

**THE  
PROVINCIAL DEPARTMENT OF HEALTH  
AND  
BOARD OF HEALTHCARE FUNDERS OF SOUTHERN AFRICA**

**CRITERIA**

**FOR AWARDING THE STATUS OF AN APPROVED**

**PRIVATE SUB-ACUTE FACILITY**

**WITH A 49 PRACTICE NUMBER**

**IN ORDER TO APPLY THE BENCHMARK TARIFF**

**(TO BE USED IN CONJUNCTION WITH QUESTIONNAIRE AS A COMBINED DOCUMENT)**

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## BOARD OF HEALTHCARE FUNDERS OF SOUTHERN AFRICA

### CRITERIA

#### 1. INTRODUCTION

This document was compiled by representatives of the Board of Healthcare Funders of Southern Africa (BHF), Association of Private Sub-acute Facilities (APSF), Medscheme, Fedsure Health, Provincial Department of Health (Gauteng), Denosa and clinical hereafter referred to as the *Private Sub-acute Forum*.

The purpose of this document is to identify the standards and criteria that will be required from Private Sub-acute Facilities to comply for approval and registration by the Provincial Department of Health (PDOH) and the awarding of a practice number by the Board of Healthcare Funders of Southern Africa.

**The relevant office of the Provincial Department of Health should be contacted regarding the procedures for application of approval and registration of a Private Sub-acute Facility in a particular district of a province.**

The procedures to apply for a practice number from the Board of Healthcare Funders of Southern Africa, is as the follows:

#### 1.1 INSPECTION PROCEDURES

##### 1.1.1 Administrative Procedures

The facility shall:

- Be registered by the Provincial Department Of Health in terms of the interim document as compiled by the *Private Sub-acute Forum* for Private Sub-Acute facilities (or any amendments or substitution thereof) for all services, which it offers.
- Maintain facilities, beds and services that are available over a continuous 24-hour period, 7 days a week.
- Be fully equipped in respect of beds, services and facilities in accordance with the relevant *Certificate of Registration* of PDOH and be adequately staffed in respect of all new facilities, and is *ready for operation* but not in use at the time of inspection.

##### 1.1.2 The attached questionnaire should be completed and returned prior to inspection to:

Attention: Chelesile Mtshiya  
Board of Healthcare Funders of South Africa  
P O Box 2324  
PARKLANDS  
2121

##### 1.1.3 A non-refundable inspection fee, as determined from time to time, shall be payable prior to the inspection to the Board of Healthcare Funders (BHF). The facility shall also be liable for all travelling and/or accommodation expenses reasonably incurred by the inspectors.

##### 1.1.4 The **Inspection Committee** shall comprise of representatives from BHF/PDOH/ APSF.

1.1.5 On completion of any inspection, the **Inspection Committee** will hold a summation conference with representatives of the facility. These representatives will be given full opportunity to comment on any findings or shortcomings noted by the inspectors. The results of the inspection will then be evaluated by the Committee, to determine whether the facility should be awarded a practice number.

1.1.6 The **Inspection Committee** will then notify the applicants of the Committee's decision and the reasons therefore. In the event of the Committee rejecting the application, the applicants will be advised of the deficiencies identified during the inspection.

The applicants may submit documentation, within 60 days of the date of the advice, to the effect that the facility has corrected the deficiencies identified during the inspection. The Committee may then decide either to recommend that a re-inspection of all or part of the facility be conducted or that an affidavit be accepted. In the event of a re-inspection, an inspection fee will again be payable, as well as travelling and accommodation expenses, if applicable.

1.1.7 In the event of the **Inspection Committee** rejecting any application, the applicant concerned may appeal to the Appeals Committee consisting of three or more representatives of BHF, PDOH and APSF, which may not include any representatives of the **Inspection Committee** who had done the inspection, for reconsideration of the application.

1.1.8 The Appeals Committee shall, within 30 days of having received the appeal from the applicant concerned, advise such application whether or not the appeal has been successful. The Committee shall give reasons to the applicant as to why it was unsuccessful, if the appeal was unsuccessful.

1.1.9 A facility, which has been refused a practice number, may apply for a re-inspection at any time. An inspection fee will again be payable, as well as travelling and accommodation expenses if applicable.

1.1.10 A facility, which is approved, will be entitled to charge the applicable benchmark tariff as from the date on which the BHF awards the practice number.

1.1.11 The said committee shall also have power to receive and investigate complaints that any facilities having a BHF practice number no longer meets the required standards and criteria as set out in this document.

The said committee may conduct such re-inspections, as it considers desirable, and shall afford any such facility, no longer meeting these standards and criteria, a reasonable opportunity to rectify matters, failing which said committee may cancel the practice number.

## 2. DEFINITIONS

### 2.1 ABBREVIATIONS (NURSING)

SRN	State Registered Nurse
EN	Enrolled Nurse
ENA	Enrolled Nurse Assistant
SANC	South African Nursing Council
DENOSA	Democratic Nursing Organisation of South Africa
HOSPERSA	Health and Other Services Personnel Trade Union of South Africa

- 2.2 **APPLICANT** means the management, agent, proprietor or facility applying for inspection from BHF/PDOH for the awarding of a Certificate of Registration and/or practice number.
- 2.3 **ADMINISTRATIVE CONTROL AREA** is a room or area for administrative control, enquiries, and admission of patients and storage of records. This must be separate from the nursing unit. Access must not be through the patients care areas.
- 2.4. **APPROVED** means that the inspection committee have, after inspection, concurred that the private sub-acute facility meets the standards and criteria as set out in this document.
- 2.5. **ATTENDING SIDE OF BED** means the patients right-hand side when lying supine.
- 2.6. **CLEANERS ROOM** is a room for the storage of cleaning equipment, the drawing of clean water, the disposal of dirty water, and the washing and drying of cleaning equipment. This room may be combined with the dirty utility room.
- 2.7. **CLEAN UTILITY ROOM** is a room for the storage of clean linen, sterilised packs, dressings and pharmaceutical supplies. May be used as a set-up area for ward procedures and can be combined with treatment room.
- 2.8 **CLINICAL BASIN** is a wash hand basin, which can be operated without hand contact. The outlet shall be located away from the wall, and it should have liquid soap and paper towel dispensers adjacent to it.
- 2.9 **CLINICAL MANAGEMENT PROGRAMMES** - refer to the inter-disciplinary protocols (pathways, care maps) developed by the facility to set functional and clinical goals for efficient treatment.
- 2.10 **DEMARCATED AREA** is an area where access is both restricted and controlled to allow for maximum privacy and patient safety.
- 2.11 **DIRTY UTILITY ROOM / SLUICE ROOM** is a room used for the emptying, cleaning and storage of bedpans, urine bottles and equipment.
- 2.12 **EMERGENCY POWER SUPPLY (EPS)** is a power supply that should automatically kick in within 10 seconds of the main power supply failing.
- 2.13 **EMERGENCY TROLLEY / CRASH CART** is a single integrated mobile cart used for the storage of all appropriate equipment and pharmaceuticals for use in resuscitation of a patient.
- 2.14 **INTERDISCIPLINARY REHABILITATION TEAM MEMBERS** - refer to professional clinicians that are all skilled in functional medicine. This may include, but are not limited to, the services of a general practitioner, registered nurse, physiotherapist, occupational

therapist, speech therapist, neuro-psychologist, social worker, clinical dietician and case manager.

- 2.15 **MAIN KITCHEN** is a room equipped for the receipt, storage and preparation of food and beverages, and must comply with the SABS Standard Criteria.
- 2.16 **MEDICAL WASTE DISPOSAL** is the safe and hygienic disposal of medical waste (including sharps).
- 2.17 **MORTUARY** is a room for the temporary storage of bodies.
- 2.18 **NATIONAL BUILDING REGULATIONS SABS 0400** (as amended) refers to all areas other than patient related areas where reference is made to NBR.
- 2.19 **NURSE STATION/DUTY ROOM** is the control point for all activities in the patient care areas.
- 2.20 **NURSING STAFF** are registered nurses, enrolled nurses and enrolled auxiliary nurses who are registered with the SANC and exclude care workers and caregivers.
- 2.21 **NURSING UNIT** is a unit with wards or rooms to accommodate a maximum of 36 patients as specified in this regulation and may consist of generic sub-acute beds as well as combination of specialised sub-acute beds.
- 2.22 **PATIENT WARD** refers to the room where the patient is accommodated.
- 2.23 **POST NATAL CARE** - this only applies to mothers and new born babies that have been delivered vaginally or by caesarean section in a registered hospital and subsequently transferred for post natal care.
- 2.24 **PRIVATE SUB-ACUTE FACILITY** means any self contained and functionally independent nursing facility that treats patients with set clinical and functional outcome based protocols in conjunction with a multi professional team, appropriately skilled. The patients should all be stable, and do not require high technological diagnosis and treatment or surgery. The case mix typically consists of post operative, restorative, medical transitional, chronic or long term care patients, **but excludes**:
- a) Any consulting room, surgery or dispensary of a medical practitioner or dentist;
  - b) An unattached operating theatre unit;
  - c) A hospital or other institution licensed for the reception and detention of mental ill persons of section 46 of the Mental Health Act, 1973 (Act 18 of 1973);
  - d) An institution, building or place for the treatment or nursing care of aged people attached to an old age home as defined in the Aged Persons Act, 1967 (Act No. 81 of 1967), or a house housing development scheme as defined in the Housing Development Schemes for Retired persons Act, 1988 (Act No 65 of 1988); and
  - e) Maternity/Hospital Units.

**But may include**

- f) A hospital or any such institution, building or place conducted by the State, a provincial government, local authority, private hospital authority, hospital board or any other public body, registered as a separate business with its own name, practice number and registration with the Provincial Department of Health:

It should have a dedicated entrance – either to the building or facility with the appropriate signage.

The facility must comply with this document in full.

- 2.25 **SOILED LINEN ROOM** is a room used for the collection and temporary storage of soiled linen.
- 2.26 **STERILISATION UNIT (SU)** - This is a facility for receiving, preparation, packing sterilising, storing and issuing of sterile instruments and other materials. (Also known as the central sterilising and supply department - CSSD)
- 2.27 **SUB-ACUTE REHABILITATION** – This refer to the cognitive and functional treatment of a medically stable patient in a sub acute facility. The treatment is aimed at regaining the patients' cognitive and motor functions concurrently with the healing of any co-morbidity.
- 2.28 **THERAPY AREAS** means the designated areas designed for the treatment of functional medicine by the interdisciplinary team.
- 2.29 **TREATMENT/DRESSING ROOM** is the room used for the treatment of patients in the nursing unit – can be combined with the clean utility room.
- 2.30 **UNINTERRUPTED POWER SUPPLY (UPS)** is a power supply that kicks in automatically without a break when the main power supply fails.
- 2.31 **WARD KITCHEN** is a room or area, which forms an integral part of a nursing unit, for the preparation of food and beverages. If food is prepared in this room, it must comply with the main kitchen requirements.
- 2.32 **WASH HAND BASIN** shall consist of a washbasin with liquid soap, and disposable paper towels facilities adjacent to it.
- 2.33 **WASTE ROOM** is a room used for the collection and temporary storage of waste.

