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## PCNS APPLICATION VERIFICATION CRITERIA FOR ACUTE PHYSICAL REHABILITATION

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

THE PURPOSE OF THIS DOCUMENT IS TO IDENTIFY THE FACILITIES, STAFFING NORMS AND STANDARDS THAT ARE REQUIRED IN AN ACUTE PHYSICAL REHABILITATION UNIT FOR STROKES, BRAIN DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), SPINAL CORD DYSFUNCTION (TRAUMATIC AND NON-TRAUMATIC), ORTHOPAEDIC (LOWER JOINT REPLACEMENTS), AMPUTATION (LOWER EXTREMITY), CARDIAC, PULMONARY, MAJOR MULTIPLE TRAUMA CASES. OTHER NEUROLOGICAL OR ORTHOPAEDIC IMPAIRMENTS WILL REQUIRE SPECIFIC LETTERS OF MOTIVATION. THIS EXCLUDES SUBSTANCE ABUSE.

ANY REHABILITATION UNIT WISHING TO RENDER ACCOUNTS IN ACCORDANCE WITH THE BHF BENCHMARK TARIFFS IS REQUIRED TO CONFORM TO THE REQUIREMENTS SET OUT HEREIN.

### 1. INTRODUCTION

This document was compiled by combining the relevant information from the R158 document from the Department of Health, and the inspection criteria compiled by the Board of Healthcare Funders of Southern Africa (BHF).

The purpose of this document is to identify the facilities and standards that are required for the award of an approved status in terms of the BHF Benchmark Tariffs.

Any private institution that is registered by the Department of Health in terms of Regulation R158 shall be entitled to apply to BHF for the award of the specified category.

Any private institution which enjoyed category "90" status prior to the introduction of these criteria will be able to request an inspection.

**No inspection will be conducted until the relevant fee has been paid to BHF and the Department of Health has awarded the current certificate of registration.**

### 2. STANDARDS AND CRITERIA

#### 2.1 Rules regarding inspection

- 2.1.1 No inspection will be conducted until such time as the Department of Health has issued the relevant current Certificate of Registration.
- 2.1.2 Any exemptions granted by the Department in terms of Regulation R158 will not necessarily have any adverse effect on the inspection findings. The basic requirement is that the unit being inspected holds a current Certificate and that it complies substantially with the minimum requirements as set out in R158 or any amendment or substitution thereof. What is important is the standard of nursing care, and the standard of equipment and facilities offered by the unit applying for classification as an acute physical rehabilitation unit.

### 3. STANDARDS AND CRITERIA FOR INSPECTION

#### 3.1 ADMINISTRATIVE PROCEDURES

- 3.1.1 Any unit which meets the following requirements may apply for classification as an acute physical rehabilitation unit:
  - \* Is registered by the Department of Health in terms of Regulation R158, Government Gazette No. 6832 dated 1 February 1980 (or any amendment or substitution thereof) for all services which it offers.



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- \* Maintains facilities, beds and services that are available over a continuous 24-hour period, 7 days a week.
- \* Is fully equipped in respect of beds, services and facilities in accordance with the relative Certificate of Registration, is adequately staffed in respect of all facilities, and is (*ready but not*) in operation at the time of application.
- 3.1.2 A request for a questionnaire, which must be completed and submitted prior to inspection, may be obtained from: [PCNS](#)
- 3.1.3 A non-refundable inspection fee, as determined from time to time, shall be payable to the Board of Healthcare Funders. This fee must accompany the completed questionnaire. The rehabilitation unit shall also be liable for all travelling and/or accommodation expenses reasonably incurred by the inspectors.
- 3.1.4 The Inspection Committee shall comprise of an external agent appointed by BHF.
- 3.1.5 A Committee, to determine whether the unit should be classified as an acute physical rehabilitation unit will then evaluate the result of the inspection.
- 3.1.6 The Inspection Committee will then notify the unit of the Committee's decision and the reasons therefor. In the event of the Committee rejecting the application, the unit will be advised of the deficiencies identified during the inspection.

