

National Core Standards

A set of tools to assist with practical implementation of quality improvement plans across the six priority areas

Toolkit 2.0



Western Cape
Government

Health

BETTER TOGETHER.

Introduction

This toolkit contains a series of tools that can be used to address 25 National Core Standards (NCS) measures across the six priority areas. These priority areas are:

No.	Priority Area
1	Values and attitudes
2	Cleanliness
3	Waiting times
4	Patient safety
5	Infection prevention and control
6	Availability of medicines and supplies

This toolkit is the first of many aimed at addressing NCS measures across the priority areas.

Types of Tools

Implementation Tools (IT) are tools that can be implemented to directly address NCS measures.

List of Tools

Table 1 lists the Tools included in this toolkit categorized according to the priority area they support.

Table 1: Overview of Tools available In Toolkit 2

No.	Priority Area	NCS Measure	Tool Code	Tool	Type	Purpose
1	Values and Attitudes	<p>1.1.1.1.1 (E) CHECKLIST: Patients are interviewed to assess whether they feel that they have been treated in a respectful and caring manner</p> <p>1.1.1.1.2 (E) CHECKLIST: 3 Staff members observed by the assessor demonstrate courtesy / patience / empathy / tolerance</p> <p>1.2.2.1.1 CHECKLIST: The health establishment provides patients with information on their rights and responsibilities</p>	1.2.1	Patients' Rights Poster and Patient Rights leaflets	IT	Provide patients with a poster that explains their rights within a health establishments
2	Cleanliness	<p>7.4.1.4.1 (D): There is a no smoking policy applicable to patients / visitors and the staff</p> <p>7.4.1.4.2 (D): Notices are prominently displayed prohibiting smoking inside the buildings</p> <p>7.4.1.4.3 (E): Smoking areas are provided and identified for staff / visitors and patients</p>	2.2.1	Tobacco Control Policy	IT	Provide health establishments facilities with a guideline that regulates smoking thus ensuring that staff and patients/visitors have a healthy environment
			2.2.2	No smoking signs	IT	Provide health establishments with notices/signs indicating the areas where smoking is and is not permitted
			2.2.3	Signs for designated smoking areas	IT	
3	Waiting Times	1.2.2.2.1 (D) CHECKLIST: There is clear signage to the different service areas in the health establishment	3.2.1	Laminated Signs for different services	IT	Provide healthcare facilities with clear signage to specific service areas

4	Patient Safety	<p>2.2.1.1.1 (E) CHECKLIST: The most up to date guidelines on the national strategic priority programmes or health initiatives are available</p>	4.2.1	Essential Guidelines and Policies	IT	Provide health establishments with up-to-date guidelines and policies
		<p>2.2.1.2.1 (V) CHECKLIST: The establishment conducts clinical audits of each priority programme/ health initiative. Review the clinical audit reports – checklist provided. If no clinical audits conducted, review 3 patient files per priority programme</p>	4.2.2	Clinical Audit Tool	IT	Provide health establishments with a template to use to audit patient files from different programme areas
		<p>2.4.3.4.1 (V): A protocol regarding the safe administration of medicines to patients is available including a protocol for the safe administration of medicines to children 2.4.3.4.2 (V) CHECKLIST: Observation of patient receiving medication confirms that patients' safety is assured</p>	4.2.3	Medicine administration protocol (Including Safe Administration to Children)	IT	Provide health establishments with a protocol regarding the safe administration of medicines to patients including children
5	Infection Prevention and Control	<p>2.4.2.1.1 CHECKLIST: There are comprehensive procedures covering standard precautions which includes the following: 2.4.2.2.1: Appropriate types of respirators are provided to staff who are at risk of contracting TB or exposed to serious contagious respiratory infections 2.4.2.2.2 CHECKLIST: Healthcare personnel are educated on PPE and use of respirators 2.4.2.2.3 CHECKLIST: Healthcare personnel exposed to TB wear respirators appropriately. The personnel are observed 2.4.2.2.4 CHECKLIST: Healthcare personnel can explain the correct use of respirators 2.6.3.2.1 (V) CHECKLIST: A random selection of clinical areas show that sharps are safely managed and disposed of</p>	5.2.1	Standard Precautions Policy	IT	Provide health establishments with a comprehensive policy covering standard precautions in healthcare facilities
			5.2.2	Needle Stick Injury Policy with Incident Reporting Form	IT	Provide health establishments with a Needle Stick Policy and Incident Reporting Form

6	Availability of Medicines and Supplies	<p>3.1.3.3.1 (V): A standard operating procedure is available which indicates how schedule 5 and 6 medicines are stored / controlled / distributed in accordance with the Medicines and Related Substances Act 101 of 1965</p>	6.2.1	Standard Operating Procedure for PHCs and CHCs: Procurement, controlling and issuing of schedule 5 and 6 medication	IT	To provide health establishments (PHCs and CHCs) with an SOP that describes the management of schedule 5 and 6 medication
		<p>1.5.1.3.1 (V) CHECKLIST: 3 random selected scripts in pharmacy are correlated with medication dispensed to ensure that all medication was received as prescribed</p> <p>3.1.3.2.1 CHECKLIST: The pharmacist, pharmacist's assistant/nurse is observed to dispense the medicine to the patient</p> <p>3.1.4.2.1 (E): A standard operating procedure is available which outlines the dispensing of medicines according to the Pharmacy Act 53 of 1974 and Medicines and Related Substances Act 101 of 1974</p> <p>3.1.4.3.1 (V) CHECKLIST: A random selection of 3 patients receiving medicine indicate that they have a clear understanding of how and when to take their medication and any other relevant information - Generic outpatient checklist</p> <p>3.1.4.4.1 (E) CHECKLIST: A random selection of 3 prescriptions audited shows that prescribing is done to facilitate rational use of medicine and in accordance with prescribing guidelines and policies</p>	6.2.3	Standard Operating Procedure for Community Healthcare Centres and Primary Healthcare Facilities: Safe dispensing of medication	IT	To provide health establishments (CHCs and PHCs) with an SOP that describes how to safely dispense medication

Tool Code:



Measure Code:

- X – Extreme
- V – Vital
- E – Essential
- D – Developmental

Priority Area 1

Values and Attitudes

Priority Area 1: Values and Attitudes

Purpose of Tools

The aim of this tool is to provide patients with an overview of their rights, and healthcare workers with an overview of their responsibilities in a health establishment. This tool will assist health establishments to comply with at least 3 NCS measures

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Ensure that the Patients' Rights Poster is up on a wall in each waiting room and is clearly visible Ensure that Patient Rights leaflets are available	Operational Manager	Once-off	1.2.1

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Patients' Rights Poster and Patient Rights leaflets	1.2.1	IT	Provide patients with information of their rights and responsibilities in a health establishment

NCS Measures linked to Tools

	Measure
1	1.1.1.1.1 (E) CHECKLIST: Patients are interviewed to assess whether they feel that they have been treated in a respectful and caring manner
2	1.1.1.1.2 (E) CHECKLIST: 3 Staff members observed by the assessor demonstrate courtesy / patience / empathy / tolerance
3	1.2.2.1.1 (CHECKLIST): The health establishment provides patients with information on their rights and responsibilities

CHECKLIST DOMAIN 1 – PATIENT RIGHTS

1.1 Respect and Dignity

Patient are treated in a caring and respectful manner by staff with the appropriate values and attitudes

Number of checklist	Criterion	Checklist reference	Measure
1.1.1.1.1	Patients are treated courteously, with empathy and caring by health care establishment personnel	Patient respect reported	3 patients are interviewed to assess whether they feel that they have been treated in a respectful and caring manner
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
7	21	P01 P02 P03 P04 P07 PC01 PX01 PX03 PX04 PX07 PX09	PI

Instructions: Interview 3 random patients to determine whether they feel that they have been treated in a respectful and caring manner. If the answer is YES tick in the 'yes' column, if not tick in the 'no' column.

No.	Question / Aspect	1		2		3	
		Yes	No	Yes	No	Yes	No
1	Does the staff treat you politely/with respect?						
2	Has your illness/injury been clearly explained to you?						
3	Does staff voluntarily inform you about where to go for treatment or to collect your medicine?						
4	Are you able to ask questions about your illness?						
5	Does staff respond when you request assistance?						
6	Do you feel that staff cares about your health and getting well?						
7	Did the healthcare personnel tell you to come back if your illness becomes worst whilst on treatment or after treatment?						
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all questions minus the not applicable responses)							

CHECKLIST DOMAIN 1 – PATIENT RIGHTS

1.1 Respect and dignity

Patient are treated in a caring and respectful manner by staff with the appropriate values and attitudes

Number of checklist	Criterion	Checklist reference	Measure
1.1.1.1.2	Patients are treated courteously, with empathy and caring by health care establishment personnel	Patient respect observed	3 random staff members observed by the assessor demonstrate courtesy / patience / empathy / tolerance
Number of questions		Unit where assessed	Type of assessment
7	21	P01 P02 P03 P04 P07 PC01 PX01 PX03 PX04 PX07	OBS

Instructions: Observe 3 interactions between health care personnel in the wards/consultation rooms. Ask for permission to observe consultation. Try and get a spread of doctors, nurses, clerks
If the answer is YES tick in the 'yes' column if not tick in the 'no' column

No.	Question / Aspect	Interaction 1		Interaction 2		Interaction 3		Comment
		Yes	No	Yes	No	Yes	No	
1	Patients are addressed by name and treated with empathy							
2	It is clear that the patient 's age and culture are considered in interaction by staff							
3	Does the staff member address the patient in a language that the patient understands?							
4	Does the staff member care whether the patient is comfortable							
5	Staff member listens attentively while patient responds							
6	Staff member responds with empathy and patience on patients questions and requests							
7	Patients are treated with empathy							
Actual score (Sum of positive responses)								
Maximum possible score (Sum of all questions minus the not applicable responses)								

CHECKLIST DOMAIN 1 – PATIENT RIGHTS

1.1 Respect and dignity

Patient are treated in a caring and respectful manner by staff with the appropriate values and attitudes

Number of checklist	Criterion	Checklist reference	Measure
1.2.2.1.1	Patients' Rights posters and pamphlets are displayed in all waiting areas in the local languages	Patient rights	The health establishment provides patients with information on their rights and responsibilities
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
4	4	Waiting areas	POBS

Instructions: Observe the environment for Patients' Rights posters and pamphlets

No.	Question / Aspect	Patient 1		Patient 2		Patient 3		Comment
		Yes	No	Yes	No	Yes	No	
1	Patients' Rights poster displayed in all waiting areas and inpatient areas							
2	Patients' Rights posters in common local languages of the geographic area							
3	Patients' Rights pamphlets in all waiting areas and inpatient areas							
4	Patients' Rights pamphlets available in common local languages of the geographic area							
Actual score (Sum of positive responses)								
Maximum possible score (Sum of all questions minus the not applicable responses)								

Priority Area 2

Cleanliness

Purpose of Tools

The aim of these tools are to assist health establishments to adhere to South African smoking legislation. These tools will assist health establishments in complying with at least 3 NCS measures

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Familiarise all staff with the Smoking Policy	Operational Manager	Once-off	2.2.1
2	Ensure that the No Smoking signs are displayed in all areas where smoking is not permitted	Operational Manager	Once-off	2.2.2
3	Ensure that the Designated Smoking Area sign is placed in the designated smoking area (outside the health establishment, more than 5m from any entrance or exit) and is clearly visible	Operational Manager	Once-off	2.2.3

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Smoking Policy	2.2.1	IT	Provide health establishments with a policy that regulates smoking thus ensuring that staff and patients/visitors have a healthy environment
2	No smoking signs	2.1.2	IT	Provide information to patients, staff and visitors areas where smoking is not permitted
3	Signs for designated smoking areas	2.2.3	IT	Provide information to patients, staff and visitors areas where smoking is permitted

NCS Measures linked to Tools

	Measure
1	7.4.1.4.1 (D): There is an anti-smoking policy applicable to patients / visitors and the staff
2	7.4.1.4.2 (D): Notices are prominently displayed prohibiting smoking inside the buildings
3	7.4.1.4.3 (E): Smoking areas are provided and identified for staff / visitors and patients

Priority Area 3

Waiting Times

Priority Area 3: Waiting Times

Purpose of Tools

The aim of this set of tools are to provide clear signage to service areas in the health establishment and will assist with compliance of at least 1 NCS measure

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Ensure that all signage is placed in the appropriate service areas	Operational Manager	Once-off	3.2.1

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Laminated Signs	3.2.1	IT	Provide health establishments with clear signage to specific service areas

NCS Measures linked to Tools

	Measure
1	1.2.2.2.1 (D) CHECKLIST: There is clear signage to the different service areas in the health establishment

CHECKLIST DOMAIN 1 – PATIENT RIGHTS

1.2 Access to information for patients

Patients have access to information on the services provided by the health establishment.

