PROVINSIE WES-KAAP PROVINCE OF WESTERN CAPE IPHONDO LENTSHONA KOLONI

Provincial Gazette Extraordinary

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CONTENTS

Re: Publication of the Draft Regulations relating to Private Health Establishments for public comment

The Minister of Health of the Province of Western Cape, by virtue of the powers vested in him by section 44 of the Health Act, 1977 (Act 63 of 1977), which were assigned to the Province of Western Cape by Proclamation R152 of 1994, has made the following Regulations in the Schedule.

Comments must be received within 21 days and must be addressed to:

Dr. K. Vallabhjee: Director Policy and Planning, Provincial Department of Health
Address: Room 1716, Tower Block, 4 Dorp Street, Cape Town
Telephone No: 483-3445 **Fax No:** 483-3205
E-mail: Kvallabhjee@pawc.wcape.gov.za

NB: These Draft Regulations are published in English only. The Department of Health will make an Afrikaans version of the regulations available on request.

P.N. 34/2001 16 February 2001

IMPORTANT EXPLANATORY NOTE

All **references** in these draft regulations **to licence** should be **read as references to registration** as contemplated by section 44(a) of the Health Act, 1977 (Act 63 of 1977).

DRAFT REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS

The Minister of Health of the Province of Western Cape, by virtue of the powers vested in him by section 44 of the Health Act, 1977 (Act 63 of 1977), which were assigned to the Province of Western Cape by Proclamation R152 of 1994, has made the following Regulations in the Schedule.

Schedule

DEFINITIONS

1. For the purposes of these Regulations, unless the context otherwise indicates—

"accreditation body" means any body, company or organisation appointed by the Department to perform inspection and monitoring functions in terms of these Regulations;

"beds" means the number of beds, including day beds, cribs and cots actually available for the accommodation of patients; but excluding

(a) all trolleys, including recovery trolleys;

(b) all waiting, preparation, first stage and labour room beds and cots in maternity wards;

"committee" means the adjudication advisory committee appointed in terms of regulation 17;

"convalescent care" means in-patient services to patients with medical conditions requiring nursing care of low intensity for a finite period of time during which the period improvement in patient's clinical condition is anticipated and the duration of admission is determined by improvement in the patient's condition;

"Department" means the Provincial Department of the Western Cape responsible for health services;

"Head of Department" means the head of the Department responsible for health services in the Western Cape;

"hospice care" means multidisciplinary in-patient services or residential care specialised in the medical and psychosocial treatment of people who are terminally ill;

"inspecting officer" means an official appointed in terms of the Public Service Act, 1994 or any duly authorised employee of a designated accreditation body, authorised in writing by the Head of Department to carry out an inspection;

"licence" means the authorisation required in terms of regulation 3;

"licence application" means an application for a new private health establishment or an application to change the following aspects of an already licensed private health establishment:

(a) types of services rendered;

(b) functional classification of beds; or

(c) number of beds, theatres, procedure rooms and delivery rooms;

"long-term care" means predominantly low intensity nursing care of in-patients in whom significant improvement in clinical condition and a return to independent living is unlikely or for whom such improvement will occur over a period of long duration;

"Minister" means the Provincial Minister of the Western Cape responsible for health;

"non-acute care establishment" means any health care establishment, whether of a multidisciplinary or a specifically nursing nature, provided after or instead of acute hospitalisation to an in-patient either following an acute illness, injury or exacerbation of an existing illness or as a result of a long-standing chronic condition, and may include sub-acute care, rehabilitation care, step-down care, hospice care, convalescent care and long-term care;

"private health establishment" means any hospital or non-acute care establishment or any other facility, building, place or agency, including day wards which provides in-patient or out-patient services, including medical, surgical or nursing care, sub-acute care, step- down care, convalescent care, long-term care, hospice care or rehabilitation care to any individual, but excluding

(a) a hospital or any such facility a building or place or an agency conducted by an organ of state or a quasi-organ of state; including province-aided facilities;

(b) any consulting room, surgery or dispensary of a medical practitioner or dentist without any bed accommodation;

(c) a hospital or any other institution licensed exclusively for the reception and detention of mentally ill persons in terms of section 46 of the Mental Health Act, 1973 (Act 18 of 1973);

(d) an institution or a 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 81 of 1967); or

(e) an institution or a building or place licensed exclusively for the treatment and care of people with drug and alcohol dependencies as defined in the Treatment and Prevention of Drug Dependency Act , Act 20 of 1992;

"rehabilitation care" means supervised, goal-orientated, multidisciplinary health care aimed at improving the level of functioning of a patient to the point where the patient may be discharged or moved to a different level of care and where the duration of admission is finite and is defined by the rehabilitation programme;

"step-down care" means care provided by short-stay, transitional units being a substitute for continued hospital stay and serving patients whose illness demands significant medical involvement and skilled nursing care of more than five hours on average per day, as well as pharmacy and laboratory support;

"sub-acute care" means goal-orientated, comprehensive, co-ordinated and multidisciplinary health care for an in-patient immediately after or instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process requiring frequent patient assessment of the clinical course and treatment plan and for which duration is for a limited period of time determined by the time taken for a condition to stabilise or for completion of a predetermined course.

APPLICATION OF REGULATIONS

2. These regulations apply to all private health establishments in the Province of the Western Cape.

APPLICATION FOR LICENSING

3. No person may erect, establish, extend, conduct, maintain, manage, control or render any service in a private health establishment or permit or arrange for treatment to be provided therein unless the proprietor thereof is in possession of a valid licence in respect of such private health establishment or proposed private health establishment.

CONTENT OF LICENCE

4. A licence must stipulate the following:

   (a) Ownership of the licence;

   (b) Name of the private health establishment;

   (c) Geographical location of the private health establishment;

   (d) Type or types of services to be rendered;

   (e) Where applicable, the number of beds, theatres, procedure rooms and delivery rooms the private health establishment may operate;

   (f) The functional classification of beds; and

   (g) Any other condition pursuant to regulation 30 which the Head of Department in her or his discretion wishes to be reflected in the licence.

5. A licence granted bestows the rights and privileges on the holder, and subjects the holder to the obligations and liabilities regulated in these Regulations.

SUBMISSION AND WITHDRAWAL OF LICENCE APPLICATION

6. A licence application must be submitted to the Head of Department by the applicant on an application form prescribed in Annexure A, together with the supporting documentation deemed necessary by the applicant.

7. A licence application submitted in terms of regulation 6 must be an original application which is delivered by hand or mailed to the office of the Head of Department, and may not be sent by any other means such as by facsimile or e-mail.

8. An applicant may withdraw the licence application at any time before its approval.

OBTAINING OF ADDITIONAL INFORMATION

9. After receiving a licence application, the Head of Department must review the application within 30 days of receiving it to determine whether it is complete and whether any additional information is required.

10. If the licence application is incomplete or the Head of Department requires any additional information, the Head of Department must send a written request to the applicant specifying additional information required and the date by which such information must be submitted.

11. If the applicant fails to provide the information requested in regulation 10 by the date specified by the Head of Department, the application will be deemed to be withdrawn by the applicant.

PUBLICATION AND COMMENTS

12. The Head of Department must, within 30 days of receipt of a completed licence application—

   (a) publish a notice of the receipt of the licence application and request written comments on such application in—

      (i) the Provincial Gazette; and

      (ii) at least two newspapers in general circulation in each of the provinces potentially affected by such application;

   (b) submit the licence application to all—

      (i) heads of departments of provinces potentially affected by the application;

      (ii) municipal councils potentially affected by the application; and

(iii) authorities or institutions deemed necessary.

13. A notice contemplated in regulation 12(a) must—

(a) be published in all three (3) official languages of the Western Cape;

(b) specify that any interested party must have 30 days from the date of publication of the notice to submit written comments to the Head of Department; and

(c) provide that a copy of the licence application may be obtained at a nominal fee from an office or offices specified in the notice.

14. On receipt of a licence application in terms of regulation 12(b), a provincial head of department, municipal council, authority or institution must submit written comments to the Head of Department within 30 days.

15. If any comments are received in terms of regulations 13(b) or 14, the Head of Department must, within 10 days of the lapse of the period permitted for such comments—

(a) notify the applicant in writing that the comments have been received; and

(b) provide a copy of the comments to the applicant.

16. The applicant has 15 days from receipt of a notice in terms of regulation 15 in which to respond in writing to the Head of Department.

ADJUDICATION ADVISORY COMMITTEE

17. The Head of Department must appoint an adjudication advisory committee to formulate recommendations on the adjudication of licence applications.

18. The adjudication advisory committee must also advise the Head of Department on all matters concerning licences.

19. The committee must be comprised of any number of officials from the Department nominated by the Head of Department whom the Head of Department deems fit.

In addition, the Head of Department may—

(a) invite nominations from the heads of other departments at provincial or national or local government level;

(b) enlist the services of any other person or persons to serve on the committee as a consultant or consultants on an ad hoc or permanent basis if deemed capable by Head of Department of assisting the committee in its deliberations.

20. A person who is nominated by the Head of Department to serve on the adjudication committee on a permanent basis is deemed to be a member of the adjudication committee.

21. The Head of Department must designate one of the nominated officials as the chairperson of the committee.

22. The chairperson must, at the first meeting of the committee determine meeting procedures.

23. The chairperson may at any stage in the deliberations call upon any person to participate in the committee if the chairperson is satisfied that that person will be able to assist the committee to make a recommendation.

CONDITIONS OF MEMBERSHIP

24. Any member of the committee may not sit on the committee when—

(a) a licence application is considered where either the member the spouse of the member, a child of the member or any other direct relative of the member is or has been a partner, director, manager, agent, officer or senior employee of the applicant in the last 12 months;

(b) either the member the spouse of the member , a child of the member or any other direct relative has a direct financial interest in the application or has had such interest in the last 12 months; and

(c) the member has any other conflict or potential conflict of interest.

25. A member must declare any conflict of interest as contemplated in regulation 24(c) to the Chairperson of the Adjudication Committee before the relevant application is considered, who must, on assessment of the conflict of interest, make a determination whether or not to exclude that member from the committee or from any partial deliberations of the committee, and that determination must be attached to the minutes of the meeting wherein the conflict lies.

26. Failure of a member serving on the committee to declare any conflict of interest or potential conflict of interest in terms of regulation 25, will—

(a) result in that member's immediate disqualification from serving on the committee; and

(b) constitute misconduct and may give rise to disciplinary action.

27. A person may not, while he or she is a member of the adjudication committee, accept any form of employment, gift or reward from a body, organisation, company, close corporation or person who has a direct financial interest in a private health establishment.

28. Any body, organisation, company, close corporation or person who employs any member of the adjudication committee contrary to regulation 27 will be automatically excluded from being awarded a licence or a renewal of a licence for a period of five years.

ADJUDICATION OF APPLICATION

29. Following receipt of comments and responses in respect of a licence application in terms of regulations 13(b), 14 and 16, the Head of Department must submit that application to the committee within 10 days together with all comments and responses received in respect of that application.