The unit may submit documentation within 60 days of the date of this advice to the effect that the unit has corrected the deficiencies identified during the inspection. The Committee may then decide either to reclassify the unit as an acute physical rehabilitation unit, or to recommend that a reinspection of all or part of the unit be conducted. In the event of a reinspection in this instance, an inspection fee will again be payable. Travelling and accommodation expenses, if applicable, will also be payable.
- 3.1.7 In the event of the Inspection Committee rejecting any application, the unit concerned may appeal to the Appeals Committee, which may not include any members of the Inspection Committee who had done the inspection, for reconsideration of the application by submitting full reasons as to why the unit disagrees with the results of the inspection and subsequent decision of the Committee, and/or substantiating why the unit should be classified as an acute physical rehabilitation unit.
- 3.1.8 The Appeals Committee shall, within 30 days of having received the appeal from the unit concerned, advise such unit whether or not the appeal has been successful. The Committee shall give reasons to the unit as to why the appeal was unsuccessful.
- 3.1.9 A unit which has been refused classification as an acute physical rehabilitation unit and has not thereafter appealed, may apply to the Inspection Committee for a reinspection at any time. An inspection fee will again be payable, as will travelling and accommodation expenses if applicable.
- 3.1.10 A unit that is classified as an acute physical rehabilitation unit will be entitled to charge the applicable benchmark tariffs as from the date on which BHF has notified the unit accordingly.
- 3.1.11 The said committee shall also have power to receive and investigate complaints that any institution having a BHF practice code number no longer meets the criteria required for such classification.

The said committee may conduct such re-inspections as it considers desirable, and shall afford any such institution, no longer meeting such criteria, a reasonable opportunity to rectify matters, failing which said committee may reclassify any such institution.

The fee for this re-inspection would be 50% of the basic inspection fee plus travelling and/or accommodation, if applicable.

## 4. DEFINITIONS

- 4.1. **ACUTE PHYSICAL REHABILITATION UNIT**
- 4.2. **ADMINISTRATIVE CONTROL AREA** is a room or area for administrative control, enquiries and admission of patients and storage of records. This must be separate from the nursing unit. Access must not be through the patients care areas.
- 4.3. **CLEANERS' ROOM** is a room for the storage of cleaning equipment, the drawing of clean water, the disposal of dirty water, and the washing and drying of cleaning equipment. This room may be combined with the dirty utility room.



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- 4.4. **CLEAN UTILITY ROOM** is a room for the storage of clean linen, sterilized packs, dressings, and pharmaceutical supplies. May be used as a set-up area for ward procedures.
- 4.5. **CLINICAL BASIN** is a wash basin which can be operated without hand contact. The outlet shall be located away from the wall, and it should have liquid soap and hand drying facilities adjacent to it.
- 4.6. **DEMARCATED AREA** is an area where access is both restricted and controlled for maximum privacy and patient safety.
- 4.7. **DIRTY UTILITY ROOM/SLUICE ROOM** is a room used for the emptying, cleaning and storage of bedpans, urine bottles and patient safety.
- 4.8. **EMERGENCY TROLLEY/CRASH CART** is a **single integrated** mobile cart used for the storage of all appropriate equipment and pharmaceuticals for use in resuscitation of a patient.
- 4.9. **MAIN KITCHEN** is a room equipped for the receipt, storage and preparation of food and beverages, and must comply with the SABS Standard Criteria.
- 4.10. **MEDICAL WASTE DISPOSAL** is a safe and hygienic disposal of medical waste.
- 4.11. **MORTUARY** is a room for the temporary storage of bodies.
- 4.12. **NURSE STATION** is the control point for all activities in the patient care areas.
- 4.13. **NURSING UNIT OR WARD** is a unit with the facilities to accommodate patients as specified in the R158.
- 4.14. **PATIENT CARE FACILITY** is any institution, building or place where provision is made for the rehabilitation and nursing care of persons.
- 4.15. **PATIENT ROOM/WARD** refers to the room where the patient is accommodated.
- 4.16. **SOILED LINEN AND WASTE ROOM** is a room used for the collection and temporary storage of soiled linen and waste. This room may be combined with the dirty linen room.
- 4.17. **REHABILITATION UNIT** is a structurally single integrated unit in which multi-disciplinary team ensures that patients suffering from specific disorders requiring admission to this unit are rehabilitated to their individual optimum levels.
- 4.18. **STERILISATION UNIT (SU)** – this is a facility for receiving, preparation, packing sterilizing, storing, and issuing of sterile instruments and other materials. Also known as the central sterilizing and supply department.
- 4.19. **TREATMENT ROOM** is the room used for the treatment of patients in the nursing unit.
- 4.20. **WARD KITCHEN** is a room or area that forms an integral part of a nursing unit, for the preparation of food and beverages. If food is prepared in this room, it must comply with the main kitchen requirements.
- 4.21. **WASH HAND BASIN** – at an appropriate height and position for wheelchair patients with liquid soap and paper towel dispenses adjacent to it.
- 4.22. **NATIONAL BUILDING REGULATIONS SABS 0400** (as amended) refers to all areas other than patient related areas where reference is made to NBR.
- 4.23. **OCCUPATIONAL HEALTH AND SAFETY ACT OF 1993.**

## 5. GENERAL REQUIREMENTS

### 5.1 ACCESS

The unit must have a weather protected external entrance with direct ambulance access, with a minimum width of 1.8 meters.