### 3. GENERAL REQUIREMENTS

A private sub-acute facility should have a minimum of 12 beds, and maximum of 36 beds per nursing unit. The facility must conform to all relevant legislation.

#### 3.1 ACCESS TO FACILITY

Suitable access must be provided for ambulances, patients and visitors as well as provision for disabled persons in accordance with NBR requirements, i.e.

- Suitable well-lit, safe access for all able-bodied as well as disabled persons and comply with SABS 0400 552 and 264 of 1993.
- Doors that is easily opened and wide enough for wheelchairs and stretchers. (1.5m wide)
- Ramps and rails. (SABS-0400-552)
- Covered entrances for patients.
- Sufficient, safe parking for visitors and staff.
- Night bell at the front door

### 3.2 SIGNAGE

The signage systems must comply with the primary function of guiding persons to various areas, departments, wards, rooms, lifts, etc. and to clearly indicate the exits and advise the name of the facility on the outside of the building.

**All restricted rooms or areas must be clearly indicated by appropriate signs.**

### 3.3 FIRE PROTECTION

- Fire hydrants, fire hoses, fire extinguishers, fire escapes and emergency exits shall be provided in accordance with Part T of NBR and the local authority regulations.
- A written fire/emergency evacuation protocol to be in place in an accessible area for all staff.
- All staff to be should be instructed and trained in accordance with the fire protocols.
- An effective emergency evacuation plan shall be in force, and the design plan should be displayed in all areas of the facility.

### 3.4 BUILDING REQUIREMENTS

- **Doors** giving access to rooms where patients are accommodated should be a minimum of 1.2m wide.
- **Walls** – all interior wall surfaces shall be given a smooth, hard plaster finish, painted with a light-coloured durable washable paint or alternatively satisfactorily covered with a similar washable, impervious material: provided that, where walls have been painted, the walls behind wash-hand basins shall be specially clad to a height of at least 300mm above, and to a distance of at least 150mm beyond the sides of the wash-hand basins in glazed tiling or a special washable, impervious material so as to form an impervious finish continuous with the paintwork.
- **Floors** - all floors in rooms and corridors should be concrete finished to a smooth, washable surface or concrete covered with a washable material.
- **Ceilings** – dustproof ceilings of smooth, impervious material, painted with a white or light-coloured suitable washable paint, shall be provided throughout all patient accommodation and treatment areas.
- **Corridors** where patients are transported should be a minimum of 1.5m wide, unobstructed and allow access to all rooms.

Existing sub-acute facilities who have been issued with a certificate of compliance by the PDOH and whose criteria are not in accordance with this document, must comply and request a re-inspection before 1 January 2002.

### 3.5 LIFTS

- In any multi-storey building, adequate lifts (or a ramp with an appropriate gradient) shall be installed for the conveyance of personnel, patients, visitors and stretcher cases. (SABS 0400 SS1).

- At least one of the lifts shall be capable of conveying standard hospital beds and must be connected and capable of operating on emergency power.
- Where Orthopaedic patients are nursed, one lift should be of sufficient dimensions to accommodate patient beds with traction apparatus attached.

### **3.6 DISPOSAL OF WASTE**

A safe disposal system shall be provided for the disposal of wet and dry waste and medical waste (including sharps), which must comply with relevant SABS standards and all statutory regulations.

## **4. ENGINEERING SERVICE REQUIREMENTS**

These requirements must comply with the regulations mentioned under each heading unless otherwise specified. All services must be certified by an appropriately qualified person.

### **4.1 VENTILATION AND LIGHTING**

All rooms shall be ventilated and lit in accordance with NBR, unless otherwise stated.

#### **4.1.1 Mechanical (Artificial) Ventilation**

The minimum requirements which apply to all areas where patients are housed or treated, (other than those specifically quoted), and where mechanical (artificial) ventilation is required and shall deliver not less than 10 air changes per hour and shall comply with the Deemed to Satisfy Rules 007 Artificial Ventilation of Part 0 of the NBR.

NB: No freestanding heaters or fans are acceptable.

#### **4.1.2 The Storage of Pharmaceutical Products**

Pharmaceutical products must be stored in accordance with *Pharmacy Act of 1974 (act 53 of 1974)* as well as the *Medicines and Related Substances Control Act 1965 (Act 101 of 1965)*. The temperature within the pharmacy must be monitored and recorded on a regular basis. All drugs must be stored in accordance with the manufacturers' recommendations.

If ambient temperatures exceed limitations (a maximum of 25°C) air conditioning must be supplied in accordance with requirements.

#### **4.1.3 Daylight**

Where a requirement for natural light (daylight) is stated, this may be met by windows opening onto an atrium or courtyard, providing privacy within the room or space is maintained.

### **4.2 HOT WATER AND STEAM SUPPLY**

The facility shall have on the premises an adequate and properly maintained system for providing hot water (at a maximum temperature of 60°C) and steam if the latter is required.

### 4.3 EMERGENCY WATER STORAGE FACILITY

A protocol for 24-hour emergency water supply in the event of a main water supply failure shall be in place.

### 4.4 MAINTENANCE

The maintenance programme and/or workshop staff complement shall be adequate to meet the needs of the plant and equipment serving the facility, or can be supported by adequate external maintenance arrangements.

A responsible person shall be appointed in terms of the Occupational Health and Safety Act

All plant rooms on the premises shall be in a clean and orderly state, as should all workshop facilities.

Maintenance record books must be kept and updated regularly.

## 5. ELECTRICAL INSTALLATIONS

The complete installation must conform to:

- The Consumer Code of the Wiring of Premises, South African Bureau of Standards, Specification 0142.
- Occupational Health and Safety Act 1993.
- Any special requirements of the electricity supply authorities of the particular area or district
- The Local Authority Fire Regulations
- Telkom requirements
- National Building Regulations

### 5.1 EMERGENCY POWER PLANT

The facility shall have an emergency generator or UPS which operates automatically within 10 seconds of failure of the main system and which is of sufficient capacity to supply all critical facilities and areas of the facility with electricity in the event of a breakdown in the municipal electricity supply. (This should conform to the SABS 1474 of 1988 for UPS).

All life support equipment should have a backup system available.

#### 5.1.1 Critical Supply Points includes the following:

- Strategic lights in wards and corridors
- Duty stations
- Telephone system
- Nurse call systems (if attached to the power supply)
- Fire escapes and emergency exits
- Switched socket outlets strategically placed and appropriately marked in a number of selected wards
- Bed/Patient lift (minimum of one lift)
- Vacuum pumps (unless mobile units is mechanically driven)
- Gas alarm systems (if piped gas is provided)

## 5.2. GASES

Both oxygen and vacuum services must be available to every ward so that any patient can be connected to these services. All necessary fittings for oxygen and suction shall be in place and working satisfactorily.

### 5.2.1 Oxygen Supply Service

- Oxygen should be available in a nursing unit at the ratio of one per six patients with all appropriate fittings attached.
- This service may be fed by a manifold system which complies with SABS specifications No., 0224-1990 and local Provincial Administration specifications - or mobile cylinders may be used, in which case the ratio should be a 10 litre cylinder per each 6 patients. Standby cylinders must be kept in a secure locked room/area.
- Back up supplies of gas shall be readily available in the event of a failure in the system.
- All pressure gauges shall be clean and in good operating condition.

### 5.2.2 Vacuum

- The vacuum installation shall comply with SABS 051 Part iii. Vacuum liquid bottle traps must be installed to collect fluids etc. that may be drawn into the pipeline. One bottle trap should be available per 12 patients' beds. Mobile units can be used.
- The system must be adequate enough to provide sufficient suction to all piped outlets in the facility.
- The system must be externally vented.
- Emergency suction facilities must be available to all patient rooms.

## 5.3 SAFETY STANDARDS

All piped gas installations must conform to:

- SABS 051 Part III. The handling and storage of medical gases and the installation of medical gas, compressed air and vacuum pipeline systems.
- SABS 1409. The outlet sockets and probes for gas and vacuum services.
- SABS 0224. Non-flammable medical gas pipeline system.
- A low-pressure gas alarm monitor system must be installed in position where it is easily visible. This alarm system must be connected to the emergency power supply.

## 5.4 NURSE CALL SYSTEMS

- Every bed/patient shall have a call system that will enable the patient to call a nurse to the bedside and which can only be re-set at the bedside or patient control.
- An emergency call system shall be provided in ablution facilities.

- See also specifications, 7.2 (b).

## **6. ADMINISTRATIVE CONTROL AREA**

### **6.1 RECEPTION AREA**

- Shall have unaided access for all physically handicapped persons.
- Clearly marked information and/or admission counters.
- Privacy shall be available to all patients being admitted.
- Wheelchairs readily available.
- Patient admissions register to be kept.
- Provincial Department Of Health Certificate to be clearly displayed.
- An adequate waiting room with seating for waiting patients and visitors.
- Toilet and wash-hand basin shall be provided for visitors (which may be shared with the staff toilet).

### **6.2 ADMINISTRATION**

A room or rooms separate from the duty room of a nursing unit and accessible to the staff without having to pass through patient areas, which is suitably equipped and staffed to appropriately record and monitor all aspects of the patients stay in the facility and to process and submit accounts in accordance with the requirements of the benchmark tariff, if the administrative function is carried out at the facility.

## **7. GENERAL NURSING UNIT**

A private sub-acute facility could consist of one or more nursing units, with a maximum of 36 beds per nursing unit and for this number, the following is required:

### **7.1 STAFFING**

- Sufficient nursing staff shall be on duty so as to achieve an average minimum of four hours nursing care per occupied patient bed per 24-hour period.
- A registered professional nurse shall be responsible for each nursing unit and at all times be physically on duty while in charge.
- All staff to be covered by an indemnity policy.
- All nursing staff must be registered with the SANC.

### **7.2 WARDS**

Each patient room shall be identified by displaying at the entrance:

- the number of the patient room, and
- the approved number of beds in such room/ward.

Patient wards must be provided with:

- daylight, by means of windows, and
- cross ventilation in accordance with building regulations.

The minimum floor area of any patient ward should be 10m<sup>2</sup>. Single wards should have a minimum wall length of 2.6m.

All beds/cots shall be standard hospital beds/cots and have the following space dimensions:

### **Beds**

**NB:** The length of the bed to be taken into account.

- 0.6 m between the non-attending side of any bed and the nearest wall on that side;
- 0,9 m between the attending side of any bed and the nearest wall on that side;
- 1,0 m between the sides of any adjacent beds;
- 1,2 m between the foot of any bed and the opposite wall; and
- 1, 5 m between the foot of any bed and the opposite bed.

