / No
Ipratropium 0.25mg/2ml OR 0.5mg/2ml unit dose vial for nebulisation							Yes / No
Lidocaine/Lignocaine IM 1% OR 2% 20ml vial							Yes / No
Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)							Yes / No
Midazolam (1mg/ml 5 ml ampoule OR 5mg/ml 3ml ampoule) OR Diazepam 5mg/ml 2ml ampoule							Yes / No
Nifedipine 5mg/10mg capsules							Yes / No
Prednisone 5 mg tablets							Yes / No
Promethazine 25mg/2ml ampoule OR Promethazine 25mg/1ml ampoule							Yes / No
Short-acting sublingual nitrates e.g. glyceryl trinitrate SL OR isosorbide dinitrate sublingual, 5mg tablets							Yes / No

Salbutamol 0.5% 20ml nebulising solution OR 2.5mg/2.5ml OR 5mg/2.5ml Unit dose vial for nebulisation OR Salbutamol 100 mcg MDI OR Fenoterol 1.25mg/2ml Unit dose vial for nebulisation							Yes / No
Thiamine 100mg/ml 10ml vial							Yes / No
Water for injection							Yes / No
Oxytocin 5 OR 10IU/ml AND Ergometrine 0.5mg OR oxytocin/ergometrine 5U/0,5							Yes / No
IV Solutions							
50% dextrose (20ml ampoule or 50ml bag) OR 10% dextrose 1L solution							Yes / No
Pediatric solutions e.g. ½ strength Darrows (200ml or 500ml) solution AND neonatalyte200ml solution							Yes / No
Sodium Chloride 0.9% solution 1L solution							Yes / No

Annexure 170: Checklist for element 233: Essential equipment is available and functioning in the TOP and MMC procedure room

Checklist for Element 233								
Essential equipment is available and functioning in the TOP and MMC procedure room								
Use the checklist below to check whether essential equipment is available and functional in the TOP and MMC procedure room Scoring - in column for score mark as follows: Randomly select the areas as indicated in the TOP and MMC Y (Yes) = available, N (No) = not available.								
Item	SCORE							
	8 hr Non-clinical	8 hr clinical services						
		Admin & Admin Supp	8 Hour	Pharmacy/ Meds Disp	Oral Health	Rehab (Allied)	AE	MOU
			MMC					TOP
Stethoscope		Yes / No					Yes / No	
Non-invasive Baumanometer (wall mounted/ portable)		Yes / No					Yes / No	
Adult and large cuffs (2) for Baumanometer		Yes / No					Yes / No	
Diagnostic sets -including ophthalmic pieces (wall mounted or portable)		Yes / No					Yes / No	
Tape measure		Yes / No					Yes / No	
Clinical thermometers		Yes / No					Yes / No	
Blood glucometer		Yes / No					Yes / No	
Adult clinical scale up to 150 kg		Yes / No					Yes / No	
HB meter		Yes / No					Yes / No	
Height measure		Yes / No					Yes / No	
Freezer for products of conception and foreskins		Yes / No					Yes / No	
Gynaecology examination couch with stirrups							Yes / No	
Tilting examination couch		Yes / No						
Wall mounted or portable angle poise style examination lamp		Yes / No					Yes / No	

Annexure 171: Checklist for element 234 - Functional oxygen cylinders with a pressure gauge is available

Checklist for Element 234							
Functional oxygen cylinders with a pressure gauge is available							
Use the checklist below to check whether there are oxygen cylinders with pressure gauge available and functional in the areas as indicated Scoring - in column for score mark as follows: Y (Yes) = present, N (No) = not present.							
Area	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
	Functional oxygen cylinders with a pressure gauge is available		Yes / No				Yes / No
Check if control sheet for daily monitoring is available and filed (check 1 months records)		Yes / No				Yes / No	Yes / No

Annexure 172: Checklist for element 235: Oxygen cylinders are filled above the minimum level

Checklist for Element 235							
Oxygen cylinders are filled above the minimum level							
Use the checklist below to check whether the oxygen cylinders with pressure gauge is filled in the areas as indicated Scoring - in column for score mark as follows: Y (Yes) = present, N (No) = not present.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services			24 hr clinical serv		
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Oxygen cylinders are filled above the minimum level		Yes / No				Yes / No	Yes / No
Check if control sheet for daily monitoring is available and filed (check 1 months records)		Yes / No				Yes / No	Yes / No

Annexure 173: Checklist for oxygen supply

Checklist for oxygen supply			
Facility:		Date from:	Date to:
Day of the week	Pressure gauge reading	Date checked	Signature
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Annexure 174: Checklist for element 237 - Up to date asset register available

Checklist for Element 237									
Up to date asset register available									
Use the checklist below to check whether the asset register is up to date Scoring - in column for score mark as follows: Y (Yes) = present; N (No) = not present									
Item	8 hr Non-clinical			8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp			8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
	Item 1	Item 2	Item 3						
Randomly select three items from the asset register and verify that each is present in the facility	Yes / No	Yes / No	Yes / No						
Randomly select three items from the facility and verify that each is present in the asset register	Yes / No	Yes / No	Yes / No						

Annexure 174: Example of an asset disposal form

Asset disposal form

This form is to be completed if any equipment/furniture within the facility is to be disposed of. This form, once completed, must be sent to Supply Chain Management.

