



# PRACTICE CODE NUMBERING SYSTEM

A Division of the Board of Healthcare Funders

01 July 2025

## PCNS QUESTIONNAIRE DAY CLINIC & UNATTACHED OPERATING THEATRE UNIT

**For completion by a Day Clinic or unattached operating theatre unit applying for classification as an Approved Unattached Operating Theatre unit.**

This document is to be submitted together with the Application form; supporting documents and completed criteria to [pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

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

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

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

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

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

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

### PROPRIETOR

Executive in charge: \_\_\_\_\_

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



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## CONTACT DETAILS:

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

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

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

- The answers to this questionnaire will be used by the inspection team evaluating your facility as per the guidelines as set down in the PCNS Application Criteria for a Day Clinic or Unattached Operating Theatre Unit.
- Items in this questionnaire marked with an asterisk, thus, are to be regarded as essential elements
- Failure to comply with these items will result in the application for classification as an approved day clinic / unattached operating theatre unit not being considered.
- Recommendations by the inspecting team can only be made following an on-site inspection of your facility.

	<input checked="" type="checkbox"/>
An on-site inspection of the relevant clinic will be required in all instances.	
The following records shall be made available for scrutiny by the surveyors at the time of inspection:	<b>Seen</b>
• Current Certificate of Registration in terms of R158	<b>Yes / No</b>
• Patient / Operation Register	<b>Yes / No</b>
• Drug Register	<b>Yes / No</b>



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## 1. REGISTRATION

	<input checked="" type="checkbox"/>
1.1. Does your clinic comply with the regulations governing unattached operating theatre units as published under government notice R158 in government Gazette 6832 dated 1 February 1980?	Yes / No
1.2. Has the clinic been granted any exemptions from Compliance with these regulations?	Yes / No
1.3. Date of original registration	
1.4. Copy of current certificate of registration to be attached hereto.	Yes / No

### SURVEYORS' COMMENTS:

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## 2. OPERATING THEATRE UNIT

	<input checked="" type="checkbox"/>
<b>2.1. Theatres</b>	
2.1.1. State total number of theatres:	
2.1.1.1. Piped services:	
• Oxygen	
• Nitrous	
• Vacuum	
• Compressed air	
2.1.1.2. Electrical	
• Number of socket outlets in each theatre	
2.1.1.3. Red-line area Is a sterile "red-line area within the theatre area demarcated and correctly managed? If "no", please explain	Yes / No
2.1.2. Are adequate change-room facilities for doctors and staff provided?	Yes / No
2.1.3. Are adequate change-room facilities for doctors and staff provided?	Yes / No
<b>2.2. Anaesthetic facilities</b>	
2.2.1. Number of anaesthetic machines available (at least one per operating theatre)	
2.2.2. Number of ECG monitors available (at least one per operating theatre)	
2.2.3. Are schedule 5,6 and 7 drugs stored in an appropriate drug cupboard?	Yes / No

### SURVEYORS' COMMENTS:

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## 3. RECOVERY FACILITIES

3.1. Explain the method adopted and accommodation provided for the recovery of patient's post anaesthetic

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		<input checked="checked" type="checkbox"/>
3.2. State number of recovery room beds / trolleys		
3.2.1. * Piped services:		
• Oxygen		Yes / No
• Vacuum		Yes / No
3.2.2. Is a properly equipped emergency trolley as described in Annexure A easily accessible to both the recovery room and the theatre staff?		Yes / No
3.2.3. Are screening-off facilities for patients provided?		Yes / No
3.2.4. Number of socket outlets provided		

## SURVEYORS' COMMENTS:

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## 4. STERILISING FACILITIES

### 4.1. Number of autoclaves by type:

4.1.1. Steam : 

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4.1.2. Ethylene oxide : 

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4.1.3. Other (specify) : 

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### 4.2. Specify facilities for storage of sterile packs

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## SURVEYORS' COMMENTS:

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## 5. SLUICING FACILITIES

	<input checked="" type="checkbox"/>
5.1. Are adequate sluicing facilities provided?	Yes / No

### SURVEYORS' COMMENTS:

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## 6. PLANT AND EQUIPMENT

	<input checked="" type="checkbox"/>
<b>6.1. Emergency power plant:</b>	
6.1.1. Is an emergency power plant / UPS installed?	Yes / No
6.1.2. Does the system operate automatically in the event of a power failure?	Yes / No
6.1.3. Are the following served by the emergency plant / UPS?	Yes / No
• Operating theatre lights	Yes / No
• Strategic ward lights	Yes / No
• Socket outlets in operating theatre	Yes / No
• Socket outlets in recovery area	Yes / No
6.1.4 What is the KVA rating of the emergency power plant / UPS?	
<b>6.2. Disposal of waste other than refuse:</b>	
6.2.1. Does the clinic make use of an incinerator or Macerator?	Yes / No

6.2.2. If "no" to both of the above, how is waste disposed of?

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<b>6.3. Hot water and/or steam supply (if applicable)</b>	<input checked="" type="checkbox"/>
6.3.1. Supplied by:	
• Electrical geyser	Yes / No
• Steam generators	Yes / No
• Other (specify _____)	Yes / No
<b>6.4. Air conditioning system</b>	



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6.4.1. Is each operating theatre serviced by an air-conditioning system or unit?	Yes / No
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6.4.2. Briefly describe the system employed

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## 6.5. Fire protection

6.5.1. Specify number and type of fire extinguishers installed in the hospital

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## 6.6. Vacuum system

6.6.1. Specify type of system installed

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6.6.2. What back-up facilities are available in the event of a failure of the main system?

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## 6.7. Oxygen and Nitrous oxide supply

6.7.1. Describe the type of supply systems installed

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6.7.2. What back-up facilities are available in the event of a failure of the main system?



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6.7.3. What low-level alarm system is in use?

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<b>6.8. Elevators - applicable in multi-storey buildings and if clinic is not located on ground floor.</b>	<input checked="" type="checkbox"/>
6.8.1. If applicable, is the elevator capable of taking a patient Stretcher?	Yes / No
6.8.2. If the elevator is not capable of taking a patient stretcher, can the stairway accommodate a patient stretcher?	Yes / No

## SURVEYORS' COMMENTS:

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## 7. STAFFING

7.1. Specify by category number of staff employed

7.1.1. SRN's (with theatre diploma):

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7.1.2. SRN's (without theatre diploma):

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7.1.3. SEN's: 

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7.1.4. ENA's: 

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7.1.5. Other (Specify): 

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- 7.2. Specify how these staff are deployed between the various functions such as reception, theatre, and recovery ward areas.

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**SURVEYORS' COMMENTS:**

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8. PLEASE RECORD ANY OTHER FACTS OR OPINIONS WHICH YOU MAY WISH TO BRING TO THE ATTENTION OF THE SURVEYORS:

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9. NAME OF PERSON COMPLETING QUESTIONNAIRE: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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10. KINDLY RETURN THE COMPLETED QUESTIONNAIRE TOGETHER WITH THE APPROPRIATE SURVEY FEE TO:

The PCNS Department  
[pcns\\_admin@bhfglobal.com](mailto:pcns_admin@bhfglobal.com)

## OFFICIAL USE ONLY

### RECOMMENDATIONS OF THE INSPECTION TEAM

#### RECOMMENDATIONS OF SURVEYORS TO BHF

10.1 Date of on-site inspection of hospital \_\_\_\_\_

10.2 The \_\_\_\_\_ clinic should / should not be granted recognition in terms of the PCNS Application Requirements.

10.3 Reasons for recommendation

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10.4 BHF advised of recommendation on \_\_\_\_\_

10.5 Clinic advised of recommendation on \_\_\_\_\_

Names of Surveyors

Designation

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____