

## PART A: MANAGEMENT

### 4. MANAGING THE ORGANISATION/HOSPITAL

#### 4.2 General Management

Responsibilities for operating the organisation/hospital and managing its resources are clearly documented.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
4.2.3	The Hospital is managed by a Hospitalin-charge with appropriate qualifications and experience.		
4.2.4	The job description of the Hospital in-charge clearly defines responsibility and accountability for the efficient and effective operation of the hospital, including responsibility for risk and quality management, infection control and health and safety.		
4.2.5	A current organisational chart identifies the lines of accountability and reporting for all staff.		
4.2.7	Clear and effective mechanisms exist for internal communication. These include: <ul style="list-style-type: none"><li>- Two-way communicationbetween staff and between staff and management</li><li>- Communication between different departments and wards</li><li>- Communication with patients/carers</li></ul>		

### 4.3 Risk and Quality Management

The hospital prevents and manages risks and makes improvements in quality of services.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
4.3.1	A risk management plan for the Hospital: <ul style="list-style-type: none"> <li>- identifies, assesses and prioritises all risks in terms of likelihood and consequences of harm/damage</li> <li>- includes strategies to manage those risks and</li> <li>- is available and disseminated to staff.</li> </ul>		
4.3.2	Incidents, accidents, near misses and adverse events are: <ul style="list-style-type: none"> <li>- reported on the appropriate form</li> <li>- investigated promptly according to a set procedure</li> <li>- used to make improvements in line with any findings and</li> <li>- communicated to staff.</li> </ul>		
4.3.6	The hospital regularly assesses client/patient satisfaction in order to improve service provision.		
4.3.7	Staff follow documented policies and procedures for the key functions and processes in each service and department.		

## 4.5 Human Resources Management

Staff are appointed, trained and evaluated in accordance with documented procedures, job descriptions and service needs.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
4.5.4	Staff appointments are made in line with the required qualification and experience for the job.		
4.5.7	All new staff have their professional registration papers checked on appointment and regularly thereafter to ensure employees have a current valid registration with the relevant professional accreditation body.		
4.5.10	Every staff member in the hospital can be identified by appropriate mechanisms, e.g. uniforms, name tags, hats.		
4.5.13	The hospital identifies staff authorised as competent to undertake admissions, carry out assessments, provide treatment in different services and maintain and manage waiting lists.		
4.5.19	Accurate and complete personnel records, including records of training, are kept in a secure location and treated as confidential.		

## 5. CLIENT/PATIENT RIGHTS

### 5.1 Information for Clients/Patients

Clients/Patients have the right to receive all information relevant to their care management to enable them to make informed decisions.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
5.1.3	Guidance and advice is provided to the clients/patients at the registration counter.		
5.1.4	The reception area and wards display information about the organisation, including: <ul style="list-style-type: none"> <li>- The rights of the clients/patients</li> <li>- Services and facilities available in the hospital</li> <li>- Costs of services</li> <li>- Feedback and complaints pathways.</li> </ul>		
5.1.6	Clients/Patients and their families are fully informed about the client's/patient's health status, including the clinical facts about their condition, unless they explicitly request not to be informed.		
5.1.8	Client/Patient consent is obtained for the proposed care or treatment. Written consent is obtained for any invasive procedures or operations.		
5.1.10	Relevant health messages are prominently displayed within the hospital and written information is available for clients/patients to take home.		

### 5.3 Privacy and Dignity of Clients/Patients

Clients'/Patients' privacy and dignity are respected throughout the entire care process.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
5.3.1	Clients/Patients have (a right to) individual beds.		
5.3.2	Consultation, treatment rooms and washing facilities allow privacy and separate toilets for male and female clients/patients are provided.		
5.3.3	Appropriate in-patient and changing facilities for clients/patients allow privacy and dignity to be maintained.		
5.3.4	A given intervention may be carried out only in the presence of those persons who are necessary for the intervention unless the client/patient consents or requests otherwise.		
5.3.6	Clients/Patients are relieved of pain and suffering according to the current state of knowledge.		

## PART B: SERVICE DELIVERY

### 6. CARE CONTINUUM

#### 6.1 Access to Health Services

Services are continuously available and the hospital minimises physical, social, cultural, organisational or linguistic barriers to access.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.1.1	Access ways and passageways are kept clear at all times.		
6.1.2	Functional wheel chairs and stretchers are available at the gate/reception for patients who are unable to walk.		
6.1.3	All patient areas of the hospital are easily accessible by wheelchair.		
6.1.4	Multi-storey buildings have ramps or functional lifts with an operator.		
6.1.5	The hospital and its departments are clearly signposted and a site plan is displayed at a central place for orientation of staff and patients.		
6.1.6	A reception with a receptionist to guide the patients is open during operating hours.		
6.1.10	On admission to hospital, clients/patients are introduced to the nurse on duty and given an orientation to the unit to which they are admitted		

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	including the location of toilets, pantry and other facilities and services.		
6.1.11	Clients/Patients admitted to the hospital have access to an allotted bed with fresh linen and do not have to double up with other clients/patients.		

## 6.2 Continuity of Care

Clients/Patients have the right to continuity of care, including cooperation between all health care providers and/or establishments which may be involved in their diagnosis, treatment and care.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.2.1	Every client/patient seeking treatment or care at the hospital is registered and issued the appropriate form for recording various details of symptoms, diagnosis, treatment and services being provided.		
6.2.2	All clients/patients and visitors to the hospital receive courteous and prompt attention from the staff at reception and any ward or department.		
6.2.4	The nurse on duty is responsible for coordinating client/patient assessment, care planning and evaluation of care with other care providers and services.		
6.2.6	Doctors, qualified nurses and appropriate support staff are available on-site 24 hours per day.		

	<b>Measurable Criteria</b>	<b>Measurement Scale</b>	
		<b>Tick the relevant remarks</b>	<b>Remarks</b>
6.2.7	Nursing staff can summon urgent medical help if required.		
6.2.9	The client's/patient's record is available to all care providers.		