Region: _____ Facility: _____

Department: _____ Date: _____

LIST OF EQUIPMENT/FURNITURE TO BE DISPOSED						
	Asset number	Location	Description	Purchase date	Original cost	Disposal value
1						
2						
3						
4						
5						
6						
7						
8						

REASON FOR DISPOSAL:

METHOD OF DISPOSAL (please tick)

SCRAPPED ☐

AUCTION ☐

DONATED ☐

Authorised by: _____ Date: _____

Annexure 175: Checklist for element 241 - Facility has a functional back-up electricity supply available in designated areas

Checklist for Element 241							
Facility has a functional back-up electricity supply available in designated areas							
Use the checklist below to check whether the back-up electricity supply is functional and available in the areas as indicated Scoring - in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Area	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Back-up electricity supply is maintained in accordance with the manufacturer's instructions (check service records)*		Yes / No					
Back-up electricity supply is tested for functionality in accordance with the manufacturer's instructions*		Yes / No					
24 Hour Emergency Unit/Resuscitation room is connected to the back-up electricity supply						Yes / No	
MOU is connected to the back-up electricity supply							Yes / No
Pharmacy is connected to the back-up electricity supply (At a minimum the vaccine and medicine fridge must be connected to the back-up supply)			Yes / No				

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

Annexure 176: Checklist for element 243 - There is a functional telephone in the facility in designated areas

Checklist for Element 243							
There is a functional telephone in the facility in designated areas							
Use the checklist below to check whether there is a functional telephone in the services areas as indicated Scoring - in column for score mark as follows: Y (Yes) = present, N (No) = not present.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
There is a functional telephone in the facility in designated areas		Yes / No	Yes / No			Yes / No	Yes / No

Annexure 177: Schedule for meetings

MEETING SCHEDULE

Facility name: _____

Month: _____

Year: _____

Weekday	Date	Week 1	Date	Week 2	Date	Week 3	Date	Week 4
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Annexure 178: Template for agenda

FACILITY NAME: _____

AGENDA FOR: _____

DATE: _____

VENUE: _____

AGENDA POINTS:
1. Opening and welcome
2. Attendance and apologies
3. Finalisation of the agenda
4. Adoption of the previous meeting minutes
5. Matters arising from the previous meeting's minutes
6. Standing items
7. Additional matters
8. Date of next meeting
9. Closure

Annexure 179: Template for attendance register for meetings

FACILITY NAME: _____

ATTENDANCE REGISTER FOR: _____

DATE: _____

VENUE: _____

Name and surname	Rank	Contact number	Organisation / section	Signature

Annexure 180: Checklist for element 255: Staff members demonstrate that incoming policies/guidelines/SOPs/ notices have been read and are understood by appending their signatures on such policies/guidelines/SOPs/ notices

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

HIV							
Antiretroviral Clinical Guidelines for the Management of HIV in Adults, Pregnancy, Adolescents, Children, Infants and Neonates (2023) or latest version	Yes / No						
National HIV Testing Services Policy (2024) or latest version	Yes / No						
National Medical Male Circumcision Guidelines (2016) or latest version	Yes / No						
Standard Operating Procedures for Adherence Guidelines for HIV, TB and NCD (2023) AGL SOPs* or latest version	Yes / No						
National guidelines for the management of Viral Hepatitis (2019) or latest version	Yes / No						
TB							
National Tuberculosis Management Guidelines (2014) or latest version	Yes / No						
National Guidelines for the Management of Tuberculosis in Children (2013) or latest version	Yes / No						
National Guidelines on the Tuberculosis infection (2023 or latest version)	Yes / No						
Clinical Management of Rifampicin Resistance Tuberculosis 2023 or latest version	Yes / No						
Women, Maternal and Reproductive Health							
Guidelines for Maternity Care in South Africa (2016) or latest version	Yes / No						
Cervical Cancer Prevention and Control Policy (2017) or latest version	Yes / No						
Clinical Guidelines for Breast Cancer Control and Management (2019) or latest version	Yes / No						
National Contraceptives clinical guidelines (2019) or latest version	Yes / No						
National Consolidated guidelines for the management of HIV in adults, adolescents, children and infants and prevention of mother-to-child transmission (2020) or latest version	Yes / No						
Maternal, Perinatal and Neonatal health policy (2021) or latest version	Yes / No						
Clinic Guideline for Genetics Services (2021) or latest version	Yes / No						
National Clinical Guidelines for Safe Conception and Infertility (2021) or latest version	Yes / No						
National integrated Sexual & Reproductive Health and Rights Policy (2019)	Yes / No						
National Clinical Guideline for Implementation of Choice on Termination of Pregnancy Act (2019)	Yes / No						
National integrated Sexual & Reproductive Health and Rights Policy (2019)	Yes / No						