Number of Checklist	Criterion	Checklist reference	Measure
1.2.2.2.1	The signage in the health establishment directs patients and/or visitors to key areas of the health establishment	Service area signage	There is clear signage to the different service areas in the health establishment
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
10	10	S10 SC01 MC14 MC14A SX10	OBS

Instructions: The assessor will need to walk around the health establishment to check for signage, starting at the entrance or the help desk. If the signage guides the assessor from the entrance to the area listed, mark in Y in the 'yes' column, if signage is not clear, mark N in the 'no' column and allocate 0

No.	Question / Aspect	Yes	No	Comments
1	There is clear signage to the helpdesk/reception			
2	There is clear signage to patient accounts (hospitals only)			
3	There is clear signage to the x-ray department			
4	There is clear signage to the in-patient units			
5	There is clear signage to the out-patients unit			
6	There is clear and understandable signage to the Accident and Emergency department			
7	There is clear and understandable signage to the pharmacy			
8	There is clear and understandable signage to the counselling rooms			
9	There is clear and understandable signage to patients toilets/bathrooms in wards			
10	There is clear and understandable signage to visitors/public toilets			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

Priority Area 4

Patient Safety

Priority Area 4: Patient Safety

Purpose of Tools

The aim of these tools are to (1) provide health establishments with essential clinical guidelines, (2) assist health establishments with auditing of programmes and (3) provide relevant healthcare workers with a medication administration policy. These tools will assist health establishments in complying with of at least 4 NCS measures

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Ensure that all healthcare workers are familiar with the clinical guidelines	Programme Coordinators	Once-off	4.2.1
2	Ensure that the clinical guidelines are available in all consultation rooms	Operational Manager	Once-off	4.2.1
3	Ensure that all healthcare workers are trained on how to use the clinical audit tool to audit programme areas	Facility Manager	Once-off	4.2.2
4	Ensure that priority programme areas are audited at least once per quarter	Programme Coordinators	Quarterly	4.2.2
5	Ensure that after each programme audit has been completed, corrective action plans are developed	Operational Manager	Quarterly	4.2.2
6	Ensure that corrective actions are implemented and results of audits are improved	Operational Manager	Quarterly	4.2.2
7	Ensure that the results of all audits are available in the health establishment	Operational Manager	Quarterly	4.2.2
8	Ensure that all healthcare workers in line with their scope of practice are trained on administering medicine to patients (including children) using the Medicine Administration Protocol	Operational Manager	Once-off	4.2.3
9	Ensure that a copy of the Medicine Administration Protocol is available in each consultation or ward room	Operational Manager	Once-off	4.2.3

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Clinical Guidelines	4.2.1	IT	Provide health establishments with up-to-date guidelines and policies
2	Clinical Audit Tool	4.2.2	IT	Provide health establishments with a template to use to audit patient files from different programme areas
3	Medicine Administration Protocol	4.2.3	IT	Provide health care workers with a protocol regarding the safe administration of medicines to patients including children

NCS Measures linked to Tools

	Measure
1	2.2.1.1.1 (E) CHECKLIST: The most up-to-date guidelines on the National Strategic Priority Programmes or health initiatives are available
2	2.2.1.2.1 (V) CHECKLIST: The health establishment conducts clinical audits of each priority programme/ health initiative. Review the clinical audit reports – checklist provided. If no clinical audits conducted, review 3 patient files per priority program
3	2.4.3.4.1 (V): A protocol regarding the safe administration of medicines to patients is available including a protocol for the safe administration of medicines to children
4	2.4.3.4.2 (V) CHECKLIST: Observation of patient receiving medication confirms that patients' safety is assured

NCS Measures linked to Tools

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.2 Clinical management for improved health outcomes

The health establishment provides clinical care so as to ensure positive outcomes in identified priority initiatives including meeting the Millennium Development Goals

Number of Checklist	Criterion	Checklist reference	Measure
2.2.1.1.1	The establishments has the most up to date guidelines for the implementation of its strategic priority programmes or health initiatives available	List of National guidelines	The most up to date guidelines on the National strategic priority programmes or health initiatives are available
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
34	34	M14/MC14C/MC14A	DOC

Instructions: The list below is not a complete list of all the guidelines available but assessors should check that the health facility has listed the following as requirements. Available in latest version. Mark in Y in the 'yes' column, if signage is not clear, mark N in the 'no' column and allocate 0

No.	Question / Aspect	Yes	No	Comments
1	Standard Treatment Guidelines and Essential Medicines List for Primary Health Care (2014))			
2	Standard Treatment Guidelines and Essential Medicines List for Hospitals Adults (2012)			
3	Standard Treatment Guidelines and Essential Medicines List Hospital level paediatrics (2013)			
4	Control and Management of Diabetes (2010 or latest version)			
5	Control and Management of Hypertension at primary level (latest version)			
6	Management and Control of asthma in children at primary level (latest version)			
7	Management of asthma in adults at primary level (latest version)			
8	National Tuberculosis Management Guidelines (2014)			
9	National guidelines for the Management of HIV – infected children (2010)			
10	National Anti-retroviral Treatment Guidelines (National Consolidated Guidelines) (April 2015)			
11	Guidelines for the treatment of Malaria in South Africa (2009 or latest version)			
12	Guidelines for completing the Maternal Death notification (2010)			
13	Saving Babies 2010 – 2011 Eighth report on perinatal care in South Africa			
14	Saving Mothers 2008 – 2010: 5th report on the confidential enquiries into maternal deaths in South Africa(2012)			
15	National Contraception and Fertility Planning Policy and Service Delivery Guidelines 2012			

16	National Contraception Clinical Guidelines (2012)			
17	Cervical cancer screening guidelines (Papsmear) (2010)			
18	Guidelines for maternity care in South Africa (2007 and 2014)			
19	South African Handbook of Resuscitation of the Newborn; 3rd edition (2009)			
20	Every Death Counts (2010)			
21	Basic Antenatal Care Handbook (2005)			
22	A monograph of the management of Postpartum Haemorrhage (2011)			
23	Saving mothers: Caesarean Section Monograph 2013			
24	Prevention of Mother-to-Child Transmission of HIV 2009			
25	Guideline for neonatal care (June 2008)			
26	Guideline for the care of all new-born in district hospitals, Health Centres and MOU in SA (March 2014)			
27	Clinical guidelines for the use of Blood and Blood Products			
28	Practical guidelines for Infection Control in health care facilities			
29	Guidelines for sexually transmitted infections (STIs)			
30	Guidelines for Choice of termination of pregnancy			
31	Guidelines for Post exposure prophylaxis (Sexual assault)			
32	IMCI Chart Booklet 2011			
33	ICDM Manual			
34	PC101 Guideline			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.2 Clinical management for improved health outcomes

The establishment conducts clinical audits of each priority programme/health initiative

Number of Checklist	Criterion	Checklist reference	Measure
2.2.1.2.1	There is evidence that the facility ensures that the priority programmes or health initiatives are implemented according to the guidelines	Performance of Clinical Audits	Does the establishment conduct clinical audits of each priority programme/health initiative? If yes – review the clinical audit reports
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
7	42	M14 MC14C MC14A	DOC

Instructions: Does the establishment conducts clinical audits of each priority programme/health initiative (HIV, TB, IMCI, PMTCT, STI, and STG). Review the clinical audit reports.

If yes, complete section A checklist below. If no clinical audits conducted, review 3 patient files per priority programme and complete section B below.

A: Does their audit cover the aspects appropriate to the new guidelines in terms of:		Priority Areas					
No.	Question / Aspect	HIV	TB	IMCI	PMTCT	STI	STG
1	Does the establishment conduct clinical audits on each priority programme at least yearly?						
1.1	Counselling/education of patients						
1.2	Treatment plan development						
1.3	Suitable lab tests and frequency						
1.4	Compliance monitoring						
1.5	Monitoring of treatment effect						
2	Does the audit show that action plans have been put in place to rectify areas of concern						
Actual score (Sum of positive responses)							
Maximum possible score (Sum of all questions minus the not applicable responses)							

B: If no clinical audits conducted, review 3 patient files per priority programme		Priority Areas																	
No.	Question / Aspect	HIV			TB			IMCI			PMTCT			STI			STG		
		1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
1.1	Counselling/education of patients																		
1.2	Treatment plan development																		
1.3	Suitable lab tests and frequency																		
1.4	Compliance monitoring																		
1.5	Monitoring of treatment effect																		
2	Does the audit show that action plans have been put in place to rectify areas of concern																		
Actual score (Sum of positive responses)																			
Maximum possible score (Sum of all questions minus the not applicable responses)																			

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.4 Clinical Risk

Specific safety protocols are in place for high risk groups of patients

Number of Checklist	Criterion	Checklist reference	Measure
2.4.3.4.2	The safety of patients receiving medication is assured	Safe administration of medicine	Observation of 3 patients receiving medication confirms that patients' safety is assured
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
9	27	P07_1 P07_2 PC01 P07- P07_2C P07_3C	OBS

Instructions: Observe a nurse in the ward or clinic giving out medicines to 3 patients. Check that she/he adheres to all the aspects listed below for each patient. If the factor has been assessed, mark 'Yes' or 'No'

The assessor may wish to ask the nurse to explain what he/she is doing to understand whether or not he/she is adhering to the requirements

No.	Question / Aspect	1	2	3	Comments
	The nurse checks that:				
1	The name of the medication against the container label and script				
2	The correct frequency against the script				
3	The dose of medicine is given against the script including the measurement of the dose				
4	The route of administration against the script				
5	The patient's name against the script				
6	Observe that the patient takes the medication including swallowing of their medication				
7	The nurse explains to the patient/guardian how to take the medicine at home				
8	The nurse explains to the patient/guardian what are the side effects and what to do in case of side effects				
9	Any allergies the patient may have				
Actual score (Sum of positive responses)					
Maximum possible score (Sum of all questions minus the not applicable responses)					

Priority Area 5

Infection Prevention and Control

Priority Area 5: Infection Prevention and Control

Purpose of Tools

The aim of these tools are to provide health establishment with a Standard Precautions Policy and Needle Stick Injury Policy. These tools will in complying with at least 8 NCS measures

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Ensure that all healthcare workers are trained on all standard precautions necessary in a healthcare facility using the Standard Precautions Policy	Operational Manager	Once-off	5.2.1
2	Ensure that a copy of the Standard Precautions Policy is available in each consultation room	Operational Manager	Once-off	5.2.1
3	Ensure that all healthcare workers are trained on the correct procedure to following a needle stick injury using the Needle Stick Injury Policy	Operational Manager	Once-off	5.2.2
4	Ensure that a copy of the Needle Stick Injury Policy is available in each consultation room	Operational Manager	Once-off	5.2.2

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Standard Precautions Policy	5.2.1	IT	Provide health establishments with a comprehensive policy covering standard precautions
2	Needle Stick Injury Policy	5.2.2	IT	Provide health establishments with a Needle Stick Policy and Incident Reporting Form

NCS Measures linked to Tools

	Measure
1	2.4.2.1.1 CHECKLIST: There are comprehensive procedures covering standard precautions
2	2.4.2.2.1: Appropriate types of respirators are provided to staff who are at risk of contracting TB or exposed to serious contagious respiratory infections
3	2.4.2.2.2 CHECKLIST: Healthcare personnel are educated on the following to PPE and use of respirators
4	2.4.2.2.3 CHECKLIST: Healthcare personnel exposed to TB wear respirators appropriately. The personnel are observed
5	2.4.2.2.4 CHECKLIST: Healthcare personnel can explain the correct use of respirators
6	2.6.3.1.2 (V): The health establishment has a reporting system for needle stick injuries or other incidents related to failure of standard precautions
7	2.6.3.2.1 (V) CHECKLIST: A random selection of clinical areas show that sharps are safely managed and disposed of
8	6.2.2.4.2 (V): Records of needle stick injuries show that those staff have received post exposure prophylaxis and have been re-tested