## 6.3 Assessment

All clients/patients have their health care needs identified through an established assessment process.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.3.1	Assessments are carried out by qualified professionals identified by the hospital as competent to do assessments.		
6.3.4	An attendant is available when patients are being examined by members of the opposite sex.		
6.3.6	The initial assessment includes the recording of vital signs, weight, height and significant findings.		
6.3.7	The client's/patient's relatives and carers are included in the assessment by providing information wherever possible.		
6.3.8	A history and full medical examination is entered in the patient records by a member of the medical staff as soon as possible or not more than 6 hours after admission.		
6.3.9	After examining the client/patient, the doctor legibly endorses the assessment findings, records the provisional diagnosis and the course of action on the OPD card or the client/patient record and dates and signs it.		
6.3.10	Except in an emergency, admission notes are completed prior to any surgical procedure.		
6.3.11	Following examination, written as well as verbal information is provided to clients/patients regarding future visits, treatment and medication.		
6.3.12	Clients/Patients are re-assessed at certain intervals to determine their response to treatment and to plan for continued treatment or discharge and		

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	re-assessment results are documented in the client's/patient's record		

## 6.4 Care Planning

Health Care Providers develop and implement a written, up to date plan of care/service for each client/patient and monitor the care provided against this plan.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.4.1	A written care plan for each client/patient is prepared in collaboration with the client/patient, carers/relatives and other appropriate health professionals.		
6.4.4	The care plan is evaluated and updated in accordance with the findings of re-assessment and progress in meeting identified goals.		

## 6.5 Treatment

The organisation delivers services to the clients/patients that meet their individual assessed needs, reflect current good practice and are co-ordinated to minimise potential risks and interruptions in provision.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.5.1	Clinical guidelines/treatment protocols are used to guide client/patient care processes.		
6.5.3	Written procedures to ensure that the right dose of medication is administered to the right client/patient at the right time are followed by staff and include: <ul style="list-style-type: none"> <li>- Identification of the client/patient before medications are administered</li> <li>- Verification of the medication and the dosage amount with the prescription</li> <li>- Verification of the routes of administration</li> <li>- Verification of the time of administration.</li> </ul>		

## 6.6 Documentation of Care

The client/patient record contains sufficient information to identify the client/patient, support the diagnosis, justify the treatment and care, document the course and results of the treatment and care, and promote continuity of care among health care providers

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.6.1	A clinical record is initiated for every client/patient admitted to the hospital and wherever possible there is only one set of case notes for each client/patient.		
6.6.3	Entries in the client/patient records are legible, dated, signed and identifiable.		
6.6.4	The use of symbols and abbreviations is kept to a minimum in accordance with an agreed list of abbreviations within the hospital.		
6.6.5	There is a locally agreed format for filing of information within the		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	client/patient record.		
6.6.9	<p>The client/patient record is sufficiently detailed to enable the client/patient to receive effective coordinated treatment and care and includes:</p> <ul style="list-style-type: none"> <li>- Details of admission, date and time of arrival</li> <li>- Client/Patient assessment and medical examination</li> <li>- Medical history like cancer diseases ,congenital diseases ,allergic reactions etc</li> <li>- Sheet containing history pertinent to the condition being treated including details of present and past history and family history</li> <li>- Diagnosis by a registered health professional for each entry to the hospital</li> <li>- Details of the client/patient care or treatment plan and follow-up plans</li> <li>- Diagnostic test orders and results of these tests</li> <li>- Progress notes written by medical, nursing and allied health staff to record all significant events such as alterations in the client's/patient's condition and responses to treatment and care</li> <li>- Record of any near misses, incidents or adverse events</li> <li>- Medication sheet recording each dose given</li> <li>- Treatment record</li> <li>- Observation charts, e.g. temperature chart, input and output chart, head injury chart, diabetic chart</li> <li>- Specialist consultation reports</li> <li>- Mode of discharge, e.g. left against medical advice or discharge on will</li> <li>- In case of death, details of circumstances leading to the death of patients like primary and secondary cause of death.</li> <li>- Death certificate must be signed and stamped by registrar and dead body handed over to blood relations like father ,mother etc.</li> </ul>		
6.6.10	<ul style="list-style-type: none"> <li>- For surgical clients/patients, the clinical record additionally includes:</li> <li>- Anaesthetic notes</li> <li>- Operation record</li> <li>- Consent form.</li> </ul>	-	-

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.6.11	Where referrals have been made, the client/patient record includes the referral letter and indications for referral		

## 6.7 Discharge, Transfer and Referral

Safe and appropriate discharge, transfer or referral of clients/patients is based on the client's/patient's health status and need for continuing care.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
6.7.1	A written and dated procedure including criteria to determine readiness for discharge, transfer or referral of clients/patients is used and specifies who is authorised to do it.		
6.7.3	Follow up arrangements, agreed with the client/patient and/or the family, are noted in the client/patient record prior to discharge.		
6.7.5	A discharge card/slip containing relevant information such as reason for admission, findings, diagnosis, treatment, medication, condition at discharge, date of discharge and name of attending practitioner is signed and given to the client/patient and/or his family prior to discharge, with a copy retained in the client/patient record.		
6.7.6	The client/patient and/or the appropriate carer or attendant is advised on any necessary skills for care after discharge such as moving and handling techniques or catheter care.		
6.7.7	If clients/patients are transferred to another hospital or doctor, copies of their clinical notes and the discharge slip/form accompany them to provide		

<b>No.</b>	<b>Measurable Criteria</b>	<b>Measurement Scale</b>	
		<b>Tick the relevant remarks</b>	<b>Remarks</b>
	sufficient information for continuity of care and feedback		

## 7. OPERATION THEATRE DEPARTMENT

### 7.1 Service Management

Operating Theatres provide safe, hygienic and appropriate services for clients/patients and are co-ordinated with other services of the hospital to provide continuity of care.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
7.1.1	The operating theatre and/or department is managed by a suitably qualified, registered and experienced nurse, doctor or senior operating department assistant.		
7.1.3	Anaesthetic services are provided by qualified, registered and experienced anaesthetists.		
7.1.4	An anaesthetist is present for all surgical procedures..		