Annexure 181: Checklist for element 256 – There is a functional Clinic committee

Checklist for Element 256							
There is a functional clinic committee							
Use the checklist below to check whether the documents are available as evidence that the clinic committee is functional Scoring - in column for score mark as follows: Y (Yes) = if present, N (No) = if not present							
Item	8 hr Non-clinical Admin & Admin Supp	Score					
		8 hr clinical services				24 hr clinical serv	
		8 hr	Phar/Dis p/Med room	Oral	Allied	AE	MOU
Formal Appointment							
Signed appointment letters from Office of the MEC or delegated person	Yes / No						
Provincial/district constitution adopted and signed	Yes / No						
Provincial/district Code of conduct adopted and signed	Yes / No						
Training							
Attendance registers for orientation and training conducted for the current term	Yes / No						
Services Planning, Monitoring, Evaluation and meetings							
List of community needs as determined by the Clinic/CHC Committee in past 12 months	Yes / No						
Agendas indicating that community needs and progress against operation plan was discussed at least twice in the past 12 months	Yes / No						
Signed minutes indicating that the Clinic/CHC Committee was informed on the progress against the facility's operational plan at least twice in the past 12 months	Yes / No						
Current year plan indicating the scheduled meetings (at least two within the next 12 months)	Yes / No						
Attendance registers shows that meetings held formed a quorum	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that statistical data on population health indicators are discussed	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that the clinic's human resources situation is discussed	Yes / No						
Minutes of Clinic/CHC Committee meetings indicate that situation relating to equipment and, supplies is discussed	Yes / No						
Complaints, Compliments and Suggestion Management (check record of the past 6 months)							
Minutes indicate that the management of complaints, compliments and suggestions are discussed at Clinic/CHC Committee meetings	Yes / No						
Accountability and Communication							
Contact details of Clinic/CHC Committee members visibly displayed in reception area	Yes / No						

Annexure 12: Example of services and activities for an open day

Theme:	Immunisation/Child Health
Before the event:	Use health promoters to inform the community about the event. Request community members to bring Road to Health Charts (RTHC).
MC:	Facility manager: Purpose of open day
Welcome speech:	Local Ward Counsellor
Opening speech:	MCWH coordinator: The importance of immunisation
MC:	Explain the activities offered
Activities:	Check RTHC Offer catch-up immunisation Screening height and weight Screening developmental milestones
Stations:	1. Screening 2. Immunisation 3. Facts and information about immunisation/ child health (with pamphlets) 4. Children's activities (colouring, face-painting, clowns, magicians)

Annexure 183: Example of a template for an operational plan

*Name of Facility*_____

Operational Plan _____*(year)*

DATE OF SUBMISSION: _____

SUBMITTED BY:

Title

Signature

PURPOSE OF AN OPERATIONAL PLAN

An Operational Plan (OP) is created to assist you in meeting the aims and goals committed to in the District Health Plans/Annual Performance and Strategic Plans **through the development of strategic objectives**. An OP is there to assist you in breaking down exact activities for each objective that are required to meet your goals. By spending time on developing an accurate and useful OP, you can ensure that the objectives are achieved through regular monitoring. Activities are broken down into Quarters to assist with planning and prioritising.