30. When considering a licence application, the committee must consider all comments and responses received in respect of that application to determine the need for that facility and may take into account the following:

(a) the need to ensure consistency of health service development in terms of national, provincial and municipal planning;

(b) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;

(c) the need to promote an appropriate mix of public and private health care services with a view to the demographic and epidemiological characteristics of the populations to be served, the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles and how these are expected to change over the next 10 years;

(d) the need to promote the optimal use of spare capacity in provincial health establishments;

(e) the need to promote the optimal mix of level 1, 2 and 3 beds;

(f) the bed: population ratios and public: private bed ratios in the surrounding health district, region and province;

(g) availability of alternative sources of health care;

(h) the need to promote high-quality health services which are accessible, affordable, cost-effective and safe;

(i) the potential advantages and disadvantages of the application for existing public and private health services and for any affected communities;

(j) the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act 55 of 1998) and the emerging small, medium and micro enterprise sector;

(k) the potential benefits of training, research and development with a view to the improvement of health service delivery;

(l) the need to ensure that ownership of facilities does not create perverse incentives for health service providers to overservice patients or refer them inappropriately;

(m) where applicable, the quality of health services rendered by the applicant in the past;

(n) whether the private health establishment has or proposes to have a proven complaints mechanism in place which is made available to all users of the establishment; and

(o) the financial sustainability of the application.

ISSUE OF LICENSES

31. The committee must render its final recommendation to the Head of Department within 90 days of receipt of the licence application by the committee.

32. The committee may, in respect of a licence application, advise the Head of Department to—

(a) grant the licence, subject to any conditions which it deems appropriate, including but not limited to conditions relating to—

(i) the nature, type or quantum of services to be provided by the private health establishment;

(ii) requirements for insurance cover to be carried by any health care practitioner in that private health establishment;

(iii) personnel;

(iv) public-private partnerships;

(v) types of training to be provided to staff at that private health establishment;

(vi) inspections or monitoring by the Department or an accreditation body;

(vii) appropriate complaints mechanisms which must be made available to all users of the private health establishment; or

(viii) appropriate data reporting mechanisms on key indicators.

(b) refuse the licence and submit written reasons for the refusal.

33. After receiving a recommendation from the committee in respect of a licence application, the Head of Department must within 10 days decide the application by—

(a) confirming the recommendation of the committee; or

(b) amending or reversing the recommendation of the committee if, in the opinion of the Head of Department, there is sufficient reason to do so.

34. The Head of Department may, prior to taking a decision in terms of regulation 33, refer a licence application back to the committee for reconsideration.

35. Pursuant to regulation 34, the committee must make its final recommendation on an application referred back to it within 30 days of receipt.

36. After the Head of Department has confirmed, amended or reversed the recommendation of the committee in terms of regulation 35, the Head of Department must within 10 days—

    (a) communicate her or his decision in writing to the applicant; and

    (b) in the event that the licence application is refused, supply written reasons for the refusal.

37. A licence certificate will only be granted to the applicant after the premises have been inspected and it is determined that the premises and equipment are suitable and adequate for the purposes of that private hospital or unattached operating theatre.

38. A licence issued under regulation 37 may be subject to the conditions contemplated in regulation 32, which the Head of Department in her or his discretion deems fit.

DISPLAY OF LICENCE

39. The holder of a valid licence must display that licence in a place easily visible to members of the public.

REVIEW

40. An applicant may, within seven days of being notified of a refusal in terms of regulation 36(b), request the Minister in writing to review the refusal. The applicant must include the reasons for requesting such a review.

41. The Minister must within seven days of receiving the request for review, submit it to the Head of Department and must request the Head of Department to respond to the request.

42. The Head of Department must submit a response within 60 days to the Minister in terms of regulation 41. The Minister may confirm, amend or reverse the decision of the Head of Department.

43. The Minister must communicate her or his decision in writing to the applicant together with reasons.

44. If the Minister decides to set aside the decision of the Head of Department, a licence certificate must be granted within 10 days of communicating that decision to the applicant.

45. The licence issued in terms of regulation 44 may be subject to such conditions as contemplated in regulation 32.

46. The decision of the Minister is final, and if a decision by the Head of Department to refuse a licence is upheld, the applicant may not reapply for that licence within two years of the decision being communicated to her or him.

47. If the applicant fails to make use of the right of review within the time period stipulated in regulation 40, the decision of the Head of Department is final, and the applicant may not reapply for that licence within two years of the decision being communicated to her or him.

VALIDITY OF THE LICENCE

48. A licence is valid for ten years subject to regulations 80-84.

49. Upon expiry of the licence period, the holder of the licence may apply to the Head of Department for an extension of the validity of the licence for a period not exceeding five years, provided that the application for an extension is made at least six calendar months before the expiry of the licence.

50. The Head of Department must grant an extension contemplated in regulation 49 unless there is good reason not to do so.

51. The Head of Department must within 10 days—

    (a) communicate her or his decision in writing to the applicant; and

    (b) in the event that the extension is refused, supply written reasons for the refusal.

52. The applicant may apply to the Minister for a review of the decision of the Head of Department not to grant the extension of the validity of the licence, and the provisions in regulations 40-48 will apply.

SUBMISSION OF BUILDING PLANS

53. Within six months of the date of issue of a licence to establish a new private health establishment or to extend an existing private health establishment, building plans must be submitted to the Head of Department for approval.

54. Building plans contemplated in regulation 53 must show clearly the nature and construction of the buildings or proposed buildings or the nature of the conversions, as the case may be. Room names, dimensions and square measurements must be attached to the plans in the form of a schedule. All plans must be drawn to the scale of 1:100 and submitted in duplicate.

55. If the holder of the licence fails to submit plans in terms of regulation 53, the licence will lapse and be of no force and effect, unless the Head of Department in her or his discretion, determines that an extension of time must be given.

CONSTRUCTION OF PRIVATE HEALTH ESTABLISHMENT

56. Upon approval of plans by the Head of Department, visible construction activities must commence within 12 months of the date of approval, of building plans.

57. If construction activities do not begin in terms of regulation 56 the licence will lapse and be of no force and effect.

58. If the holder of the licence does not operate the facility within three years of the date of approval of the building plans, the Head of Department may withdraw that licence.

59. The completed private health establishment may comply with the guidelines as set out in Annexure B to the regulations.

MODIFICATION OF LICENCE

60. A holder of a valid licence may apply to have the terms of such certificate modified, if the private health establishment moves from one geographical location to another, ownership of the licence is transferred, or the establishment's name or function changes.

61. If a private health establishment wants to move from one geographical area to another, the request must be referred to the advisory committee for adjudication.

62. The holder of a licence may also apply to have the conditions of a licence modified.

63. Applications in terms of regulations 60 and/or 62 must be in the form of a written request to the Head of Department.

64. The Head of Department must—

    (a) approve a request for modification in terms of regulation 62 if she or he is satisfied that the conditions of the licence have been fulfilled; or

    (b) refuse a request for modification submitted in terms of regulation 62, if, in her or his opinion, the modification contravenes any aspect of these Regulations or any other law.

65. The Head of Department must within 60 days of receiving a written request for a modification—

    (a) advise the applicant in writing of her or his decision in terms of regulation 62; and

    (b) provide reasons if a request in terms of regulation 63(2) has been denied.

66. A modified licence must be submitted simultaneously with a notice to the applicant that the modification has been approved.

CLOSURE OF PRIVATE HEALTH ESTABLISHMENT

67. The proprietor of a licensed private health establishment must give not less than three months' notice in writing of the intended closure of that facility to the Head of Department, patients and staff; provided that, in exceptional circumstances, the Head of Department may authorise a shorter period of notice.

INSPECTIONS

68. There must be compulsory inspections of all private health establishments every two years.

69. The Head of Department may further at any time, and as often as she or he may deem necessary, inspect, or have inspected by a duly authorised inspecting officer, any private health establishment.

70. Annexure B to these regulations must serve as a guide in respect of inspections.

71. The proprietor of a private health establishment or any other person responsible for the management or control thereof or who is in charge of the nursing services thereof must render to the inspecting officer in terms of regulation 69 all information that officer may require with regard to the organisation and management of that private health establishment and the accommodation, nursing and treatment of the patients. All registers, clinical records and any other records in connection with patients and staff must also be available for inspection. The inspecting officer may, if she or he is authorised by the Head of Department to do so, call for any other information, including but not limited to facility performance data.

72. A newly constructed private health establishment or an extension to an existing private health establishment may only become operative once it has been inspected by a duly authorised inspecting officer.

73. No person may in any way obstruct any inspecting officer carrying out her or his inspection or refuse to furnish to the best of her or his knowledge any information requested by that officer or to show any apparatus or place or thing or to unlock any cupboard.

74. A duly authorised inspecting officer in terms of regulation 69 must submit a written report on the findings to the Head of Department and to the holder of the licence.

75. If during an inspection, an inspecting officer finds a defect, circumstance or condition that in her or his opinion compromises the safety of patients and/or staff or the quality of care rendered at that establishment, she or he may issue a written instruction to the head of the establishment to take specified measures within a time frame, as stipulated by the inspecting officer, to address the problem.

SANCTIONS, REMEDIES AND ENFORCEMENT

76. The Head of Department may order the total closure of a private health establishment in the event that a person establishes, extends, conducts, maintains, manages, controls or renders a service in a private health establishment that is not licensed in terms of the provisions of these Regulations.

77. If an already licensed facility does not comply with—

    (a) any provision of these Regulations; or

    (b) any condition imposed pursuant to regulation 32; or

(c) an written instruction issued by an inspecting officer in terms of regulation 75,

the Head of Department must issue a written notice of non-compliance to the holder of the licence.

78. A written notice of non-compliance issued in terms of regulation 77 must state—

(a) the nature and extent of the defect or non-compliance; and

(b) a reasonable time period within which such defect or non-compliance must be rectified.

79. In the event that, at the expiry of the time period specified in terms of regulation 77(b), the relevant defect or non-compliance has not been rectified to the satisfaction of the Head of the Department, the Head of the Department may order the total or partial closure of the private health establishment.

80. An order issued in terms of regulation 79 the total or partial closure of a private health establishment must be issued in writing to the head of a private health establishment, and must specify:

(a) the extent of the closure that is required;

(b) the date by which the private health establishment or specified part thereof must be closed;

(c) whether or not the required closure is temporary or permanent; and

(d) in the event that the required closure is temporary, the conditions on which such private health establishment may be reopened.

81. Any costs incurred by the private health establishment pursuant to regulation 78 shall be for the private health establishment concerned.

STRUCTURAL AND INSTALLATION REQUIREMENTS

82. Annexure B sets out the minimum structural and installation requirement in terms of these regulations.

DELEGATIONS

83. The Head of Department may delegate any power or function conferred or imposed upon her or him in terms of these Regulations to any official employed by the Department, except the power to decide licence applications in terms of regulation 33.