### 7.2 Policies, Procedures and Records

Operational policies and procedures clearly describe the key processes of the operating theatre and/or department, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
7.2.2	The following formal documentation/records are available in the department:		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Theatre register (anaesthesia register and surgeons' register)</li> <li>- Prosthesis register</li> <li>- Electro medical equipment register</li> <li>- Record of correct swab/instrument count</li> <li>- Controlled drugs</li> <li>- Specimens register</li> <li>- Next-day schedule for operations</li> <li>- Maintenance of stock levels of drugs and consumables</li> <li>- Duty roster.</li> </ul>		
7.2.3	<p>Specific safety rules and instructions are displayed and followed by staff for the following:</p> <ul style="list-style-type: none"> <li>- Storage and use of hazardous chemicals, e.g. glutaraldehyde, formalin</li> <li>- Storage and use of compressed gases</li> <li>- Appropriate shielding and protective clothing, e.g. for image intensification</li> <li>- Emergency electrical power supply (UPS, inverters, generators and emergency electric lights)</li> </ul>		
7.2.7	<p>Full, non-abbreviated preoperative notes are kept for all patients/clients and include but are not limited to:</p> <ul style="list-style-type: none"> <li>- Signed evidence that informed consent to surgery has been obtained by a doctor for critical surgery and by the nurse for routine surgery</li> <li>- Signed evidence that the correct procedure was followed when obtaining consent for children under the age of 18 years</li> <li>- Details of the site and side of an operative procedure.</li> </ul>		
7.2.8	There is a separate fully functioning and equipped recovery room.		
7.2.9	A trained recovery nurse is present for each anaesthetic session and remains in the recovery area until the last client/patient has been discharged back to the ward.		



No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
7.2.12	The anaesthetist is available in the hospital until the client patient has recovered from anaesthesia.		
7.2.13	The anaesthetist provides the final authorization for the client/patient to leave the recovery area.		
7.2.14	There are clear, formal instructions on how to contact a doctor in an emergency.		
7.2.15	A documented visit is made to each in-patient at least once by the surgeon, anaesthetist or doctor between the first post-operative day and discharge.		
7.2.16	<p>A record of the operation for the client/patient record is made immediately following surgery and a copy is retained in the OT. The record includes the following:</p> <ul style="list-style-type: none"> <li>- Date and duration of operation</li> <li>- Anatomical site/place where surgery is undertaken</li> <li>- The name of the operating surgeon(s), operating assistants including scrub nurse and the name of the consultant responsible</li> <li>- Diagnosis made and the procedure performed</li> <li>- Description of the findings</li> <li>- Details and serial numbers of prosthetics used</li> <li>- Details of the sutures used</li> <li>- Swab and equipment count</li> <li>- Immediate post-operative instructions</li> <li>- The surgeon's and scrub nurse's signatures.</li> </ul>		
7.2.17	<p>Anaesthetic records contain:</p> <ul style="list-style-type: none"> <li>- Date and duration of anaesthesia</li> <li>- Name of surgical operation performed</li> <li>- The name of the anaesthetist, anaesthesia assistant and, where relevant, the name of the consultant anaesthetist responsible</li> <li>- Pre-operative assessment by the anaesthetist</li> <li>- Drugs and doses given during anaesthesia and route of</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>administration</li> <li>- Intravenous fluid therapy</li> <li>- Post-anaesthetic instructions</li> <li>- Any complications or incidents during anaesthesia</li> <li>- Signatures of anaesthetist and anaesthesia assistant.</li> </ul>		

### 7.3 Facilities and Equipment

Safe and adequate facilities and equipment are provided to meet the needs and volume of clients/patients undergoing procedures in the operating theatre(s).

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
7.3.1	Arrangements are made so that hospital OTs are situated separately from areas accessible to the general public.		
7.3.2	Hazard and/or warning notices are clearly displayed before restricted and high risk areas.		
7.3.3	Changing facilities are provided for theatre staff to enable those entering the theatre to not cross "dirty" areas.		
7.3.4	Separate male and female changing and rest rooms are available.		
7.3.5	There is a clear separation of 'dirty' areas and OT (s) and only persons wearing theatre dress enter the OT(s).		
7.3.6	Staff use a separate space for maintaining records and other office activities.		
7.3.7	The anaesthetic induction area/room and operating theatre are equipped with safe and well maintained equipment specific for OT activities including		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<p>but not restricted to the following:</p> <ul style="list-style-type: none"> <li>- Anaesthetic machine and ventilator</li> <li>- Laryngoscopes</li> <li>- Endotracheal tubes/laryngeal masks</li> <li>- Airways</li> <li>- Nasal tubes</li> <li>- Suction apparatus and connectors</li> <li>- Oxygen</li> <li>- Drugs and IVs required for planned anaesthesia</li> <li>- Drugs for emergency situations</li> <li>- Monitoring equipment including ECG, ETCO2, temperature monitoring, pulse oximeter and blood pressure</li> <li>- Accessible defibrillator</li> <li>- Tipping/tilting trolleys/beds</li> <li>- Multi positioned table with radiolucent tops</li> <li>- Suction machine</li> <li>- Instrument cleaning/decontamination facilities</li> <li>- Temperature and humidity control</li> <li>- IV canulas and CV lines in different sizes</li> <li>- Blood warmer</li> <li>- Adequate light sources</li> <li>- Special equipment for particular age groups, e.g. neonate resuscitation table.</li> </ul>		
7.3.9	The recovery area is well lit and adjacent to the operating theatre.		
7.3.10	Resuscitation equipment and drugs are immediately accessible in the recovery area.		
7.3.11	<p>A list of functioning equipment available in the recovery room includes :-</p> <ul style="list-style-type: none"> <li>- Airways (Ambu bags) and other intubation material and equipment</li> <li>- Suction</li> <li>- Oximeter</li> <li>- ECG (<b>Easily available</b>)</li> <li>- Blood pressure measurement apparatus</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Defibrillator (Timely available)</li> <li>- Oxygen concentrator</li> <li>- Emergency ventilator (Timely available).</li> </ul>		

## 8.0 EMERGENCY SERVICES/CASUALTY DEPARTMENT

### 8.1 Service Management

The Casualty Department provides safe, timely and efficient life-saving emergency care and minor treatment and surgery for clients/patients.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
8.1.1	The casualty department is managed at all times by a suitably qualified and experienced nurse, doctor or senior casualty department assistant.		
8.1.2	Deputising arrangements for suitably qualified and experienced deputies are documented and used.		
8.1.4	Data should be available for review of volume of activity, source and appropriateness of referrals and adverse events.		