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

A ramp must be provided if the level of the ground outside is not in line with the entrance.

Reception Area should be accessible by all patients and persons accompanying them

Suitable Office Space should be set aside to administer the department.

Waiting area to be available for patients and persons accompanying them

Access to separate toilets with wash hand basins to be available for men and women, as well as a wheelchair toilet with wash hand basin, which may be shared.



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## 5.2 SIGNAGE

The signage systems must comply with the primary function of guiding persons to various areas, departments, wards, rooms, lifts, etc. and to clearly indicate the exits. Signage should be clear and perform the function for which it was intended.

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

## 5.3 Fire protection

- 5.3.1.1 The fire protection services in the unit shall comply with local fire department regulations.
- 5.3.1.2 An effective emergency/evacuation plan should be in force and be prominently displayed.

## 5.4 Lifts

In any multi-story building, adequate lifts shall be installed for the conveyance of ambulant patients, visitors and stretcher cases. At least one of the lifts shall be capable of conveying standard unit beds and be capable of operating off emergency power.

At least one of the lifts shall be capable of conveying standard institution beds and must be connected and capable of operating on emergency power.

For post-orthopaedic patients on traction, one lift should be of sufficient dimensions to accommodate the patient beds with its traction apparatus attached.

## 5.5 Disposal of medical waste

An incinerator or other safe disposal system shall be provided for the disposal of medical waste and must comply with relevant SABS standards and all statutory regulations.

## 6. ENGINEERING SERVICE REQUIREMENTS

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

### 6.1 Ventilation and Lighting

All rooms shall be ventilated and lit in accordance with NBR and R1 %\*, unless otherwise stated.

### 6.2 Mechanical (Artificial) Ventilation

The minimum requirements which apply to all areas where patients are housed or treated, (other than those specifically quoted), and where mechanical (artificial) ventilation is required and shall deliver not less than 10 air changes per hour shall comply with the Deemed to Satisfy Rules 007 Artificial Ventilation of Part O of the NBR and R158.

### 6.3 Air Conditioning/Temperature/Humidity

- are all relevant in maintaining even climatic conditions within the facility to enhance patient comfort.

### 6.4 The storage of Pharmaceutical Products

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

If ambient temperatures exceed limitations, air conditioning or refrigeration must be supplied in accordance with requirements.

### 6.5 Daylight

Where the requirement for natural light (daylight) is stated, this may be met by windows opening onto an atrium or courtyard, or a roof light, providing privacy within the room or space is maintained. In addition, daylight may be borrowed from an adjacent room or corridor by means of glazing the wall in between providing the adjacent room or corridor is within the same unit and privacy is maintained.





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## 6.6 Hot water and steam supply

The unit shall have on the premises an adequate and properly maintained system for providing hot water and steam if the latter is required.

## 6.6 Emergency Water Storage Facility

24-hour supply of water should be available on the premises in the event of a main water supply failure.

## 6.7 Maintenance

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

A responsible person shall be appointed in terms of Regulation C1 of the Machinery and Occupational Safety Act. All plant rooms on the premises shall be in a clean and orderly state, as should all workshop facilities.

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## 7. ELECTRICAL INSTALLATIONS

The complete installation must confirm to:

- \* The consumer Code of the Wiring of Premises, SABS, Specification 0142.
- \* Occupational Health and Safety Act 1993,
- \* Any special requirements of the electricity supply authorities of the particular area or district.
- \* The Local Authority Fire Regulations
- \* Telkom requirements
- \* NBR
- \* R158

### 7.1 Emergency power plant or Uninterrupted Power Supply (UPS)

The unit shall have an emergency generator which operates automatically within 10 seconds of failure of the mains system, and which is of sufficient capacity to supply all critical facilities and areas of the unit with electricity in the event of a breakdown in the municipal electricity supply. The whole UPS installation must conform to SABS 1474 of 1988 with special reference to servicing all critical areas.

Critical facilities and areas include the following:

- i) Strategic lights in wards, corridors, rehab high care wards, duty stations, nurse call systems, fire escapes and therapeutic areas.
- ii) All socket outlets used for patient life support anywhere in the unit.
- iii) Patient lifts (minimum of one lift).
- iv) Medical air compressors (unless a standby compressed air manifold is provided).
- v) Vacuum pumps (unless mobile units on emergency power circuits are provided)
- vi) Gas alarm systems

### 7.2 Switched Socket Outlets (SSO)

Power supply to switched socket outlets (SSO) must be on an earth monitoring system. Double pole miniature circuit breakers must be used for critical points in these areas.