### **Cots**

- 0.6 m between the non-attending side of any cot and the nearest wall on that side;
- 0,75 m between the attending side of any cot and the nearest wall on that side;
- 0,75 m between the sides of any adjacent cots;
- 0,9 m between the foot of any cot and the opposite wall; and
- 1, 2 m between the foot of any cot and the opposite cot.

The following must be available:

- cot sides,
- bedside steps,
- back rests,
- bed elevators where mechanical beds are not used,
- an overhead night light,
- bedside chair, and
- bedside cabinet.

Except in the case of a mother and child, children and adults shall be accommodated in separate wards.

Each patient ward shall communicate directly with a corridor or passageway.

Each patient ward shall be provided with a clinical basin.

Each set of two beds shall be serviced by at least one 15-amp socket outlet. A number of selected wards shall be provided with a socket outlet, which is connected to the emergency power supply. All emergency supply sockets shall be appropriately demarcated.

Inter-bed curtains/screens must be provided in every semi-private or general ward/rooms, so that a patient can be afforded privacy whenever the need should arise.

Every bed should be served by an adequate and secure system, which will enable the patient to call a nurse to the bedside:

- This system should have a reassurance light at the bedside and an audible alarm at the nurse station, as well as an over door alarm at the entrance to a ward. It should not be possible, in any event, for the nurse to cancel the call other than at the patient's bedside, or
- A mobile system which enables the patient to summon a nurse and which may only be cancelled on the patient control may also be used.

### 7.3 NURSE STATION

The nurse station should be so placed that physical access to any patient requiring care is not impeded or delayed, and should have access to the following:

- |   |                                    |
|---|------------------------------------|
| - Nurse call system                                   | - X-Ray viewing box                |
| - Counter and work surface                            | - Drug cabinet                     |
| - Telephone   | - Drug register                    |
| - Fire Escape protocol plan                           | - Patient register                 |
| - Wash hand basin with soap and paper towel dispenser | - Medicine trolley                 |
|   | - Patient file carts or equivalent |

### 7.4 EMERGENCY TROLLEY

Each nursing unit in the facility must have access **to a single fully integrated emergency trolley**. In a multi-story building, an emergency trolley should be available on each floor.

A comprehensive Emergency Trolley list is attached as **Annexure B**.

### 7.5 WARD KITCHEN

A ward kitchen, which should be a minimum of 4m<sup>2</sup> for 12 beds and an additional 1m<sup>2</sup> for each six beds to a maximum of 8m<sup>2</sup> and contain the following minimum requirements:

- |                    |               |
|--------------------|---------------|
| - Single bowl sink | - Urn/kettle  |
| - Work surface     | - Tea trolley |
| - Fridge           | - Microwave   |
| - Hand washbasin   | - Toaster     |
| - Crockery/cutlery | - Glasses     |

### 7.6 ABLUTION AND TOILET FACILITIES

- An ablution facility for disabled persons serving both male and female patients and visitors, containing a free-standing bath or wheelchair shower, and wheelchair toilet, plus wash hand basin with soap and paper towel dispenser (refer NBR) should be available per floor.
- Where several patient rooms share ablution/toilet facilities or where a ward with its own facilities contain more than six beds, the following are required:
  - separate facilities for male and female patients for facilities with more than 12 patient beds;
  - At least one bath or shower and one wash hand basin per 12 patients or part thereof must be provided in the ablution area;

- At least one toilet per 8 patients or part thereof; and
- At least one wash hand basin for every two toilets, unless toilets are located singly in which case one wash hand basin for each toilet is required.

All bathroom, shower cubicles and toilets must be connected to a nurse call system.

All doors must be easily opened and removable from outside.

## **7.7 CLEAN UTILITY ROOMS**

### **7.7.1 Treatment Room**

Treatment room must contain work surfaces and a clinical basin with a liquid soap and paper towel dispenser, as well as a pharmaceutical supplies storage facility, procedure cart, sterile supply trolley, a suitable container for the disposal of sharps, fridge, instrument trolleys and examination couch\beds.

The following equipment should be provided:

- Baumanometers and Stethoscopes
- Glucometer
- Diagnostic set
- Patient Scale
- Hb- meter
- As well as sufficient and appropriate stock to meet the needs of the nursing unit.

### **7.7.2 Linen Room**

This may be a separate, ventilated cupboard or room with shelving and should be lockable. A mobile locker and general-purpose trolley may be stored here. There should be sufficient stock to meet the needs of the ward (at least 3 sets per patient).

### **7.7.3 Equipment Room**

For the storage of ward equipment and such items that are necessary for the management of the unit.

## **7.8 DIRTY UTILITY ROOMS**

### **7.8.1 Soiled Linen Room**

Containing soiled linen trolleys and provision for badly soiled linen requiring special treatment.

### **7.8.2 Sluice Room**

This can be combined with the soiled linen room, which must then be 7 m<sup>2</sup>, and should contain:

- A wash hand basin with a liquid soap and paper towel dispenser
- A sluice sink/slop hopper combination sink or bed pan washer/disposal unit
- A wall mounted bedpan and urinal rack (or free standing unit)
- Additional shelving for bowls etc.
- Commode
- Work surface for urine testing

- Cupboard for storage of urine testing equipment

### 7.8.3 Cleaners Room

This might be incorporated into the above if the minimum floor areas are 9 m<sup>2</sup>, and the following should be provided:

- Low levels sink or slop hopper with suitable tap height for filling of
- buckets
- Rack for mops and brooms
- Shelving for storage
- Clinibin
- Janitors' trolley
- Mop trolley
- Vacuum cleaner
- Polisher
- Scrubber

NB: The soiled linen room, sluice room and cleaner's room may be combined (9 m<sup>2</sup>). For 12 beds and less, 5 m<sup>2</sup> would be acceptable.

## 7.9 STAFF TOILET

A staff toilet with washbasin, liquid soap and paper towel dispenser must be provided for every 36 beds.

## 8. STERILISATION AND DISINFECTING UNIT (IF PROVIDED)

### 8.1 GENERAL REQUIREMENTS

The design of the sterilising and disinfecting unit and layout of equipment must ensure clear flow of work from the soiled to the clean side of the unit.

The following functional areas must be provided.

#### 8.1.1 Washing and Decontamination Area

#### 8.1.2 Tray and Pack Preparing Area

**Comprising the following:**

- Storage facilities for clean materials.
- One steam autoclave or equivalent capable of sterilising porous
- Loads as well as wrapped and unwrapped instruments.
- Where ethylene oxide is used as a sterilant, the installation must
- comply with SABS Code of Practice 0210.
- Autoclave sterility tests to be available.

#### 8.1.3 Storage Area for Sterile Packs

With racks that allow for air circulation (not solid shelving).

## 9. PHARMACEUTICALS AND MATERIALS

- Must be stored in accordance with the Pharmacy Act 53 of 1974 and the Medicines and Related Substance Control Act 101 of 1965.
- This service may be provided by an outside pharmacy and/or a dispensing doctor, which should be able to offer a 24-hour on call service and have an agreement in place to supply standard drugs and materials as per the relevant benchmark tariff.
  - All invoices to be attached to the private sub-acute facility's account.
  - Payment will be made to the private sub-acute facility.
  - TTO's to have levy deducted by the pharmacy, where applicable.
  - Emergency drug cupboard to be stocked and supervised and charged for by the pharmacy.
  - Schedule 5, 6 & 7 drugs to be supervised by the pharmacy.
- Refrigeration to be provided for the storage of pharmaceuticals.
- Safe storage facilities must be provided for all disinfectants, medicine and materials used in the facility, with special reference to inflammable substances.
- A secure drug storage area must be provided for all schedule 5, 6 and 7 substances, and correctly maintained drug registers must be kept and supervised.
- Secure medicine facilities and drug cupboards must be provided in all ward areas, especially for schedule 5, 6 and 7 substances.
- Proper drug registers must be maintained and supervised.
- Levies on medicine given as TTO to be collected by Pharmacy.

## 10. MAIN KITCHEN

The catering facilities must be suitable so as to provide for the nutritional and cultural needs of the patients treated in the facility. This service may be provided by an outside agency. (In which case provision must be made for delivery of meals, with reconstituting facilities and an area for cleaning of crockery and cutlery and trolleys. A clear flow of work as specified below must be ensured.

- The design of the kitchen (both in the facility or the outside provider of service) must comply with the SABS regulations, NBR and the Occupational Health and Safety Act of 1993, as well as local authority regulations. The layout of equipment must ensure a clear flow of work from the delivery and preparation area to the final food preparation and serving area and then the scullery area.
- Change rooms, wash hand basin and toilets should be provided for the kitchen staff as well as protective clothing.
- A wash hand basin with liquid soap and paper towel dispenser must be provided at the entrance to the kitchen.

- There must be separate facilities for the bulk storage of dry goods, vegetables, meat and fish.
- Refrigeration and deep-freezer space must be provided.
- Suitable areas must be provided for the hygienic preparation and cooking of food
- Appropriate and hygienic facilities must be provided for the plating of food for the wards as well as facilities for keeping it hot.
- Waste disposal should be in accordance with local authority regulations (garbage bins should have close fitting lids and be easily emptied and cleaned).
- Suitable area and equipment for the washing of kitchen utensils, cutlery and crockery to be in place, as well as the storage thereof.
- Stoves and Cooking utensils to meet the needs of the facility.
- Transportation of food to the wards to be hygienic and facilities to keep food hot to be in place.
- The floors of the kitchen must have an impervious, smooth, washable, non-slip surface.
- The walls must have a smooth, washable surface.
- Facilities for the effective extraction of steam, smoke vapour and heat must be provided.

## **11. LAUNDRY**

- The laundry service must be so organised and supervised as to provide the facility with a regular supply of clean linen to wards and any other department in the facility requiring this service. This service may be provided by an outside agency.
- The design of the laundry in the facility or that of the outside provider of service must comply with the SABS Laundry and Dry Cleaning Process SC2052.7B/SABS 0146/03(CD) regulations, the NBR and the Occupational Health and Safety Act of 1993 and the layout of equipment must ensure a clear flow of work from the soiled to the clean side of the laundry.
- The bulk storage of clean linen must be in a separate room, cupboard(s) or mobile storage units to obviate the settlement of dust or airborne lint on the clean linen.
  - Proper facilities must be provided for the collection and handling of soiled linen and treatment of septic linen.
  - If the laundry is remote from the facility, a central sluicing room must be provided in the nursing unit.
  - Appropriate transportation of clean linen must be provided.
  - A wash hand basin with liquid soap and paper towel dispenser for staff.

## **12. SERVICES TO BE CATERED FOR:**

## **12.1 LABORATORY FACILITIES**

A satisfactory system, which provides for the efficient collection of pathology specimens from all departments in the facility, must be in force on a 24-hour basis.