### 8.2 Policies, Procedures and Records

Operational policies and procedures clearly describe the key processes of the casualty department, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
8.2.3	All clients/patients are seen within fifteen minutes of arrival for initial assessment and treatment prioritisation.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
8.2.6	Clients/Patients are examined in privacy by a doctor of the same sex as the client/patient (if available), or have the service of a chaperone if desired.		
8.2.7	Relatives are kept informed of the client's/patient's condition with the agreement of the client/patient where they are able to give such consent.		
8.2.9	An individual record of attendance is completed which contains: <ul style="list-style-type: none"> <li>- Name</li> <li>- Address</li> <li>- Age/Date of birth</li> <li>- Next of kin</li> <li>- Occupation/School</li> <li>- Case number</li> <li>- Telephone number</li> <li>- Date and time of arrival</li> <li>- Time of examination</li> <li>- Diagnoses</li> <li>- Treatment</li> <li>- Minor surgery carried out</li> <li>- Specimens taken</li> <li>- Instructions for follow up</li> <li>- Doctor's or nurse's names and signatures</li> <li>- Medication given to/or taken away</li> <li>- Advice given on discharge.</li> </ul>		
8.2.10	A departmental register identifies all attendances, reason for attendance, diagnostic tests, treatment given and any referrals.		
8.2.11	A formal mechanism (roster) known to all staff is used for identifying medical staff on duty and on call and is prominently displayed in the emergency care area.		
8.2.12	A procedure exists for referral for specialist care if necessary.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
8.2.14	The type and extent of minor surgery to be undertaken is defined and is consistent with the facilities, equipment and skills available on site.		

### 8.3 Facilities and Equipment

Safe and adequate facilities and equipment are provided to meet the needs and volume of clients/patients attending the emergency services /casualty department.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
8.3.2	The casualty entrance is clearly signposted from outside the hospital.		
8.3.6	The doorways and access are suitable for wheelchairs and trolleys.		
8.3.9	There is appropriate equipment for: <ul style="list-style-type: none"> <li>- Resuscitation</li> <li>- Monitoring</li> <li>- Minor operations</li> <li>- Sterilisation</li> <li>- X-rays and other imaging (either locally or by referral).</li> </ul>		
8.3.11	Treatment areas afford the clients'/patients' privacy.		
8.3.12	A private area/room is available for interview and examination.		
8.3.13	The waiting area: <ul style="list-style-type: none"> <li>- drinking water facility has comfortable and adequate seating</li> <li>- is clean and secure.</li> </ul>		
8.3.14	There are toilet facilities available.		

## 9. INTENSIVE CARE UNIT

### 9.1 Service Management

The Intensive Care Unit is managed by suitably qualified staff and organised to provide safe and efficient care for seriously ill clients/patients who need to be continuously monitored.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
9.1.1	A qualified professional with relevant training in intensive care is responsible for overall co-ordination of the unit and is accessible for specialist advice.		
9.1.3	An appropriately qualified, registered and experienced nurse is responsible for the day to day management of nursing care in the unit.		
9.1.5	All staff working in the unit are appropriately qualified and experienced for the work they do and have attended specialist high dependency care courses and continuous medical education for updating their skills.		
9.1.6	Registered nurses in the unit have completed formal in-service training or a recognised course in intensive care and at least one is present on all shifts.		
9.1.7	A suitably experienced doctor is immediately available at all times.		

### 9.3 Facilities and Equipment

Safe and adequate facilities and equipment are provided to meet the needs and volume of clients/patients in the ICU.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks



No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
9.3.1	There is sufficient space for storing disposable and consumable items.		
9.3.2	A functional resuscitation trolley and defibrillator are available on the unit		
9.3.4	Each bed has a central line facility for: <ul style="list-style-type: none"> <li>- Oxygen</li> <li>- Suction</li> <li>- Compressed air</li> <li>- Central ECG monitoring.</li> </ul>		
9.3.5	Beds in the unit are arranged to allow ready access for routine and emergency procedures and are within direct vision of supervising staff at all times.		
9.3.7	Facilities in the unit include: <ul style="list-style-type: none"> <li>- CVP monitoring</li> <li>- Pulse oximetry</li> <li>- Blood pressure monitoring (automatic)</li> <li>- Urometry</li> <li>- Ambient and client/patient temperature monitoring</li> <li>- Arterial blood gases</li> <li>- Glucometer</li> <li>- Electrolyte machine</li> </ul>		

## 10. RESUSCITATION

### 10.1 Service Management

All professional staff are trained in resuscitation at least to basic life support levels. Those working in higher risk areas, e.g. casualty department, operating theatres and ICU are trained in advanced life support.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
10.1.1	There is a written, agreed description of the scope and operation of resuscitation services provided within the Hospital.		
10.1.3	The provision of resuscitation conforms to the recommendations of the National and/or International guidelines.		
10.1.7	All medical staff have received advanced resuscitation training at least every three years and documentation is provided to show evidence of this.		

## 10.2 Policies and Procedures

Policies and procedures related to resuscitation exist and are known to the staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
10.2.2	An agreed, defined clinical procedure for resuscitation of adults (and children, if appropriate) exists and is followed by the staff.		
10.2.3	An agreed, defined policy for when to use a defibrillator exists and is followed.		
10.2.4	There is an agreed and written policy on the training of staff in the use of a defibrillator.		

## 10.3 Facilities and Equipment

The Hospital provides adequate and functioning equipment for resuscitation in emergencies.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
10.3.1	Within the hospital, a designated member of staff is responsible for the checking and recording daily and after each use: <ul style="list-style-type: none"> <li>- Resuscitation equipment</li> <li>- Stockholding and date of resuscitation drugs</li> </ul>		
10.3.2	Facilities available for resuscitation include:		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<p><u>Mechanical</u></p> <ul style="list-style-type: none"> <li>- Resuscitation trolley containing equipment and medication for advanced life support</li> <li>- Defibrillator</li> <li>- Laryngoscopes (including for children, if appropriate)</li> <li>- Suction apparatus</li> <li>- Manual ventilation equipment e.g. bag, valve-mask, pocket mask</li> <li>- ECG monitor and leads</li> </ul> <p><u>Supplies (including for children if relevant)</u></p> <ul style="list-style-type: none"> <li>- Intravenous infusion sets</li> <li>- Endotracheal tubes and/or laryngeal masks</li> <li>- Oral airways</li> <li>- IV Cannulae</li> </ul> <p><u>Medications</u></p> <ul style="list-style-type: none"> <li>- Oxygen</li> <li>- Intravenous fluid</li> <li>- Resuscitation drugs.</li> </ul>		
10.3.4	Endotracheal Intubation, cricothyroidotomy set and chest drainage equipment is only used by those experienced and trained in their use.		
10.3.5	Facilities (equipment) are conveniently located within the hospital to be accessible to highest risk patients.		