### 7.3 Gases

#### 7.3.1 Minimum Supplies are as follows:

- |                      |  |
|----------------------|--|
| Rehab high care ward | - Piped or mobile Medical aid, Oxygen and Vacuum |
| All other areas      | - Piped or mobile Oxygen and Vacuum.             |



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## 7.3.2 Oxygen Supply Services

- \* Oxygen supply services shall be fed by a manifold system which complies with SABS specifications No. 0224-1990 and local Provincial Administration specifications.
- \* If a bulk oxygen supply tank is fitted, the installation must comply with the standards set down by the Technical Gases Committee and the local fire department.
- \* Back-up facilities of oxygen shall be readily available in the event of a failure in the system.
- \* All pressure gauges shall be clean and in good operating condition.

## 7.3.3 Vacuum

- \* The vacuum installation shall comply with SABS 051 Part iii. Vacuum liquid bottle traps must be installed to collect any blood/fluids etc. that may be drawn into the pipeline. One bottle trap per ward block and other patient units.
- \* The system must be adequate enough to provide sufficient suction to all piped outlets in the institution.
- \* The system must be externally vented.
- \* Emergency suction facilities must be provided in the rehab high care ward and all patient rooms.

## 7.3.4 Safety Standards

All piped gas installations must conform to:

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

## 7.4 Nurse Call System

- 1) Every bed/patient shall have a call system that will enable the patient to call a nurse to the bedside and which can only be re-set at the bedside or patient control.
- 2) An emergency call system shall be provided in ablution facilities.
- 3) A mobile system which enables the patient to summon a nurse and which may only be cancelled on the patient control may also be used.

## 8. ADMINISTRATIVE CONTROL AREA

Patient rooms must be provided with daylight by means of windows.

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

10% of beds must be single rooms.

All beds shall be standard unit beds suitable for either adults or children, as the case may be. Cot sides must be available as well as bedside steps and bed elevators where mechanical beds are not used.

Oxygen and vacuum, either piped or mobile must be available to each patient room in the facility. If not piped to each patient room then at least one mobile oxygen supply and one mobile vacuum pump per 20 patients must be provided. All necessary fitting for O<sub>2</sub> and suction shall be in place and working satisfactorily.

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

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



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Each patient room shall be provided with a clinical basin.

Each bed shall be serviced by at least one 15-amp socket outlets. Each ward shall be provided with a socket outlet which is connected to the emergency power supply, provided that at least one emergency supply socket outlet per three beds is available. All emergency supply socket outlets shall be appropriately demarcated.

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

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

All bathroom, shower cubicles and toilets must, similarly be connected to the nurse call system or another independent call system.

## 9. NURSE STATION

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

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

### Emergency trolley

Each ward section in the unit must have a single fully integrated emergency trolley in each ward and be appropriate to the needs of that ward in which it is situated and should contain the basic requirements as listed.

#### Basic Requirements

- ❖ Defibrillator
- ❖ ECG Monitoring equipment
- ❖ Oxygen cylinder fitted with a flow meter and all the necessary ancillary fittings for administration.
- ❖ Suction, portable unit, with all necessary ancillary fittings.
- ❖ AMBU-bags or equivalent (S.M.L)
- ❖ CPR board
- ❖ Tracheotomy set
- ❖ Blood Pressure monitoring
- ❖ Appropriate facilities for the following:
  - Intravenous therapy
  - Intubation and oxygen administration
  - Drug administration
- ❖ Standard drugs suitable for the resuscitation of patients in the following emergency situations:
  - Cardiac arrest
  - Respiratory arrest
  - Coma
  - Fits, convulsions, seizures, etc.
  - Shock, all causes
  - Malignant hypothermia (Theatre only)

A daily check list should be attached to each trolley and signed by a person in authority.

The following is a comprehensive list for the Emergency Trolley in specific categories for ease of reference



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## Equipment:

Ambubags (infant, paediatrics and adult)	3
Blood Pressure apparatus	1
CPR board	1
Defibrillator	1
Diagnostic set	1
ECG machine	1
Foot suction unit with tubing and suction nozzle/catheter	1
Laryngoscope set	1
Oxygen cylinder with fittings	1
Artery forceps	1
E.T. tube introducers (S, M and L)	3
Macgills forceps (S and L)	2
Mouth gag	1
Patella hammer	1
Scissors	1
Stethoscope	1
Tongue depressor metal	1
Torch and batteries	1
Xylocaine spray	1
Tracheotomy set	1
Catheter mounts	2