A method by which an accurate record is kept of all specimens sent out for examination must also be in place.

## **12.2 BLOOD BANK FACILITY**

Access to a blood bank should be in place as well as suitable arrangements for the collection of blood.

Red label blood may be stored in appropriate conditions in the facility.

## **12.3 RADIOLOGY FACILITIES**

Radiology services and consultation facilities directed by a qualified radiologist shall be conveniently and regularly available to meet the needs of the patients and suitable protocols to be in place for a 24-hour service.

## **12.4 AMBULANCE SERVICE**

A protocol should be in place in order to have an ambulance service available on a 24-hour basis.

## **12.5 MORTUARY FACILITY**

A suitable well-ventilated secure area for the storage of bodies pending their removal from the facility's premises (this may be a private ward).

## **13. INFECTION CONTROL**

An appropriate infection control protocol should be in place to maintain efficient infection control in every aspect and area of the facility. This would include all cleaning services as well as pest control.

## **14. SECURITY**

An appropriate security system should be in place ensuring the safety of patients, staff and visitors at all times, i.e. security doors, secured windows, alarm system, security personnel.

## **15. PATIENT RIGHTS**

- A private Sub-acute Facility shall at all times comply with the Patients Rights Charter and Complaints Procedures (5<sup>th</sup> Draft) of the Director, Health Services of February 1999 or any document there after.
- A copy of the document shall be physically available at the duty room to ensure that every patient is aware of the content there off.

## **16. SPECIALISED NURSING UNITS**

Facilities which treat patients requiring specialised sub-acute nursing service should request approval for every specialised service rendered, for inclusion of those services in the Certificate of Registration (PDOH) and a specific practice number (BHF), in order to comply with the requirements for those services. These specialised services are:

- Post Natal
- Rehabilitation
- Psychiatric

## 16.1 POST NATAL UNIT

This specialised service is only for post-natal mothers and healthy neonates that have already been delivered vaginally or by caesarean section in a registered hospital and then transferred to a private sub-acute facility. In order to admit post confinement/caesarean section patients, the following is required:

- I. Dedicated post-natal ward or wards in a separate area, which should be increased in size by an additional 1m<sup>2</sup> per bed to allow for the accommodation of the neonates with the mothers.

- II. A nursery with the following requirements:

A floor area of at least 2m<sup>2</sup> per baby and a minimum of 6m<sup>2</sup> and equipped with:

- Mobile Bassinets
- Baby Baths
- Baby Scale
- Work surface (for drying and changing babies)
- Adequate taps for filling baths and low level basin for draining
- Emergency nurse call system
- Viewing panel
- Temperature control and an extraction fan system
- Direct visibility from nurses station

- III. A dedicated clean area in the kitchen to be used as a milk room.

- IV. A secure and controlled single access to the postnatal area.

- V. The following equipment should be provided

- Oxygen Monitor
- UV therapy units
- ECG Monitor
- IV Controller

16.1.1 Oxygen and vacuum which may be piped or mobile.

16.1.2 Emergency lighting and switched socket outlets in all areas.

16.1.3 Staffing in nursery and post natal area should be by SRN's with midwifery diplomas and EN's or ENA's with midwifery experience.

16.1.4 Access to the emergency trolley, which should be equipped with neonatal requirements. (See Annexure C)

## 16.2 REHABILITATION UNIT

This specialised service is rendered to patients who require comprehensive sub-acute physical rehabilitation services from a multi professional appropriately skilled team who should develop sub-acute clinical and functional treatment protocols to treat these patients.

All the standards set out in this document applies to a rehabilitation unit with the following additions:

- (i) Dedicated ward or wards in a separate area for the accommodation of the rehabilitation patients.
- (ii) 10% of the beds must be in private wards
- (iii) All windows should be at a level for wheelchair patients to see out with appropriate safety features i.e. protective bars, shatterproof glass.

### 16.2.1 Doors and passages

- Doors shall be a minimum of 1.5m wide and not open out into the passage and comply with SABS 0400 Part S.
- All door handles and locks must be at an appropriate height,
- Passages should be avoided, but if in place they must be at least 1.5m wide to allow turning a bed with cot sides into any of these areas.
- Handrails on both sides of the passages, which must be a minimum of 1.5m wide in between rails.
- Lift controls at appropriate height for wheelchair patients, if applicable.

### 16.2.2 Wards

The floor area space in the wards must allow for simultaneous use of beds with cot sides, wheelchairs, walkers, monkey chains, transfer boards and other assistive devices.

Rehabilitation wards should also comply with the following:

- A distance of 1.5 meters should be available between beds.
- Each bed should have a white board of 75 X50 cm fixed to the wall.
- A minimum of 20% of registered beds should be High-Low beds, with air mattresses, on locked wheels and cot sides.

### 16.2.3 Therapy areas

The therapy area should be in close proximity of the ward and consists of six distinct areas where functional treatment will be rendered by the interdisciplinary team. The combined floor area space (excluding passages) shall be not less than 50m<sup>2</sup> for up to ten sub-acute rehabilitation beds and for every additional bed the floor space shall increase by 2m<sup>2</sup>.

Further more, the therapy areas must have:

- Temperature control by means of air conditioning or fixed heaters and fans
- Natural light
- Cross ventilation access.
- Access to the outside garden areas for all patients.

And provide the following:

- **Gymnasium** with enough fixed wall space for
  - upright mirrors;
  - wall bars;
  - fold down plinths;
  - white boards fixed to the wall
  - 4 switch socket outlets
  - wash hand basins with soap and disposable paper towels
  - emergency bell
  - parking area for assistive devices
  - storage space e.g. cupboards for light equipment and a store room for heavy equipment which may be shared with other areas.
  
- **Dining, recreation and conference** area with tables and chairs that will also serve for cognitive therapy, team and family meetings.

The gymnasium and the dining area may overlap as the need arises throughout the working day. This may be done with creative usage of tables and equipment that fold up against the wall when not in use. The following is required:

- A minimum of 4 switch socket outlets
- A large white board, 1,5 X 1m fixed to the wall
- An emergency bell
- Tables and chairs to seat 60% of the patients (NB wheelchairs)
- Suction machine

If used as a family conference facility one chair must be available for each bed.

- **Quiet room** for speech and cognitive therapy (minimum 4m<sup>2</sup>.) which should have
  - 2 switch socket outlets.
  - A white board fixed to the wall
  
- **Work station** for therapist's administration and filing. This would include the occupational therapist, physiotherapist, speech therapist, clinical psychologist, dietician and social worker, and should provide a minimum seating and desk space for 3 therapists to work simultaneously. Sufficient switch socket outlets, lock up filing space and a white board fixed to the wall must be provided.
  
- **Store room** with sufficient space for the storage of
  - Stationary and equipment material
  - Small items
  - Bulky items and equipment.
  
- **Ablution facilities** must be wheelchair accessible.
  - Toilets that are wheelchair friendly with extended flushing handles
  - Baths that are positioned to allow for wheelchair and stretcher access with sufficient space for patient transfer.
  - Showers with non-slip floors
  - Fixed shower seats to allow easy patient transfer to and from wheelchairs
  - Towel rails that are accessible for all patients
  - Taps and soap dishes positioned to allow access for patient seated in showers
  - Hand held showers

- Grab rails appropriately placed for toilet, showers and bathes
- Hand basins that allow wheelchair patients comfortable access
- Nurse call system placed in appropriate positions for toilet, bath and shower.

### 16.3 PSYCHIATRIC UNIT

#### Specific sizes of rooms to be discussed.

This specialised service is rendered to patients who require comprehensive sub-acute psychiatric services from a multi professional team, appropriately skilled. The team should develop sub-acute clinical and functional treatment protocols to treat sub-acute psychiatric patients. The therapeutic environment for the psychiatric patient should be as homely as possible.

All the standards set out in this document applies to a psychiatric unit with the following additions:

#### 16.3.1 Accommodation

Psychiatric wards should also comply with the following:

- Dedicated ward or wards in a separate area for the accommodation of the psychiatric patients.
- 20% of beds should be in single rooms,
- Good lighting for patient safety and to minimise fear.
- Windows must be at a level for seated patients to see out.

Measure to ensure safety of patients

- Burglar bars in front of windows.
- Safety glass and slip resistant floors must be used in all patient areas.
- Patients must not be able to lock themselves into any room or cupboard.
- Hot water taps and heaters must be thermostatically controlled.
- Windows in multi-storey buildings must be so constructed as to prevent suicide.
- All entrances to units shall be security controlled.
- Clothes hooks in accommodation and ablution areas must have a breaking strain of not more than 5kg.

The therapy areas must be:

- Well heated and cooled.
- Natural light and cross ventilation accesses.
- Access to the outside garden areas.

In addition:

**16.3.1.1 Consulting Room** – A facility for private interviews by members of the multi-professional team shall be available in every nursing unit.

**16.3.1.2 Special Care** – Special care rooms shall be available near to the nurses' station.

- A hand wash basin shall be available in the room.
- A nurse call system shall be available per bed.
- Basic emergency facilities shall be accessible for resuscitation, be it fixed or portable.

- 16.3.1.3 Observation Room** – One (1) observation room providing constant visual supervision, shall be available to every nursing unit. This can be achieved by a room next to the nurses' station with a safety one-way glass panel between them, or by the constant presence of a nurse in a room.
- 16.3.1.4 Group/Interview Room** - Every nursing unit shall have at least one (1) group/interview room.
- 16.3.1.5 Dining Room** – A general dining facility shall be available.
- 16.3.1.6 Lounge** - Lounge space shall be available for patients.
- 16.3.1.7 Recreation Area** – An indoor facility shall be available for recreational activities. This may be shared with the lounge, dining room or occupational therapy areas.
- 16.3.1.8 Office space** – As per General Building Requirements
- 16.3.1.9 Activity/Craft Room** – At least one occupational therapy unit shall be available.
- 16.3.1.10 Relaxation/Therapy/Lecture Room** – At least one relaxation, therapy/lecture room shall be available.
- 16.3.1.11 Storage** – Storage for equipment and materials shall be available, as well as for finished and unfinished products

## 17. CERTIFICATE

The following original certificates are required and must be available for the viewing:

- (i) Department of Health
- (ii) Occupational Approval
- (iii) Electrical Clearance
- (iv) Fire Department Clearance
- (v) Piped Oxygen Clearance, if applicable
- (vi) Piped Vacuum Clearance, if applicable
- (vii) Pharmacy, if applicable
- (viii) Nurses Registration Certificates and receipts from SANC, DENOSA/ HOSPERSA