TRANSITIONAL PROVISIONS

84. A private health establishment which, at the time of promulgation of these Regulations, was validly registered in terms of the provisions of the Regulations Governing Private Hospitals And Unattached Operating Theatre Units, No R 158, promulgated on 1 February 1980 in Government Gazette No 6832, is deemed to be licensed in terms of the provisions of these Regulations until 31 December 2002, at which time the licence will lapse. A new application for a licence must hereafter be made in terms of the provisions of these Regulations.

85. The proprietor of a private health establishment will have six months from the date of promulgation of these Regulations in which to ensure that the private health establishment complies with the provisions of these Regulations.

REPEAL OF REGULATION R158 OF 1 FEBRUARY 1980

86. The provisions of the Regulations governing Private Hospitals and Unattached Operating Theatre Units (Regulation R. 158 of 1 February 1980) are hereby repealed in so far as they apply or relate to private hospitals and unattached operating-theatre units.

SAVINGS

87. Any notice, order, decision, approval, permission, authority, information or document issued, made, granted or furnished and any other action taken under any provision of Regulation R158 must, if not inconsistent with the provisions of these Regulations, be deemed to have been issued, made, granted, furnished or taken under the corresponding provisions of these Regulations.

DATE OF COMMENCEMENT

88. The date of commencement of these Regulations is XXXXXXX.

ANNEXURE A

DEPARTMENT OF HEALTH: PROVINCE OF THE WESTERN CAPE

APPLICATION FOR A LICENCE AS A PRIVATE HEALTH ESTABLISHMENT IN TERMS OF REGULATION XXX OF XXX

THE HEAD OF DEPARTMENT
DEPARTMENT OF HEALTH
PO BOX 2060
CAPE TOWN 8000

Application is hereby made for a licence for the following private health establishment, details of which are supplied below for the year ending 31 December 200?.

SECTION A

NEW APPLICATIONS/EXTENSIONS TO EXISTING LICENSED ESTABLISHMENTS/REPEAT APPLICATIONS/REVISED APPLICATIONS
(This section is compulsory and must be complete by all applicants)

1. Name of private health establishment

2. Street address

3. Erf no: _____

4. Has the site already been acquired for the said establishment? If not, why? Provide details and supporting documentation in relation to the site acquisition.

5. Will there be any other buildings and/or activities on the site other than the proposed private health establishment? If so, provide details.

6. Name, address and contact details of applicant.

7. Name, address and contact details of proprietor/licence holder.

8. How many other private health establishment licences do you hold nationally? Provide details of other licensed establishment, such as when the licence was granted and for how long, the number of beds and theatres and location.

(Use separate sheet if necessary)

9. Name, address and contact details of developer.

10. Registration number of company or close corporation.

11. Name and address of medical practitioner or registered nurse and midwife who will be in charge.

12. If a medical practitioner will be in charge, name and qualification of the registered nurse and midwife who will be in charge of nursing services.

SECTION B (to be completed by applicants applying for an extension to their licensed private health establishment)

(A). HOSPITAL AND UNATTACHED OPERATING THEATRE UNITS

Number of existing licensed beds:

GENERAL	MATERNITY	INTENSIVE CARE	HIGH CARE	DAY BEDS	INFECTIOUS DISEASES	PSYCHIATRIC	SUBSTANCE ABUSE	TOTAL
(a) Adult	(a) Obstetrics	(a) Adult	(a) Adult					
(b) Paeds	(b) Babies	(b) Paeds	(b) Peads					
		(c) Neonatal						

Number of existing operating theatres:

i) Minor _____

ii) Major _____

iii) Delivery rooms _____

iv) First stage rooms _____

v) Casualty units _____

vi) Resuscitation rooms _____

vii) Lazer unit _____

viii) Cath lab _____

ix) Haemodialysis _____

x) Other _____

xi) Total _____

13. Number of beds/theatres applied for:

Adult: i). Medical _____
ii). Surgical _____

Maternity: i). Obstetrics _____
ii). Babies _____

Intensive care: i). Adult _____
ii). Paediatric _____

High care: i). Adult _____
ii). Paediatric _____

Day beds: _____

Infectious diseases: _____

Psychiatric: _____

Substance abuse: _____

Other: _____

TOTAL _____

Minor theatre _____

Major theatre _____

TOTAL _____

14. Provide reasons for the need for additional beds and/or theatres applied for as well as documentation to guide the adjudication of your application in respect of regulation 30.

15. Has there been any structural and/or functional changes in patient accommodation during the current year?

_____

_____

16. Numbers of existing registered staff *employed at date of application.

	Practitioners		Nurses	
	Medical	Dental	Registered	Student
Full-time				
Part-time				

17. Number of existing full-time enrolled nurses *employed at date of application.

	Enrolled nurses	Enrolled student nurses	Enrolled nursing assistants	Enrolled pupil nursing assistants
Full-time				

18. Other existing full-time registered staff employed, if any specify.

_____

_____

_____

19. Other part-time registered staff employed, if any specify.

_____

_____

_____

20. If the hospital/unattached operating theatre unit is recognised by the South African Nursing Council as an approved training school for nurses, midwives or enrolled nurses or enrolled nursing assistants, the following information must be provided in the tables below:

General nurses	Midwives	Enrolled nurses	Enrolled nursing assistants

Category	Number of registration or enrolment certificate issued by the S.A.N.C.	Date of issue
(i) Student general nurses		
(ii) Student midwives		
(iii) Pupil nurses		
(iv) Pupil nursing assistants		

Registration with the S.A. Nursing Council (specify):

	Number of original certificate	Date of issue	Annual registration	
			Receipt number	Date
General				
Midwifery				
Other				

(c) Other training staff, excluding person in control:

(i) Registered nurses/midwives:

Name	Qualifications	Number of original certificate	Date of issue	Annual registration	
				Receipt number	Date

(ii) Enrolled nurses _____

Total _____

(iii) Enrolled nursing assistants _____

Total _____

21. Arrangements for the training and teaching of each of the following categories, as applicable:

(i) Student nurses .....

(ii) Student midwives .....

(iii) Pupil nurses .....

(iv) Pupil nursing assistants .....

(B). NON-ACUTE PRIVATE HEALTH ESTABLISHMENTS
(this section will not be applicable for now to most non-acute private health establishments, but provision must be made for its inclusion as it will become applicable as non-acute establishments become licensed)

22. Type of establishment: step down, sub-acute, rehabilitation, long-term, hospice, convalescent etc.

_____

23. How long has this establishment been operating?

_____

24. Do you belong to a quality assurance group? If so, provide details.

_____

_____

25. Date of original licence in terms of these Regulations

_____

26. Has the establishment been granted any exemptions from compliance with these Regulations? If so, provide details.

_____

_____

27. Do you have any managed care or similar arrangement with any health funder/employer?

_____

_____

28. Number of existing licensed beds and the categories of services rendered.

_____

_____

_____

_____

(Use separate sheet if necessary)

29. What was the average bed occupancy rate and average length of stay for the previous calendar year?

_____

_____

_____

_____

30. What proportion of patients is discharged from the establishment in: (give %)

i). Less than one day _____

ii). Between one and three days _____

iii). More than three days but less than one week _____

iv). More than one week but less than one month _____

v). One to three months _____

vi). More than three months _____

vii). No potential for discharge _____

31. What proportion of admissions is re admissions within:

(a) 3 months _____

(b) 6 months _____

(c) 1 year _____ (give %)

32. What proportion of patients admitted is:

i). Post-surgical (requiring traction, drainage, or wound care?) _____

ii). Post-medical illness (e.g. stroke) or requiring low-grade medical interventions (rehydration, IV, antibiotics, oxygen) _____

iii). Chronically disabled (mental, physical—eg. Dementia, hemiplegic) _____

iv). Terminally ill (end stage) _____

v). For respite care _____

vi). Other general rehabilitation _____

vii). Patients admitted instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process _____

viii). Patients requiring nursing care of low intensity who are likely to remain for a long period of time _____

ix). Other _____

33. Of patients discharged, what proportions is discharged: (not to be filled in hospices)

i). Directly home

ii). Other community-based facility

iii). To a hospice

iv). Other

34. Number of additional beds applied for: State the categories of services to be provided in respect of the additional beds

_____

_____

_____

35. With the exception of rehabilitation, step-down and hospice establishments, please attach reasons for the additional beds and supporting documentation to guide the adjudication of the application in respect of regulation 30.

_____

_____

_____

_____

(Use separate sheet if necessary)

36. Number of full-time and part-time nurses at the establishment at the time of application.

CATEGORY OF STAFF	NO. OF PERSONNEL	FULL-TIME	PART-TIME
(a). Professional Nurse			
(b). Staff Nurse			
(c) ENA			
(d). Registered Nurse			
(e). Enrolled Nurses			
(f). Care Workers (f). Care workers (not domestics)			

37. Does the establishment provide services rendered by other professionals?

Mark F/T, P/T, SESSIONAL

Doctors (specify)	
Physiotherapists	
Occupational therapists	
Speech and hearing therapists	
X-Ray Services (specify)	
Arrangements for a laboratory services for pathology services (specify)	
Medical specialists (eg. orthopaedic surgeon, psychiatrists)	
Social Worker	
Pharmacist	
Dietician	
Others (specify)	

38. On average how often are your patients assessed?
(Tick the most appropriate category)

Half hourly	
Hourly	
Between 1 and 4 hourly	
Between 4 and 8 hourly	
Between 8 and 24 hourly	
Once daily	
Between once daily and once weekly	
Less than once weekly	

39. Are the following treatments provided at the establishments?

	Y/N
Oral antibiotics on prescription	
Intravenous medication	
Urinary catherisation	
Blood pressure monitoring	
Oxygen supply and suction	
Ambubag	
Electrocardiograph	
Intubation	
Defibrillation	
Naso-gastric feeding	

40. Of your last 100 admissions, what % were referred by:

A private hospital	
A private medical practitioner	
A private practitioner other than a private medical practitioner	
A public hospital	
A residential facility such as an old age home	
A welfare institution other than a residential facility	
A traditional healer	
Directly by the family	
Referred by self	
Case manager (eg. QA Care)	
Others (specify)	

41. Do you provide any out-patient services?

SECTION C—NEW APPLICATIONS

(A). NEW HOSPITAL OR UNATTACHED OPERATING THEATRE UNIT

42. Number of beds/theatres applied for:

Adult: i). Medical _____
ii). Surgical _____

Maternity: i). Obstetrics _____
ii). Babies _____

Intensive care: i). Adult _____
ii). Paediatric _____

High care: i). Adult _____
ii). Paediatric _____

Day beds: _____

Infectious diseases: _____

Psychiatric: _____

Substance abuse: _____

Others: _____

TOTAL _____

Minor theatre _____

Major theatre _____

Procedure droom _____

TOTAL _____

43. Numbers of registered staff *to be employed.

	Practitioners		Nurses	
	Medical	Dental	Registered	Student
Full-time				
Part-time				