## Disposables:

Butterflies - sizes 21G, 23G and 25G	6
Insulin syringes 1ml	2
Intracaths	2
Jelcos - sizes 14G, 16G, 18G, 20G, 22G and 24G	8
Needles - sizes 18G, 19G, 21G and 23G	12
Scalp vein sets	2
Syringes - sizes 2ml, 5ml, 10ml, 20ml and 50ml	20
Cardiotrace electrode gel	1
KY jelly sachets	2
Remicaine jelly 20ml tube	1
Elastoplast 75mm	1
Micropore 24mm	1
Tegaderm (1625 + 1626)	4
Oxygen mask (variable) - adult	1
Oxygen mask (variable) - paed	1
Stomach tubes (Levins) - sizes 10g, 12g, 14g and 16g	2
Suction catheters - sizes 5, 8, 10, 12, 14 and 16	5
Alcohol swabs	15
Aquapak \ Steromist	1
Blades (Swan Morton) - sizes 11, 15 and 23	9
Electrodes - 3 adult + 3 paediatric	6
Tongue depressors \ spatulas wooden	5
Trachea tape	1
Gauze dressings	
Cotton wool balls	
Crepe bandages	

## Airways

Size 00, 0, 1, 2, 3, 4 and 5	1 of each
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## Endo-Tracheal Tubes:

Cuffed: size - 2.5 to 8.5	1 of each
Uncuffed: size 2.5 to 7.5	1 of each





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## Intravenous Drugs: (check expiry dates)

Adrenaline 1:1000	10
Aminophylline 250mg / 10ml	10
Atropine 0.5mg	10
Calcium Chloride 10ml	2
Calcium Gluconate (Sandoz) 10ml	2
Dantrium <b>(Theatre only)</b>	10
Decadron Shockpak 20mg / 5ml	2
Dextrose 50% 20ml	2
Dobutrex Chloride 250mg	2
Ephedrine 50mg	10
Impurel 0.2mg / ml	5
Inderal 1 mg / ml	2
Intropin / Dopamine 40mg / ml	2
Ipradol 5mcg	5
Isoptin 5 mg / 2ml	2
Lanoxin 0.5 mg / 2ml	5
Lasix 20 mg / ml	5
Mag, Sulphate 1g / 2ml	5
Narcan 0.4 mg / ml	2
Narcan Neonate 0.02 mg / ml (Neonate)	2
Neostigmine 2.5mg / ml <b>(Theatre only)</b>	5
Nepresol 25mg	2
Phenergan 25mg / ml	10
Phenylephrine (in fridge)	5
Pot. Chloride 15% 10ml	5
Remicaine 2% 5ml	10
Remicard 100mg / 5ml	2
Robinul 2ml (Theatre only)	5
Sod. Bicarb 4% 20ml	5
Sodium Chloride 10ml	5
Solu-cortef 100mg / 2ml	5
Tridil 25mg	1
Tridil 50mg	1
Valium 10mg	5
Water for injection 10ml	10
Water for injection 20ml	10

## Intravenous Fluids:

Darrows half strength	1
Glucose 5% 200ml	1
Haesteril 6% & 10%	2
Haemacel 500ml	2
NaCl glass 200ml (for Tridil)	1
Plasmolyte-B 1 litre	2
Ringers Lactate 1 litre	2
Sod. Chloride 0.9% 200ml	2
Sod. Chloride 0.9% 1 litre	1

## Giving Sets:

Add-a-Line	1
Blood Admin Set AFC2020	1
Continuflow	1
Soln. Admin Set 15 drop / ml AFC0197	2
Soln. Admin Set 60 drop / ml AFC0198/0136	1
Venous Pressure Manometer AFC02230	1

## Blood Tubes:

Assortment	
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## Gloves:

Sterile size 7, 7.5, 8 and 8.5	2 of each
Unsterile medium and large	2 of each

### 9.1. Kitchen

A ward kitchen, which should be 4m<sup>2</sup> and contain the following minimum requirements:

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

### 9.2. Ablution and Toilet Facilities for Patients

- ❖ An ablution facility for disabled persons serving both male and female patients and visitors, containing a free-standing bath or wheelchair shower, and wheelchair toilet, plus wash hand basin with soap and paper towel dispenser (refer NBR) should be available per floor.
- ❖ Where several patient rooms share ablution/toilet facilities or where a ward with its own facilities contain more than six beds, the following are required:
  - Separate facilities for male and female patients for facilities with more than 12 patient beds.
  - At least one bath or shower and one wash hand basin per 12 patients or part thereof must be provided in the ablution area.
  - At least one toilet per 8 patients or part thereof; and
  - At least one wash hand basin for every two toilets, unless toilets are located singly in which case one wash hand basin for each toilet is required.