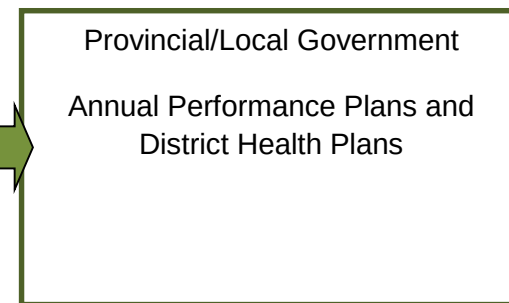
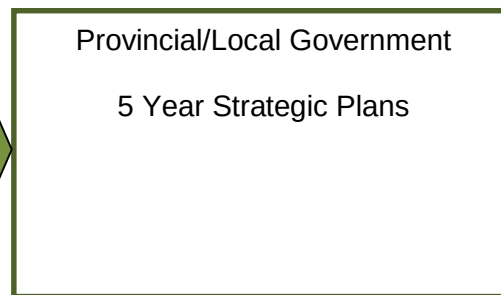
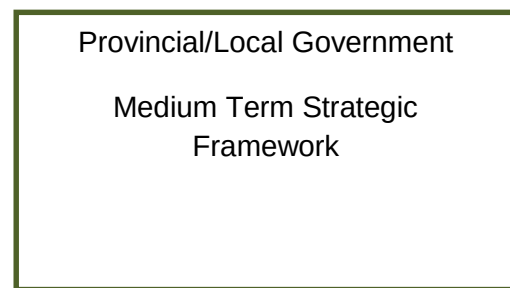
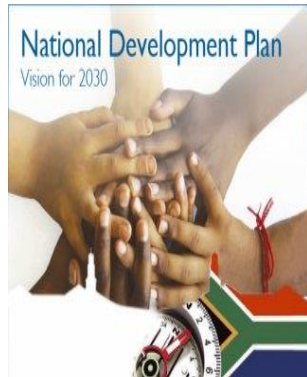
Guidelines to follow when writing your OP:

1. Stick to the template provided- it has been created to assist you in creating streamlined work plans
2. All goals, objectives and indicators that the Programme has committed to in the Annual Performance Plan (APP) and Strategic Plan (SP) should be in the OP
3. Goals, objectives and indicators should appear in the same order in your APP, SP and OP to assist in alignment
4. Strategic objectives must be SMART (Specific, Measurable, Achievable, Realistic and Time bound)
5. NIDS must be used for all service delivery indicators.

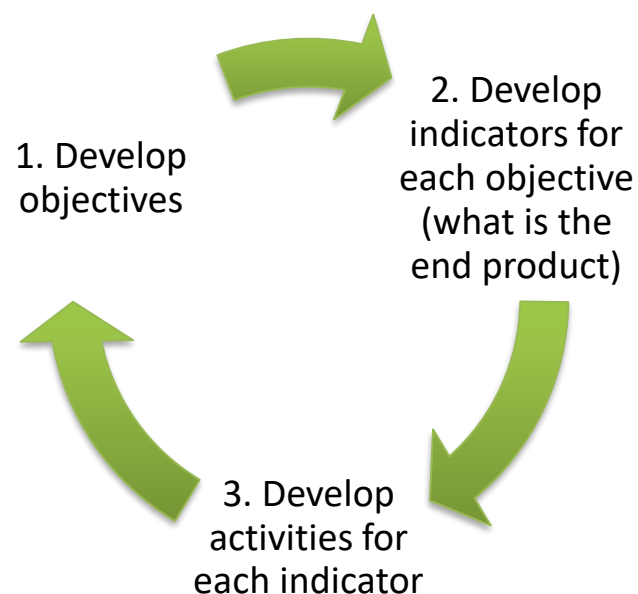
You can't manage what you don't measure



HEALTH SECTOR PLANNING HORIZON



The template in the following pages gives guidance on how to go about to develop an operational plan. The flow diagram below sets out the process:



Strategic objectives can be grouped in two categories:

1. Those objectives that are standard and will remain more or less the same for mostly every year to ensure that healthcare services are delivered in the facility. These objectives relates to the specific services rendered at the facility. For example the facility could set an objective for each of the three streams of care (chronic, acute and mother and child health). Each objective will then have various indicators and each indicator will have a list of activities that needs to be performed to reach the objective
2. Those objectives that relates to the quality improvement plan of the facility. The quality improvement plan must be used to develop objectives to close the gaps as identified in the quality improvement plan.

STRATEGIC OBJECTIVES:

NAME OF DISTRICT:		SUB DISTRICT:	
STRATEGIC OBJECTIVES	(write down the strategic objectives for the facility, they can have more than 3) 1. 2. 3.		
INDICATORS FOR STRATEGIC OBJECTIVE 1: (Note an indicator does not have to have numeric values. An indicator can for example be a SOP for, the objective would then be to develop an SOP for). If this is the case at the field for numerator and denominator insert 'Not Applicable' (NA)	INDICATOR 1: Write down the name of the indicator (add additional lines if there are more that 2 indicators set to achieve the specific objective) .	NUMERATOR:	DENOMINATOR:
	INDICATOR 2:	NUMERATOR:	DENOMINATOR:
INDICATORS FOR STRATEGIC OBJECTIVE 2:	INDICATOR 3: .	NUMERATOR:	DENOMINATOR:
	INDICATOR 4:	NUMERATOR:	DENOMINATOR:
INDICATORS FOR STRATEGIC OBJECTIVE 3:	INDICATOR 5:	NUMERATOR:	DENOMINATOR:
	INDICATOR 6:	NUMERATOR:	DENOMINATOR:
INDICATORS FOR STRATEGIC OBJECTIVE 4:	INDICATOR 7:	NUMERATOR:	DENOMINATOR:
	INDICATOR 8:	NUMERATOR:	DENOMINATOR:

ANNUAL TARGETS SET PER QUARTER FOR EACH INDICATOR

ANNUAL TARGET		QUARTER 1 : TARGET / MILESTONE	QUARTER 2 : TARGET / MILESTONE	QUARTER 3 : TARGET/ MILESTONE	QUARTER 4 : TARGET/ MILESTONE
Indicator #	Indicator name				
INDICATOR 1:					
INDICATOR 2:					
INDICATOR 3:					
INDICATOR 4:					
INDICATOR 5:					
INDICATOR 6:					
INDICATOR 7:					
INDICATOR 8:					

ACTIVITIES SET TO ACHIEVE EACH INDICATOR

INDICATOR 1	Name of indicator:							
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 2		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 3		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 4		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 5		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 6		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

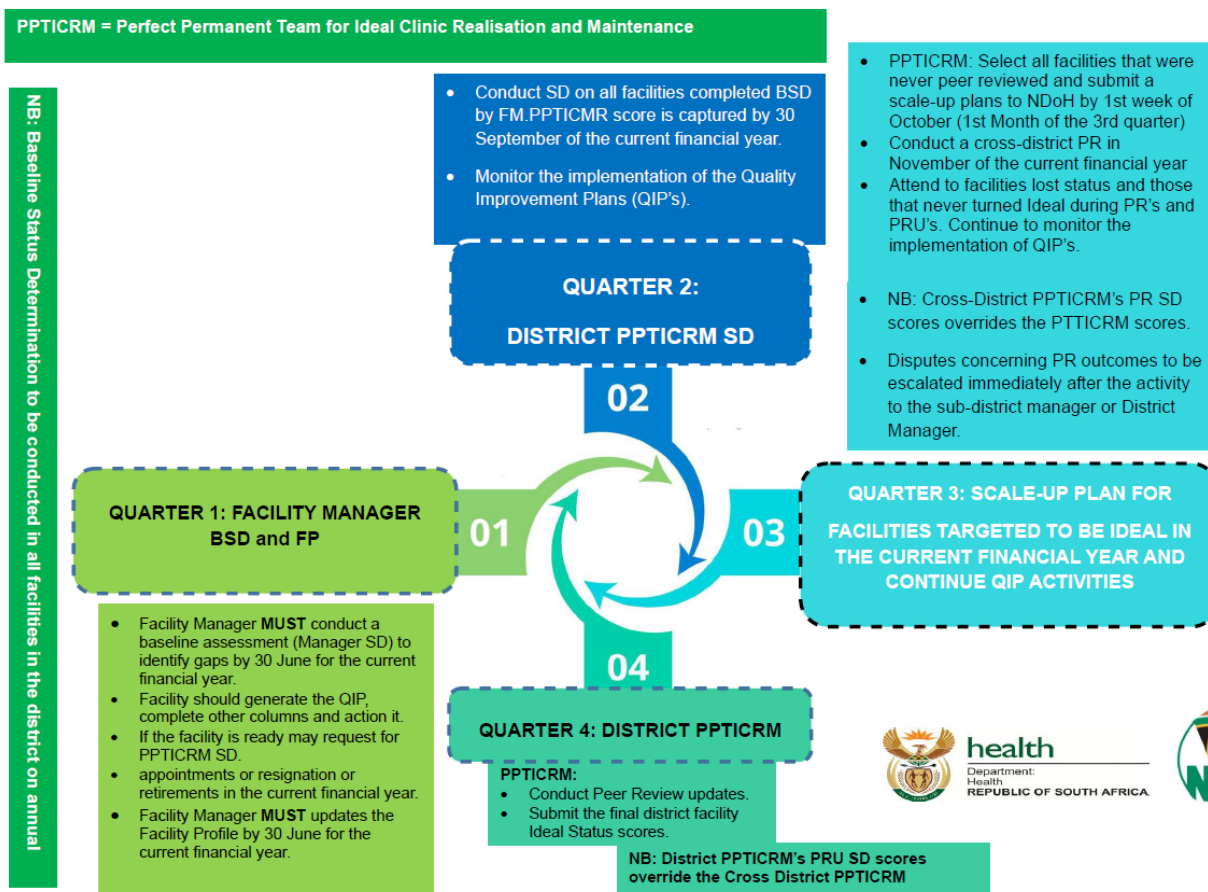
INDICATOR 7		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