44. Number of full-time enrolled nurses *to be employed.

	Enrolled nurses	Enrolled student nurses	Enrolled nursing assistants	Enrolled pupil nursing assistants
Full-time				

45. Number of part-time nursing staff to be employed.

	Enrolled nurses	Enrolled student nurses	Enrolled nursing assistants	Enrolled pupil nursing assistants
Part-time				

46. Other full-time registered staff employed if any specify

47. Other part-time registered staff employed if any specify

48. Do you intend to train student and pupil nurses in basic courses? If yes, specify

49. Supplementary health services personnel

i). Administrative personnel _____

ii). Management _____

iii). General assistant/s _____

iv). Maintenance staff _____

50. State how the number of beds was determined

51. What are the clinical disciplines to be practised in the proposed establishment?

(Use separate sheet if necessary)

52. What is the extent of the present demand for the services that will be provided?

(Use separate sheet if necessary)

53. Provide detailed information on each service to be provided and how the demand is calculated.

(Use separate sheet if necessary)

54. In what measure will the demand for such services be met by the proposed establishment?

(Use separate sheet if necessary)

55. Have you taken into account both private and public sector facilities in your calculations and projections?

56. What is the future growth potential of the proposed establishment to meet the need?

57. What are the prospects of the proposed establishment for capturing and maintaining a percentage of the market?

(Use separate sheet if necessary)

58. Provide a map indicating the drainage area as well as an indication of all other health care establishments (with the exception of non-acute health establishments) in the drainage area

59. Provide a feasibility study as well as a 10-year projection on the economic impact of the proposed establishment on health costs in the region.

(Use separate sheet if necessary)

60. Provide detailed reasons in accordance with the criteria as set out in regulation 30 as to why this proposed establishment should be approved.

(Use separate sheet if necessary)

61. Any other information deemed necessary for this application.

(Use separate sheet if necessary)

(B). NEW NON-ACUTE PRIVATE HEALTH ESTABLISHMENTS
(to be completed by all non-acute health establishment which are in existence but yet to be licensed and non-acute health establishments which are not yet in existence)

DO NOT ANSWER WHERE NOT APPLICABLE

62. Type of establishment: step down, sub-acute, rehabilitation, long-term, hospice, convalescent etc. in existence or not yet established.

63. How long has this establishment been operating?

64. Do you belong to a quality assurance group? If so, provide details.

65. Do you have any managed care or similar arrangement with any health funder/employer?

66. If the establishment is already in operation, the number of existing beds and the categories of services rendered.

(Use separate sheet if necessary)

67. What is the bed occupancy rate as at 31 December 20..?

68. What was the average length of stay as at 31 December 20.?

69. What proportion of patients is/will be discharged from the establishment in: (give %)

i). Less than one day _____

ii). Between one and three days _____

iii). More than three days but less than one week _____

iv). More than one week but less than one month _____

v). One to two months _____

vi). More than two months _____

vii). No potential for discharge _____

70. What proportion of patients is readmitted to the establishment and within what time period? (give %)

_____

_____

71. What proportion of patients admitted is/will be

i). Post-surgical (requiring traction, drainage, or wound care?) _____

ii). Post-medical illness (e.g. stroke) or requiring low-grade medical interventions (rehydration, IV, antibiotics, oxygen) _____

iii). Chronically disabled (mental, physical—eg. Dementia, hemiplegic) _____

iv). Terminally ill (end stage) _____

v). For respite care _____

vi). Other general rehabilitation _____

vii). Patients admitted instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process _____

viii). Patients requiring nursing care of low intensity and who are likely to remain for a long period of time _____

ix). Others _____

72. Of patients discharged, what proportions is discharged:
(not to be filled in hospices)

i). Directly home

ii). Other community-based facility

iii). To a hospice

iv). Others

73. Numbers of beds in existence/to be applied for: State the categories of services provided/to be provided.

_____

_____

_____

74. With the exception of rehabilitation, step-down and hospice establishments, please attach reasons for the establishment and supporting documentation to guide the adjudication of the application in respect of regulation 30.

_____

_____

_____

_____

(Use separate sheet if necessary)

75. Number of full-time and part-time nurses at the establishment at the time of application/to be employed.

CATEGORY OF STAFF	NO. OF PERSONNEL	FULL-TIME	PART-TIME
(a). Professional Nurse			
(b). Staff Nurse			
(c) ENA			
(d). Registered Nurse			
(e). Enrolled Nurses			
(f). Care Workers (f). Care workers (not domestics)			

76. Does/will the establishment provide services rendered by other professionals?

	Mark F/T, P/T, SESSIONAL
Doctors (specify)	
Physiotherapists	
Occupational therapists	
Speech and hearing therapists	
X-Ray Services (specify)	
Arrangements for a laboratory services for pathology services (specify)	
Medical specialists (eg. orthopaedic surgeon, psychiatrists)	
Social Worker	
Pharmacist	
Dietician	
Others (specify)	

77. On average how often are/will your patients assessed?
(Tick the most appropriate category)

Half hourly	
Hourly	
Between 1 and 4 hourly	
Between 4 and 8 hourly	
Between 8 and 24 hourly	
Once daily	
Between once daily and once weekly	
Less than once weekly	

78. Are/will the following treatments provided/be provided at the establishments?

	Y/N
Oral antibiotics on prescription	
Intravenous medication	
Urinary catherisation	
Blood pressure monitoring	
Oxygen supply and suction	
Ambubag	
Electrocardiograph	
Intubation	
Defibrillation	
Naso-gastric feeding	

79. Of your last 100 admissions, what % were referred by:

A private hospital	
A private medical practitioner	
A private practitioner other than a private medical practitioner	
A public hospital	
A residential facility such as an old age home	
A welfare institution other than a residential facility	
A traditional healer	
Directly by the family	
Referred by self	
Case manager (eg. QA Care)	
Others (specify)	

80. Do/will you provide any out-patient services?

I hereby certify that the above particulars are true and correct.

Place ..... Date .....

.....
Signature of proprietor

ANNEXURE B

MINIMUM STRUCTURAL AND INSTALLATION REQUIREMENTS

For the purposes of these guidelines, unless the context otherwise indicates—

"administrative control area" means a room, separate from the nursing unit, with separate access, which is utilised for administrative control, enquiries, admission of patients and storage of records;

"attending side" means the side of a bed on the patient's right hand side when lying supine;

"casualty unit" is a unit where emergency medical services are rendered to members of the public;

"cleaners' room" means a room for the storage of cleaning equipment, the drawing of clean water and the disposal of dirty water, washing and drying of cleaning equipment;

"clean utility room" means a room in which separate and enclosed cupboard space is provided for the storage of clean linen, sterilised packs, dressings and pharmaceutical supplies respectively;

"clinical basin" means a medical basin with wall mounted elbow action mixer taps

means a "comprehensive inpatient rehabilitation unit" means a facility that makes provision for therapeutic programmes (programs) that enable the post-acute and medically stable patient, with remaining disabilities due to surgery, illness or trauma, to regain and maintain their optimal physical, sensory, intellectual and social functional levels, thus providing them with maximum levels of independence;

"day ward" means a ward which accommodates patients in beds or chairs that require post-operative admission or observation, or other forms of care for any period between 1 and 12 hours;

"demarcated area" means an area where access is both restricted and controlled to allow for maximum privacy and patient safety;

"equipment store" means a room used for the storing of monkey chains, traction kits and other general equipment;

"height" means the vertical dimension from the top of the finished floor to the underside of the ceiling;

"impervious" means impenetrable to liquid substances;

"main kitchen" means a facility equipped for the receipt, storage and preparation of meals, special diets and beverages;

"maternity unit" means a unit where babies are delivered and post natal care is given to mothers and infants;

"medical waste disposal" means the safe, effective and hygienic disposal of medical waste;

"National Building Regulations" means National Building Regulations SABS 0400;

"non-attending side" means the side of a bed opposite the attending side;

"nurse station" means the control point for all activities in the patient care areas;

"operating room" means a room within an operating theatre unit in which surgical or other invasive procedures are carried out;

"operating theatre unit" refers to rooms within the demarcated area where surgical interventions are performed or support is provided to these surgical activities;

"plan dimensions" means the horizontal dimensions between finished wall surfaces excluding projections.

"procedure room" means a room in which certain restricted procedures generally taking less than one hour can be performed without making use of general anaesthetics, including suturing lacerations, endoscopies, local anaesthetics, removal of skin lesions, biopsies, closed reductions and other similar procedures;

"recovery room" or "recovery area" means the section of the operating theatre unit specially set aside for the immediate post operative recovery, resuscitation, nursing and special care of patients, until such time as such patients are considered to have recovered sufficiently to be safely removed from the operating theatre unit;

"sluice room" means a room used for the emptying, cleaning and storage of bedpans and urine bottles and storage and disposal of general ward materials;

"soiled linen and waste room" means a room used for the collection and temporary storage of soiled linen and waste;

"sterilisation and disinfection unit" means a facility for the receiving, decontamination, preparation, packing, sterilising, storing and issuing of sterile and disinfected instruments and other reusable materials;

"ward kitchen" means the room which forms an integral part of a nursing unit or units, for the preparation of snacks and beverages but not the preparation and cooking of meals; It also includes the area for the heating, storage and refrigeration of meals.

"wash hand basin" means a wash basin with hand drying facilities adjacent to it.

2. For the purposes of these guidelines—

(1) where a requirement for daylight is stated, this may be met if the room opens onto an atrium or courtyard, or if a roof light is incorporated providing privacy within the room or space is maintained. In addition, daylight may be borrowed from an adjacent room by means of glazing

the wall in between, providing the adjacent room is within the same unit. Glazing in walls is a sufficient barrier between units unless sterilisation/hygiene is compromised.

National Building Regulations

3. Save where otherwise required in these regulations, the construction of a private health establishment must comply with the general building regulations of the NATIONAL BUILDING REGULATIONS and the relevant local authority's bylaws.

Certification of engineering service requirements

4. A proprietor of a private health establishment must obtain certification every twelve calendar months from an appropriately qualified engineer that the requirements stated in guidelines 6 to 22 have been met. The proprietor must furnish an inspecting officer with such valid certification on request.

5. All air conditioning systems must be maintained and inspected at intervals of time not exceeding one month between each inspection. The owner must submit inspection reports to an inspecting officer on request. The inspection report must indicate the monthly record of tests of the condition of filters, ahu's, coils, ducting, gauges, controls, chiller and heating systems. Air volumes and temperatures to be compared with design figures. Any defects are to be rectified immediately.

General Building Requirements

6. Unless otherwise stated in these guidelines, a private health establishment must comply with the following requirements—

   (1) Doors giving access to rooms in which patients are or are to be accommodated or treated, must be at least 1,170 m wide.