## ANNEXURE B

**AN EMERGENCY TROLLEY MUST COMPRISE A SINGLE, INTEGRATED UNIT SUITABLE FOR THE AREA IN WHICH IT IS BEING UTILISED AND SHOULD CONTAIN DRUGS AND EQUIPMENT SUITABLE FOR THE RESUSCITATION OF PATIENTS IN THE FOLLOWING EMERGENCY SITUATIONS.**

- Appropriate facilities for the following :
  - Intravenous therapy
  - Intubation and oxygen administration
  - Drug administration
- Standard drugs suitable for the resuscitation of patients in the following emergency situations :
  - Cardiac arrest
  - Respiratory arrest
  - Coma
  - Fits, convulsions, seizures, etc.
  - Shock, all causes

### **EMERGENCY TROLLEY**

All emergency stock in the clinics should be standardised and personnel should be informed what standard is

Emergency stock in clinics should be checked daily on a checklist by a Registered Nurse (sign on list)

All oxygen cylinders should be checked every week on Wednesdays and should be refill if the pressure is lower than 1000kPA

Replace any used emergency items immediately

Check expiry dates of medications and stock

### **SOFTWARE ITEMS**

<b>ITEM</b>	<b>QUANTITY</b>
Airways - No 0	1
Airways - No 1	1
Airways - No 2	1
Airways - No 3	2
Airways - No 4	2
Airways - No 5	1
Tegaderm (1625 & 1626)	2 each
Stomach Tubes (Levins/ Ryles tube) no 12	1
Stomach Tubes no 14	1
Stomach Tubes no 16	1
Endotracheale tube nr 6, 7 & 8 (uncuffed)	1 each
Endotracheale tube nr 6, 7.5, 8, 8.5 (cuffed)	1 each
Ambubag Adult Complete (or equivalent - S.M.L)	1
Mask - Adult	1
Oxygen tube	1
Connection for 100% oxygen	1
KY Jelly sachets	5
Syringe - 10ml (for endotracheale tube)	1
Holder for sharp objects (Bugbin - Small) 7,61	1

Alcohol swabs	15
Hibitane and alcohol Spray bottle - 50ml	1
Micropore 24mm	1
Elastoplast - 75mm	1
Syringe - Sterile - 50ml thin tip	2
Syringe - Sterile - 20ml	2
Syringe - Sterile - 10ml	2
Syringe - Sterile - 5ml	5
Syringe - Sterile - 2ml	5
Needle 18G	10
Needle 21G	15
Needle 22G	5
Gauze packs (10/pack)	2
Cotton wool swabs (10/pack)	2
Gloves sterile no 6	2
Gloves sterile no 7	2
Gloves sterile no 8	2
Gloves unsterile medium	10
Blades (Swan Morton) size 15	5
Tongue Depressors Wooden	5
Crepe Bandages small	2
Laryngoscope - complete with blades numbers 1,2,3,4	1
Battery (For Laryngoscope)	4
Globe Laryngoscope	1
Inducer Copper Wire Adult (M)	1
Macgills forceps	1
Mouth gag	1
Artery forceps	3
Tourniquet	1

### **PARENTERAL FLUID THERAPY**

Drip set - 60dr/ml AFC0198	2
Drip set 15dr/ml	2
Infusions:	
- Ringers lactate - 1000ml	2
- Haemacel / Hae-steril 6%	1
- Natrium chloride 0.9% 200ml	2
- Dextrose 5% 200ml	2
- Dextrose 50% 20ml	1
Intravenous catheter large- (Intracath)//Arrow 4FR	2
Splint - Arm	1
Infuse Controller (Dial-a-flow)	2
Wound dressing (Opposite)	1
Butterflies 21G	6
Jelco 16G	2
Jelco 18G	2
Jelco 20G	4
Jelco 22G	4
Subclavian set	1

**SUCTION APPLIANCES**

Suction Catheter - No 12	3
Suction Catheter - No 14	3
Suction Catheter - No 16	3
Suction Catheter - Yankhauer (Rosebud)	2
Paper clamp for suction catheters	3
Suction apparatus with suction tube	1
Flow meter (wall type)	1
Suction apparatus - Foot **	1

**\*\* In all clinics where no vacuum points are available**

**OXYGEN**

Oxygen cylinder - 0.930kg	1
Regulator - Flow meter	1
Key for cylinder	1
Nasal Cannula	2
Oxygen mask - adult	1
Oxygen mask - child (Paed)	1
Oxygen tube	1

**EQUIPMENT**

Defibrillator	1
ECG Monitor	1
ECG Electrodes adult	3
Cardio trace Electrode jell	1
CPR Board	1
Baumano meter	1
Stethoscope	1
Diagnostic set	1
Patella hammer	1
Scissors	1
Torch & Batteries	1
Cricotiroidotomy set	1
Dental syringe with needles & Suture pack	1
Accutrend blood glucose machine	1

**MEDICATIONS****6.1 PRIMARY MEDICATIONS**

Adrenaline - 1:1000	10
Atropine - 0.5 mg/ml	10
Calcium Gluconate 10%/950mg	2
Decadron 4mg/ml 2ml vial	4
Lignocaine 20mg/ml (Remicaine 2% 5ml)	2
Scoline 100mg/ml - in fridge	2

**6.2 SECONDARY MEDICATIONS**

Aminophylline - 250mg/10ml - IV	3
Ampule file	5
Dextrose 50% - 50ml	2
Dopamine (Intropan) 40mg/ml	2
Dobutrex chloride 250mg	2
Furosemide (Lasix) - 10mg/ml	1
Mepyramine leate (Anthisan)/Phenergan 25mg/ml	2
Nalacsonsone (Narcan) - Adult 0.4mg/ml	2
Nitroglycerine (TNT) tablets	5
Sodium bicarbonate 200ml 4.5%	1
Sterile water - 10ml	10
Tridial 50mg	1
Valium 10mg	2

**6.3 TERTIARY MEDICATIONS (should be in unit)**

Verapamil (Isoptin) 5mg/2ml	2
Tenormin	2
Hypnomidate 100mg	1

**ANNEXURE D**

**QUESTIONNAIRE TO BE COMPLETED  
BY A PRIVATE SUB-ACUTE FACILITY  
APPLYING FOR ACCREDITATION  
(TO BE USED IN CONJUNCTION WITH CRITERIA)**

Name of Facility : \_\_\_\_\_

Name/s of Owner/s : \_\_\_\_\_

Physical Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. : \_\_\_\_\_ Facsimile No: \_\_\_\_\_

Emergency Tel No : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

VAT number : \_\_\_\_\_

Person in Charge : \_\_\_\_\_

Qualifications : \_\_\_\_\_

Name of Person  
Completing  
Questionnaire : \_\_\_\_\_

Designation : \_\_\_\_\_

Date of Completion : \_\_\_\_\_

## Banking Details Verification Form

### To: BHF Client Services

I/ We declare that the details on this Banking Verification Form are correct and may be used by the medical schemes and their administrators for reimbursement of claims.

I/ We authorise medical schemes and their administrators to pay any amounts which accrue to me / us to the credit of my / our account into the below mentioned bank account.

Service Providers are requested to complete and submit this form via registered mail to:  
BHF Client Services, PO Box 2324, Parklands, 2121.

Please ensure that the form is endorsed by the relevant bank by obtaining a bank stamp on the bottom left corner.

<b>Practice No</b>	<input style="width: 100%;" type="text"/>												
<b>Practice Name</b>	<input style="width: 100%;" type="text"/>												
<b>Name of Bank</b>	<input style="width: 100%;" type="text"/>												
<b>Name of Branch</b>	<input style="width: 100%;" type="text"/>												
<b>Account Name</b>	<input style="width: 100%;" type="text"/>												
<b>Branch Code</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Account Number</b>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Type of Account</b>	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission	<input style="width: 100%;" type="text"/>									
<b>New Account</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input style="width: 100%;" type="text"/>										
If yes, state date on which account became effective (dd/mm/yyyy)													
<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<b>Provider's Initials &amp; Surname</b>								<b>Authorised Signature</b>					
<b>Bank account particulars certified as correct</b>		<b>Name of Bank Official</b>						<b>Signature Of Bank Official</b>					
<b>YES</b>	<b>NO</b>												
<b>BANK STAMP</b>													

### EDI DETAILS (if Applicable)

EDI User (Yes / No) \_\_\_\_\_

EDI Van \_\_\_\_\_ EDI Mail No. \_\_\_\_\_

The answers to this questionnaire will be used by the inspection team evaluating your facility as per the guidelines as set down in the Manual of Standards and Criteria for a private sub-acute facility.

The items in the questionnaire are to be regarded as essential elements. Failure to comply with these items may result in the applying facility being refused recognition.

Recommendations by the inspecting team can only be made following an on-site inspection of your facility.

#### 1. Documentation

The following original documentation should be in your possession and must be available to the inspection team at the time of inspection:

	Yes/No	Original Seen
(i) * Current Certificate of Compliance from the Department of Health in accordance with the R158 Document .....	.....	.....
* Temporary Certificate of Registration.....	.....	.....
* Letter of authorisation.....	.....	.....
(ii) Certificate of Occupation.....	.....	.....
(iii) Electrical Clearance Certificate.....	.....	.....
(iv) Fire Department Clearance Certificate.....	.....	.....
(v) Oxygen Clearance Certificate.....	.....	.....
(vi) Vacuum Clearance Certificate.....	.....	.....

2. Schedule of Fees to be attached.

#### 3. Registration

##### A. THE FACILITY

	Yes/No	Confirm
3.1 Does your facility comply with the Regulations of the R158 in Government Gazette 5832 dated 1 February 1980, with the exclusion of theatres, ICU, high care, emergency unit and maternity unit? An X-ray unit and pharmacy is not a requirement but may be included .....	.....	.....
3.2 Has the facility been granted any exemptions from compliance with these Regulations? .....	.....	.....
3.3 Date of original Registration with the Department of Health  _____		.....

**B. THE NURSING STAFF**

	Yes/No	Confirm
3.1 Do you have : <ul style="list-style-type: none"> <li>Sufficient nursing staff on duty to maintain an average of 4 hours nursing care per occupied bed per day? .....</li> <li>A registered nurse physically in charge and responsible for each nursing unit 24 hours per day? .....</li> </ul>	.....	.....
3.2 Are all staff currently covered by an indemnity policy e.g. Denosa/HOSPERSA? .....	.....	.....
3.3 Are all staff currently registered with SANC? .....	.....	.....

Please attach copies of above records to this document.

**Resubmit** on an annual basis **and** when new staff is engaged.

**INSPECTION TEAM COMMENTS:**

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**4. Ward Accommodation**

	Number	Confirm
4.1 Bed Numbers (Total) .....	.....	.....
Number of beds in general wards .....	.....	.....
Number of beds in semi-private wards.....	.....	.....
Number of beds in private wards .....	.....	.....
Number of cots .....	.....	.....
Number of cribs .....	.....	.....