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.6 Infection prevention and control

Universal precautions are applied to prevent health care associated infections

Number of Checklist	Criterion	Checklist reference	Measure
2.4.2.1.1	Policy and procedure related to Universal / Standard precautions to prevent health care associated infections are implemented and applied in all clinical areas of the health establishment.	Universal precautions policy	There are comprehensive procedures covering standard precautions
	Planned number of responses	Unit where assessed	Type of assessment
10	10		DOC

Instructions: Documentation on standard precautions for infection prevention and control to answer the following questions: includes. Tick 'yes', if not, tick 'no'

No.	Question / Aspect	Yes	No	Comments
1	Effective hand hygiene practices			
2	The use of personal protective equipment (PPE)			
3	Safe injection practices, sharps safely			
4	Healthcare risk waste management and disposal of sharps			
5	Patient isolation or separation depending on condition			
6	Care of equipment			
7	Environmental control			
8	Linen management			
9	Transmission precautions			
10	Formidable Epidemic Disease precautions			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.6 Infection prevention and control

Universal precautions are applied to prevent health care associated infections

Number of Checklist	Criterion	Checklist reference	Measure
2.4.2.2.2		Universal /Standard precautions policy	Healthcare personnel are educated on the following relating to PPE and use of respirators
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
4	4		SI

No.	Question / Aspect	Yes	No	Comments
1	When they should use them			
2	The technique for donning the PPE			
3	The safe storage of PPE (masks only)			
4	The safe disposal of PPE			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.6 Infection prevention and control

Universal precautions are applied to prevent health care associated infections

Number of Checklist	Criterion	Checklist reference	Measure
2.4.2.2.3		Universal precautions policy	Healthcare personnel exposed to TB wear respirators appropriately. The personnel are observed
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
5	5		OBS

No.	Question / Aspect	Yes	No	Comments
1	Correctly place respirators on their face (adjustable nose piece section on top, straps overhead and tied)			
2	Use the respirator when needed i.e. when entering unit, while in unit			
3	Remove the respirator when exiting unit			
4	Wash hands after removing/donning the respirator			
5	Store the respirator correctly in a clean, dry place			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.6 Infection prevention and control

Universal precautions are applied to prevent health care associated infections

Number of Checklist	Criterion	Checklist reference	Measure
2.4.2.2.4		Universal precautions policy	Healthcare personnel can explain the correct use of respirators
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
6	6		SI

No.	Question / Aspect	Yes	No	Comments
1	When to use the different types of masks (surgical versus N95)			
2	How to put it on (technique)			
3	How to take it off (technique)			
4	How and when to dispose of it after each use			
5	How to wash their hands after removing the mask			
6	How often they can reuse the mask			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

2.6 Infection prevention and control

Universal precautions are applied to prevent health care associated infections

Number of Checklist	Criterion	Checklist reference	Measure
2.6.3.2.1	Sharps are safely managed and disposed of	Universal precautions policy	A random selection of 3 clinical areas: show that sharps and needles are disposed of safely
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
4	12		OBS

Instructions: Random selection of 3 clinical areas, observe whether sharps, needles and collection of sharps are correctly managed. DO staff do the following? Mark 'Yes' or 'No'

No.	Question / Aspect	Yes	No	Comments
1	Do the staff observe safe practices in the disposal of sharps and needles			
2	Observe for the quality and availability of sharp containers			
3	Available containers have correctly fitting lids			
4	Staff don't recap needles before disposal and that syringes with attached needle are disposed of in its entirety			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

Priority Area 6

Availability of Medicines and Supplies

Priority Area 6: Availability of Medicines and Supplies

Purpose of Tools

The aim of these tools are to provide health establishments with Standard Operating Procedures (SOPs). These tools will assist facilities in complying with at least 8 NCS measures

Tool Implementation Process

	Description	Responsibility	Frequency	Tool Number
1	Ensure that all staff members involved in the procurement, control and issue of schedule 5 and 6 medication is familiar with the SOP: Procurement, controlling and issuing of schedule 5 and 6 medication	Responsible Pharmacist	Once-off	6.2.1
2	Ensure that the SOP is filed in the Pharmacy/ medicine room for easy accessibility and reference	Operational Manager	Once-off	6.2.1
3	Ensure that all staff involved in the procurement, control and issue of schedule 5 and 6 medication are familiar with the Schedule 5 and 6 drug register and that the register is being completed correctly	Responsible Pharmacist	Once-off	6.2.2
4	Ensure that all staff members involved in the procurement, control and issue of medication is familiar with the SOP: Safe dispensing of medication	Responsible Pharmacist	Once-off	6.2.3
5	Ensure that the SOP is filed in the Pharmacy/ medicine room for easy accessibility and reference	Operational Manager	Once-off	6.2.3

Description of Tools

	Tool Name	Tool Code	Tool Type	Purpose
1	Standard Operating Procedure: Procurement, controlling and issuing of schedule 5 and 6 medication	6.2.1 (PHC and CHC)	IT	To provide PHCs and CHCs with an SOP that will ensure that the management of schedule 5 and 6 medication is standardized and regulated
2	Schedule 5 and 6 drug register	6.2.2	IT	To provide PHCs and CHCs with a template of a schedule 5 and 6 drug register
3	Standard Operating Procedure: Safe dispensing of medication	6.2.3 (PHC and CHC)	IT	To provide PHCs and CHCs with an SOP that will ensure that the right medicine is supplied to the right patient, at the right time, in the right quantity

NCS Measures linked to Tools

	Measure
1	1.5.1.3.1 (V) CHECKLIST: 3 random selected scripts in pharmacy are correlated with medication dispensed to ensure that all medication was received as prescribed
2	3.1.2.7.2 CHECKLIST: The entries in the schedule 5 and/or register in the ward or clinic are complete and correct and in accordance with applicable standard operating procedure including the following documentation
3	3.1.3.2.1 CHECKLIST: The pharmacist, pharmacist's assistant/nurse is observed to dispense the medicine to the patient
4	3.1.3.3.1 (V): A standard operating procedure is available which indicates how schedule 5 and 6 medicines are stored / controlled / distributed in accordance with the Medicines and Related Substances Act 101 of 1965
5	3.1.3.3.2: The entries in the schedule 5 and/or 6 drug register are complete and correct and include date/ name of person who administered it and balance in stock
6	3.1.4.2.1 (E): A standard operating procedure is available which outlines the dispensing of medicines according to the Pharmacy Act 53 of 1974 and Medicines and Related Substances Act 101 of 1974
7	3.1.4.3.1 (V) CHECKLIST: A random selection of 3 patients receiving medicine indicate that they have a clear understanding of how and when to take their medication and any other relevant information - Generic outpatient checklist
8	3.1.4.4.1 (E) CHECKLIST: A random selection of 3 prescriptions audited shows that prescribing is done to facilitate rational use of medicine and in accordance with prescribing guidelines and policies

CHECKLIST DOMAIN 3 – CLINICAL SUPPORT SERVICES

3.1 Pharmaceutical services

The prescribing and dispensing of medicines comply with relevant regulations and protocols and promote the quality use of medicine

Number of checklist	Criterion	Checklist reference	Measure
3.1.2.7.2			The entries in the schedule 5 and/or 6 register in the ward or clinic are complete and correct and in accordance with the applicable standard operating procedure
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
6	6		DOC

Instructions: Randomly select 3 patient scripts in the pharmacy and ask whether the pharmacist can show what medication was dispensed against this script. If all the medication as prescribed was dispensed then mark 'yes'. If patient has not received all medication as prescribed mark as 'no'

No.	Question / Aspect	Yes	No	Comment
1	Date of receipt			
2	Date of issue			
3	Name of patient			
4	The quantity issued			
5	The name and signature of person who issued it			
6	Balance totals at a frequency according to protocols			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

3.1 Pharmaceutical services

The prescribing and dispensing of medicines comply with relevant regulations and protocols and promote the quality use of medicine

Number of Checklist	Criterion	Checklist reference	Measure
3.1.3.2.1	Practices for dispensing medicines comply with the Pharmacy Act 53 of 1974, Medicines and Related Substances Act 101 of 1965 and relevant regulations	Dispensing of medicines	Dispensing is done in accordance with applicable policies and legislation (including labelling)
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
6	6		OBS

Instructions: Randomly select 3 patient scripts in the pharmacy and ask whether the pharmacist can show what medication was dispensed against this script. If all the medication as prescribed was dispensed then mark 'yes'. If patient has not received all medication as prescribed mark as 'no'

No.	Question / Aspect	Yes	No	Comment
1	Identify the patient in front of them by name			
2	Correlate the patient's details with what is on the script or folder			
3	Patient is given instructions on the use of the medicine			
4	The name of medicine			
5	What it is used for			
6	When to take it			
7	What to take it with – with or without food			
8	What side effects they can expect			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

3.1 Pharmaceutical services

The prescribing and dispensing of medicines comply with relevant regulations and protocols and promote the quality use of medicine

Number of Checklist	Criterion	Checklist reference	Measure
3.1.4.3.1	Patients are counselled appropriately to ensure adherence to therapy	Patient counselling	A random selection of 3 patients receiving medicine indicate that they have a clear understanding of how and when to take their medication, and any other relevant information (generic outpatient checklist)
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
5	15	C04 P01 P02 CC04	PI

Instructions: Interview 3 patients who have received medicines and ask them the questions below. Mark Y for Yes if they are compliant and in the N for No if not compliant

No.	Question / Aspect	Yes	No	Comment
1	Did the pharmacist/pharmacist's assistant/nurse explain to you what each medicine is for?			
2	Did the pharmacist/pharmacist's assistant/nurse explain to you when to take your medicines?			
3	Did the pharmacist/pharmacist's assistant/nurse explain if you can take the medicine with or without food?			
4	Did the pharmacist/pharmacist's assistant/nurse explain to you what side effects you could expect from the medicines?			
5	Did the pharmacist/pharmacist's assistant/nurse give you the opportunity to ask any questions or discuss anything that worries you about your medicine?			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

CHECKLIST DOMAIN 2 – PATIENT SAFETY

3.1 Pharmaceutical services

The prescribing and dispensing of medicines comply with relevant regulations and protocols and promote the quality use of medicine

Number of Checklist	Criterion	Checklist reference	Measure
3.1.4.4.1	Prescribing is done in accordance with applicable guidelines and policies	Prescribing	A random selection of 3 prescriptions audited, shows that prescribing is done to facilitate rational use of medicine and in accordance with prescribing guidelines and policies.
Number of questions	Planned number of responses	Unit where assessed	Type of assessment
10	30	C04 CC04	PRA

Instructions: Ask to see 3 scripts and check for compliance against the aspects listed below. Mark Y for Yes if they are compliant and in the N for No if not compliant

No.	Question / Aspect	Yes	No	Comment
1	The name of patient			
2	Age and sex of the patient			
3	Address of patient			
4	Date of prescription			
5	Name, qualification and practice number of prescriber			
6	Name of the medicine			
7	The total number of doses or duration of the medicine is clearly indicated			
8	The dosage form and dose of the medicine is clearly indicated			
9	The script is legible			
10	The script is signed by the doctor or prescribing nurse (must be handwritten)			
Actual score (Sum of positive responses)				
Maximum possible score (Sum of all questions minus the not applicable responses)				

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BROADREACH

Toolkit 2

Tools

What is the Patients' Rights Charter?

The Patients' Rights Charter of South Africa is a charter prescribed by the National Department of Health that promotes and protects your rights as a patient in the health care sector. The charter has been around since 1999 and advises you what your rights and responsibilities are as a patient when seeking treatment at health establishments.

The Patients' Rights Charter reminds us to be respectful towards one another as healthcare professionals and patients at health establishments.

Wat is die Handves van Pasiënteregte?

Die Handves van Pasiënteregte van Suid-Afrika is 'n dokument van die Nasionale Departement van Gesondheid. Hierdie dokument bevorder en beskerm jou regte as 'n pasiënt wat die gesondheidsorgdienste in hierdie land gebruik. Die Handves is al in 1999 opgestel. Dit verduidelik wat jou regte en verantwoordelikhede is wanneer jy vir behandeling na 'n gesondheidsorginstelling gaan.

Die Handves van Pasiënteregte herinner ons daaraan om respek te hê vir mekaar as gesondheidsorgpersoneel en pasiënte by hospitale en klinieke.

Yintoni Umqulu Wamalungelo Wezigulana?