   (2) Doors from patient ablution and toilet facilities, must be equipped with a standard emergency release lock. The doors must have pin hinges, which are removable.

   (3) Corridors where patients are being transported, must have a minimum unobstructed width measured between walls of 2 500 mm (2 400 m clear) in respect of operating theatre units and delivery units and 1 900 mm clear in respect of all other areas. In cases where 1½ leaf doors are provided to wards and treatment areas then the width is 1 800 mm.

   (4) The floors of all rooms and corridors must be constructed of a concrete base and finished with a smooth impervious washable surface or covered with a suitable impervious washable material.

   (5) No carpets or wooden skirtings are permitted in the operating theatre unit, sterilizing department, sluice room, kitchen, ablution rooms, procedure room, laundry, cleaners room, clean linen room, soiled linen room, sluice, delivery room or treatment room.

   (6) The floor, wall and ceiling of any operating theatre unit or delivery room must be of impervious material and so laid as to provide a continuous and smooth impervious antibacterial surface including the junction between the wall and floor.

   (7) The entire inside walls must be covered with a smooth finish and must be painted with a durable impervious antibacterial washable paint or covered with a similar washable antibacterial impervious material.

   (8) The wall behind every wash hand basin, clinical basin, sink and slophopper must have an additional washable impervious covering panel up to a height of at least 500mm to the width of the basin, and a distance of at least 150mm on each side of such fitting.

   (9) Separate, enclosed rooms with 5% of floor area ventilation and lockable doors must be provided for the temporary storage of medical waste.

   (10) An incinerator, macerator or other safe disposal system or arrangement must be provided for the disposal of medical waste and must comply with relevant SABS standards and all statutory regulations.

   (11) Multi-storied buildings must have sufficient lifts, provided that—

      (i) at least one lift must have dimensions to safely transport patients in beds with traction apparatus attached; and

      (ii) adequate provision must be made for separate lifts suitable for the removal of soiled linen, waste and refuse.

   (12) The signage system must comply with the primary function of guiding the visitor/patient to the areas/departments/wards/rooms which are their normal destinations and to indicate the fire exits clearly, and all restricted access areas or rooms must be clearly indicated by an appropriate sign.

(Note: PAWC hospitals and clinics have epoxy coated wall finishes where required which have a textured finish for durability, antifungal, antibacterial and aesthetic purposes.)

Ventilation

7. All areas of a private health establishment, other than those specifically addressed in guidelines 8 and 9, are to have either natural or artificial ventilation in compliance with National Building Regulations.

8. All kitchens, laundries and areas where patients are accommodated or treated must comply with the Occupational Health and Safety Act of 1993's (1993) comfort requirements.

9. All operating theatre units must be air conditioned with the following minimum standards:

   (1) 16 Air changes per hour if 100% outside air is being used. 20 Air changes if circulated air is being used. A maximum of 80% of the air may be recirculated. The final filters should filter the air down to 5 microns at 99% efficiency. This implies a final filter with a 55%-65% dust spot efficiency when tested by the SABS to ASHRAE Standards 52-76. Care must be taken in the design of the system and the installation of filters to ensure an air-tight seal between the filter housing and the filter bed. Pre-filters must be provided- these may be the washable type. Minor theatres and procedure rooms do not have to conform to the same specifications depending on the type of operations to be undertaken.

(2) Temperatures in the operating theatre unit should be controlled to between 18 and 22°C with a maximum deviation of 1,5°C. The provision of an adjustable set point is required only in operating theatre units where major burn cases and operating procedures in excess of 45 minutes on infants under 2 years are undertaken on a regular basis.

(3) The air-conditioning system must deliver 400 to 500 litres per second.

(4) A relative humidity in the range of 40% to 70% must be maintained.

(5) The ambient temperature in nurseries and delivery rooms shall not be below 18 degrees.

Electrical Installations

10. The entire electrical installation of a private health establishment must conform to:

(1) the Code of Practice for the Wiring of Premises, South African Bureau of Standards, Specification 0142;

(2) Occupational Health and Safety Act of 1993;

(3) the municipal bylaws and any special requirements of the electricity supply authorities of the particular area or district;

(4) Telkom Regulations; and

(5) National Building Regulations.

11. All electrical installation work involving theatres, wards, or any supply relating to an isolated supply or aneasthetic equipment must be tested and certified by a Registered Master Installation Electrician.

12. Light fittings must provide the following minimum service illuminance (lux) at the stated position of measurement (horizontal plane)—

(1) in an intensive care unit, 400 lux at whole bed area for observation and 10 000 lux for local examination luminaire;

(2) in highcare wards and all patient treatment areas, 300 lux at whole bed area for observation and 10 000 lux for local examination luminaire;

(3) in recovery rooms or areas, 300 lux at whole trolley area;

(4) in maternity rooms and delivery rooms, 400 lux at working planes and 10 000 lux for local examination luminaire;

(5) in casualty units or resuscitation areas, 400 lux at working plane and 10 000 lux for local examination luminaire; and

(6) operating theatre unit luminaires must have a minimum of 75 000 lux at operation table level, but it may require 30 000 to 150 000 lux, selective or variable, depending on the types of operation performed.

(7) procedure rooms 5 000 lux at table level.

13. Private health establishments must have an emergency generator which operates automatically and which is of sufficient capacity to supply all critical areas of the facility with electricity in the event of a breakdown in the mains electricity supply. Critical areas include the following—

(1) surgical operating theatre unit luminaires;

(2) all switched socked outlets and lights in operating theatres, intensive care units, high care wards, neo-natal nursery, recovery room, and delivery rooms, duty stations, fire escapes and casualty units;

(3) night light in wards and ward corridors;

(4) all switched socket outlets used for patient life support anywhere in the facility;

(5) at least one patient lift or lift that can accommodate a bed for every 200 patients; and

(6) medical air compressors, vacuum pumps and gas alarm systems.

14. Power supply to switched socket outlets in intensive care units and operating theatre units and recovery rooms must be on an earth monitoring system. Double pole miniature circuit breakers must be used for supply points in these areas

15. When an emergency generator is being used, the operating theatre unit luminaire must be served by an uninterrupted power supply or battery system.

16. Uninterrupted Power Systems must be provided for operating theatre luminaires and all life support systems and computer systems where a break in electrical supply cannot be tolerated.

Gases

17. All units of a private health establishments where patients are accommodated or treated, except sub-acute and hospice facilities which must have piped oxygen and suction or piped system or mobile system, must have medical gases and vacuum provided by piped services. Mobile gas services must be available for crisis situations. The minimum services to be supplied are:

(1) Operating theatre units, Oxygen, Nitrous Oxide (nitrous oxide), medical air, vacuum and scavenging;

(2) intensive care units and neonatal intensive care units (Intensive care units and neonatal intensive care units:) are Medical air, oxygen and vacuum; and

(3) all other patient areas to be provided with oxygen and piped services.

18. Sub-acute care facilities must have one mobile oxygen cylinder per 10 patients and a suction machine for every 10 patients.

19. All piped gas installations must conform to—

(1) SABS 051 Part III: the handling and storage of medical gases and the installation of medical gas, compressed air and vacuum pipeline systems;

(2) SABS 1409: the outlet sockets and probes for gas and vacuum services; and

(3) SABS 0224: non-flammable medical gas pipeline system.

20. A gas alarm system to monitor gases, excluding scavenging, must be installed in an area like a nurse station that is manned 24 hours per day in the theatre complex. A slave panel must also be installed in the intensive care unit or any other position where it is easily visible. This alarm system must be connected to the emergency power supply.

21. All piped vacuum and oxygen systems must have mobile back-up systems with staff adequately trained to handle them.

22. The vacuum installation must comply with SABS 051 Part iii. Glass suction vacuum bottles to be part of equipment and to be used as part of suction apparatus to monitor liquid being sucked from patients, and to prevent vacuum pipelines being clogged up. One such bottle trap must be installed per theatre, intensive care unit, ward block or other patient unit.

23. Medical air (low pressure) for respiratory purposes, must be provided at a fixed pipeline pressure of 400 kPa. Medical air (high pressure) for driving surgical power tools, must be provided at a terminal usage pressure between 700 kPa and 1 000 kPa, depending on the tools/equipment to be used. Intensive care units and operating theatre units must be provided with a back-up system.

24. Anaesthetic gas scavenging, which is a low pressure suction system that removes exhaled anaesthetic gases from the patient circuit, must be provided. Each outlet point must have its own balancing valve to allow the system to be balanced progressively from the furthest outlet point towards the fan motor.

Nurse Call Systems

25. Every bed must have a call system that will enable the patient to call a nurse to the bedside.

26. An emergency call system must be provided in ablution facilities.

27. An emergency call system must be provided from the intensive care unit, high care unit, neonatal intensive care unit and casualty unit to the operating theatre unit and from nursing unit nurse stations to the nursing units in order that assistance can be provided in the most expeditious way.

The storage of pharmaceutical products

28. Pharmaceutical products must be stored in accordance with Pharmacy Act, 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, air conditioning must be supplied.

Nursing Units

General Requirements

29. Provision must be made in a private health establishment for patient accommodation within one or more nursing units or wards, where a ward could consist of one or more nursing units.

30. A nursing unit, which shall be comprised of a maximum of 36 beds, must comply with the following requirements—

(1) Beds in patient wards must be provided with natural light and ventilation.

(2) A nurses station must be central and so placed that physical access to any patient requiring care is not impeded or delayed. It must contain a nurse call system, a counter and work surface, a telephone for internal and external communication and a medical basin and elbow action taps basin.

(3) Sufficient lockers must be provided for personal belongings of staff while on duty.

(4) If a general restroom or tearoom is not available, a rest room or area must be provided for staff, which must be located in a private area, and must be provided with natural light and ventilation.

(5) Adequate ablution and toilet facilities for patients must be provided.

(6) A staff toilet must be provided, and must contain a wash hand basin.

(7) A ward kitchen must be provided with a minimum floor area of 4 m^2, which must be increased by 1,5 m^2 for every 10 beds above 20 beds. It must contain a minimum of a single bowl sink, work surface, and a hand wash basin and may be shared by adjacent nursing units.

(8) A clean utility room must be provided with a minimum floor area of 5 m^2, work surfaces and a clinical basin (medical basin and elbow action taps).

(9) A procedure room may be provided and, where provided, must have a minimum floor area of 10 m^2, and must contain durable and impervious work surfaces and a clinical basin.

(10) Separate storage space must be provided for ward equipment, patients, belongings and such sundry items as may be necessary for the management and equipping of the nursing unit. Such storage may be shared between adjacent nursing units.

(11) A sluice room must be provided with at least a wash hand basin, a sluice sink and wall mounted bed pan and urinal racks. Urinal racks are not required in female wards. The sluice sink may be substituted by a bedpan washer/disposal unit together with a domestic sink.

(12) A cleaners' room containing shelves, low level sink or slophopper with suitable tap height for bucket filling and hooks for mops, but this facility may be incorporated in the sluice room.