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

All doors must be easily opened and removable from outside.

### 9.3. Clean Utility Rooms

#### 9.3.1. Treatment Room

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

The following equipment should be provided:

- Baumanometers and Stethoscopes (if not fitted to patient headboard)
- Glucometer
- Diagnostic set
- Patient Scale
- HB- meter
- Oximeter

As well as sufficient and appropriate stock to meet the needs of the nursing unit.

#### 9.3.2 Linen Room

This may be a separate, well ventilated cupboard or room with shelving and should be lockable. A mobile locker and general-purpose trolley may be stored here. There should be sufficient stock to meet the needs of the ward.



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## 9.3.3 Equipment Room

For the storage of ward equipment and such items that are necessary for the management of the unit e.g. bed cradles, mobile drip stands, monkey poles, cot sides, bed elevators, urine bag holders, bed step, ECG machine, Infusion pumps, mobile light, NIBP dynamap, wheelchairs, walkers, crutches, etc.

## 9.4 DIRTY UTILITY ROOMS

### 9.4.1 Soiled Linen Room

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

### 9.4.2 Sluice Room

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

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

### 9.4.3 Cleaners Room

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

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

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

### 9.4.4 Staff Toilet

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

## 10. REHABILITATION HIGH CARE WARD (RHCW)

The following additional requirements for the ward must be provided:

### 10.1 General requirements

- 10.1.1 The unit is to be supervised by a registered nurse who has had adequate training and experience in the care and management of the specific type of patients being treated in the RHCW. Similarly, other staff employed in the unit must have similar training and experience for their level of responsibility in the unit.
- 10.1.2 The staffing levels in the RHCW must be sufficient to ensure that a minimum of fourteen to twenty-four hours nursing care per occupied patient day is maintained at all times.
- 10.1.3 Each bed shall have a wall length of 2,7m at the head and must be serviced with piped oxygen and vacuum together with the necessary ancillary fittings.
- 10.1.4 4 X 15 AMP electrical switched socket outlets per bed connected to the UPS/EPS.



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- 10.1.5 In order to afford patients privacy, screen curtains around each bed must be provided.
- 10.1.6 The duty station must be situated so as to afford nursing staff an unobstructed view of all patients in the RHCW, or a central monitoring system must be provided with an unobstructed view.
- 10.1.7 A clinical basin shall be provided for each 6 beds or part thereof in the unit.

## 10.2 Equipment in the RHCW

- 10.2.1 The beds in the RHCW must be suitable to meet the demands of the nursing requirements.
- 10.2.2 Sufficient units of the following equipment must be available in the HCW to meet the usual needs placed upon the unit:
  - \* ECG monitor
  - \* IV controller (infusion pumps) (1 per bed)
  - \* Nebulizer
  - \* HB Meter
  - \* Dynamaps (1 per bed)
  - \* Oximeter (1 per bed)
  - \* Glucometer
  - \* X-ray Viewing panel
  - \* Diagnostic set
  - \* O<sub>2</sub> and flow meters
  - \* VSD pendant
  - \* Multichannel monitor to be available.
- 10.2.3 A properly equipped emergency trolley must be readily available at all times to the staff working in the RHCW, as well as a defibrillator.

## 10.3 Service Accommodation

The following service accommodation must be provided:

- ❖ Dirty utility room
- ❖ Clean supplies room or cupboard or mobile clean supply system
- ❖ Equipment room or storage space
- ❖ Staff toilets
- ❖ Staff rest rooms with kitchenette facilities
- ❖ Kitchen
- ❖ Waiting area for visitors
- ❖ Patient ablution and toilet facilities

## 11. REHABILITATION INTENSIVE CARE UNIT (RICU) (If applicable)

### 11.1 General requirements for Rehabilitation ICU

- 11.1.1 The unit shall be supervised by a registered nurse who has the training, experience and documented competence in the care and management of the specific type of patients being treated in the unit, whether they be medical, cardiac or post-operative patients. Other nursing staff employed in the unit must have similar training and experience for their level of responsibility in the unit.
- 11.1.2 The staffing levels in the ICU must be sufficient to ensure that a minimum of twelve hours nursing care per occupied patient day is maintained at all times.
- 11.1.3 Insofar as facilities are concerned, each bed in the ICU must be provided with at least one point of each of piped oxygen, vacuum, and compressed air together with the necessary ancillary fittings. At least 6 power points per bed shall be provided.
- 11.1.4 A cubicle in which a patient may be isolated is also required. Screen curtains around each bed must be provided.





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11.1.5 A suitable nurse station which affords the duty nurse an unobstructed view of all patients in the ICU must be provided.