Umqulu wamalungelo wezigulana womZantsi Afrika ngumqulu oqulunqwe kundlunkulu weSebe Lezempilo wokwazisa nokukhusela amalungelo wezigulana kwicandelo lezempilo. Lomqulu wasekwa ngomnyaka ka1999 kwaye ukuchazela banzi ngamalungela kunye noxanduva lwakho njengesigulana xa ufumana unyango lwakho kumasebe ezempilo.

Umqulu wamalungelo wezigulana usikhumbuza ukuba sibonakalise intlonipho kubasebenzi bezempilo nakwizigulana abakwizibhedlele nakwiikliniki.

The South African Patients' Rights Charter

Rights	Responsibilities
<ul style="list-style-type: none"> • A healthy and safe environment • Participation in health care decision making • Access to health care • Knowledge about insurance/medical schemes • Choice of health services • Treatment by a named healthcare professional • Confidentiality and privacy • Informed consent • The right to refuse treatment • Referral for a second opinion • Continuity of care • Freedom to complain about poor quality of care 	<ul style="list-style-type: none"> • Take care of your health • Protect and care for the environment • Respect the rights of other patients as well as health care providers • Take care of health records, such as clinic or hospital cards • Give health care providers relevant, accurate information to facilitate diagnosis, treatment, rehabilitation and counseling • Comply with the prescribed treatment and/or rehabilitation requirements • Obtain information about local health services • Enquire about costs of treatment and rehabilitation and make appropriate arrangements for payment where applicable • Not to abuse the healthcare system • To ensure that someone informs the health establishment where you have been receiving treatment, in the event of your death

Die Suid-Afrikaanse Handves van Pasiënteregte

Regte	Verantwoordelikhede
<ul style="list-style-type: none"> • Om in 'n gesonde en veilige omgewing te woon • Om saam besluite te neem oor hoe daar na jou gesondheid omgesien word • Om toegang te hê oor versekering of mediese fondse • Om te kan kies tussen gesondheidsdienste • Om behandel te word deur 'n opgeleide persoon of 'n goedgekeurde gesondheidsinstansie • Om jou inligting vertroulik en privaat te hou • Om toestemming tot behandeling te gee omdat jy voldoende en die regte inligting het • Om behandeling te kan weier • Om vir 'n tweede opinie na 'n ander gesondheidswerker verwys te word • Om verdere sorg te ontvang • Om te kan kla oor swak sorg 	<ul style="list-style-type: none"> • Om jou gesondheid te beskerm • Om die omgewing te bewaar en te beskerm • Om respek te hê vir die regte van ander pasiënte én vir die regte van die mense wat na jou gesondheid omsien • Om jou gesondheidsdokumente, soos jou kliniek- of hospitaalkaart te bewaar • Om relevante en korrekte inligting oor jou gesondheid te verskaf, sodat die regte diagnose, behandeling, reabilitasie en berading verskaf kan word • Om die behandeling en/of vereistes vir jou herstel getrou te volg • Om inligting te bekom oor watter gesondheidsdienste in jou omgewing beskikbaar is • Om vas te stel wat die behandeling en herstel kos, en om nodige reëlings te tref om dit te kan betaal • Om nie gesondheidsdienste te misbruik nie • Om te sorg dat die plek waar jy gesondheidsorg ontvang het, ingelig word indien jy te sterwe sou kom

Umqulu Wamalungelo Ezigulana eMzantsi Afrika

Amalungelo	Uxanduva
<ul style="list-style-type: none"> • Indawo ecocekileyo nekhuselekileyo • Ukuthabatha inxaxheba kwizigqibo zonyango • Ukufikeleleka konyango • Ulwazi ngeinshorensi yezempilo • Ukuzikhethela unyango • Ukunyangwa ngumntu onegama elibonakalayo • Ukuthabatha isigqibo ngolwazi olwaneleyo • Ilungelo lokwala unyango • Ukuthunyelwa ukuyakungqinisa okufunyaniswe kuvavanyo lwempilo • Ukufumana unyango olupheleleyo kumanqanaba onke wesebe lezempilo • Inkululeko yokukhalazela impatho engekho mgangathweni kwisebe lezempilo 	<ul style="list-style-type: none"> • Ukukhathalela impilo yakho • Ukukhusela nokunakekela okukungqongileyo • Ukuhlonipha amalungelo wezinye izigulana kwakunye nabasebenzi bezempilo • Ukunakekela amakhadi wakho wekliniki okanye wesibhedlele • Ukunikeza ngenkcukacha ezichanekileyo kubasebenzi bezempilo ukuze ufumane unyango olululo • Ukuthobela unyango olunikwayo ngokwemeko yempilo yakho • Ukufumana ulwazi ngenkonzo ezifumaneka kwisebe lezempilo • Ukufumanisa inkcukacha zamaxabiso onyango lwakho ukuze wenze amalungiselelo okubhatala • Ukusebenzisa ngenkathalo iziseko zempilo • Ukwazisa abasebenzi bezempilo xa kuthe kwasweleka isigulana

Tobacco Control Policy

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Key words	Smoking areas, Smoke, Tobacco products, Workplace, Second hand smoke, Hazard, Tobacco control, Public place
Signature	
Date	
<p>Related documents</p> <ol style="list-style-type: none"> 1. Constitution of South Africa (Act 108 of 1996) 2. Tobacco Products Control Act. Act 83 of 1993 (Principle Act) 3. Tobacco products control Amendment Act, Act 12 of 1999 4. GN R975 of 29 September 2000: notice relating to smoking of tobacco products in public areas 5. Tobacco Products Control Amendment Act, Act 23 of 2007 6. Tobacco Products Control Amendment Act, Act 63 of 2008 7. OHS Act (No 85 of 1993) 8. National Health Act (No 61 of 2003) 9. National Environmental Management Act 10. National Core Standards for Establishments South Africa 2011 	

1. Introduction

- 1.1. There is an increasing recognition for the need to manage and control smoking for medical, legal and financial reasons. This smoking policy aims to protect the rights of both non-smoking and smoking staff and patients within all health establishments and prescribed legislation.
- 1.2. The Department of Health has a duty to protect and promote the health and safety of all employees and patients in its care. It strives to provide a healthy, safe, productive, friendly, harmonious and comfortable environment for staff and patients, as well as eliminating passive smoking from its premises.

2. Objectives

- 2.1. The aim of the policy is to:
 - 2.1.1. Provide a healing and healthy environment for patients and staff
 - 2.1.2. Discourage the use of tobacco products
 - 2.1.3. Limit exposure of patients and staff to tobacco smoke and thereby limit the potential harmful effects of passive smoking
 - 2.1.4. Prevent the risk of explosion at oxygen points
 - 2.1.5. Ensure compliance with current legislation regarding smoking in public facilities

3. Legal Framework

- 3.1. Section 24 of the Constitution of South Africa, Act 108 of 1996 states that “every person has the right to an environment which is not harmful to their health and well-being”

- 3.2. The Department is required, in terms of the Occupational Health and Safety Act 1993, to provide a safe working environment and to protect the health of all employees from illness and injury arising in the workplace
- 3.3. Legislation in the form of the Tobacco Products Control Act 83 of 1993 has been promulgated to regulate smoking in public spaces, including the workplace. The Act defines public places as any indoor or enclosed area and includes the workplace
- 3.4. In compliance with this law and its regulations, it is the policy of the Department of Health that smoking is prohibited to all persons while in buildings and vehicles owned or occupied by the Department of Health. An exception will be made to those staff occupying residential accommodation on grounds owned by the Department. Communal eating areas and lounges, etc. must still be regarded as smoke free zones

4. Scope of Policy

4.1. This policy will apply to:

- All staff and patients attending healthcare facilities
- All buildings, premises or enclosed premises occupied, owned, leased or controlled by Department of Health
- All workplaces, which include any indoor, enclosed or partially enclosed area in which employees perform the duties of their employment
- All corridors, lobbies, washrooms, toilets or any other common areas frequented by employees or patients
- All Department of Health establishments and vehicles, whether owned or leased, regardless of location

5. Prohibition of Smoking

- 5.1. Smoking is prohibited on Department of Health property, unless that area is a designated “smoking area”
- 5.2. Designated Smoking Area will be strictly outside the departmental premises
- 5.3. All designated smoking areas will be clearly marked with a sign stating that it is a “smoking area”
- 5.4. Staff who wish to smoke may smoke outside of Departmental premises and outside of official working hours. Should staff feel the need to leave the premises during working hours in order to smoke, they will be required to compensate for time spent out of the building and supervisors are to introduce control measures in this regard

6. Disciplinary Measures

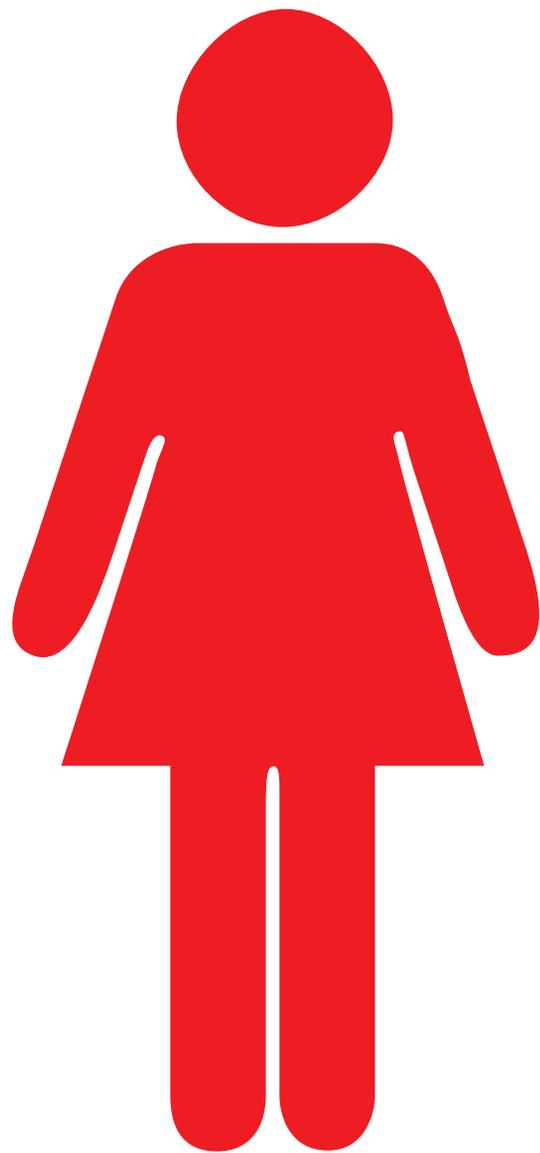
- 6.1. Failure to comply with the legislation and this policy will be viewed in a serious light which may result in disciplinary action being taken against the offender
- 6.2. Any fines imposed due to the non-compliance of the offender will be the sole responsibility of the offender. The fine levied is governed by relevant legislation