(13) A soiled linen and waste disposal and storage room must be provided, but this facility may be incorporated into the sluice room.

31. A sluice room required in terms of guideline 28(11) must have a minimum floor area of 5 m^2, unless—

(1) either the cleaners' room or the soiled linen and waste room are incorporated into the sluice room, in which case it must have a minimum floor area of 7 m^2; or

(2) both the cleaners' room and the soiled linen and waste room are incorporated into the sluice room, in which case it must have a minimum floor area of 9 m^2.

32. The cleaner's room and the soiled linen and waste room must both have a minimum floor area of 5 m^2 unless incorporated in the sluice room.

Patient Rooms

33. Patient rooms must comply with the following requirements—

(1) The minimum floor area of any patient room must be 10 m^2.

(2) Single patient rooms must have a minimum wall length of 2,6 m.

(3) In all patient rooms provision must be made for a minimum space of—

(i) 600 mm between the non-attending side of any bed and the nearest wall on that side;

(ii) 900 mm between the attending side of any bed and the nearest wall on that side;

(iii) 900 mm between the sides of any adjacent beds;

(iv) 1 200 mm between the foot of any bed and the opposite wall or of 1 500 mm between the foot of any bed and the opposite bed.

(4) Proper screening facilities must be provided between beds.

(5) Except in the case of a parent and child, adults and children under the age of 12 years must be accommodated in separate rooms. However, if separate accommodation for adults and children under the age of 12 years is impractical for reasons of treatment, proper screening facilities must be available.

(6) Each patient ward must have access to a corridor or passageway.

(7) Each patient room must be provided with a medical basin and elbow action taps.

(8) Piped oxygen and vacuum must be available in each patient ward with the exception of hospices where mobile gas systems may be used as required.

Ablution facilities

34. An ablution facility for persons with disabilities, containing a free standing bath or wheelchair shower, and wheel chair toilet must be provided on every floor where nursing units are situated, and must comply with National Building Regulations.

35. Where several patient rooms share ablution and toilet facilities or where a patient room with its own ablution and toilet facilities contains more than eight beds, the following must be provided—

(1) at least one bath or shower per 12 patients or part of such number;

(2) one wash hand basin per 12 patients or part of such number in the ablution area, if ablution facilities and toilets are not located in the same area;

(3) at least one toilet per 8 patients or part of such number; and

(4) 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.

(5) Separate ablution facilities for male and female patients must be provided.

Day Wards

36. A day ward must meet the requirements of a nursing unit, as set out in guidelines 28 to 33, except that—

(1) At least one bath or shower is required;

(2) separate rooms for male, female, infants and children, are not required provided that proper screening facilities are available.

Paediatric Units

37. In addition to the requirements set out in guidelines 28 to 33, paediatric units must comply with the following requirements—

(1) At least one baby bath for every 10 babies must be provided. Thereafter one baby bath for each additional 15 babies must be provided. Mobile bassinets with bathing facilities may be used, in which case a tap for filling of bassinets and a low basin for draining of bassinets must be provided.

(2) A dedicated milk kitchen is required if the institution has more than 20 paediatric beds or cots. This may be shared with a nursery. If the unit contains less than 20 beds or cots, then infant feeds may be prepared in a special area within the ward kitchen. A double basin wash-up facility and wash hand basin must be supplied.

(3) A treatment room must be provided.

(4) An isolation facility must be provided for every 15 cots or beds. Each such facility must be fitted with a clinical basin and ventilation so designed to prevent airborne cross infection. There must be access of such isolation facilities to a sluice room, which does not pass through other areas where patients are treated or accommodated.

(5) There must be direct visibility of all beds/cots from the nurses station or from the adjacent corridor, via glass walls or viewing panels.

(6) Special safety features applicable to children in respect of electric sockets and switches, heaters, door locks and hot water supplies.

(7) The minimum measurements specified in guideline 31(3)(ii) and (iii) must be increased by an additional 1 000 mm in width to allow for accommodation of parents.

(8) Adequate security measures must be provided at entrances, exits and windows.

Maternity Unit

38. In addition to the requirements of nursing units, as prescribed in guidelines 28 to 33, a maternity unit must include, at minimum—

(1) at least one preparation room;

(2) at least one delivery room;

(3) a postnatal ward with rooming in facilities;

(4) access to a theatre; and

(5) adequate security measures at entrances, exits and windows.

39. Subject to these guidelines, a maternity unit may include—

(1) ante natal beds;

(2) rooms for first stage of labour;

(3) a dedicated Caesarian section theatre with recovery area;

(4) a nursery; and

(5) a neonatal intensive care unit.

Service areas

40. Service areas must be provided in a maternity unit in accordance with guidelines 28 to 30, provided that the dirty utility room must make additional provision for the examining and holding or disposal of placentas.

Delivery rooms

41. If only one delivery room is provided, at least one additional room must be provided for the first stage of labour.

42. If more than one delivery room is provided, an additional room for the first stage of labour is optional.

43. Each delivery room must have a floor area of not less than 14 m^2 and a minimum wall length at bedhead of 3,45 m.

44. Each delivery room must contain a clinical basin.

45. Vacuum and oxygen must be provided and suitably positioned in each delivery room for both mother and baby.

46. Infant warming must be provided in each delivery room.

47. At least four electrical switched socket outlets must be provided for each bed, suitably positioned for both mother and baby.

Rooms for first stage of labour

48. The surface floor area of a room for the first stage of labour must be 10 m^2 for one bed and 15 m^2 for two beds.

49. Each first stage room must be provided with a wash hand basin.

Preparation rooms

50. A preparation room in a maternity unit must have—

(1) a minimum floor surface area of 6 m^2;

(2) access to a patient toilet, wash hand basin and bath or shower, which is suitable for patient use with staff assistance;

(3) access to a sluice room;

(4) a wash hand basin; and

(5) a clinical basin.

Post-natal wards

51. Nursing units in post-natal wards must comply with the regulation for general nursing units as set out in guidelines 28 to 33, provided that—

(1) The minimum measurements specified in guideline 31(3)(ii) and (iii) must be increased by an additional 1 000 mm to allow for accommodation of infants with their mothers;

(2) A dedicated milk kitchen must be provided, which may be shared with a pediatric unit.

Nurseries

52. Nurseries must comply with the regulation for general nursing units as set out in guideline 28 to 33, provided that—

(1) There is a single entrance, which has adequate security measures, to control access.

(2) A waiting room for visitors must be provided.

(3) A floor area of at least 1,5 m^2 per baby must be provided, with a minimum floor area of 6 m^2.

(4) At least one incubator per 15 mother beds, or part thereof, must be provided, where provision is made for additional space of 1,5 m^2 per incubator.

(5) At least one baby bath for the first 10 babies must be provided. Thereafter one baby bath for each additional 15 babies must be provided. Mobile bassinets with bathing facilities may be used, in which case a tap for filling of bassinets, and a low basin for draining of bassinets must be provided.

(6) A work surface for washing, drying and changing of babies must be provided.

(7) Vacuum and oxygen must be provided.

(8) An emergency call system must be provided.

(9) A room for isolation of infants is optional, but if provided must include—

(i) a clinical basin;

(ii) a separate bathing facility, as per subguideline (5);

(iii) cupboard space;

(iv) a work surface;

(v) oxygen and vacuum; and

(vi) an extraction ventilation system, or the room be must be so designed to avoid air borne cross infections.

(10) A viewing panel for babies must be provided.

(11) Temperature control in this area is essential.

53. A room for isolation contemplated in guideline 50(9) must be directly visible from the nurses' station. There must be access of such an isolation room to a sluice room, which does not pass through other areas where patients are treated or accommodated.

Neonatal intensive care unit

Ward space

54. Ward space in a neonatal intensive care unit must conform to the following requirements—

(1) A wall length of 2,0 metres must be provided at the head of each crib.

(2) The clear space between the wall at the head of the crib to the foot including circulation space at the foot must not be less than 2,5 metres.

(3) At least one clinical basin must be provided for every six cribs, or part thereof, within the open ward.

(4) Each crib in the ward must be provided with the following minimum piped services—

(i) 2 oxygen outlets;

(ii) 1 low pressure medical air outlet;

(iii) 2 vacuum outlets; and

(iv) six 15 Amp electrical power plug outlets.

(5) Daylight must be provided.

(6) A nurses station must be provided within the ward space providing an unobstructed view of all cribs.

(7) Mechanical ventilation or air conditioning must be provided, providing the air pressure within the ward area must be positive in relation to other areas within the neonatal intensive care unit.

55. Services required in terms of guideline 52(4) must be provided from a wall, floor pedestal, ceiling suspended panel, or from an articulation arm from the wall or ceiling. In all cases the service panel must be at a height to provide unobstructed access to the patient.

Isolation cubicle

56. At least one isolation cubicle must be provided in every neonatal intensive care unit, and must conform to the following requirements—

(1) Only one crib space may be provided per isolation cubicle.

(2) The isolation cubicle must be in an enclosed space with glazed partitions and must have a floor area of not less than 6 m^2.

(3) The wall or partition at the head of a crib must be not less than 2 metres.

(4) Extract ventilation must be provided within the cubicle, and the air pressure within the cubicle must be negative in relation to other bed areas within the ward.

(5) A clinical basin must be provided within the isolation cubicle.

Service facilities

57. The following service facilities must be provided in a neonatal intensive care unit—

(1) A clean supplies room or cupboard must be provided. Alternatively mobile clean supply systems may be provided.

(2) A rest room or area must be provided for staff, which must be located in a private area, and must be provided with natural light and ventilation.

(3) A staff toilet must be provided, and must contain a wash hand basin.

(4) An area that can be screened off for breast feeding purposes, must be provided.

(5) Adequate equipment storage space must be provided.

(6) A sluice room must be provided with at least a wash hand basin as well as a sluice sink and slop hopper or combination sluice unit.

(7) A cleaners' room containing shelves, a low level sink with suitable tap height for bucket filling and hooks for mops, but this room may be incorporated in the sluice room.

(8) A soiled linen and waste room must be provided, but may be incorporated in the sluice room.

58. The dimensions of the sluice room, cleaners' room and soiled linen and waste room in a neonatal intensive care unit must comply with guidelines 29 and 30.

Intensive Care Units

59. Guidelines 58 to 62 apply to all intensive care units other than neonatal intensive care units.

60. Ward space in a neonatal intensive care unit must conform to the following requirements—

(1) A wall length of 3,2 m must be provided at the head of each bed.

(2) The clear space between the wall at the head of the bed to the foot of the bed including circulation space at the foot of the bed must not be less than 4,5 m.

(3) All beds in the intensive care unit must be clearly visible from the nurses' station.

(4) At least one clinical basin must be provided for every 4 beds or part thereof.