INDICATOR 8		Name of indicator:						
ACTIVITIES These must be actual activities, with only one activity per line	PERSONS RESPONSIBLE The person directly responsible for ensuring activity happens (must be an actual person)	TIME FRAME Mark with an 'X' the Quarter in which the activity will take place				OUTPUTS This is what is expected to happen should the activity take place	ACTIVITY BUDGET	
		Q1 (April-Jun 2017)	Q2 (July-Sept 2017)	Q3 (Oct-Dec 2017)	Q4 (Jan-Mar 2018)		SOURCE Where the money is coming from	AMOUNT In South African Rands

Annexure 184: Status Determination Cycle

IDEAL CLINIC STATUS DETERMINATION CYCLE

PPTICRM = Perfect Permanent Team for Ideal Clinic Realisation and Maintenance



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Annexure 185: Example of a register for ambulance turnaround times

Facility name: _____

Request date	Request time	Clinician who made the request	Patient name and surname	Date of birth	ID number	Reason for referral	Arrival time	Name of responding officer	Actual turnaround time

Annexure 186: Checklist for element 261 - Register for emergency transport requests is available

Checklist for Element 261							
Register for emergency transport requests is available							
Use the checklist below to check that the details for emergency transport requests have been recorded Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant.							
Item	Score						
	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Date of the request		Yes / No				Yes / No	Yes / No
Details (name, surname, date of birth/age/ID number) of the user for whom the request was made.		Yes / No				Yes / No	Yes / No
Reason for referral		Yes / No				Yes / No	Yes / No
Time the ambulance requested		Yes / No				Yes / No	Yes / No
Time the ambulance arrived		Yes / No				Yes / No	Yes / No

Annexure 187: Checklist for element 263 - Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available

Checklist for Element 263							
Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available							
Use the checklist below to check whether the emergency contact numbers are where telephones as available Scoring – in column for score mark as follows: Y (Yes) = available, N (No) = not available.							
Area	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
	Emergency contact numbers (fire, police, ambulance) are displayed in areas where telephones are available	Yes / No					Yes / No

Annexure 188: Checklist for element 264: Protocol/SOP available for the handover from facility to EMS

Checklist for Element 264							
Protocol/SOP available for the handover from facility to EMS							
Use the checklist below to verify that the SOP describes the topics as listed Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Area	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
Documentation of EMS arrival time	Yes / No						
Documentation of handover time	Yes / No						
Method of transfer of patient from facility to ambulance	Yes / No						
Identification of patients	Yes / No						
Maternal clinical condition	Yes / No						
Monitoring of maternal vital signs	Yes / No						
Documentation of clinical condition of baby (where relevant)	Yes / No						
Documentation of treatment and interventions	Yes / No						
Monitoring of patient during transfer	Yes / No						
The receiving facility expecting the patient	Yes / No						
Name of the health care provider who accepted the transfer at the facility expecting the patient	Yes / No						
Documentation of known medical history	Yes / No						
Transfer letter and/or maternity records to be handed over to the receiving facility	Yes / No						
The name and designation of the health care provider receiving the patient	Yes / No						
Signatures of transferring and receiving personnel	Yes / No						
Target time frames for the completion of patient hand over	Yes / No						

Annexure 189: Checklist for element 266 - District referral SOP is available

Checklist for Element 266							
District referral SOP is available							
Use the checklist below to verify that the SOP describes the topics as listed Scoring – in column for score mark as follows: Y (Yes) = compliant; N (No) = not compliant							
Item	8 hr Non-clinical	8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp	8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
District referral network	Yes / No						
Referral register	Yes / No						
Standardised patient referral form	Yes / No						
Standardised patient referral feedback form	Yes / No						

Annexure 190: Example of a register for patient referrals

Date referred	Patient details (name and surname, file record number)	Name of referring health care practitioner	Name of facility referred to (destination)	Reason for referral	Date feedback received	Feedback from referral destination

Annexure 191: Checklist for element 267: There is a referral register that records referred patients

Checklist for Element 267									
There is a referral register that records referred patients									
Use the checklist below to verify that the referral register contains the details as listed below Scoring – in column for score mark as follows: Check – Use the referral register Y (Yes) = compliant; N (No) = not compliant.									
Item	8 hr Non-clinical			8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp			8 hr	Phar/Disp/Me d room	Oral	Allied	AE	MOU
	8 hr	AE	MOU						
Name of referred patient	Yes / No	Yes / No	Yes / No						
Name of referring facility	Yes / No	Yes / No	Yes / No						
Name of referring health care practitioner	Yes / No	Yes / No	Yes / No						
Name of receiving facility	Yes / No	Yes / No	Yes / No						
Reason for referral	Yes / No	Yes / No	Yes / No						
Date referred	Yes / No	Yes / No	Yes / No						