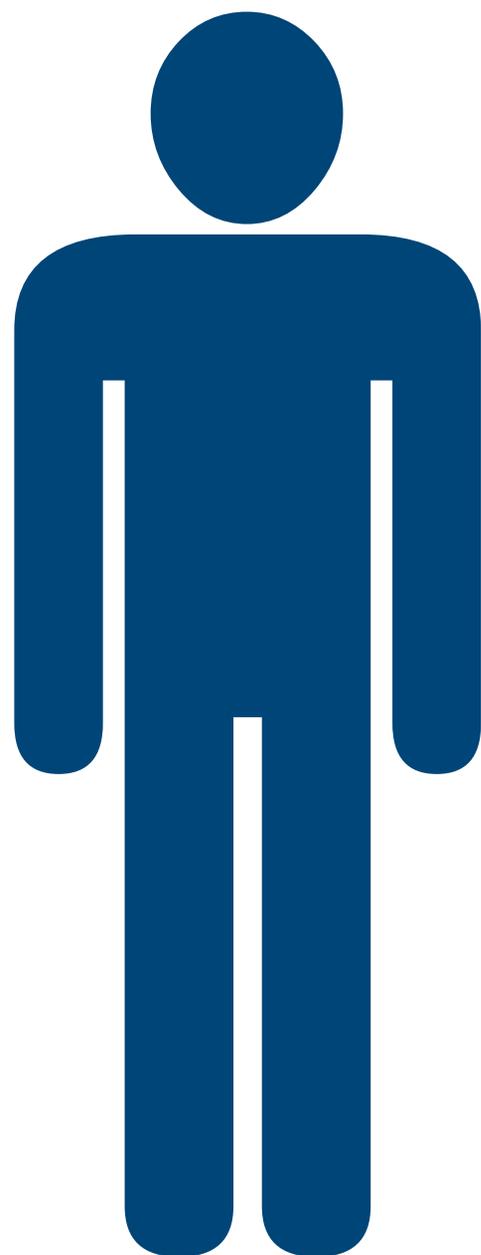
**No
Smoking**



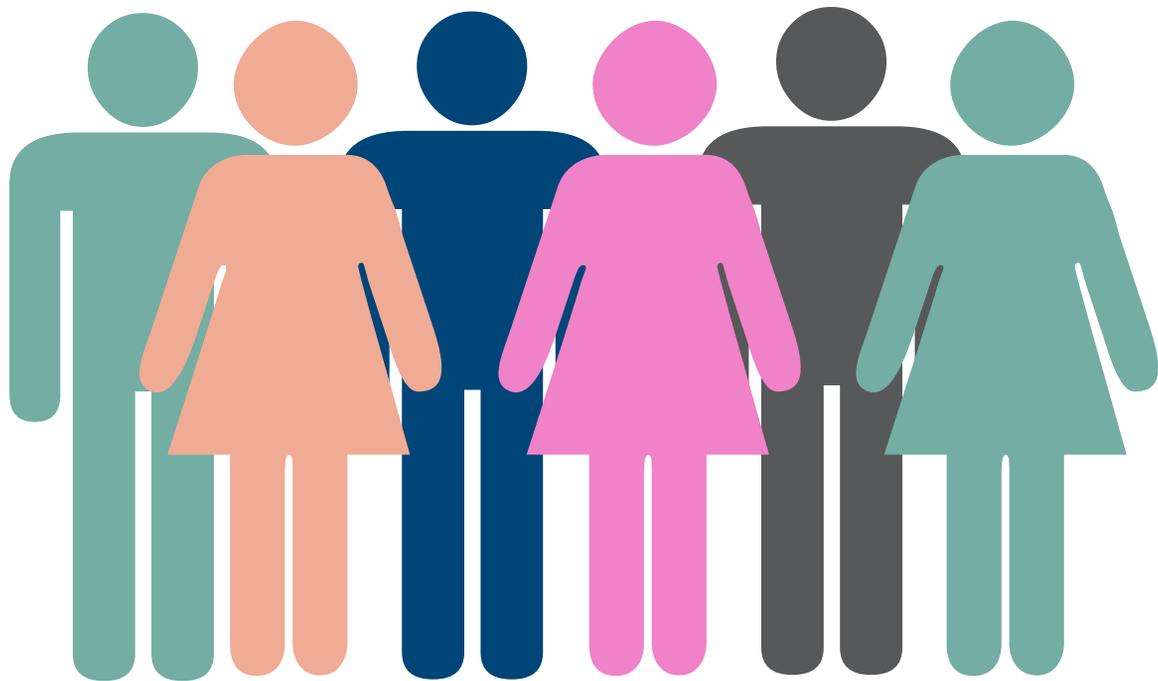
**Smoking
Area**



Female Toilets



**Male
Toilets**



Staff Toilets



**Toilets
for
Disabled**

Antenatal Ward

Consulting Room

Cough Area

Counselling Room

Delivery Room

Dispensary

Dressing Room

Emergency

First Stage Room

Hazardous

Help Desk

Labour Ward

Medicine Room

MOU

Patient Accounts

Pharmacy

Post-Natal Ward

**Public Relations
Officer**

Sluice Room

Specimen Room

Reception

Records

Staff Only

Stationery

Visitors

Vitals Room

Waiting Area

X-ray Department

	Required Guideline/policy	
1	Standard Treatment Guidelines (STG) and Essential Medicines List (EML) for Primary Health Care; 2014 Version	
2	Standard Treatment Guidelines and Essential Medicines List for Hospitals – Adults (Adult STG & EML); 2012 Version	Request a copy via your depot of district/sub-district pharmacist
3	Standard Treatment Guidelines and Essential Medicines List Hospital level – Paediatrics (Paediatric STG & EML); 2013 Version	Request a copy via your depot of district/sub-district pharmacist
4	Control and Management of Diabetes	<ul style="list-style-type: none"> • Adults: Adult STG & EML – Page 8.4 – 8.16 • Pregnant women: Adult STG & EML – Page 6.2 – 6.4 • Children: Paediatric STG & EML – Page 7.6 – 7.30 • Adolescents: Paediatric STG & EML – Page 22.7 – 22.8
5	Control and Management of Hypertension at Primary Level	<ul style="list-style-type: none"> • Adults: Adult STG & EML – Page 3.26 – 3.33 • Children: Paediatric STG & EML – Page 4.27 – 4.40
6	Management and Control of Asthma in Children at Primary Level	Paediatric STG & EML – Page 15.15 – 15.25
7	Management of Asthma in Adults at Primary Level	Adult STG & EML – Page 16.1 – 16.3
8	National Tuberculosis Management Guidelines; 2014	<p>Adults:</p> <ul style="list-style-type: none"> • Adult STG & EML – Page 16.13 – 16.17 <p>Children:</p> <ul style="list-style-type: none"> • Guidelines for the management of Tuberculosis in children – 2013 (printed) • Paediatric STG & EML <ul style="list-style-type: none"> ◦ TB & HIV – Page 9.21- 9.22 ◦ Perinatal TB – Page 15.4 ◦ Pulmonary TB – Page 15.5 ◦ Tuberculous meningitis – Page 8.22 ◦ List of notifiable conditions – Page xlviii
9	Guidelines for the Management of HIV – Infected Children, 2nd Edition, 2010, NDOH	Paediatric STG & EML - Page 9.1 – 9.28
10	National Anti-retroviral Treatment Guidelines (National Consolidated Guidelines); April 2015	<ul style="list-style-type: none"> • Adults: Adult STG & EML – Page 10.1 – 10.19 • Pregnant women: Adult STG & EML - Page 6.11 – 6.13
11	Guidelines for the Treatment of Malaria in South Africa	<ul style="list-style-type: none"> • Adults: Adult STG & EML – Page 9.9 – 9.12 • Children: Paediatric STG & EML – Page 8.10 – 8.14
12	Saving Babies 2010 – 2011: 8th report on perinatal care in South Africa	
13	Saving Mothers 2008 – 2010: 5th Report on the Confidential Enquiries into Maternal Deaths in South Africa; 2012	
14	Saving Mothers 2011 – 2013: 6th Report on the Confidential Enquiries into Maternal Deaths in South Africa	
15	National Contraception and Fertility Planning Policy and Service Delivery Guidelines; 2012	
16	National Contraception Clinical Guidelines; 2012	

17	Cervical cancer screening guidelines (Papsmear); 2010	
18	Guidelines for maternity care in South Africa; 2007 and 2015	
19	Every Death Counts; 2010	
20	Basic Antenatal Care Handbook; 2005	
21	A monograph of the management of Postpartum Haemorrhage; 2011	
22	Saving mothers: Caesarean Section Monograph; 2013	
23	Prevention of Mother to Child Transmission 2010	
24	Guideline for neonatal care; June 2008	
25	Guideline for the care of all new-born in district hospitals, Health Centres and MOU in SA; March 2014	
26	Clinical Guidelines for the use of Blood and Blood Products	Available at: http://www.sanbs.org.za/PDFDocuments/services/Haemovigilance/Clinical_Guidelines.pdf
27	Practical Guidelines for Infection Control in Health Care Facilities	
28	Guidelines for Sexually Transmitted Infections (STIs) 2015	Adult STG & EML <ul style="list-style-type: none"> • Pelvic Inflammatory disease – Page 5.3 – 5.4 • Syphilis – Page 6.13 – 6.14
29	Guidelines for Post Exposure Prophylaxis (Sexual assault) WC 2014	<ul style="list-style-type: none"> • Adults: Adult STG & EML – Page 5.13 – 5.14; Page 10.18 – 10.19 • Children: Paediatric STG & EML – Page 9.26
30	IMCI Chart Booklet 2011	
31	ICDM Manual	
32	PC101 Guideline	

All Guidelines will be provided on CD

Health Establishment		Date	
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Instructions:

1. Conduct monthly clinical audits on each of the priority programmes using the checklists below
 - HIV
 - Tuberculosis (TB)
 - Integrated Management of Childhood Illness (IMCI)
 - Prevention of Mother to Child Transmission (PMTCT)
 - Sexually Transmitted Infections (STIs)
2. Select at least 5 patient folders from each of the priority programmes

1. HIV		Patient Folders				
Record a Y for yes, N for no, or NA for not applicable		1	2	3	4	5
1	Are HIV Treatment Guidelines available					
2	Was a HIV rapid test done					
3	Was informed consent obtained for the HIV test					
4	Was pre-counselling done					
5	Was post-counselling done					
6	Was HIV positive patient referred to a support group					
7	Was a blood specimen taken to measure the CD4 count					
8	Was patients with a CD4 count of 500 or less started on ARVs					
9	Was all medication recorded in file					
10	Was adherence counselling done					
11	Was the side effects of the medication explained to the patient					
12	Is the clinical status, side effects of medication and adherence being monitored					
13	Was the creatinine level tested at 3 months					
14	Was the viral load done at 6 months, 12 months and annually thereafter					
15	Was the CD4 count done annually					
Corrective Actions						

2. Tuberculosis		Patient Folders				
Record a Y for yes, N for no, or NA for not applicable		1	2	3	4	5
Adults with TB						
1	Are adult treatment guidelines available					
2	Was a sputum culture done					
3	Was the correct protocol initiated for a newly diagnosed patient					
4	Was the correct protocol initiated for re-treatment patients					
5	Was the patient provided with treatment adherence information					
6	Was the patient informed about the need for a treatment supporter					
7	Was the patient informed about what to do if side-effects occur, if they run out of medication, or if they relocate out of catchment area					
8	Was the patient referred for appropriate care where necessary					
9	Was the patient diagnosed with TB offered HIV counselling and testing					
Children with TB						
1	Are paediatric treatment guidelines available					
2	Was a sputum culture done					
3	Was the correct protocol initiated for a newly diagnosed patient					
4	Was the correct protocol initiated for re-treatment patients					
5	Was the patients' mother/caregiver provided with treatment adherence information					
6	Was the patients' mother/caregiver informed about the need for a treatment supporter					
7	Was the patients' mother/caregiver informed about what to do if side-effects occur, if they run out of medication, or if they relocate out of catchment area					
8	Was patient referred for appropriate care where necessary					
9	Was patient diagnosed with TB offered HIV counselling and testing					
Corrective Actions						

3. Integrated Management of Childhood Illness		Patient Folders				
Record a Y for yes, N for no, or NA for not applicable		1	2	3	4	5
1	Are treatment guidelines available					
2	Was the weight plotted correctly					
3	Was the weight interpreted correctly					
4	Was the mother/caregiver counselled					
5	Are all immunizations up to date					
6	Was the feeding status record? (exclusive breast-feeding, solids)					
7	Was vitamin A given (if necessary)					
8	Appropriate care of the baby by mother/caregiver					
9	Were lab tests done (if necessary)					
10	Was an appropriate treatment plan recorded					
Corrective Actions						

4. Prevention of Mother to Child Infection (PMTCT)		Patient Folders				
Record a Y for yes, N for no, or NA for not applicable		1	2	3	4	5
Mothers						
1	Are treatment guidelines available					
2	Was a HIV rapid test done					
3	Was informed consent obtained for the HIV test					
4	Was pre-counselling done					
5	Was post-counselling done					
6	Was the HIV positive patient referred to a support group					
7	Was a blood specimen taken to measure the CD4 count					
8	Was the HIV positive patient started on ARVs					
9	Was all medication recorded in the file					
10	Was adherence counselling done					
11	Was the side effects of the medication explained to the patient					
12	Is the clinical status, side effects of medication and adherence being monitored					
Neonates and Infants						
1	Are treatment guidelines available					
2	Was the infant given nevirapine for 6 weeks					
3	Was Polymerase Chain Reaction (PCR) testing performed (at 6 weeks) on babies born to HIV positive mothers					
4	Was HIV positive infant started on appropriate ARTs or referred to hospital					
5	Was HIV negative infants (who are breastfed) retested 6 weeks after cessation of breastfeeding					
6	Are records for infant up to date					
Managing the HIV positive person						
1	Was contraception for HIV positive women promoted					
2	Was dual protection for contraception emphasized					
3	Was the patient counselled on wellness management					
4	Was the HIV patient offered VCT					
5	Was the HIV positive patient offered TB testing					
6	Was STI clients given counselling for HIV					
Corrective Actions						