	Yes/No	Confirm
4.2 Do you admit to your nursing home : Adults?.....	.....	.....
Children?.....	.....	.....
All Races? .....	.....	.....

	Yes/No	Confirm
4.3 Category of services rendered		
Surgical .....	.....	.....
Medical .....	.....	.....
Maternity: Post Confinement/Caesarean Section .....	.....	.....
Paediatric .....	.....	.....
Psychiatric .....	.....	.....
Rehabilitation – short-term, sub-acute only .....	.....	.....
Day Accommodation .....	.....	.....
Other .....	.....	.....

**5. Staffing of Units**

	Number	Confirm
5.1 Staffing during day shift :		
Number of RN's (Registered Nurses) .....	.....	.....
Number of EN's (Enrolled Nurses) .....	.....	.....
Number of ENA's (Enrolled Nursing Auxiliary) .....	.....	.....
Care Workers .....	.....	.....

	Number	Confirm
5.2 Staffing during night shift :		
Number of SRN's .....	.....	.....
Number of SEN's .....	.....	.....
Number of ENA's .....	.....	.....
Care Workers .....	.....	.....

**INSPECTION TEAM COMMENTS:**

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**GENERAL REQUIREMENTS**

The facility must conform to all relevant legislation.

**1. Access**

	Yes/No	Confirm
1.1 Do you have		
• Suitable well lit, safe access for all able bodied as well as disabled persons?	.....	.....
• Doors that are easily opened and wide enough for wheelchairs, i.e. 1.2metres wide?	.....	.....
• Ramps and rails?	.....	.....
• Covered entrances?	.....	.....
1.2 Do you have a suitable covered ambulance entrance?		
• with doors wide enough for stretchers, i.e. 1.2 metres wide to allow for patients to be moved in and out	.....	.....
• Ramps for stretchers or trolley access?	.....	.....
(NB : May be combined)		
1.3 Do you have suitable and secure parking?	.....	.....

**2. Signage**

	Yes/No	Confirm
2.1 Do you have suitable clear signage to : <ul style="list-style-type: none"> <li>• Advise the name of the facility on the outside of the building?</li> <li>• Direct persons to the : Reception Wards Lifts etc.</li> <li>• To warn persons of restricted areas?</li> </ul>	..... ..... ..... .....	..... ..... ..... .....

**3. Fire Protection**

	Yes/No	Confirm
3.1 Are all the following clearly displayed and indicated: <ul style="list-style-type: none"> <li>• Fire hydrants?</li> <li>• Fire hoses?</li> <li>• Fire extinguishers?</li> <li>• Fire escapes?</li> </ul>	..... ..... ..... .....	..... ..... ..... .....
3.2 Do you have : <ul style="list-style-type: none"> <li>• Fire evacuation plans publicly displayed in all areas of the facility?</li> <li>• A written fire/emergency evacuation protocol in place in an accessible area for all staff?</li> </ul>	..... .....	..... .....
3.3 Has all staff been instructed with the protocols?	.....	.....

**4. Building Requirements**

	Yes/No	Confirm
4.1 Doors <ul style="list-style-type: none"> <li>• Are your doors 1.2m wide?</li> </ul>	.....	.....
4.2 Wall Protection <ul style="list-style-type: none"> <li>• Are all interior walls of a smooth hard plaster finish with rounded corners painted in a light coloured durable washable paint or satisfactorily covered with a similar impervious material</li> <li>• Are the walls behind all basins, sinks and slop hoppers protected by tiles or special impervious, washable protection 50cm above and 50cm each side?</li> </ul>	..... .....	..... .....
4.3 Floors <ul style="list-style-type: none"> <li>• Are all floors in rooms and corridors : * concrete finished to a smooth washable surface? * concrete covered with a washable material?</li> </ul>	..... .....	..... .....
4.4 Corridors <ul style="list-style-type: none"> <li>• Are all the corridors where patients are transported : * Unobstructed and allow access to all rooms? * Approximately 1.5m?</li> </ul>	..... ..... .....	..... ..... .....
4.5 Ceilings <ul style="list-style-type: none"> <li>• Are all ceilings of dustproof smooth impervious material which is painted a light colour</li> </ul>	.....	.....

**5. Lifts**

	Yes/No	Confirm
5.1 Is your nursing home on the ground floor?	.....	.....
5.2 Does your nursing home have more than one floor?	.....	.....
5.3 Is there a suitable lift which will allow patient trolleys and beds to be carried?	.....	.....
• Is it connected to the emergency power supply?	.....	.....
• If you have orthopaedic patients, will a bed plus traction fit into the lift? .....	.....	.....

**6. Disposal of Waste Matter**

		Confirm
<u>Medical and Anatomical Waste</u>		
6.1 What provision have you made for the safe storage and disposal of :		
• Medical and Anatomical Waste?		
_____		
_____		
• Sharps?		
_____		
_____		
<u>Dry &amp; Wet Waste</u>		
6.2 Do you have a municipal refuse collection service? If not, :	.....	.....
• What provision have you made for the disposal of dry waste?		
_____		
_____		
• What provision have you made for the disposal of wet waste?		
_____		
_____		
<u>Sewerage Disposal</u>		
6.3 Do you have a :		
• Water-borne sewerage system?	.....	.....
• Chemical system?	.....	.....
• Septic tanks?	.....	.....

**ENGINEERING AND ELECTRICAL SERVICES REQUIREMENTS****1. Ventilation**

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>Do you have natural ventilation?</li> </ul>	.....	.....
<ul style="list-style-type: none"> <li>Does it comply with minimum standards of cross ventilation?</li> </ul>	.....	.....
<ul style="list-style-type: none"> <li>Do you have mechanical ventilation i.e. air conditioners in your nursing home?</li> </ul>	.....	.....
<ul style="list-style-type: none"> <li>Does it comply with the minimum standards?</li> </ul>	.....	.....
<ul style="list-style-type: none"> <li>What system is installed?</li> </ul> 	.....	.....
<ul style="list-style-type: none"> <li>Is it a fixture? (mobile fans are not acceptable)</li> </ul>	.....	.....

**2. Hot Water Supply**

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>What method is used to ensure there is an adequate supply of hot water?</li> </ul> 	.....	.....
<ul style="list-style-type: none"> <li>What is your hot water capacity?</li> </ul> 	.....	.....
<ul style="list-style-type: none"> <li>Is the temperature set at a maximum of 60°?</li> </ul>	.....	.....

**3. Emergency Water Supply & Storage**

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>What protocol do you have in place to provide for 24 hour emergency supply of water in the case of a failure of the municipal supply?</li> </ul> 	.....	.....
 	.....	.....

**4. Heating**

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>What method of heating does the nursing home have in place?</li> </ul> 	.....	.....
<ul style="list-style-type: none"> <li>Is it a permanent fixture? (Mobile heaters are not acceptable)</li> </ul>	.....	.....

**5. Emergency Power Plant**

	Yes/No	Confirm
5.1 Is an emergency power plant installed?	.....	.....
5.2 Does it operate automatically in the event of a power failure?	.....	.....
5.3 What is the KVA rating of the emergency power plant?	.....	.....
5.4 What fuel is used to run this plant?	.....	.....
5.5 Are the following facilities served by the emergency power plant?	.....	.....
• Strategic ward and corridor lights?	.....	.....
• Switched socket outlets - one per room?	.....	.....
• Duty Stations?	.....	.....
• Emergency Nurse Call System?	.....	.....
• Fire Escapes and Exits?	.....	.....
• Vacuum Pumps?	.....	.....
• Gas Alarms?	.....	.....
• Bed Lift?	.....	.....

**6. Oxygen and Vacuum**

All wards must have oxygen and vacuum available.

	Yes/No	Confirm
<b>6.1 Oxygen</b>		
Specify the method being used :		
• Mobile?	.....	.....
• Piped?	.....	.....
If not piped, number of :		
• Cylinders?	.....	.....
• Concentrators?	.....	.....
If piped, what system is in place and how many cylinders per bank? _____	.....	.....
Is your oxygen bank in a secure, locked room/area? Are all pressure gauges clean and in good operating condition?	.....	.....
What low-level alarm system is in use? _____	.....	.....
What back-up system do you have in case of system failure? _____	.....	.....
Are your standby cylinders in a secure, locked room/ area?	.....	.....
<b>6.2 Vacuum :</b>		
Specify the method being used :		
• Mobile?	.....	.....
• Piped?	.....	.....
If mobile, how many units do you have? _____	.....	.....
If piped, specify system installed _____	.....	.....
What back-up system do you have in the case of power failure? _____	.....	.....
Are all pressure gauges clean and in good operating condition?	.....	.....

**7. Maintenance**

	Yes/No	Confirm
7.1 Does the nursing home employ its own maintenance staff? If yes, what is the staff compliment by category?  _____	.....	.....
7.2 If no, how are preventative maintenance and/or repairs affected? _____	.....	.....
7.3 What is the general state of all plant rooms and workshop facilities? _____	.....	.....
7.4 Do you have up to date maintenance record books in place?	.....	.....

**INSPECTION TEAM COMMENTS:**

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**ADMINISTRATIVE CONTROL AREA**

**1. Reception**

	Yes/No	Confirm
1.1 Do you have : <ul style="list-style-type: none"> <li>• Unaided access for all physically handicapped patients?</li> <li>• Clearly marked information/admission counters?</li> <li>• Privacy for all patients being admitted?</li> <li>• Wheelchairs readily available?</li> <li>• An adequate waiting room with seating for patients and visitors?</li> <li>• A toilet and wash hand basin readily accessible for visitors and waiting patients?</li> <li>• Your Department of Health Certificate clearly displayed?</li> <li>• A patient register?</li> </ul>	.....	.....

**2. Administration**

	Yes/No	Confirm
2.1 Do you have a room or room separate from the duty room which is suitably equipped and staffed to: <ul style="list-style-type: none"> <li>• Appropriately monitor and record all aspects of the patients' stay?</li> <li>• Process and submit accounts in accordance with the requirements of the medical schemes?</li> </ul>	.....	.....



	Yes/No	Confirm
1.3 Are all beds standard hospital beds with the following distances : <ul style="list-style-type: none"> <li>• 60cm between side of bed and wall?</li> <li>• 90cm between attending side of bed and wall?</li> <li>• 90cm between beds?</li> <li>• 102cm between foot of bed and opposite bed?</li> <li>• 150cm between foot of bed and opposite wall?</li> </ul>	..... ..... ..... ..... .....	..... ..... ..... ..... .....
1.4 Are all cots standard hospital cots with the following distances : <ul style="list-style-type: none"> <li>• 60cm between side of cot and wall?</li> <li>• 75cm between attending side of cot and wall?</li> <li>• 75cm between cots?</li> <li>• 79cm between foot of cot and opposite cot?</li> </ul>	..... ..... ..... .....	..... ..... ..... .....
1.4 Does each set of two beds have at least one switched socket outlet?	.....	.....
1.5 Are all corridors where patients are transported a minimum of 1.5m wide? If not, state width _____  Do they allow sufficient space to turn a trolley into the ward?	.....  .....	.....  .....