## 11. MATERNITY SERVICES

### 11.1 Service Management

Maternity services provide safe, timely and efficient maternity care for patients.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
11.1.1	The maternity department is managed by suitably qualified, registered and experienced staff.		
11.1.4	The maternity department has 24 hour on-site cover from qualified medical doctors and an anaesthesiologist.		

### 11.2 Policies, Procedures and Records

Operational policies and procedures clearly describe the key processes of the maternity unit, the responsibility of the staff and expected results. Records provide accurate information for analysis and evaluation.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
11.2.1	Written procedures and guidelines are used consistent with the hospital policies and functions for: <ul style="list-style-type: none"><li>- antenatal care and booking/registration</li><li>- post-natal care</li><li>- peri-natal care</li></ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- counseling for parenthood (e.g. family planning, genetic referral,) including, for example, IEC material</li> <li>- identifying high risk pregnancy</li> <li>- admission to labour room/ward</li> <li>- planning, treatment and mode of delivery</li> <li>- plan for managed pain during labour and delivery</li> <li>- delivery monitoring process</li> <li>- referral</li> <li>- discharge including discharge summary</li> <li>- birth record and certificate</li> <li>- labour register</li> <li>- immunization for mother and baby</li> <li>- infection control</li> <li>- disposal of placentas</li> </ul>		
11.2.2	A paediatrician is involved in the team developing and reviewing policies and procedures.		
11.2.3	Each woman accessing the maternity department is cared for by a suitably qualified, registered and experienced nurse, doctor or senior midwife who she can contact for advice and help throughout her pregnancy.		
11.2.4	Anaesthetists with relevant qualifications and experience available for mothers with epidural, C Section, emergency breech and instrumental deliveries, emergency resuscitation and women with eclampsia.		
11.2.5	A trained mid-wife/nurse is present at every birth.		
11.2.8	A roster indicates 24 hour arrangements for on-site availability of a suitably qualified and experienced doctor and an anaesthesiologist in case of an emergency.		
11.2.9	Separate records are initiated and used for each baby.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
11.2.10	Records kept after discharge include the combined: <ul style="list-style-type: none"> <li>- Maternity notes (including care plans)</li> <li>- Birth registration(s)</li> <li>- Labour register</li> <li>- Admission register</li> </ul>		

### 11.3 Facilities and Equipment

Facilities and equipment are safe and adequate in design and number for the purpose and quantity of clients/patients attending/in the maternity department.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
11.3.1	The delivery room is equipped with functioning, safe and well maintained equipment specific for deliveries including but not restricted to the following: <ul style="list-style-type: none"> <li>- Fetoscope</li> <li>- Ultrasound machine</li> <li>- Delivery table which can be turned to the Trendelenburg position</li> <li>- An anaesthetics machine with emergency oxygen supplies</li> <li>- Endotracheal tubes, laryngoscope</li> <li>- An incubator, with temperature adjustable for infants in need</li> <li>- Separate oxygen supply to the incubator</li> <li>- Resuscitation equipment and drugs for infants and for adults</li> <li>- Intravenous crystalloid and plasma expanders</li> </ul> Weighing machine for the baby.		
11.3.2	Privacy for mothers is possible, e.g. when breast-feeding.		
11.3.4	The area for labour provides for:		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Space for the woman and a female companion</li> <li>- Alternative birthing methods</li> <li>- Ambulation throughout labour</li> <li>- Washing and toilet facilities for the comfort of the mother and companion</li> </ul>		
11.3.5	Lighting is versatile enough to provide a restful environment and allow birthing procedures to be performed.		



## PART C: AUXILIARY SERVICES

### 12. LABORATORY SERVICES

#### 12.1 Service Management

The medical testing laboratory is managed and organised to provide efficient and effective laboratory care to patients and support services to clinicians.

	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
12.1.1	The medical testing laboratory is managed by a suitably qualified and registered pathologist, experienced medical technologist or other suitably qualified and registered laboratory scientist.		
12.1.3	Sufficient and appropriately qualified staff are available to fulfil the job descriptions of the defined service.		
12.1.6	A pamphlet outlines the list and prices of services offered, the types of specimens required and approximate reporting time for tests.		
12.1.9	Staff follow written policies and procedures for collection, transport and controlling, storing, reporting and disposing of all samples and tests in compliance with legal requirements.		

#### 12.2 Samples and Tests

Laboratory samples and tests are managed to maximize accuracy of testing and minimise risks to patients/clients and staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
12.2.1	<p>A requisition form is used and includes the following:</p> <ul style="list-style-type: none"> <li>- Client/Patient information</li> <li>- Client/Patient location</li> <li>- Investigations required</li> <li>- Type of sample</li> <li>- Clinical</li> <li>- Probable diagnosis</li> <li>- Requesting physician</li> <li>- Sample collection time</li> </ul>		
12.2.2	Staff follow and communicate to clients/patients, verbally, procedures for the clients'/patients' preparation for tests.		
12.2.3	Samples collected are labelled with the client's/patient's name, registration number, date and time of collection.		
12.2.4	Separate labels are used for high risk samples.		
12.2.5	Specimen trays are designed to enable safe transport.		
12.2.6	The sample reception area receives, records, and verifies the samples or specimens.		
12.2.7	<p>A laboratory register records:</p> <ul style="list-style-type: none"> <li>- Client/Patient name, location</li> <li>- Identification of sample source(s)</li> <li>- Full name of the investigation(s)</li> <li>- Number of investigations</li> <li>- Investigation results</li> </ul>		
12.2.11	Results are made available to the main reception of the laboratory to enable picking up by OPD, wards or clients/patients.		
12.2.14	Staff follow written procedures for samples:		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Sample collection</li> <li>- Handling</li> <li>- Labelling</li> <li>- Transportation</li> <li>- Retention</li> <li>- Storage</li> <li>- Disposal of samples, including blood and body fluids.</li> </ul>		
12.2.16	Instructions are clearly displayed describing the safe disposal of clinical, toxic and radioactive waste.		
12.2.17	Clearly labelled, separate containers are used for disposal of hazardous and infectious waste.		