(5) All beds in the ward must be provided with the following piped/fixed services at the head of the bed(s)—

(i) three oxygen outlets for every 2 beds;

(ii) three low pressure medical air outlets for every 2 beds;

(iii) three vacuum outlets for every 2 beds;

(iv) eight 15 amp electric power plug outlets for each bed, provided that no multi-plug adaptors may be used; and

(v) ten 15 amp electrical power plug outlets for each bed for cardio-thoracic and neuro surgical intensive care units.

(6) Screening facilities to ensure patient privacy must be provided between beds.

(7) Natural light and ventilation must be provided within the ward area.

(8) A nurses' station must be provided within the ward space providing an unobstructed view of all the beds, and a central monitoring system must be provided with an unobstructed view of all consoles.

(9) Air pressure within the ward area, except in the isolation cubicle, must be in positive pressure relative to other areas within the intensive care unit. in relation to other areas within the intensive care unit.

61. The services required in terms of guideline 61(5) must be provided from the wall, or pedestal, or preferably from a ceiling suspended panel or an articulated arm from the wall or ceiling. In all cases the service panel must be at a height to provide unobstructed access to the patient.

Isolation cubicle

62. At least one bed in an intensive care unit must be in an isolation cubicle.

63. An isolation cubicle in an intensive care unit must conform to the following requirements—

(1) The isolation cubicle must be an enclosed space having with a floor area of not less than 13 m^2.

(2) There may not be more than one bed in an isolation cubicle.

(3) The wall or partition at the head of the bed must not be less than 3,2 m long.

(4) The air pressure within the isolation cubicle must be negative in relation to the other bed areas within the ward.

(5) A clinical basin must be provided within the isolation cubicle.

(6) There must be access from such an isolation room directly to a sluice room, which does not pass without passing through other areas where patients are treated or accommodated.

Service Accommodation

64. In addition to complying with the provisions of guidelines 28 to 33 the following service accommodation must also be provided for intensive care units—

(1) ward kitchen;

(2) waiting area for visitors; and

(3) staff restroom and staff toilet.

High Care Wards

65. Subject to the following requirements, high care wards must meet the requirements set out in guidelines 28 to 33—

(1) High care beds must have a wall length of 2,7 m at the head of each bed and a floor area of not less than 18 m^2 per bed.

(2) Each bed must be provided with the following piped services at the head of each bed—

* oxygen;
* vacuum;
* four 15 amp electric power plug outlets;
* an approved nurse call system with an emergency call facility.

(3) Screening facilities to ensure patient privacy must be provided between beds in multiple bed ward areas.

(4) A clinical basin must be provided for every 8 beds or part thereof.

(5) The nurses' station must be so positioned as to provide an unobstructed view of all beds.

Operating theatre units

General requirements

66. An operating theatre unit must consist of one or more operating rooms, serviced by the following facilities as detailed in the succeeding guidelines—

(1) Recovery area

(2) Duty station

(3) Scrub area

(4) Setting-up area

(5) Changing facilities

(6) Cleaning and disposal area

(7) Storage facilities

(8) Rest rooms

(9) A suitable screened waiting area, for optimal patient privacy.

67. An operating theatre unit must be a restricted access area and must be so planned and equipped that control can be exercised over all persons and materials which enter it.

68. An operating theatre unit may not permitted be used for any purpose other than to perform surgical or related procedures.

69. No curtaining or built-in cupboards are permitted in an operating theatre unit.

70. No doors providing admission to the operating theatre unit may be locked while there is a patient in the operating theatre unit.

Operating room

71. Operating rooms must comply with the following dimensions—

(1) A minor theatre must have a minimum floor area of 20 m^2, a minimum length of 3,4 m and an operating theatre light height of 3 m.

(2) A major theatre must have a minimum floor area of 30 m^2, a minimum length of 5,0 m and an operating theatre light height of 3 m.

(3) A cardiac theatre must have a minimum floor area of 45 m^2, a minimum length of 5,8 m and an operating theatre light height of 3 m.

(4) A cardiac catheterisation laboratory must have a minimum floor area of 42 m^2, a minimum length of 5,8 m and an operating theatre light height of 3 m.

Installations

72. Subject to guideline 71, theatres of the category listed in the first column of Table A must be serviced by the prescribed number of particular installations as per the corresponding columns in the Table.

Table A

Theatre type	Oxygen points	Nitrus oxide points	Vacuum points	Medical air points	Electrical points	Scavenging
Minor	2	1	2	0	6	1
Major	2	1	2	1	8	1
Cardiac	4	2	4	2	18	1
Cath Lab	1	1	1	0	8	1

73. One additional oxygen and one additional vacuum point must be provided in an operating theatre unit where Caesarian sections are performed.

Recovery Area within the Operating Theatre Unit

74. The recovery area must be within the restricted access area of the operating theatre unit, and in a place that offers optimal privacy to patients.

75. A recovery area must have a minimum unobstructed floor area of 12 m^2 and a wall length of not less than 3 000 mm per operating room served by such recovery area.

76. The recovery room or area must be fitted with the following—

(1) a clinical basin;

(2) one oxygen and one vacuum point for each bed to be accommodated;

(3) three electrical switched socket outlets for every recovery bed or trolley;

(4) facilities for screening off a minimum of one patient;

(5) an emergency call system;

(6) adequate lighting; and

(7) a deep bowl sink.

Duty Stations within Operating Theatre Units

77. A nursing station must be so situated, constructed and equipped within the restricted access area of an operating theatre unit that it is possible for the nursing staff to observe all patients directly. The duty station must have a floor area of not less than 6 m^2 and a minimum wall length of 2,0 m and must form an integral part of the main patient corridor, recovery area and patient receiving area.

Scrubbing-Up Area

78. A scrubbing-up area outside but adjacent to the operating room must be provided. This area must have direct access to the operating room.

79. A scrubbing-up area or room must have a width of not less than 2 100 mm and must be so equipped as to permit unhindered and simultaneous scrubbing-up, by at least two persons under hot and cold running water from elbow-operating taps or alternative method over splash-limiting basins or a stainless steel drainage trough, and gowning procedures prior to entering the operating room or within the operating room.

80. In the case of a minor theatre, provision need only be made for scrubbing-up by one person, and the scrub-up area may be within the theatre. In the case of a minor operating theatre a single scrub up facility only is required. A surgical scrub basin with elbow action taps can be provided.

Cleaning and Disposal Area

81. A cleaning and disposal area to serve the operating theatre unit only must be provided. Where a special disposal corridor is provided from which the cleaning of the operating theatre unit or operating room(s) can be effected, such a cleaning or disposal area must not be situated within the restricted access area, but must be so situated as to have an access door from such a corridor only.

82. A cleaning and disposal area must have an unobstructed floor area of not less than 5 m^2 and a minimum wall length of 2,0 m for the first operating room. An additional 2 m^2 for each additional operating theatre unit must be provided.

83. The cleaning and disposal area contemplated in guideline 80 must be fitted with the following—

(1) A deep sink and slop-hopper must be provided.

(2) Adequate shelving and cupboards for storing cleaning materials and equipment.

(3) A stainless steel wash sink with hot and cold water.

(4) A wash hand basin with hot and cold water.

(5) A cleaners' room or area for the storage of cleaning equipment and materials.

Change and Rest Rooms of the Operating Theatre Units

84. Suitable change room facilities must be provided separately for male and female staff of an operating theatre unit, provided that the change room must have—

(1) one door which opens into the restricted access area, and must have a separate entrance from outside the restricted access area;

(2) a floor area of not less than 9 m^2 for the first two operating rooms and thereafter 2 m^2 per additional operating room with a minimum wall length of 2 m.

(3) a wash hand basin;

(4) partitioned off toilets in the ratio 1 toilet: 12 persons (staff); and

(5) storage facilities for the separate storage of personal clothing and effects, and clean theatre clothing, with provision for the storage of soiled theatre apparel.

85. Rest rooms for operating theatre unit staff must be located within the operating theatre unit.

86. If light refreshments are to be served, facilities for storing, preparing and serving such refreshments must be provided for the operating theatre unit.

Storage facilities

87. Adequately mechanically ventilated separate store rooms, or storage cupboards in lieu thereof, for the storage of clean linen, medicines, sterile packs equipment and sundry items must be supplied in the operating theatre unit, provided that no wood or porous shelving material may be used in the restricted access area. Stainless steel shelving material is required.

Setting-up Space

88. Adequate setting-up space within the restricted access area of an operating theatre unit must be provided. Setting-up space may be provided within the operating area.

Sterilisation and Disinfection Units

89. A sterilisation and disinfection unit should, where possible, be adjacent to or form part of the operating theatre unit. Where it is not adjacent to, or part of the operating theatre unit, suitable changing rooms must be provided according to the requirements of guideline 82.

90. In large multi-storey hospitals, the sterilisation and disinfection unit may be designed and operated remote from the operating theatre unit. The transporting system provided for the sterilized items must be so designed to preserve pack integrity and product sterility.

91. A sterilisation and disinfection unit must have a minimum floor space of 30 m^2 for the first two operating theatre units or delivery rooms served by it, and thereafter an additional 2 m^2 for each additional operating theatre unit or delivery room served by it. In hospitals where re-sterilization is done for items used in wards, a larger floor space may be required.

92. If soiled linen is to be held or sluiced in the washing and decontamination area contemplated in guideline 93, additional floor space of 4 m^2 for the first two operating theatre units or delivery rooms and 1 m^2 for each additional operating theatre unit or delivery room served by the sterilisation and disinfection area must be provided.

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

94. No curtaining is are permitted in the sterilising and disinfection unit.

95. The following functional areas must be provided within a sterilisation and disinfection unit—

(1) a washing and decontamination area;

(2) a tray and pack preparation area;

(3) a sterilisation processing area; and

(4) a storage area for sterile packs.

96. A washing and decontamination area contemplated in guideline 93 must include the following—

(1) a slop hopper;

(2) stainless steel sinks with hot and cold water, of which at least one sink is at least 350 mm deep; and

(3) a trolley washing area with hot and cold water and a floor drain.

97. A tray and pack preparing area contemplated in guideline 93 must comply with the following requirements—

(1) Floor space for packing must be provided.

(2) Storage facilities for clean materials must be provided.

(3) One or more autoclave(s) capable of sterilising porous loads (gowns, drapes and dressings), as well as wrapped and unwrapped instruments, must be provided.

(4) Where liquids are sterilized, an autoclave with a fluid cycle and a reverse osmosis or distillation plant must also be provided.

(5) Unless an autoclave is a free-standing unit, access for maintenance must not be via the restricted area.

(6) Where ethylene oxide is used as a sterilant, the installation must comply with SABS Code of Practice 0213.

Casualty Units

98. A casualty unit must have—

(1) arrangements for multidisciplinary admission facilities;

(2) 24 Hour X-ray facilities available on the premises;

(3) facilities for stabilisation of major trauma cases prior to transfer;

(4) a laboratory service; and

(5) a blood transfusion service.

99. The physical facilities of a casualty unit must comprise the following requirements:

(1) A reception area with office space must be provided.