5. Sexually Transmitted Infections		Patient Folders				
Record a Y for yes, N for no, or NA for not applicable		1	2	3	4	5
1	Are treatment guidelines available					
2	Was a complete history taken from the patient					
3	Was the patient appropriately counselled					
4	Were appropriate tests performed					
5	Was an appropriate treatment plan developed					
6	Was patient education materials provided					
7	Was a partner notification cards/letters given to the patient (if necessary)					
8	Is the clinical status, side effects of medication and adherence being monitored					
Corrective Actions						

Medicine Administration Protocol (Including Safe Administration to Children)

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Key words	Administer, Prescribe, Dispense, Medication
Signature	
Date	
<p>Related Documents</p> <ol style="list-style-type: none"> 1. National Core Standards for Healthcare Establishments 2011 2. Standard Treatment Guidelines and Essential Medicines List – Hospital level Adults 2012 3. Standard Treatment Guidelines and Essential Medicines List – Hospital level Paediatrics 2013 4. National Core Standards for Establishments South Africa 2011 5. Health Professionals Council of South Africa 6. Joint Commission International Accreditation Standards for Healthcare 2014 	

1. Introduction

Medication administration refers to preparing, giving (administering) and evaluating the effectiveness of medicines

Dispensing (issue) medication refers to preparing (could also mean mixing components together i.e. in case of ointments and certain solutions) and distributing medications

Prescribing medication refers to ordering treatment/remedies/medications to be used – usually done by healthcare professional with prescribing rights – doctors, dentists or professional nurses

2. Objectives

The aim of this policy is to:

- 2.1. Ensure that medication is managed in accordance with applicable laws and regulations
- 2.2. Ensure that only suitably qualified and experienced staff permitted by law administer medication to patients

3. Policy

- 3.1. Only those entitled by law and regulations should be allowed to administer medication to patients

4. Procedure

4.1. Safe medication administration practices

4.1.1. Right patient

- Medication to be administered to the patient for whom it is prescribed
- Ask the patient to state their name, surname and date of birth. Verify this against the name, surname and date of birth and medical record number on the patient's record

- 4.1.2. Right medication
 - To avoid confusion regarding the name of the medication, generic names should be used when medications are prescribed and should be clearly labelled
 - If the prescriber's handwriting is unclear, he/she should be contacted to verify the prescription
 - The patient should be asked if he/she has any known allergies and these should be documented in the appropriate place
- 4.1.3. Right dosage
 - The dose as prescribed by the medical officer/prescribing nurse to be administered
- 4.1.4. Right time
 - Medication to be administered at the time prescribed
 - Medication to be prepared at the appropriate time
 - Medication to be administered at the right rate
- 4.1.5. Right route
 - Medication to be administered according to prescribed route
 - See Annexure 1
- 4.1.6. Right documentation
 - All medication administered should immediately be recorded on the correct documentation in the patient's records, including the administration site
 - Accuracy of documentation is an important legal responsibility
- 4.1.7. Right action
 - The patient's record to be checked to ensure that medication as prescribed is for the appropriate reason (in accordance with diagnosis)
- 4.1.8. Right form
 - Ensure that medication is administered in the form prescribed (tablets, capsules, caplets, suppositories, syrups)
- 4.1.9. Right response
 - Patients to be observed to ensure that the medication has been ingested (swallowed)
 - Patients to be monitored once medication is administered for the desired effect or response
 - Monitoring for the right response could involve assessment of the patient's blood glucose levels or vital signs
 - The patient to be informed of any side effects or adverse reactions of the medication and of appropriate course of action in such instances
- 4.2. Staff permitted to administer medication
 - Doctors
 - Professional nurses
 - Enrolled nurses
 - According to their scope of practice
- 4.3. Identification of a patient
 - Verbally (ask: what is your name; what is your date of birth, etc.)
 - Verify information on patient file and medication prescription sheet or chronic form
- 4.4. The prescription should be of legal format
 - The person prescribing the medication should be entitled by law and regulation to do so
 - The prescription should contain all information as required by law and regulation

- The prescription must be recorded on approved prescription or medication administration documentation

4.5. Self medication

- Patients receiving treatment within health establishments are not allowed to self-medicate unless allowed by the attending physician and assisted by a Registered Nurse
- All personal medications MUST be sent home or retained by the in-charge nurse until discharge.
- If held for storage they will be clearly marked with the patient's name and file no. and stored locked in an approved medication cabinet
- Where the prescribed medication is not available in the health establishment pharmacy, the patient will buy his/her own and should hand it over to the in-charge nurse to be administered as ordered
- If it is discovered that a patient has self-medicated with medication NOT prescribed by the attending physician, the nurse MUST ensure that the attending physician is notified and subsequent orders carried out

4.6. Multi-Dose Vials

- Only vials clearly labelled by the manufacturer for multiple-dose use can be used more than once
- Limit the use of a multiple-dose vial to only a single patient, whenever possible, to reduce the risk of contamination
- When multiple-dose vials are used more than once, use a new needle and new syringe for each entry. Do not leave needles or other objects in vial entry diaphragms between uses, as this may contaminate the vial's contents
- Disinfect the vial's rubber septum before piercing by wiping (and using friction) with a sterile 70 percent isopropyl alcohol, ethyl/ethanol alcohol, iodophor, or other approved antiseptic swab
- Allow the septum to dry before inserting a needle or other device into the vial
- Once a multiple-dose vial is punctured, it should be assigned a "beyond-use" date. The beyond-use date for an opened or entered (e.g., needle-punctured) multiple-dose container with antimicrobial preservatives is 28 days, unless otherwise specified by the manufacturer
- Store multiple-dose vials outside the immediate patient treatment area; observe the manufacturer's storage recommendations

4.7. Safe administration of medication to children

Special care and attention should be taken when prescribing and explaining administration/or when administering medication for/to children:

4.7.1. The following information to be recorded on the medication prescription sheet:

- Name
- Date of Birth
- Age
- Weight in kilograms

4.7.2. The pharmacist/clinic doctor to be consulted whenever necessary for advice and information on dose and formulation when prescribing or administering medication to children

4.7.3. It is the responsibility of the caring team to seek advice from paediatric specialists when doubt exists concerning medication dosage

4.7.4. The dose of the medication prescribed should be calculated using a current weight in kilograms

4.7.5. Paediatric formulations to be used when these are available. If tablets or capsules are prescribed to children, advise caregiver on whether these can be crushed/broken/opened

4.7.6. Oral preparations to be sugar and alcohol free wherever possible

- 4.7.7. Proper measuring utensils, e.g. syringes, to be used when administering oral medication and it should be thoroughly cleaned after every use
- 4.7.8. Medication requiring refrigeration to be clearly marked with date of reconstitution, or the date of opening, and advice on storage given to the caregiver in compliance with Cold Chain Management guidelines
- 4.7.9. Oral medication not to be added to a child's bottle or food
- 4.7.10. Side-effects or adverse reactions of medication to be clearly explained to the caregiver with instructions to return to the establishment should they occur
- 4.7.11. Meter dosed inhalers to be used with a "spacer" for all children under the age of 5 years

Annexure 1 – Medication Preparation and Administration Routes

1. Abbreviations

PPE	Personal Protective Equipment
IM	Intramuscular
ID	Intradermal
IV	Intravenous
TB	Tuberculosis
SQ	Subcutaneous

2. Dosage calculation

2.1. Nurses should be proficient in the use of weights and measurement systems.

2.1.1. Nurse should use metric units:

2.1.1.1. For weight

1 kilogram = 1000 grams

1 gram = 1000 milligrams

1 milligram = 1000 micrograms

2.1.1.2. For volume

1 litre = 1000 milliliters or cm³

2.1.2. Nurse should use the following formula in drug calculation:

$$\text{desired quantity} = \frac{\text{dose desired}}{\text{dose in stock}} \times \text{volume}$$

3. Oral medication

3.1. Wash your hands, don PPE as required and follow aseptic procedure

3.2. When dispensing medication:

3.2.1. For dispensing tablets/capsules from bottle, pour the necessary number into the tablet dispenser (bottle cap if no dispenser) and place it in the medication cup

3.2.2. For liquid medication: hold the bottle with the label against palm of your hand and use the appropriate measuring device to pour the right amount

3.3. Place all patients' medication in the medicine tray and bring to the patient's bedside carefully and keep it in sight at all times

3.4. Identify the patient carefully, remember right procedure i.e. correlate the patient's names and surname against the prescription chart

3.5. Assist patient to a fowlers or semi-fowlers or upright or semi-upright position or depending on the patient's condition, with the head and chest slightly raised

3.6. Administer the medication

3.6.1. Offer water or other permitted fluids with pills, capsules, tablets and some liquid medication

3.6.2. If the medicine falls to the floor, discard and replace it

3.6.3. Record any fluid intake if required

3.7. Stay with the patient until all medication is swallowed

3.8. Wash your hands

3.9. Document medication administration on medication chart in line with record keeping principles

3.10. Check on the patient within 15 minutes to verify response to medication

3.11. Special techniques

- 3.11.1. Some medication discolours the teeth
 - Mix it well with water, ask the patients to sip it through drinking straw and give water after administration
 - Offer oral hygiene immediately after giving medication
- 3.11.2. Children
 - Use a dropper to give infants or very young children liquid medications while holding them in a sitting or semi-sitting position, place the medication between the gum and cheek to prevent possible aspiration
 - Praise the child after he/she swallows the medication
- 3.11.3. Frail or Aged patients
 - Be patient and allow extra time to administer medications
 - Crush the medication if they have difficulty swallowing

4. Administering medications through an enteral feeding tube (nasogastric, percutaneous endoscopic gastrostomy (PEG) tube)

- 4.1. Use liquid or crushed medications combined with liquid
- 4.2. Bring the liquid medication to room temperature
- 4.3. Remove the clamp from the tube and use the recommended procedure to check tube placement before administering the medication)
- 4.4. Flush the tube with 15 to 30ml of water (5 to 10ml for children) before giving the medication and immediately after giving the medication
- 4.5. Give the medication separately and flush with water between each drug
- 4.6. If the tube is connected to suction, keep it disconnected from the suction and clamped for 20 to 30 minutes after administration of medication to allow for absorption
- 4.7. Disconnect a continuous tube feeding before giving medications and leave the tube clamped for a short period of time after giving the medication
- 4.8. Document the water intake and liquid medication by tube on the intake and output record

5. Administering sublingual medication

- 5.1. Place the tablet under the patient's tongue
- 5.2. Instruct the patient to hold it under the tongue while it dissolves naturally and not swallow the sublingual medication
- 5.3. For capsule medication (e.g. Adalat), prick a hole with sterile needle and place it under the tongue

6. Administration of injectable medications

- 6.1. Prepare the medication tray/trolley/receptacle with needed required equipment
 - 6.1.1. Prescribed medication and medication tray
 - 6.1.2. Syringe with appropriate size
 - IM = 3 to 5ml
 - ID = tuberculin
 - SQ depends on the medication
 - insulin = insulin syringe
 - heparin = tuberculin syringe or prefilled
 - 6.1.3. Needles with appropriate size
 - IM = 1 to ½ inch and 21 to 23 gauge
 - ID = ¼ to ½ inch and 26 to 27 gauge
 - SQ = 5/16 to 1 inch and 25 to 30 gauge
 - 6.1.4. Alcohol swab/cotton balls or gauze swab
 - 6.1.5. Adhesive band-aid

6.2. Draw up the injection

6.2.1. From a vial

- Remove the metal or plastic cap on the vial that protects the rubber stopper
- Swab the rubber top with the alcohol swab
- Remove the cap from the needle by pulling it straight off, draw back an amount of air into the syringe that is equal to the specific dose of medication to be withdrawn
- Pierce the rubber stopper in the center with the needle tip and inject the measured air into the space above the solution
- Insert the vial and withdraw the needle tip slightly so that it is below the fluid level
- Draw up the prescribed amount of medication while holding the syringe at eye level and vertically. Be careful not to touch the plunger at knob only
- If any air bubbles accumulate in the syringe, tap the barrel of the syringe sharply and move the needle past the fluid into the air space to reinject the air bubble into the vial. Return the needle tip to the solution and continue withdrawal of the medication
- After the correct dose is withdrawn, remove the needle from the vial