## 12.3 Safety

All persons are protected from potential hazards in the laboratory.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
12.3.1	A mechanism is in place to restrict access to the laboratory to authorised personnel only.		
12.3.2	<p>Health and safety policies, current relevant hazard notices and safety action bulletins are displayed as required or are readily available to staff, including but not limited to:</p> <ul style="list-style-type: none"> <li>- Safety regulations</li> <li>- Fire precautions</li> <li>- AIDS/HIV/</li> <li>- Hepatitis.</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
12.3.3	Appropriate equipment is used for the safe handling of hazardous materials.		
12.3.5	Staff are offered immunisations relevant to their type of work and emergency immunisations based on written policies.		

## 12.4 Facilities and Equipment

Safe and adequate facilities and equipment are provided to meet the needs and volume of clients/patients served by the laboratory.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
12.4.1	Laboratory and office space are sufficient to enable staff to carry out their jobs safely.		
12.4.2	The laboratory environment is well lit and ventilated.		
12.4.4	Storage facilities for specimens and reagents are sufficient to enable staff easy access.		
12.4.5	Refrigerated storage facilities are used for specified samples, specimens, and blood samples.		
12.4.6	Functioning emergency electrical supply for refrigerators is available and there is a procedure in place to regularly assess its readiness.		

## 13. RADIOLOGY

### 13.1 Service Management

Radiology services are managed and organised to provide safe and efficient care for client/patients and support to clinical specialties.

*Note: Radiology services cover all services provided by a radiology department.*

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
13.1.1	A qualified and registered radiologist is responsible for the clinical direction of the department and the safety of the client/patients.		
13.1.3	Trained, qualified radiographers, or in some cases radiologists, are the only staff who may take images.		
13.1.6	Staff follow written policies and procedures for all aspects of radiology services, including: <ul style="list-style-type: none"><li>- Reception and registration of the client/patient</li><li>- Preparation of the client/patient for imaging</li><li>- Processing and interpreting the film or scan</li><li>- Reporting on the film or scan</li><li>- Documentation and despatch.</li></ul>		

## 13.2 Service Provision

Clients/patients are systematically registered, receive radiological services in line with written requests and have their x-rays reported promptly and accurately.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
13.2.1	Clients/Patients are registered, assigned a registration number and given special instructions in a systematic way.		
13.2.3	Diagnostic imaging is performed only upon a signed written request from a qualified medical practitioner.		
13.2.6	All films are read by a radiologist and the written radiologists' reports are received by the hospital within a defined time after examination.		
13.2.7	Required reporting times are based on the urgency of the situation, e.g. films or scans for emergency client/patients are reported within one hour and routine reports are reported within 24 hours.		
13.2.10	Radiology reports or copies of the reports are with in in-patients' medical files in the wards.		

### 13.3 Safety

Radiological services are provided in accordance with current radiation rules and regulations, risks are minimised and the safety of client/patients and staff are protected.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
13.3.1	Signs warning women of childbearing age of the dangers of radiation in pregnancy are prominently displayed.		
13.3.2	All examinations using ionising radiation are performed by suitably trained personnel.		
13.3.4	Emergency drugs and equipment including all resuscitation equipment are functioning, are readily accessible and are monitored.		
13.3.6	Protective clothing is provided and used where biohazards or radiographic equipment is present.		
13.3.7	The radiologist in charge is responsible for ensuring that compliance with national guidelines is monitored: <ul style="list-style-type: none"> <li>- Staff working with radiological equipment wear radiation monitoring devices</li> </ul>		

## 13.4 Facilities and Equipment

Facilities and equipment are provided and maintained to maximise client/patient comfort and safety.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
13.4.1	A separate registration area for clients/patients is provided and a toilet with washing facilities for special investigations is located adjacent to the examination room.		
13.4.4	All equipment is subject to tests on installation to ensure the equipment meets with contract specifications and confirms mechanical, electrical and radiation safety.		
13.4.5	Records of these tests are kept in the department for reference.		
13.4.7	Radiology equipment is stable, functioning and installed only in properly lead protected rooms.		
13.4.9	The radiation safety of essential equipment is regularly monitored.		



## 14. PHARMACY SERVICES

### 14.1 Management

The pharmaceutical service is managed and organised to provide efficient and effective pharmaceutical services through rational use of drugs within the hospital.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
14.1.1	The pharmaceutical service is managed by a qualified, graduate and registered pharmacist.		
14.1.3	Sufficient and appropriately qualified staff are available to fulfil the job descriptions and the defined services.		
14.1.5	Staff follow written policies and procedures for ordering and purchasing, controlling, storing, dispensing and disposing of all medicines within the hospital in compliance with legal requirements.		

### 14.3 Storage and Stock Management

Stock is stored and managed to ensure that medications are current, kept safe and are continuously available to meet the needs of clinical staff and patients.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
14.3.1	Medicines are stored on shelves enabling: <ul style="list-style-type: none"><li>- Protection from the adverse effects of light, dampness and temperature extremes</li><li>- Freedom from vermin and insects</li><li>- Adequate ventilation.</li></ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
14.3.3	Adequate and secure storage facilities provided include: <ul style="list-style-type: none"> <li>- A suitable cupboard or container for the storage of flammable and/or hazardous material</li> <li>- A functioning pharmacy refrigerator.</li> </ul>		
14.3.8	Medicines required in an emergency are available and replaced promptly after use.		
14.3.9	All expired or recalled medicines, including unwanted medicines returned by clients/patients and unused controlled medicines, are safely disposed of in accordance with a written procedure.		

## 14.4 Prescribing, Administration and Dispensing of Medicines

Prescribing, dispensing and administration of medications are safe, efficient and effective and promote best possible treatment outcome.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
14.4.1	A system is in place to ensure that: <ul style="list-style-type: none"> <li>- Prescriptions are only issued by authorized prescribers</li> <li>- Administration of medicine is done by, or under the supervision of, competent health personnel.</li> </ul>		
14.4.2	All prescriptions are legible and duly signed by a doctor, including the following: <ul style="list-style-type: none"> <li>- Name and additional identifier</li> <li>- Age, Sex and weight (where applicable)</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Diagnosis</li> <li>- Name of Medication, dose, route, frequency and duration</li> <li>- Clear identification of Prescriber</li> </ul>		
14.4.6	There is an approved hospital prescription/medication chart on which all medicines for an individual client/patient are prescribed and their administration recorded.		