**INSPECTION TEAM COMMENTS:**

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**2. Nursing Station**

	Yes/No	Confirm
2.1 Is this placed so that physical access to any patient requiring care is not impeded or delayed?	.....	.....
2.2 Are the following available in the nurse station : <ul style="list-style-type: none"> <li>• Nurse Call System?</li> <li>• Counter &amp; Work Surface?</li> <li>• Telephone?</li> <li>• Wash hand Basin with soap &amp; paper towel dispenser?</li> <li>• Fire Escape Protocol?</li> <li>• Patient File Cart or equivalent</li> <li>• Drug Cabinet for Schedule 5, 6 &amp; 7 substances?</li> <li>• Drug Register for Schedule 5, 6 &amp; 7 substances?</li> <li>• Patient Register?</li> <li>• Medicine Trolley?</li> <li>• X-ray Viewing Box?</li> </ul>	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....	..... ..... ..... ..... ..... ..... ..... ..... ..... ..... .....

**3. Emergency Trolley**

	Yes/No	Confirm
3.1 Do you have a single fully integrated emergency trolley containing :		
• A Defibrillator?	.....	.....
• ECG Monitoring Equipment?	.....	.....
• An oxygen cylinder fitted to the trolley with a flow meter and all necessary ancillary fittings for administration?	.....	.....
• Suction - a portable (non-electric) unit with all fittings in place?	.....	.....
• Ambu-bags or equivalent (S, M, L)?	.....	.....
• CPR Board?	.....	.....
• Blood pressure monitoring equipment?	.....	.....
• Laryngoscope Set?	.....	.....
• Appropriate facilities for the following :		
(i) Intravenous Therapy?	.....	.....
(ii) Intubation and oxygen administration?	.....	.....
(iii) Drug Administration?	.....	.....
• Standard drugs suitable for resuscitation of patients in the following emergency situations:		
Cardiac Arrest?	.....	.....
Respiratory Arrest?	.....	.....
Coma?	.....	.....
Fits, Convulsions and seizures etc?	.....	.....
Shock in all cases?	.....	.....

A daily check list, which is signed by a person of authority, must be in place.

**NB : See Annexure B for the itemised list of requirements.**

**See Annexure C for the itemised list of requirements for post natal admissions.**

**4. Ward Kitchen**

	Yes/No	Confirm
4.1 Do you have a ward kitchen which is 4m <sup>2</sup> with the following equipment :		
• Single Bowl Sink?	.....	.....
• Work Surface?	.....	.....
• Fridge?	.....	.....
• Wash hand Basin with soap & paper towel dispenser?	.....	.....
• Urn/Kettle?	.....	.....
• Tea Trolley?	.....	.....
• Microwave?	.....	.....
• Toaster?	.....	.....
• Crockery?	.....	.....
• Cutlery?	.....	.....
• Glasses?	.....	.....

## 5. Ablution and Toilet Facilities

	Yes/No	Confirm
5.1 Do you have : <ul style="list-style-type: none"> <li>• Separate facilities for male and female patients where several patient rooms share ablution/toilet facilities?</li> <li>• At least one bath or shower and wash hand basin per 12 patients or part thereof in the ablution area?</li> <li>• At least one toilet per 8 patients or part thereof?</li> <li>• At least one wash hand basin for every two toilets?</li> <li>• Ablution facilities for disabled persons containing :               <ul style="list-style-type: none"> <li>* A free standing bath?</li> <li>* Or wheelchair shower?</li> <li>* Wheelchair toilet?</li> <li>* Wash hand basin with soap &amp; towel dispenser?</li> </ul> </li> </ul>	.....	.....
5.2 Are all doors : <ul style="list-style-type: none"> <li>• Easily removable and/or able to be opened from the outside?</li> <li>• Do they open toward the outside?</li> </ul>	.....	.....
5.3 Are all bathrooms, shower cubicles and toilets connected to the nurse call system which is placed at an appropriate level?	.....	.....

## 6. Clean Utility Rooms

	Yes/No	Confirm
6.1 <u>Treatment Room</u> Do you have a treatment room containing the following : <ul style="list-style-type: none"> <li>• Work Surfaces?</li> <li>• A Clinical Basin?</li> <li>• Liquid Soap Dispenser?</li> <li>• Paper Towel Dispenser?</li> <li>• Pharmaceutical Supplies Storage Nursing home?</li> <li>• Procedure Chart?</li> <li>• Container for sharps?</li> <li>• Sterile Supply Trolley?</li> <li>• Fridge (Medication)?</li> <li>• Instrument Trolley/s?</li> <li>• Examination Couch?</li> </ul>	.....	.....
Do you have the following equipment : <ul style="list-style-type: none"> <li>• Beamanometer?</li> <li>• Stethoscope?</li> <li>• Diagnostic Set?</li> <li>• Glucometer?</li> <li>• Patient Scale?</li> <li>• Appropriate stock to meet the needs of the patients?</li> </ul> If not, do you have a suitable area in which to hold the above equipment?	.....	.....
6.2 <u>Linen Room</u> Do you have : <ul style="list-style-type: none"> <li>• A separate lockable room with shelving?</li> <li>• A ventilated lockable cupboard?</li> <li>• Sufficient stock to meet the needs of the patients (3 sets)?</li> </ul>	.....	.....



**8. Staff Toilet**

	Yes/No	Confirm
Do you have :		
• A staff toilet with a wash hand basin?	.....	.....
• Liquid soap and a paper towel dispenser?	.....	.....

**STERILISATION AND DISINFECTING UNIT**

	Yes/No	Confirm
1. Do you have a S.D.U.?	.....	.....
1.1 Does the design and layout of equipment ensure a clear flow of work from the soiled to the clean side of the unit?	.....	.....
1.2 Do you have the following functional areas :		
(a) Washing and decontamination area?	.....	.....
(b) Tray and pack preparing area?	.....	.....
(c) Which contain the following :		
• Storage facilities for clean materials	.....	.....
• One steam autoclave or equivalent, capable of sterilising porous loads, as well as wrapped and unwrapped Instruments	.....	.....
• Where ethylene oxide is used the SABS Code of Practice 0210 must be complied with	.....	.....
• Autoclave Sterility tests to be available.....	.....	.....
(d) Storage area for sterile packs with racks (not solid shelving) that allow free circulation of air?	.....	.....
2. If no SDU, please indicate how your sterility is maintained.		
_____		
_____	.....	.....

**PHARMACY**

	Yes/No	Confirm
1.1 Do you have an on-site dispensary capable of providing the nursing home with a pharmacy service that is administered in accordance with accepted ethical, legal and professional practices, so as to consistently meet the timeous needs of the patients?	.....	.....
• Does it comply with the Medicine Regulatory Authority requirements?	.....	.....
• Is it registered with the Pharmacy Council and does it comply with the Regulations?	.....	.....
• Do you have your Pharmacy Council certificate of registration clearly displayed?	.....	.....
• Does it offer a 24-hour on-call service?	.....	.....
• Does this dispensary support and control an emergency cupboard?	.....	.....

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>• Is a refrigerator provided?</li> <li>• Is there a safe storage nursing home for all :                             <ul style="list-style-type: none"> <li>* Disinfectants?</li> <li>* Medicines?</li> <li>* Materials?</li> <li>* Inflammable substances?</li> </ul> </li> <li>• Is there a secure drug storage area for all schedule 5, 6 and 7 substances?</li> <li>• Are they strictly supervised by the pharmacist and drug registers kept and maintained?</li> <li>• Are levies on T.T.O. medicines being collected by the pharmacy?</li> <li>• Is there a qualified pharmacist on the premises during business hours?</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>1.2 Do you use an outside pharmacy?</p> <ul style="list-style-type: none"> <li>• If so, you must have an agreement in place to supply standard drugs and materials as per section 5 in the attached BHF Benchmark Tariffs</li> <li>• All invoices to be attached to the nursing home account</li> <li>• Payment will be made to the nursing home</li> <li>• T.T.O.'s to have levy deducted by the pharmacy</li> <li>• Emergency drug cupboard to be stocked and supervised and charged for by the pharmacy</li> <li>• Schedule 5, 6 &amp; 7 drugs to be supervised by the pharmacy</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**KITCHEN**

	Yes/No	Confirm
<ul style="list-style-type: none"> <li>• Is your kitchen suitable to provide for the nutritional and cultural needs of the patients being treated?</li> <li>• Do you :                             <ul style="list-style-type: none"> <li>* Prepare your own meals?</li> <li>* Use an outside service?</li> </ul> </li> <li>• Is it inspected and approved?</li> <li>• Is the kitchen compliant with the local authorities/ordinances?</li> <li>• Does the kitchen layout ensure a clear flow of work, from the delivery, to preparation area, final preparation, serving area and finally scullery area?</li> <li>• Is a wash hand basin - soap dispenser and disposable paper towels available at the entrance to the kitchen?</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<ul style="list-style-type: none"> <li>• Are there separate facilities for the bulk storage of dry goods, vegetables, meat and fish?</li> <li>• Is refrigeration and deep freeze space available?</li> <li>• Are suitable areas provided for the hygienic preparation, cooking and plating of food?</li> <li>• Are there :             <ul style="list-style-type: none"> <li>* Suitable hygienic facilities for transporting food and keeping it hot?</li> <li>* A suitable area and equipment for the washing of kitchen utensils, crockery and cutlery and the storage thereof?</li> <li>* Appropriate stoves and cooking utensils to meet the needs of the institution?</li> </ul> </li> <li>• Is the waste disposal in accordance with local authority ordinances?</li> <li>• Are the floors of the kitchen of an impervious, smooth, washable, non-slip surface?</li> <li>• Do the walls have a smooth washable surface?</li> <li>• Do you have effective extraction facilities for steam, vapour, heat and smoke?</li> <li>• Are staff change rooms, toilets, wash hand basins and protective clothing provided</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**LAUNDRY**

	Yes/No	Confirm
<p>1.1 Do you :</p> <ul style="list-style-type: none"> <li>• Have a laundry?</li> <li>• Use an outside laundry service?</li> <li>• If so, is it inspected and approved?</li> <li>• Is your or the outside laundry organised to provide the nursing home with a regular supply of clean linen for all patients?</li> <li>• Does the laundry comply with the local authority ordinance?</li> <li>• Does the design and equipment layout ensure a clear flow of work from the soiled to the clean side of the laundry?</li> <li>• Is the bulk storage of clean linen in a separate room, cupboard or mobile storage unit, to keep it free from contamination?</li> <li>• Have appropriate means for the transportation of clean linen?</li> <li>• Have protocols and facilities in place for the collection and handling of soiled and septic linen?</li> <li>• If the laundry is remote from the nursing home, do you have a central sluicing and sorting room/area, other than at unit level?</li> <li>• Have a wash hand basin with liquid soap and paper towel dispenser for staff?</li> </ul>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

**SPECIALISED FACILITIES****1. Laboratory**

	Yes/No	Confirm
1.1 Do you have : <ul style="list-style-type: none"> <li>• A protocol in place for an efficient 24 hour collection of specimens?</li> <li>• An accurate method of recording all specimens that are sent out for examination?</li> </ul>	.....	.....