6.2.2. From ampoule:

- Tap the stem of the ampoule or twist your wrist quickly while holding the ampoule vertically
- Wrap a small gauze pad or dry alcohol swab around the neck of the ampoule. Use a snapping motion to break off the top of the ampoule along the pre-scored line at its neck and always break away from your body
- Remove the cap from the needle. Insert the needle into the ampoule being careful not to touch the rim
- Withdraw medication in the amount ordered (do not inject air into solution) by inserting the tip of the needle into the ampoule, which is upright on a flat surface. Touch plunger at knob only
- Do not expel any air bubbles that may form in the solution, wait until the needle has been withdrawn to tap the syringe
- Discard the ampoule in the sharp container

6.2.3. Place the prepared medication to medication trolley and bring to the patient

6.2.4. Explain to the patient (right approach)

6.2.5. Select the appropriate site and appropriate position

- ID = the inner aspect of the forearm
- IM = upper outer quarter of gluteus medius with position of lying on the back or on the side with hip and knee flexed
 - = vastus lateralis (quadriceps) – lying on the back
 - = deltoid (upper arm) – sitting or lying with arm relaxed
- SQ = outer aspect of upper arm with arm relaxed and at the side of the body
 - = Anterior thighs with sitting or lying and the leg relaxed
 - = Abdomen with lying in a semi-recumbent position

6.2.6. Clean the area around the injection site with an alcohol swab

- Use a firm, circular motion while moving outward from the injection site
- Allow the antiseptic to dry
- Have dry cotton swab available to cover injection site on withdrawal of needle
 - Note: "Cleaning the skin with alcohol swab before insulin injection is not recommended as per recent research"

6.2.7. Remove the needle cap with the non-dominant hand pulling it straight off

- For ID
 - Place the needle almost flat against the patient's skin so that the point of the needle can be seen through the skin, bevel side up, and insert the needle only about 1/8 inch
 - Slowly inject the agent while watching for a small wheal or blister to appear, if none appears, withdraws the needle slightly and inject the agent
 - Withdraw the needle quickly at the same angle that it was inserted
 - DO NOT massage the area after removing the needle

- Draw a circle on the skin around the injection site using prescribed coloured pen
 - Write the date, and time and initial of the nurse who administered the injection
 - Observe the area for signs of reaction as per ordered interval (30 minutes for antibiotic test and 72 hours for TB test)
 - For SQ
 - Grasp and bunch the area surrounding the injection site
 - Hold the syringe in the dominant hand between the thumb and forefinger, inject the needle quickly at an angle of 45 to 90 degrees, depending on the amount and depth of the tissue
 - Release the tissue and immediately move your non-dominant hand to steady the lower end of the syringe, slide your dominant hand to the tip of the barrel
 - Aspirate if recommended by pulling back gently on the plunger of the syringe to determine whether the needle is in the blood vessel. If blood appears, the needle should be withdrawn, the medication syringe and needle discarded and a new medication prepared
 - Note: DO NOT aspirate when giving insulin or heparin
 - If no blood appears, inject the solution slowly
 - Withdraw the needle quickly at the same angle at which it was inserted
 - Massage the area gently with alcohol swab (DO NOT massage a heparin or insulin injection)
 - For IM
 - Displace the skin in a Z-track manner or spread the skin at the site using your non-dominant hand
 - Hold the syringe in your dominant hand between the thumb and forefinger, quickly dart the needle into the tissue at a 90 degree angle
 - As soon as the needle is in place, use your non-dominant hand to hold the lower end of the syringe, slide your dominant hand to the tip of the barrel
 - Aspirate as stated for SQ injection
 - If no blood is aspirated, inject the solution slowly (10 seconds per ml of medication)
 - Remove the needle slowly and steadily
 - Apply gentle pressure at the site with a small dry sponge
- 6.2.8. Do not recap the used needle, discard the needle and syringe in the sharps container as per Standard Precautions Policy
- 6.2.9. Assist the patient to a position of comfort
- 6.2.10. Remove gloves and dispose as per Standard Precautions Policy
- 6.2.11. Wash hands
- 6.2.12. Chart the administration
- 6.2.13. Observe the patient periodically in line with relevant policy for signs of reaction

7. Administering medication intravenously

- 7.1. Add the prepared medication to IV solution that is infusing
- 7.1.1. Check that the volume in the bag or bottle is adequate
 - 7.1.2. Close the IV clamp
 - 7.1.3. Clean the medication port with an alcohol swab
 - 7.1.4. Steady the container and uncap the needle and insert it into the port, inject the medication
 - 7.1.5. Remove the container from IV pole and gently rotate the solution
 - 7.1.6. Re-hang the container, open the clamp and readjust the flow rate
 - 7.1.7. Attach the label to the container which identifies medication name, added dose, time and your initials
- 7.2. Adding the medication to the IV solution before infusion
- 7.2.1. Carefully remove any protective cover and locate the injection port, clean with alcohol swab
 - 7.2.2. Uncap the needle and insert into the port, inject the medication
 - 7.2.3. Withdraw and insert the spike into the proper entry site on the bag or bottle
 - 7.2.4. With tubing clamped, gently rotate the IV solution in the bag or bottle, hang the IV
 - 7.2.5. Attach the label

- 7.3. Dispose of the used equipment
- 7.4. Wash hands
- 7.5. Chart the added medication
- 7.6. Observe the patient periodically in line with relevant policy for signs of reaction

8. Adding a bolus IV medication to an existing IV

- 8.1. Assess the IV site for the presence of inflammation or infiltration
- 8.2. Select the injection port on the tubing that is closest to the venipuncture site. Clean the port with an alcohol swab
- 8.3. Uncap the syringe, steady the port with your non-dominant hand while inserting the needle into the center of the port
- 8.4. Move your dominant hand to the section of IV between your fingers to temporarily stop the flow of the solution
- 8.5. Pull back slightly on the plunger just until blood appears in the tubing
- 8.6. Inject the medication at the prescribed rate
- 8.7. Remove the needle, do not recap it. Release the tubing to allow the IV to flow at the proper rate
- 8.8. Dispose of the used equipment
 - 8.8.1. Wash hands
 - 8.8.2. Chart the administration
 - 8.8.3. Observe the patient periodically in line with relevant policy for signs of reaction
- 8.9. Administering medication intravenously
 - 8.9.1. Add the prepared medication to IV solution that is infusing
 - Check that the volume in the bag or bottle is adequate
 - Close the IV clamp
 - Clean the medication port with an alcohol swab
 - Steady the container and uncap the needle and insert it into the port, inject the medication
 - Remove the container from IV pole and gently rotate the solution
 - Re-hang the container, open the clamp and readjust the flow rate
 - Attach the label to the container which identifies medication name, added dose, time and your initials
 - 8.9.2. Adding the medication to the IV solution before infusion
 - Carefully remove any protective cover and locate the injection port, clean with alcohol swab
 - Uncap the needle and insert into the port, inject the medication
 - Withdraw and insert the spike into the proper entry site on the bag or bottle
 - With tubing clamped, gently rotate the IV solution in the bag or bottle, hang the IV
 - Attach the label
 - 8.9.3. Dispose of the used equipment
 - 8.9.4. Wash hands
 - 8.9.5. Chart the added medication
 - 8.9.6. Observe the patient periodically in line with relevant policy for signs of reaction
- 8.10. Adding a bolus IV medication to an existing IV
 - 8.10.1. Assess the IV site for the presence of inflammation or infiltration
 - 8.10.2. Select the injection port on the tubing that is closest to the venipuncture site. Clean the port with an alcohol swab
 - 8.10.3. Uncap the syringe, steady the port with your non-dominant hand while inserting the needle into the center of the port
 - 8.10.4. Move your dominant hand to the section of IV between your fingers to temporarily stop the flow of the solution
 - 8.10.5. Pull back slightly on the plunger just until blood appears in the tubing
 - 8.10.6. Inject the medication at the prescribed rate
 - 8.10.7. Remove the needle, do not recap it. Release the tubing to allow the IV to flow at the proper rate

- 8.10.8. Dispose the equipment, remove gloves
- 8.10.9. Wash hands
- 8.10.10. Chart the administration and observe the patient periodically in line with relevant policy for signs of reaction
- 8.11. Administration of drugs through a heparin or intravenous lock
 - 8.11.1. Clean the port of the lock with an alcohol swab
 - 8.11.2. Stabilize the port with your non-dominant hand and insert the needle of syringe of normal saline into the port
 - 8.11.3. Aspirate gently and check for blood return
 - 8.11.4. Gently flush 1ml of normal saline or water for injection and remove the syringe
 - 8.11.5. Insert the needle of the syringe with medication into the port and gently inject the medication
 - DO NOT force the injection if resistance is felt
 - If the lock is clogged, it has to be changed
 - Remove the medication syringe and needle when administration is completed
 - 8.11.6. Discard all used items remove gloves, wash hands and chart
 - 8.11.7. The injection site and IV lock should be checked at least every 8 hours and a small amount of saline administered
 - 8.11.8. The heparin lock should be changed at least every 48 hours. A clogged lock should be changed immediately
 - 8.11.9. Observe the patient periodically in line with relevant policy for signs of reaction
- 8.12. IV additives
 - 8.12.1. The addition of drugs to an IV infusion must follow all of the criteria as for the administration of any medication to a patient
 - 8.12.2. The nurse must ensure that the particular drug can be added to that particular solution i.e. Is it compatible?
 - 8.12.3. Drugs MUST NEVER be added to blood transfusions or infusions of other blood products e.g. Plasma
 - 8.12.4. Once added the transfusion bag MUST be labeled with
 - Name of the drug
 - Dose
 - Fluid
 - Volume added
 - Time of addition
 - Duration of time for infusion
 - Initials of the nurse adding the drug
 - 8.12.5. The increased amount of volume MUST be added to the Fluid Balance Chart
 - 8.12.6. The patient MUST be observed closely in line with the relevant policy for any reaction to the added drug. Should this occur the infusion MUST be stopped, the physician informed and vital signs taken. Head/Charge nurse must also be informed, a form should be filled
- 8.13. Administering Topical Medication
 - 8.13.1. Skin application
 - Wash your hands and the affected skin area with soap and warm water, pat the area dry with a clean towel
 - Shake lotions and sprays before each use
 - Gently apply a small amount of medication to the affected area (use applicator)
 - Keep the medication away from the eyes, try to avoid inhaling sprays and powders
 - Do not cover the area with a dressing or bandage unless directed to do so
 - Wash your hands after applying the medication
 - 8.13.2. Transdermal Patches
 - Remove the old patch before applying the new one
 - Follow directions and use the patch as prescribed, remove the patch from its protective covering

and then remove the clear plastic covering without touching the adhesive. Apply the patch and use the palm to press firmly for about 10 seconds

- Rotate application sites
- Apply the patch at the same time of the day and write the date and time on the patch and initials
- Document on the patient's chart
- Monitor the patient's response carefully
- Check for dislodgement of the patch
- Assess for any skin irritation. If necessary, remove the patch, wash the area carefully with soap and water and allow skin to air dry

8.13.3. Eye instillations

- Offer the patient paper tissues to remove solution and tears that may spill from the eye during the procedure
- Wash hands before wearing gloves
- Clean the eyelids and eyelashes of any drainage with cotton balls or gauze moistened with normal saline solution. Use each cotton ball once moving from the inner toward the outer
- Tilt the patient's head back slightly if sitting or place the head of the patient over a pillow if lying down. The head may be turned slightly to the affected side
- Invert the mono drip plastic container that is commonly used to instill eye drops
- Let the patient look up while focusing on something on the ceiling
- Place the thumb or two fingers near the margin of the lower eyelid immediately below the eyelashes and exert pressure downward over the bony prominence of the cheek. The lower conjunctival sac is exposed as the lower lid is pulled down
- Hold the dropper close to the eye, but avoid touching the eyelids or lashes. Also avoid touching the eyeball with the dropper because this could easily injure the eye
- Squeeze the container and allow the prescribed number of drops to fall in the lower conjunctival sac. DO NOT allow the drops to fall into the cornea
- Release the lower lid after the eye drops are instilled. Ask the patient to close the eyes gently
- Apply gentle pressure over the inner canthus to prevent the eye drops from flowing into the tear duct
- Instruct the patient not to rub the affected eye