11.1.6 The ICU should be serviced either by a central air conditioning system or by consol-type air conditioning units of sufficient capacity to ensure comfortable ambient temperatures during all seasons.

## 11.2 Equipment in ICU

11.2.1 The beds in the ICU must be sophisticated enough to meet the demands of ICU nursing but be standard ICU beds at least.

11.2.2 Each bed must be served by a monitor/ monitors which will enable at least the following information to be ascertained:

- \* ECG
- \* Heart rate
- \* Body temperature
- \* Blood pressure.

11.2.3 Either the monitors or the central console should have an alarm system which is automatically triggered when pre-set limits are exceeded or not met.

11.2.4 If the monitors in the ICU are not connected to a central console, each monitor must be capable of providing either on demand or automatically a rhythm and rate tracing.

11.2.5 Sufficient units of the following equipment are to be available to meet the usual patient loads placed upon the ICU:

- \* IV controller (at least 2 per bed)
- \* Microprocessor ventilator (at least 1 per every 3 beds)
- \* Blood warmer.

11.2.6 A blood gas analyser shall be located on the premises and be readily accessible to the ICU.

11.2.7 A properly equipped emergency trolley must be located in the ICU, as well as a defibrillator.

11.2.8 If paediatric surgery is regularly performed in the unit, suitable paediatric ICU equipment must be provided, e.g. paediatric ventilator, incubator.

## 12. STERILISATION AND DISINFECTING UNIT (SDU) (if applicable)

### 12.1 GENERAL REQUIREMENTS

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

The following functional areas must be provided.

#### 12.1.1 Washing and Decontamination Area

#### 12.1.2 Tray and Pack Preparing Area

Comprising the following:

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

#### 12.1.3 Storage Area for Sterile Packs



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

## 13. PHARMACY SERVICE

- 13.1 An on-site dispensary must be capable of providing the unit with a pharmacy service that is administered in accordance with accepted ethical, legal and professional practices so as to consistently meet timeous needs of patients.
- ❖ This must comply with Medicine Control Council requirements, must be registered with the Pharmacy Council Regulations and certificate of registration to be available to the inspection team.
  - ❖ The dispensary must be able to offer 24-hour on-call service. This facility should be supported through the use of a properly controlled emergency cupboard.
  - ❖ Must be easily accessible to wards and patients. Access must be allowed to patients in wheelchairs.
  - ❖ Must be accessible for deliveries from outside, ideally through an outside entrance.
  - ❖ Security is of the utmost importance, and all windows and doors must be secured.
  - ❖ Safety and fire regulations to be followed and a fire evacuation plan be displayed.
  - ❖ Temperature requirements for storage of drugs. Medicine Control Council recommends a maximum of 25°C ambient temperature for pharmacies.
  - ❖ Refrigeration to be provided.
  - ❖ Safe storage must be provided for all disinfectants, drugs and materials used in the unit, with special reference to inflammable substances.
  - ❖ Proper storage facilities and drug cupboards must be provided in all ward areas and in the theatre suite, especially for schedules 5, 6 and 7 substances. Proper drug registers must be maintained and supervised.
  - ❖ Wash hand basin and washing up facility should be provided.
  - ❖ Equipment included a scale, pallet trolley, sterile supply trolley and a till.

## 14. KITCHEN

- 14.1 The catering facilities must be suitable so as to provide for the nutritional and cultural needs of the patients treated in the unit. This service may be provided by an outside agency. (In which case provision must be made for delivery of meals, with reconstituting facilities and an area for cleaning of crockery and cutlery and trolleys. a clear flow of work as specified below must be ensured.
- ❖ The design of the kitchen must comply with the SABS regulations, NBR and the Occupational Health and Safety Act of 1993, as well as local authority regulations. The layout of equipment must ensure a clear flow of work from the delivery and preparation area to the final food preparation and serving area and then the scullery area.
  - ❖ Change rooms, wash hand basin and toilets should be provided for the kitchen staff as well as protective clothing.
  - ❖ A wash hand basin must be provided within the kitchen.
  - ❖ There must be separate facilities for the bulk storage of dry goods, vegetables, meat and fish.
  - ❖ Refrigeration and deep-freezer space must be provided.
  - ❖ Suitable areas must be provided for the hygienic preparation and cooking of food.
  - ❖ Appropriate and hygienic facilities must be provided for the plating of food for the wards as well as facilities for keeping it hot.
  - ❖ Waste disposal should be in accordance with local authority regulations.
  - ❖ Suitable area and equipment for the washing of kitchen utensils, cutlery and crockery to be in place, as well as the storage thereof.
  - ❖ Suitable storage areas for crockery and cutlery and kitchen utensils to be available.
  - ❖ Stoves and cooking utensils to meet the needs of the institution.
  - ❖ Transportation of food to the wards to be hygienic and facilities to keep food hot to be in place.
  - ❖ The floors of the kitchen must have an impervious, smooth, washable, non-slip surface and where floor drains are provided for the washing of the floor, outlets to these drains are to be installed in the soiled washing up area of the kitchen and the floor must be sloped down to this point. OR
  - ❖ Grease trap floor drains so designed as to prevent back-flow of stench from the drains may be installed throughout the kitchen.