Annexure 192: Checklist for measure 268: Copy of referral form available in the patient record

Checklist for Element 268												
Copy of referral form available in the patient record												
Use the checklist below to verify that the referral forms were completed in full Scoring – in column for score mark as follows: Check – Use the referral register and randomly select two records of patients that were referred in each area as indicated. Y (Yes) = compliant; N (No) = not compliant.												
Item												
	8 hr Non-clinical						8 hr clinical services				24 hr clinical serv	
	Admin & Admin Supp						8 Hour	Pharmacy/ Meds Disp	Oral Health	Allied	AE	MOU
	8hr		AE		MOU							
	Record 1	Record 2	Record 1	Record 2	Record 1	Record 2						
Name of patient	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name of referring facility	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name of referring health care practitioner	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Name of receiving facility	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						
Summary of clinical details*	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No						

Annexure 193: Reporting template for implementing partners

Name of organisation: _____

Person reporting: _____

Date of meeting: _____

Objective 1:			
Activity	Progress	Challenges	Mitigation actions

Planned activities for next quarter _____

Annexure 194: Template for compiling a list of organizations that provide health related services

Name of organisations	Name of contact person	Telephone number	Physical address	Type of service provided

Annexure 195: Template for memorandum of understanding

MEMORANDUM OF UNDERSTANDING

MADE AND ENTERED INTO BY AND BETWEEN

THE _____ DEPARTMENT OF HEALTH

(herein after referred to as “the Department”)

Represented by _____

in his/her capacity as Head of Department.

AND

_____Department

Herein after referred to as the “other Department”
represented by _____
in his/her capacity as Provincial Police Commissioner

A. PREAMBLE

Since the launch of the government's green paper on National Health Insurance, various reforms and initiatives are underway to improve services to be provided under the future National Health Insurance. This includes the three streams of re-engineering of primary health care, strengthening management of health facilities, upgrading of infrastructure, setting and monitoring national quality standards, and establishing norms for staffing levels and skill-mix. The 'Ideal Clinic' (IC) programme is another initiative as a way of systematically improving the deficiencies in Primary Health Care clinics and CHCs in the public sector and to correct the deficiencies in quality.

In order to implement these health reforms and specifically to realize the Ideal Clinic concept; the assistance and cooperation of other stakeholders are necessary. It is also necessary to formalize this relationship formally.

It is therefore necessary that the two Departments agree on certain commonalities, assistance and cooperation to be provided, to effect better service delivery priorities to the community in the _____

B. MEMORANDUM OF UNDERSTANDING

1. Preamble included in Memorandum of Understanding

The preamble of this understanding forms part hereof, as if specifically mentioned herein.

2. Purpose of Memorandum of Understanding

The purpose of the Memorandum of Understanding is to ensure the

3. INTERPRETATION

Unless inconsistent with the context, this agreement shall be interpreted as follows:

- 3.1 The head notes to the various clauses of this MOU and the index are inserted for reference purposes only, and shall not take precedent in the interpretation of this MOU;
- 3.2 This MOU shall be governed by the laws of the Republic of South Africa;
- 3.3 Unless inconsistent with the context, an expression which denotes:
 - 3.3.1 Any gender includes the other gender;
 - 3.3.2 A person shall include both a natural person and/or a juristic person and vice versa;
 - 3.3.3 The singular includes the plural and vice versa;
 - 3.3.4 “District Clinical Specialist Team” (DCST) means a team of specialist comprising of a family Physician, an anesthetist, an obstetrician and gynecologist, an advance midwife, a primary health care practitioner and a pediatric nurse, placed in a health district to strengthen the clinical services within the health district
 - 3.3.5 “Department” means the Department of Health, a duly constituted department of the Provincial Government in the _____ Province;
 - 3.3.6 “Facilities” means the health facilities as agreed to by the Parties;
 - 3.3.7 “Ideal Clinic” means a primary health care facility with good

infrastructure, adequate staff, adequate medicine and supplies, good administrative processes and adequate bulk supplies that use applicable policies, protocols, guidelines as well as partner and stakeholder support , to ensure the provision of quality health services to the community