(2) A separate nursing station must be provided.

(3) There must be access to a waiting area for patients and visitors.

(4) There must be access to a public toilet with wash-hand basins, as well as access to a toilet to accommodate persons with disabilities.

(5) There must be a resuscitation room or area and a procedure room or area, although they may be combined in a single room.

(6) The resuscitation room or area and the procedure room or area must each have a minimum floor area of 12 m^2 and a minimum wall length of 3 000 mm. If they are combined in the same room, the combined room must have a minimum floor area of 20 m^2, and the procedure area and resuscitation area must be separated by screening facilities.

(7) Resuscitation areas and procedure areas must include the following installations—

(i) piped or portable oxygen for each bed;

(ii) a minimum of 6 electrical switched socket outlets per bed;

(iii) a clinical basin;

(iv) built in cupboards or mobile units; and

(v) a work surface.

(8) An accessible sluice room must be provided with normal requirements as for general wards.

(9) A clean utility area must be provided with separate enclosed storage place for pharmaceutical substances, sterile substances, linen, and general equipment respectively.

(10) An accessible cleaner's room must be provided.

(11) Accessible toilets and a restroom for personnel must be provided.

(12) Rooms and/or cubicles with a minimum space of 6 m^2 and wash hand basins and work surfaces must be provided.

(13) An alarm system must be provided to the intensive care unit.

(14) The unit must have an external entrance.

(15) A ramp must be provided if the level of the ground outside is not the same as inside the building. An access ramp is to be provided of a suitable gradient where the ground floor level internally does not correspond with the external ground level.

(16) If the unit is on a different storey or level to that of the hospital wards, an elevator must be provided that will provide convenient access of patients to the operating theatre unit,wards, dispensary, or radiological units if necessary.

(17) Adequate parking must be provided for ambulances.

Acute Psychiatric Facilities

100. If a private health establishment accommodates more than five patients requiring acute psychiatric treatment at any one time, one or more separate psychiatric wards must be available.

101. Subject to the following requirements, psychiatric wards must comply with the provisions of guidelines 28 to 33—

(1) Lounge space must be available for patients, although the general dining or indoor recreation facilities may serve this purpose.

(2) Every nursing unit must have at least one group room with a minimum floor space of 9 m^2.

(3) A facility for private interviews by members of the multi-professional team must be available in every nursing unit.

(4) One observation room with a minimum floor space of 10 m^2 providing constant visual supervision must 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 the room.

(5) Special care facilities of at least 7,5 m^2 per bed for wards and at least 10 m^2 for single rooms must be available near to the nurses' station to allow constant visual supervision, provided that—

(i) a wash basin is available in the room;

(ii) one nurses' call station must be available per bed; and

(iii) basic emergency facilities must be accessible for resuscitation purposes.

(6) A general dining facility for patients must be available.

(7) An indoor facility of at least 20 m^2 must be available for recreational purposes, and this facility must have access to a garden area.

(8) At least one procedure room of not less than 12 m^2 and one recovery facility of not less than 9 m^2 must be provided for electro convulsive therapy and narco-analysis, provided that—

(i) at least one hand wash basin must be available for each of the procedure rooms and recovery facilities;

(ii) an emergency call system connecting the recovery facility and procedure room must be provided.

(9) An occupational therapy unit must be provided with the following facilities—

(i) at least one group or interview room with a minimum floor area of 9 m^2;

(ii) at least one activity or craft room with a minimum floor area of 30 m^2;

(iii) at least one relaxation, therapy and lecture room with a minimum floor area of 30 m^2; and

(iv) storage for equipment and materials.

(10) Safety glass and non slip floors must be used in all patient areas.

(11) Patients must not be able to lock themselves into any room or cupboard. Doors to toilets and bathrooms must be provided with emergency locks so as to be able to be opened from the outside.

(12) Hot water taps and heaters must be thermostatically controlled.

(13) The electrical installations must be designed to allow for patient safety.

(14) Windows in a multi-storey building must be so constructed to prevent suicide.

(15) All entrances to units must be security controlled.

(16) Clothes hooks in accommodation and ablution areas must have a breaking strain of not more than 5 kg.

Chronic care units

102. Subject to the following requirements, chronic care units must comply with the provisions of guidelines 28 to 33—

(1) A maximum of 36 beds are permitted per nursing unit, at least 10% of which must be in single rooms.

(2) Not more than 6 patients may be accommodated per patient room.

(3) A separate recreational or dining area must be provided, with a minimum floor area of 10 m^2 for 10 beds, and an additional 1 m^2 for every additional bed.

(4) Separate facilities must be supplied for pediatric patients.

Rehabilitation units

103. Subject to the following requirements, the general building requirements for rehabilitation units are the same as those set out in guideline 6—

(1) The construction of doors must comply with SABS 0400 Part S;

(2) Corridors must have a minimum unobstructed width of 2 300 mm, and must have hand rails along both sides.

(3) Patient lifts must be provided in all multi-storey buildings in accordance with SABS 0400 SS3.1

(4) Ramps must be provided in all accommodation and therapeutic areas in accordance with SABS 0400 SS2.

(5) Lighting of 150 lux must be provided at entrances and ramps, in accordance with National Building Regulations SABS-264: 1993.

(6) Window sill heights must be positioned for unobstructed patient visibility from a wheelchair.

104. Subject to the following requirements, ward accommodation in rehabilitation units must comply with guidelines 28 to 33—

(1) No room must contain more than 12 beds.

(2) There must be a maximum of 36 beds per nursing unit.

(3) 10% of beds must be single rooms.

(4) for every 8 patients or part of such number at least one wheelchair toilet, in accordance with SABS 0400 SS5, and an ablution facility for persons with disabilities, must be provided.

(5) Piped or mobile oxygen and vacuum services must be available to each patient ward.

(6) A dining room or lounge must be provided with minimum floor space of 20 m^2 for 10 patients, and thereafter 1,5 m^2 for each additional patient.

(7) Occupational therapy facilities must be provided with at least—

(i) A one-to-one work room with a minimum floor area of 10 m^2 with two electric switched socket outlets and a wash basin.

(ii) A clean work room with a minimum floor area of 10 m^2 with two electric switched socket outlets and a hand basin.

(iii) A dirty work room with a minimum floor area of 10 m^2 with three electric switched socket outlets and a hand basin.

(iv) A cognitive room with a minimum floor area of 10 m^2 and three switched socket outlets.

(v) A splint room, with a minimum floor area of 10 m^2, three switched socket outlets and a wash basin.

(vi) Storage space for each of the clean work room, the dirty work room and the cognitive rooms with a minimum space of 6 m^2 per area or 15 m^2 if the space is shared between the areas.

(vii) An area for daily living activities.

(viii) A kitchen for daily living activities with a minimum floor space of 10 m^2.

(8) The clean work room, dirty work room and cognitive room contemplated in subguideline 7 may be combined in a room with a minimum floor area of 30 m^2.

(9) A family or group conference room for social work facilities must be provided, with a minimum floor space of 20 m^2.

(10) A group psychology therapy room with a minimum floor area of 20 m^2 must be provided, although this room may be shared with the room contemplated in subguideline 9.

(11) An emergency room with a minimum floor area of 16 m^2 must be provided, with four switched socket outlets, piped or mobile oxygen and vacuum, and double doors. Facility to render emergency care must be provided.

(12) Physiotherapy facilities must be provided with at least—

(i) a one-to-one work room with a minimum floor area of 10 m^2 with one electric switched socket outlet and a screening facility;

(ii) a gym area with a minimum floor area of 45 m^2, with a wash basin, three switched socket outlets and a wheelchair parking area of 10 m^2;

(13) If spinal and/or cranial rehabilitation is performed, the following additional requirements must be met—

(i) a hydrotherapy pool must be provided with—

(a) a hoist mechanism or ramp;

(b) a depth of at least 1 m and at most 1,5 m;

(c) 1 m walking space around the pool;

(d) change rooms and lockers; and

(e) a wheel chair toilet.

(ii) a respiratory high care unit must be provided for mechanical ventilation of patients, with a minimum of 2 beds which comply with the requirements for a high care ward, as well as having one low pressure medical air point per bed.

Laundries

105. Laundries must comply with the National Building Regulations and the Occupational Health and Safety Act of 1993, and in addition must comply with the following requirements—

(1) The design of the laundry and layout of equipment must ensure a clear flow of work from the soiled to the clean side of the laundry.

(2) All clean laundered linen must be handled and stored on the clean side of the laundry to obviate soiling from the process of sorting, sluicing and washing of soiled linen.

(3) 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.

(4) Where laundry facilities are not provided on site a dirty/sluicing laundry holding facility/area is to be provided with on site storage for clean laundry.

(5) Sluicing of linen in wards is not permitted.

(6) A hand wash basin must be provided.

(7) The floors of the laundry must be concrete based and have a smooth washable and impervious finish and have an impervious, smooth, washable surface.

(8) Where floor drains are provided for in this area, outlets to these drains are to be installed in the soiled/washing area of the laundry and the floor must be sloped down to the waste outlet.

(9) Lockers for staff must be provided.

(10) A staff rest room or team room must be provided, though this may be shared with catering staff.

Main kitchens

106. Kitchens must comply with the National Building Regulations and the Occupational Health and Safety Act of 1993, and in addition must comply with the following requirements—

(1) Wash hand basins must be provided at the entrance to the kitchen.

(2) The design of the kitchen and layout of equipment must ensure a clear flow of work from the delivery and preparation area, and scullery area, to the final food preparation and serving area.

(3) Food preparation and plating area must be protected from the dirty preparation area and scullery area.

(4) There must be separate facilities for the bulk storage of dry goods, vegetables, meat and fish.

(5) Refrigeration and deep-freezer space must be provided.

(6) An adequate and effective pest control system must be must be provided.

(7) The floors of the kitchen must have a concrete base and durable impervious, smooth, washable finish.

(8) Where floor drains are provided for the washing of the floor, outlets to these drains are to be installed in the soiled/wash up area of the kitchen and the floor must be sloped down to the waste drain outlet. Alternatively, a suitable stainless steel grease trap with an anti vac trap is to be installed in the cooking area.

(9) Lockers for staff must be provided.

(10) A staff rest room or team room must be provided, though this may be shared with laundry staff.

107. Outside catering facilities may be used, in which case provision must be made for delivery of meals with reconstituting facilities and an area for the cleaning of crockery, cutlery and trolleys. Unimpeded work flow facilities are to be provided.

Pharmacies

108. Pharmacies in private hospitals or unattached operating theatres must comply with the following requirements—

(1) Pharmacies must provide dispensing facilities.

(2) Pharmacies must be accessible to wards, operating theatre units and patients, including patients in wheelchairs.

(3) A safe and secured area must be provided for storage of drugs in accordance with manufacturers' instructions or other legal requirements.

(4) Pharmacies must have a secure external access for distribution, transport and deliveries.

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