## 15. RADIOLOGY FACILITIES

Must be functional at the time of inspection of the hospital and be adequately staffed.

- 15.1 Radiology services and consultation shall be conveniently and regularly available to meet the needs of patients.
- 15.2 Radiation certificate must be displayed.



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- 15.3 The service must be directed by a qualified radiologist.
- 15.4 The unit shall have adequate facilities, equipment (both fixed and mobile and supplies to cater for the radiology service required to meet the needs of the institution).
- 15.5 Adequate facilities for providing an emergency radiology service after-hours must be available.
- 15.6 The department should be equipped with the following minimum requirements:
- ❖ A reception area which is accessible to the disabled.
  - ❖ Suitable signage to direct patients and staff
  - ❖ Fire evacuation plans to be displayed
  - ❖ Patient register
  - ❖ Radiation warning signs
  - ❖ A waiting room accessible to all patients
  - ❖ Toilet facilities
  - ❖ Suitable facilities for patients to change and a sufficient supply of clean gowns to cover the needs of the unit.
  - ❖ Room or area to process films, suitably equipped.
  - ❖ Doctors office with x-ray viewing boxes and lights in which to report films
  - ❖ Storage area for stock and cassettes
  - ❖ Accounts department appropriately equipped and staffed to produce accounts in accordance with the requirements of the tariffs.
  - ❖ Emergency trolley
  - ❖ Drug cupboard for schedule 5, 6 and 7 drugs and suitably maintained register.

## 16. LABORATORY FACILITIES

A satisfactory system which provides for the efficient collection of pathological specimens from all sections in the unit must be in force. The system must provide for a method by which an accurate record is kept of all specimens sent out for examination.

## 17. LAUNDRY FACILITIES

- 17.1 The laundry service/function must be properly organised and supervised so as to provide the unit with a regular supply of clean linen to wards. This service may be provided by an outside agency.
- The design of the laundry must comply with the SABS regulations, the NBR and the Occupational Health and Safety Act of 1993 and the layout of equipment must ensure a clear flow of work from the soiled to the clean side of the laundry.
- 17.2 A wash hand basin must be provided.
- 17.3 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.
- 17.4 Proper facilities must be provided for the storage of clean linen, collection and handling of soiled linen, and the treatment of septic linen.
- 17.5 If the laundry is remote from the institution, a central sluicing room must be provided at the institution. This should not be at ward level.
- 17.6 The floors of the laundry must have an impervious, smooth, washable surface and where floor drains are provided for the washing of the floors, outlets to these drains are to be installed in the soiled washing area of the laundry and the floor must be sloped down to this point.
- 17.7 An appropriate transportation of clean linen must be provided.

## 18. MORTUARY FACILITIES

A suitable well-ventilated secure area shall be set aside for the storage of bodies pending their removal from the institution premises. Such areas shall not be used for any other purpose. A special trolley should be provided for this facility. An outside service may be used.



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## 19. BLOOD BANK

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

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

## 20. INFECTION CONTROL

An appropriate infection control plan should be in place and demonstrated to the inspector team at the time of inspection.

## 21. THERAPEUTIC FACILITIES

Provision must be made for the service of a multidisciplinary team which includes the following:

- \* Medical Practitioner
- \* Rehabilitation Physiotherapist
- \* Occupational Therapist
- \* Rehabilitation Nurse
- \* Rehabilitation Social Worker

Where applicable, provision must also be made for the following members of the multidisciplinary team. (These services are regarded as desirable, although not essential):

- \* Clinical Psychologist
- \* Speech Therapist
- \* Dietitian
- \* Biokineticist
- \* Pharmacist

An area must be provided where therapy can be provided. The area can be shared for all multidisciplinary therapy, and include therapy departments, therapists' offices, change rooms, toilets, recreational facilities, a dining room and lounge area, treatment rooms and splinting rooms.

Included in the activities of daily living (ADL) area facility must be a kitchen, bedroom and bathroom for rehabilitation in circumstances approximating the home environment.

Also included in this area must be an indoor pool for hydrotherapy.