- 3.3.8 “National Health Insurance” is defined by the World Health Organization as the progressive development of a health system including its financing mechanisms into one that ensures that everybody has access to quality health services and where everyone has accorded protection from financial hardships linked to accessing these health services
- 3.3.9 “Other Department “means the Department with whom the Department of Health sought to have an understanding and is a party of this MOU
- 3.3.10 “Primary Health Care” means the first level of contact of individuals, the family and the community with the national health system, care as close as possible to where people live and work, and constitutes the first element of a continuing health care service
- 3.3.11 “Municipal Ward base outreach team” is a team of community health workers based at a Primary Health Care facility and offers integrated services to households and individuals within its catchment area. The catchment area refers to the different Wards within Municipalities. The team provides health care to families/ households; community outreach services; preventative, promotive, curative, palliative and rehabilitative services
- 3.3.12 “Upgrading of facility” means the improvement of the physical infrastructure of the health facility

4. Commencement and duration of Memorandum of Understanding

- 4.1 This MOU shall commence from the date of the last signature effected hereto and shall remain in force for a period of five (5) years.
- 4.2 The Parties may in writing agree to extend the period of this MOU.
- 4.3 Either Party may terminate this MOU by giving the other Party three (3) months written notice.

5. Duties of the Department of Health

The Department shall:

6. Duties of the _____Department

The Department shall:

7. Oversight Joint Committee

- 7.1 HOD's of the respective Departments to meet at Provincial forums and address issues pertaining both Departments that may hamper service delivery
- 7.2 Local coordination between the head of the facility and the

8. GOOD FAITH

In all their interactions the Parties shall display good faith, a spirit of co-operation, show diligence, professionalism and commitment.

9. Breach and termination

- 9.1 Should any Party (Defaulting Party) commit any breach of the terms of this MOU and fail to remedy such breach within fourteen (14) days of receiving a written notice of breach.
- 9.2 A Notice of breach shall:-
 - 9.2.1 Indicate clearly the nature and extent of such breach;
 - 9.2.2 Contain a demand that the Defaulting Party remedies the breach within 14 days after receiving such notice; and
 - 9.2.3 Draw the attention of the Defaulting Party to the remedies the Aggrieved Party may use if such demand is not heeded.

10. Dispute resolution

- 10.1 The Heads of Department shall try to resolve any difference or dispute relating to this Agreement which may arise between the Parties within fourteen (14) days of becoming aware of its existence.
- 10.2 Where the Parties are unable to resolve any difference or dispute amicably such difference or dispute shall be referred for arbitration in terms of the Arbitration Act No 42 of 1965.
- 10.3 The findings of the arbitrator shall be final and binding on the Parties.

11. Variations

This MOU is the only understanding between the Parties and no amendments or variations to this MOU shall be of any force or effect unless reduced to writing and signed by both parties.

12. General

- 12.1 If any provision of this MOU is or becomes illegal, void or invalid it shall not affect the legality of the other provisions, unless its illegality or otherwise renders the whole MOU unenforceable.
- 12.2 Neither party shall assign or otherwise transfer any of its rights or obligations under this MOU without prior written consent of the other party which shall not be unreasonable withheld.
- 12.3 Neither party will be liable for any failure to meet any of its responsibilities in terms of this MOU or any delay in meeting them to the extent to which the failure or delay is caused by any circumstance what so ever which is beyond its reasonable control, including but not limited to strikes, lockout, war, Civil commotion or any order or regulation of any government or other lawful authority meeting the above requirements

13. Domicilium Citandi et Executandi

- 13.1 The Parties choose as their Domicilia Citandi et Executandi their respective addresses set out in this clause at which addresses all processes and notices arising out of or in connection with this Agreement may validly be served upon or delivered to the Parties.
- 13.2 The Parties respective addresses are as follows:

Department of Health, **Province:**

Postal Address:

Street Address:

Tel:

Department: _____ **Province:** _____

Postal Address:

Street Address:

Tel:

13.3 Any notice given in terms of this Agreement shall be deemed to have been received by the addressee;

13.3.1 If delivered by hand on the date of delivery.

13.3.2 If posted by prepaid registered mail, on the eighth (8th) day following the date of such posting.

13.4 Notwithstanding anything to the contrary contained or implied in this Agreement a written notice or communication actually received by one of the Parties from another including by way of facsimile transmission shall be adequate written notice or communication to such Party.

13.5 Either Party is entitled to change the address to another address in South Africa as long as it is not a post box (*post restante*) provided that such address shall be used fourteen (14) days after the notice was sent to the other Party.

For the District health services:	For the District Environmental Health Services :
Full Names and Surname:	Full Names and Surname:
Designation:	Designation:
Signature:	Signature:
Date:	Date:
Place:	Place:
AS WITNESSES (Full Names and Surname):	AS WITNESSES (Full Names and Surname):
1. _____	1. _____
2. _____	2. _____