**2. Blood Bank**

	Yes/No	Confirm
2.1 Do you have a protocol in place to access blood, and transport blood samples and blood to and from a blood bank on a 24 hour basis (ambulances may not charge for the transport of blood)?	.....	.....

**3. Radiology**

	Yes/No	Confirm
3.1 Do you have a protocol in place in order to obtain radiological services on a 24 hour basis (this would include the transportation of the patient)?	.....	.....

**4. Infection Control**

	Yes/No	Confirm
4.1 Do you have a protocol in place to maintain appropriate infection control in every aspect and area in the nursing home?	.....	.....

**5. Ambulance Service**

	Yes/No	Confirm
5.1 Do you have a protocol in place in order for an ambulance service to be available on a 24 hour basis?	.....	.....

**6. Security**

	Yes/No	Confirm
6.1 Do you have : <ul style="list-style-type: none"> <li>• Security Doors?</li> <li>• Secured Windows?</li> <li>• Alarm Systems?</li> <li>• Security Personnel?</li> </ul>	.....	.....

**7. Mortuary**

	Yes/No	Confirm
7.1 Do you have a suitable area set aside for the storage of bodies pending their removal from the nursing home?	.....	.....
7.2 Do you have a protocol in place for an outside service to be used?	.....	.....

**8. Post Natal Patients**

	Yes/No	Confirm
Do you admit post confinement/caesarean section patients? If yes, do you have the following :		
1. Dedicated post natal ward/s?	.....	.....
2. A nursery with the following requirements :		
• Mobile Bassinettes?	.....	.....
• Baby Baths?	.....	.....
• Baby Scale?	.....	.....
• Work surface for drying and changing baby?	.....	.....
• Low level basin for draining baths?	.....	.....
• Adequate taps for filling baths?	.....	.....
• Emergency nurse call system?	.....	.....
• Viewing panel for babies?	.....	.....
• Temperature control in this area?	.....	.....
• Extraction fan system?	.....	.....
• Direct visibility from nurses' station?	.....	.....
3. A dedicated clean area in the ward kitchen to be used as a milk room?	.....	.....
4. A secure and controlled single access to the post natal area?	.....	.....
5. Specify type and model of equipment provided i.e. :		
• Incubator _____	.....	.....
• IV Controller _____	.....	.....
• ECG Monitor _____	.....	.....
• Oxygen Monitor _____	.....	.....
• Other _____	.....	.....
6. Piped service :		
• Oxygen?	.....	.....
• Vacuum?	.....	.....
7. Mobile service		
• Oxygen?	.....	.....
• Vacuum?	.....	.....
8. Staffing in nursery and post natal area :		
• Number of SRN's with midwifery diploma? _____	.....	.....
• Number of EN's with midwifery experience? _____	.....	.....
• Number of ENA's with midwifery experience? _____	.....	.....
9. Emergency trolley Annexure A1 to be used	.....	.....

**9. Rehabilitation**

If you admit rehabilitation patients do you have the following additional equipments :

	Yes/No	Confirm
1. <i>Wards</i>		
Do you have the following :		
• A dedicated ward or wards in a separate area?	.....	.....
• 10% of beds in private wards?	.....	.....
• 20% beds high / low beds with cot sides?	.....	.....
• 20% of beds to have air mattresses?	.....	.....
• Wards spacious enough to accommodate, care giver and assistance devices and also allow for multiple transfers to therapy, ablution and dining areas?	.....	.....

		Yes/No	Confirm	
2.	<ul style="list-style-type: none"> <li>• Parking area for assistance devices?</li> <li>• At least 1,5m between beds and walls?</li> <li>• Windows at level for parked wheelchair patients?</li> <li>• Facility for care giver to spend time in ward with patient?</li> </ul>	.....	.....	
	<i>Passages and Doors</i>			
	<ul style="list-style-type: none"> <li>• Are the passages 1,5m wide between hand rails on both sides?</li> <li>• Are doors 1,5m wide with handles and locks at wheel chair height?</li> <li>• Can beds with cot sides be easily moved from wards to therapy areas and ablution area?</li> <li>• If lifts are in building, are they able to accommodate beds with traction?</li> <li>• Are lift controls accessible to wheel chair patients?</li> </ul>	.....	.....	
	<i>Ablution facilities</i>			
	3.	Do these facilities have the following :		
	<ul style="list-style-type: none"> <li>• Toilets that are wheelchair friendly with extended flushing handles?</li> <li>• Baths that are positioned to allow for wheelchair and stretcher access with sufficient space for patient transfer?</li> <li>• Showers with flat-non-slip floors?</li> <li>• Shower seats position to allow easy transfer from wheelchairs?</li> <li>• Towel rails that are accessible for patients?</li> <li>• Taps and soap dishes position to allow access for patients seated in showers?</li> <li>• Hand held showers?</li> <li>• Grab rails appropriately placed for toilet, showers and baths?</li> <li>• Hand basins that allow wheelchair patients comfortable access?</li> <li>• Nurse call system placed in appropriate positions for toilet, bath and shower?</li> </ul>	.....	.....	
	<i>Dining Room &amp; Recreation Area</i>			
	4.	Which should be :		
	<ul style="list-style-type: none"> <li>• 20m<sup>2</sup> for 10 patients</li> <li>• Plus 1,5m for each additional bed</li> </ul>	.....	.....	
	With the following :			
<ul style="list-style-type: none"> <li>• A minimum of 4 x S.S.O outlets</li> <li>• Large whiteboards (1,5m x 1m)</li> <li>• Emergency bell</li> <li>• Temperature control with : <ul style="list-style-type: none"> <li>1) Air conditioning</li> <li>2) Fixed fans and heaters</li> </ul> </li> <li>• Tables and chairs to seat 60% of the patients</li> <li>• Suction Machine</li> </ul>	.....	.....		





**11. Occupational Therapy Unit**

	Yes/No	Confirm
Shall provide :		
• Office space for therapists	.....	.....
• Group interview room	.....	.....
• Activity craft room	.....	.....
• Relaxation/Therapy/Lecture room	.....	.....
• Storage space	.....	.....

**INSPECTION TEAM COMMENTS:**

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**PLEASE RECORD ANY OTHER FACTS OR OPINIONS WHICH YOU MAY WISH TO BRING TO THE ATTENTION OF THE INSPECTION TEAM:**

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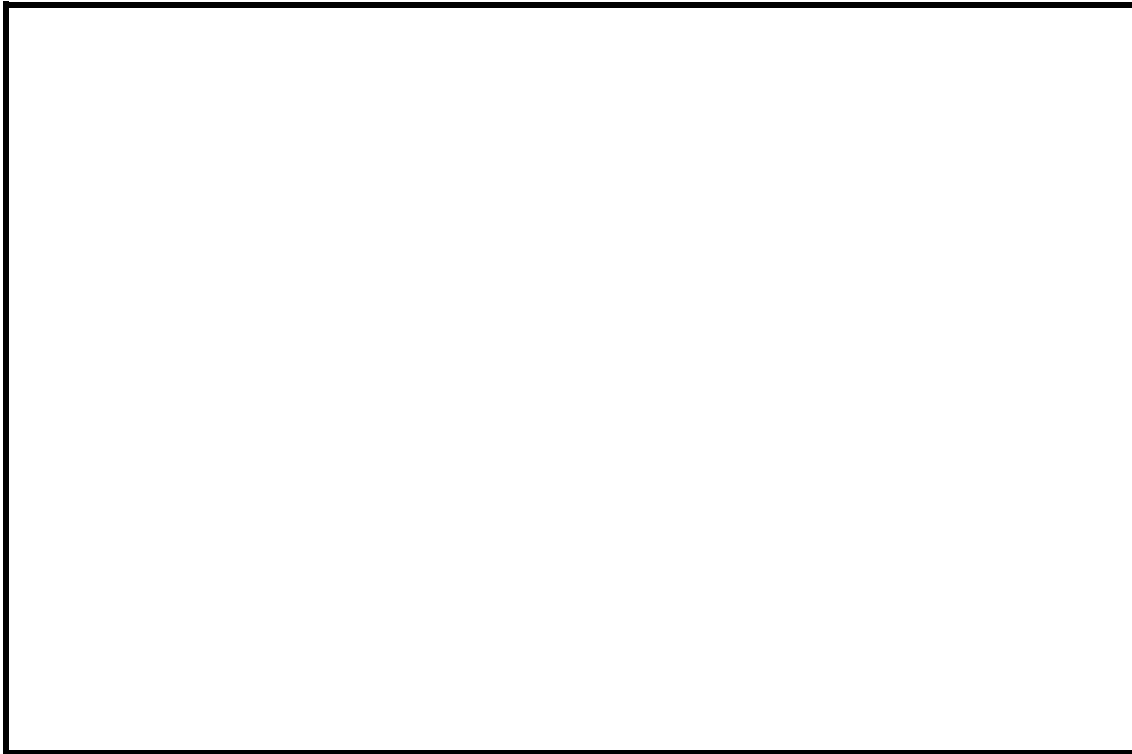


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**NB: PLEASE RETURN THIS COMPLETED QUESTIONNAIRE TOGETHER WITH PHOTOCOPIES OF THE FOLLOWING CERTIFICATES:**

	Attached	Confirmed
1. Certificate from the Department of Health or Welfare		
2. Occupational Approval		
3. Electrical Clearance		
4. Fire Department Clearance		
5. Piped Oxygen Clearance (if applicable)		
6. Piped Vacuum Clearance (if applicable)		
7. Pharmacy Board Registration (if applicable)		
8. Floor Plan of the Institution		
9. Nurses SANC current receipts		
10. Nurses Denosa, HOSPERSA or equivalent current receipts		

**PHOTOGRAPH OF CLINIC**



**Name of Sender :**

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**OFFICIAL USE ONLY**

**RECOMMENDATIONS OF THE INSPECTION TEAM**

1. Date of on-site inspection \_\_\_\_\_
  
2. The \_\_\_\_\_ should/should not be granted approval as a private sub-acute facility, including :
  - (i) postnatal care
  - (ii) rehabilitation
  - (iii) psychiatric conditions
  
3. Reasons for recommendation

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4. Reasons for not recommending

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5.

Date	Name of Inspector	Designation	Signature

6. Facility advised of recommendation/declined application

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Practice Number Allocated: \_\_\_\_\_