## 14.5 Facilities

Facilities and equipments are safe and adequate for the purpose and the number of clients/patients attending the pharmacy.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
14.5.1	All doors, windows and hatches within the pharmacy can be locked.		
14.5.2	There is a designated area for: <ul style="list-style-type: none"> <li>- The receipt and unpacking of goods in wards</li> <li>- Dispensing of medicines.</li> </ul>		
14.5.8	Lockable medicine refrigerators with temperature monitors are provided for medicines requiring cool storage. They are used solely for this purpose.		
14.5.9	Temperatures are regularly monitored and recorded and action is taken where a temperature varies from an acceptable range.		

## PART D: INFECTION CONTROL, HYGIENE AND WASTE MANAGEMENT

### 15. INFECTION CONTROL

The organisation designs and implements a coordinated program to reduce the risks of nosocomial infections in clients/patients, visitors/attendants, contractors and staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
15.1	The hospital establishes an infection control program designed to prevent or reduce the incidence of nosocomial infection, based on current scientific knowledge and accepted practice guidelines and developed and monitored with multidisciplinary involvement.		
15.2	The infection control program includes all areas of the hospital and describes the scope, objectives, annual activities, surveillance methods, resources and processes associated with infection risks, including respiratory tract, urinary tract and surgical wound infections, are identified and included in the infection control program.		
15.4	The infection control committee has clear written Terms of Reference that include the following responsibilities: <ul style="list-style-type: none"> <li>- Coordination of infection control activities</li> <li>- Development, implementation and monitoring of the infection control program</li> <li>- Approval of infection control policies and procedures</li> <li>- Approval of surveillance activities</li> <li>- Reviewing and analysing infection control data</li> <li>- Following up identified infection control issues with relevant action, including education</li> <li>- Evaluating the effectiveness of actions taken.</li> </ul>		
15.10	Cultures are obtained regularly from designated sites in the hospital with significant infection risks and action taken to minimise any identified infection.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
15.11	<p>Relevant support staff are appropriately inducted and trained in basic aspects of infection control relevant to their work including:</p> <ul style="list-style-type: none"> <li>- Basic concept of microbes</li> <li>- Proper hand washing</li> <li>- Segregation of waste and hazards associated with waste.</li> </ul>		
15.13	<p>Written and dated organisation wide infection control and waste management policies and procedures are used by staff. Procedures include, but are not limited to, the following topics:</p> <ul style="list-style-type: none"> <li>- Use of standard precautions including hand washing techniques</li> <li>- Sterilisation and decontamination of equipment</li> <li>- Laundry and linen management</li> <li>- Identification and management of nosocomial infections</li> <li>- Collection, storage and disposal of infectious waste, body fluids, tissues, blood and blood products</li> <li>- Disposal of sharps and needles</li> <li>- Cleaning of all hospital surfaces, supplies and equipment, e.g. floor, walls, ceilings, beds and basins</li> <li>- Management and cleaning of spillage</li> <li>- Vaccination of staff.</li> </ul>		
15.14	Gloves, gowns, masks, soap and disinfectants are available and correctly used in situations where there is a risk of infection.		
15.15	Procedures are used for the isolation of patients specific to the reason for isolation.		

## 16. STERILE SUPPLIES

Equipment and supplies are sterilised to minimise risk of infection in clients/patients and staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
16.2	There is a defined department or area for sterilisation which physically separates the functions of cleaning, processing and sterile storage and distribution.		
16.3	In all areas where instruments are cleaned there is airflow to prevent cross-contamination and to keep material within the area.		
16.4	There is at least one functioning steriliser with a drying cycle		
16.5	The responsibilities of relevant staff members managing the provision of sterile supplies are clearly defined and specified in their job descriptions.		
16.6	Staff responsible for the decontamination, inspection, function testing, assembly and packaging, terminal processing, storage and distribution of supplies are adequately trained.		
16.8	Sterilisation procedures are based on existing provincial or national/international guidelines.		
16.11	The person using sterilised equipment checks that the decontamination of the equipment has been done before using that equipment.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
16.12	Stock levels of sterilised goods are checked by an ongoing inventory management process.		
16.14	All trays/packs/containers are stored in conditions that preserve the integrity of their packaging to prevent damage and/or contamination.		
16.15	All packs are marked with: <ul style="list-style-type: none"> <li>- Name of the article</li> <li>- Contents of the pack</li> <li>- Initials of the person who packed it</li> <li>- Date and initials of the person who sterilised it.</li> </ul>		
16.16	Each tray, container or pack of instruments has a completed checklist which is used at the time of packing, at the time of use in the OT, and at the time of return of the instruments for re-sterilisation.		

## 17. CLEANLINESS AND SANITATION

All hospital facilities, equipment and supplies are kept clean and safe for clients/patients, visitors/attendants and staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
17.1	Staff follow written policies and procedures and schedules for: <ul style="list-style-type: none"> <li>- Disinfection and cleaning of all equipment, furniture, floors, walls, storage areas and other surfaces and areas</li> <li>- Cleaning of specialised areas, e.g. OT, Labour Room, Emergency Ward, Dressing Room, Laboratory and ICU.</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
17.2	Hospital premises are free from litter and other refuse.		
17.3	Sufficient covered, clean dustbins are provided for clients/patients, visitors/attendants and staff and the dustbins are emptied on a regular basis.		
17.4	Equipment, floors and walls are free from bodily fluids, dust and grit and the masonry is intact.		
17.5	Cleaners are trained and provided with sufficient appropriate equipment and cleaning material and work according to cleanliness and sanitation policies and procedures.		
17.6	<p>Laundry staff are trained and work according to linen and laundry policies and procedures including but not restricted to the following:</p> <ul style="list-style-type: none"> <li>- Collection of sluiced and dirty linen from the individual departments</li> <li>- Transportation with clear separation of clean and dirty laundry</li> <li>- Separate storage of clean and dirty linen</li> <li>- Sorting of linen into soiled, infected and foul linen and washing processes and washing processes for this linen</li> <li>- Removal of blood stains/sluicing</li> <li>- Disinfection/autoclaving</li> <li>- Washing / hydro extraction</li> <li>- Drying</li> <li>- Repairs of linen if required</li> <li>- Pressing</li> <li>- Distribution to individual departments</li> <li>- Storage in individual departments</li> <li>- Record keeping for receipt and distribution of clean linen.</li> </ul>		

## 18. WASTE MANAGEMENT

Clinical and other infectious or injurious waste is handled, stored and disposed of to minimise harm and risk of infection /injury to patients/clients, visitors, contractors, staff and the community.



No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
18.1	The hospital has a written waste disposal plan specifying procedures, responsibilities, timetable for waste collection and necessary equipment such as bins and bags.		
18.2	The waste disposal plan includes written guidelines for the regulation, identification, containment and storage, transport, treatment and subsequent disposal of different categories of infectious waste, including if appropriate: <ul style="list-style-type: none"> <li>- pathology waste</li> <li>- cytotoxic and chemical liquid waste)</li> <li>- heavy metals, radio-active or any other form of high-risk waste</li> </ul> in accordance with the relevant national/provincial laws.		
18.5	Responsibilities for waste management are defined in all job descriptions.		
18.6	Staff are trained in and use procedures for different types of waste: <ul style="list-style-type: none"> <li>- Collection</li> <li>- Segregation at source</li> <li>- Storage</li> <li>- Transportation</li> <li>- Disposal.</li> </ul>		
18.8	Incineration facilities, where provided, are certified as conforming to health and safety and environmental health requirements by the Local Authority.		
18.9	If contractors are used for the removal and incineration of clinical waste, a written contractual agreement and consignment procedure is used which includes identification of the origin, contents and quantity of the waste.		
18.10	All waste is protected from theft, vandalism or scavenging by persons or animals.		
18.11	A clear guide for waste segregation and storage is visibly posted in area(s) where this waste is generated and includes waste segregation in clearly		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	labelled coded bins in accordance with the relevant national/provincial laws.		

## Part E. SAFE AND APPROPRIATE ENVIRONMENT

### 19. HEALTH AND SAFETY

Promotion of health and safety and the avoidance of risk to human life as well as to the property of the Hospital are integrated within the organisation and among all levels of staff.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
19.1	The responsibility for health and safety of hospital management and other relevant staff is included in their job descriptions and performance reviews.		
19.5	All new employees are trained in Health and Safety procedures relevant to their duties within one month of taking up their post.		
19.9	All emergency telephone numbers concerned with Health and Safety are displayed prominently.		
19.10	Health and Safety policies and procedures are followed by staff and include: <ul style="list-style-type: none"> <li>- Contamination incidents</li> <li>- Sharps and needle-stick injuries</li> <li>- Drug dependence</li> <li>- HIV/AIDS</li> <li>- Hepatitis B and C</li> <li>- Lifting and manual handling of client/patients and equipment</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	- Basic life support.		
19.12	Current health and safety notices, including hazard notices, and key extracts from the Health and Safety manual are prominently displayed in relevant areas and brought to the attention of staff.		
19.16	A procedure ensures that all hospital keys are available at all times to the staff on duty.		
19.17	An internal communication system connecting all units of the hospital enables a continuous flow of communication and immediate reporting of any incident.		

## 20. FIRE SAFETY AND EMERGENCY PREPAREDNESS

The organisation minimises the risks of fire and protects clients/patients, visitors and staff in case of fire and is prepared for disasters and emergencies

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
20.3	Access and exit ways are kept free of obstruction at all times to allow for safe evacuation in a fire or other emergency.		
20.5	A person responsible for Hospital Safety carries out and records regular tests of alarm systems, fire extinguishers and other facilities and equipment for fire prevention and control.		
20.7	All areas of the hospital have an alarm system.		
20.8	Pictograms indicating fire exits and escape routes are properly illuminated, clearly visible, unobstructed and are displayed at appropriate locations.		

## 21. SAFE AND APPROPRIATE EQUIPMENT

There are clear and documented responsibilities, policies and procedures for procurement, use, maintenance, repair and disposal of equipment to minimise the potential for harm.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
21.6	Equipment is certified as conforming to health and safety requirements and regulations.		
21.8	The suppliers contact details and emergency telephone number is available.		
21.9	Staff allowed to operate equipment or machinery are appropriately trained		
21.10	Records of equipment are kept including procurement, equipment defects and failures, maintenance, repair and disposal.		
21.16	A logbook for all critical equipment is kept and a record of incidence of defects and failures in equipment is maintained		

## 22. SAFE AND APPROPRIATE FACILITIES

The Hospital's physical environment contributes to the safety and well-being of clients/patients, staff and visitors.

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
22.1	The hospital complies with relevant laws and regulations related to design and layout of the facility and inspection requirements are fulfilled.		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
22.2	Corridors, storage areas, passageways and stairways are well lit.		
22.3	Access ways and exits are unobstructed at all times.		
22.4	Signage allows safe passage through the hospital and exit from the facility in case of an emergency, disaster or fire.		
22.5	The environment in all client/patient areas is clean, well lit, ventilated with adjustable controls for lighting and heating, and decor is in good repair.		
22.6	Floor surfaces are non-slip and even.		
22.7	Facilities and equipment for the safety and comfort of clients/patients and visitors are available and functioning and include: <ul style="list-style-type: none"> <li>- Refreshment facilities and canteen</li> <li>- Quiet rooms for consultations</li> <li>- Wheel chair / stretcher</li> <li>- Defined and understandable signage system</li> <li>- Adequate Chairs</li> <li>- Cooling device, fans</li> <li>- Safe drinking water facilities</li> </ul>		
22.8	A functional call bell system is available for use in private and isolated wards (single occupancy rooms), within easy reach of the client/patient.		
22.9	Each nursing area has a clean storage and preparation space and is separate from soiled materials, domestic equipment and sluice areas.		
22.10	Toilets and bathrooms are available and adequate for the number of clients/patients in the ward or department (at least one toilet for every twelve clients/patients). The toilets and bathrooms: <ul style="list-style-type: none"> <li>- Are kept clean</li> <li>- Are lockable by the client/patient from the inside but unlockable from the outside</li> </ul>		

No.	Measurable Criteria	Measurement Scale	
		Tick the relevant remarks	Remarks
	<ul style="list-style-type: none"> <li>- Have doors that open outwards</li> <li>- Ensure privacy at all times</li> <li>- Have a non-slip base</li> <li>- Have grab rails positioned on either side of the toilet</li> <li>- Have an alarm-call within easy reach of the bath and toilet.</li> </ul>		
22.11	Shower facilities are available, with warm water for winter months.		
22.13	Bed tables are available.		
22.14	Potable water and electrical power are available 24 hours a day, seven days a week.		
22.15	Alternate sources of water and power for heat and lighting in case of breakdown of the systems are identified, functioning and regularly tested. Priority areas such as ICU and Operating Theatres are identified.		
22.16	Electrical, water, ventilation, medical gas, and other key systems are regularly inspected, maintained and improved, if necessary.		