8.13.4. Ear drops instillation

- Warm the solution to be instilled to body temperature by rubbing the container with two palms
- Clean the external ear of drainage with cotton balls moistened with normal saline solution (wear gloves)
- Position the patient on the unaffected side in bed or let the patient sit with the head well tilted to the side
- Draw up the amount of solution needed in the dropper
- Straighten the auditory canal by pulling the cartilaginous portion of the pinna up and back in an adult and back in an infant or child and straight back for school-aged child
- Hold the dropper in the ear with its tip above the auditory canal
- Allow the drops to fall on the side of the canal
- Release the pinna after instilling the drops and instruct the patient to maintain the position
- Gently press on the tragus a few times
- Wait for 5 minutes before instilling drops in the second ear

8.13.5. Nasal drops instillation

- Provide the patient with paper tissues and ask the patient to blow his/her nose before instilling the drops. (Please seek for doctors advise in case the patient has undergone nasal surgery.)
- Instruct the patient to sit up with head tilted well back
- Draw sufficient solution into the dropper for both nares. Excess solution should not be returned to a stock bottle
- Hold up the tip of the nose and place the dropper just inside the nares about a third of an inch. Instill the prescribed number of drops in one naris and then into the other

- Protect the dropper with a piece of soft tubing when the patient is an infant or young child
 - Avoid touching the nares with the dropper because it may cause the patient to sneeze
 - Instruct the patient to remain in position with the head tilted back for a few minutes
- 8.13.6. Inserting a rectal suppository
- Use a glove for protection
 - Instruct the patient to lie on either side or pie-fold top linens over him/her
 - Lubricate the suppository and fingertips
 - Separate the buttocks and then have the patient relax by breathing through the mouth while inserting the suppository
 - Introduce the suppository well beyond the internal sphincter (4 inches for adult and 2 inches for children and infants). Use index finger for adult and little finger for paediatrics
 - Avoid embedding the suppository in the fecal mass
 - Be sure that the patient understands that he/she is to retain the suppository, usually for 30 to 45 minutes after insertion
- 8.13.7. Inserting vaginal suppository or cream
- Fill vaginal applicator with the prescribed amount of cream or have a suppository ready
 - Lubricate the applicator with water, as necessary, may be lubricated with a water-soluble gel
 - Wear disposable gloves
 - Use aseptic technique to administer the medication
 - Spread the labia well with the fingers and clean the area at the vaginal orifice with cotton balls and warm water above the orifice downward toward the sacrum
 - Introduce the applicator gently in a rolling manner while directing it downward and backward for its full length. Push the plunger to its full length and gently remove applicator with the plunger pressed after the applicator is properly positioned. The labia may be allowed to fall into place
 - Insert a suppository with gloved fingers well into the vagina
 - Ask the patient to remain in the supine position for 5 to 10 minutes after insertion
 - Offer the patient a perineal pad/sanitary towel
 - Patients who want to administer vaginal suppositories and creams themselves should be taught the proper technique before being allowed to do so
- 8.13.8. Administering medication by inhalation (inhaler/nebulizer)
- 8.14. Heart rate should be monitored before and after nebulization of patient using bronchodilator drugs
- 8.15. Bacterial filter must be changed with new ones for every patient.
- Disposable items should be used once and discard
- 8.16. Prepare and assemble all the equipments (follow manufacturer's instructions)
- 8.16.1. Nebulizer – check in working order
- 8.16.2. Connecting tubing
- 8.16.3. Medication and normal saline
- 8.16.4. Disposable oxygen mask
- 8.17. Explain procedure to the patient
- 8.18. Place the patient in a comfortable sitting or semi-fowler's position
- 8.19. Add the prescribed amount of medication and saline to the nebulizer
- 8.20. Use a disposable oxygen mask attached to connecting tubing. Connect the tubing to the compressor and switch the power on
- 8.21. Tell the patient to take a deep breath, hold the breath briefly, then exhale. If mouthpiece is used, tell the patient to take a deep breath from the mouthpiece
- 8.22. Observe expansion of chest to ascertain that the patient is taking a deep breath
- 8.22.1. Instruct the patient to breathe slowly and deeply until all the medication is nebulized
- 8.23. On completion of the treatment switch the power off. Gently tap the back of the patient to loosen the secretion and re-assess the patient. Encourage the patient to cough after several deep breaths
- 8.24. Record the medication used and description of secretion in patient's chart and record the medicine used in medication logbook provided in each department

- 8.24.1. Disassemble and discard all disposable items. Clean and prepare for the next use. Return to its proper place of storage

9. Reference

- 9.1. Lippincott's Nursing Procedures 6th edition
- 9.2. Carol Taylor et al Fundamentals of Nursing – The Art of Science of Nursing Care – 4th ed. 2001
- 9.3. Joint Commission International Accreditation – Patient Safety Goals January 2015

Standard Precautions Policy

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Signature	
Date	
Related Documents	
<ol style="list-style-type: none"> 1. Guidance for the Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings. Centre for Disease Control, 2013 2. Basic Infection Control and Prevention Plan for Outpatient Oncology Settings. Centre for Disease Control, 2011. 3. Infection Prevention and Control Manual: Tygerberg Hospital. Cape Town, South Africa, 2012 	

1. Introduction

- 1.1. Standard Precautions (previously known as Universal Precautions) are the minimum level of infection prevention control precautions based on risk assessment of a procedure or procedures, for the care and protection of patients and healthcare workers
- 1.2. It refers to the application of a system of infection control that assumes that blood and body fluids from all patients are a potential source of blood-borne pathogens
- 1.3. The approach is based on the assumption that patients may be asymptomatic and yet be infected with an organism that could be transmitted during delivery or care
- 1.4. Standard precautions should therefore be applied to all patients, regardless of their diagnosis or presumed infectious state

2. Objectives

The aim of this policy is to:

- 2.1. Reduce the risk of disease transmission in healthcare facilities, even when the source of infection is not known
- 2.2. Ensure that standard precautions is applied at all times when working with
 - Blood
 - Bodily fluids, whether or not it contains blood
 - Broken skin
 - Mucous membranes

3. Policy

- 3.1. To reduce the risk of disease transmission, Standard Precautions are to be applied at all times
- 3.2. Potentially infectious body fluids include:
 - 3.2.1. High-risk fluids
 - Blood
 - Cerebro-spinal fluid
 - Peritoneal fluid

- Pericardial fluid
 - Pleural fluid
 - Synovial fluid
 - Amniotic fluid
 - Vaginal secretions
 - Saliva in association with dentistry
 - Unfixed tissues and organs
- 3.2.2. Low-risk fluids
- Faeces
 - Urine
 - Nasal secretions
 - Sweat
 - Tears
 - Vomit
 - Saliva
 - Breast milk

4. Procedure

4.1. Effective hand-washing practices

Hand washing is the single most effective procedure in preventing cross-infection. Correct hand washing will minimize resident and transient microorganisms on the hands from being transferred to other patients.

- 4.1.1. Wash hands immediately using antimicrobial soap and water:
- When arriving on duty
 - Before eating
 - Before handling or preparing food
 - After using the toilet
 - After cleansing procedures
 - After hands have been soiled
 - After handling contaminated material (i.e. garbage, soiled linen, specimen, urinals, bedpans, etc.)
- 4.1.2. Wash hands and other skin surfaces immediately and thoroughly using an antiseptic hand wash:
- Before performing invasive procedures and aseptic procedures
 - Before taking care of susceptible patients e.g. severely immuno-compromised and new-borns
 - Before and after touching wounds (surgical, traumatic or associated with an invasive device)
 - Between contact with different patients, especially in high risk units/areas
 - After contact with blood, body fluids, secretions or excretions and mucous membranes
 - After taking care of an infected patient or a patient colonized with multiple-antibiotic-resistant bacteria
 - When there are known multiple-antibiotic-resistant bacteria

4.2. The use of personal protective equipment

Personal protective equipment (PPE) refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury (Annexure 1). The hazards addressed by protective equipment include physical, electrical, heat, chemicals, biohazards, and airborne particulate matter.

- 4.2.1. Gloves
- To be well fitted
 - Not to be reused
 - To be worn when

- Direct contact with blood or other potentially infectious body fluids is expected to occur
- Examining abraded or non-intact skin
- During invasive procedures
- During instrumental examination of oropharynx, gastrointestinal, or genito-urinary tracts
- Healthcare workers who have cuts, lesions, chapped hands
- Working directly with contaminated instruments or equipment
- During situations involving phlebotomy
- Also see Annexure 2 – Safe donning and removal of PPE

4.2.2. Gowns and aprons

- A gown or apron to be worn for all procedures that are likely to generate splashes containing blood or body fluids
- Gowns or aprons to be selected that is appropriate for the activity and amount of fluid likely to be encountered
- Gowns to fully cover the torso, fit comfortably over the body, and have long sleeves that fit snugly at the wrist
- Sterile gowns are only necessary for performing invasive procedures, such as inserting a central line
- If fluid penetration is likely, a fluid resistant gown/apron to be used
- Also see Annexure 2 – Safe donning and removal of PPE

4.2.3. Masks and respirators

Masks to be worn to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes/sprays of blood or body fluids. Respirators to be used for protection from infectious aerosols such as Mycobacterium tuberculosis (TB).

- Masks to fully cover the nose and mouth to prevent fluid penetration
- Masks to fit snugly over the nose and mouth
- Masks to have a flexible nose piece and to be secured to the head with string ties or elastic
- N95 respirators to be worn for protection against TB as they are designed to filter out particulate matter only
- Respirators to be fit-tested (fitted to the face) to provide maximum (Annexure 3)
- Respirators to be replaced if the filter becomes soiled, damaged, or difficult to breathe through
- Respirators to be discarded after a single use
- Also see Annexure 2 – Safe donning and removal of PPE

4.2.4. Goggles

- To provide barrier protection for the eyes
- To fit snugly over and around the eyes or personal prescription lenses
- Also see Annexure 2 – Safe donning and removal of PPE

4.3. Safe Injection Practices

These recommendations apply to the use of needles, cannulas that replace needles, and, where applicable, intravenous delivery systems:

4.3.1. General Practices

- Use an aseptic technique to avoid contaminating the sterile injection equipment
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed
- Needles, cannulas, and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient
- Use fluid infusion and administration sets (intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use

- A syringe or needle/cannula is considered contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set
- Use single-dose vials for parenteral medications whenever possible
- Do not administer medication from single-dose vials or ampules to multiple patients or combine leftover contents for later use
- If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile
- Do not keep multi-dose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients

4.3.2. Phlebotomy procedures

- If possible, perform phlebotomy in a dedicated area
- If a dedicated area is not available, only bring the necessary supplies to the patients' side
- Wash hands with an alcohol-based hand rub
- Use an aseptic technique to perform the phlebotomy procedure
- Label tubes before blood is drawn
- Do not process or store blood specimens near medication
- Do not reuse the vacutainer holder
- Safely dispose of the sharps (see section 4.4)

4.4. Disposal of sharps and clinical waste

Sharps consist of needles, scalpel blades, lancets or any disposable instruments used on patients which could cause injury to staff members. Clinical waste consist of any material containing human waste such as blood stained tissue, used dressings, sanitary items, catheter and stoma bags, nappies, blood bags, IV giving sets (tubing only) and foul/infected linen.

- Used sharps to be handled as little as possible to minimize the risk of injury
- Do not recap needles
- Sharps must never be passed by hand between staff
- Needles to remain in syringes but discarded as a single unit
- Discard sharps immediately on completion of an injection or procedure
- Place used sharps into the correct container (a rigid, puncture resistant, waterproof container)
- Sharps containers are never to be more than $\frac{3}{4}$ filled
- Sharps protruding from the aperture presents a major hazard to users
- Sharps containers to be securely closed before being sent for disposal
- Sharps containers must be placed outside of reach of patients

4.5. Patient placement

Patients who are at risk of transmitting infections (e.g. uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) to other patients, to be placed in a private/ single room, if available.

Determine the placement of patients based on the following:

- Route of transmission of the known or suspected infectious agent
- Risk factors for transmission in the infected patient
- Risk factors for adverse outcomes resulting from a healthcare acquired infection
- Availability of single-patient rooms
- Patient options for room-sharing (e.g. patients with the same infection)

4.6. Care of equipment (cleaning and disinfection)

Microorganisms on contaminated patient equipment are frequently associated with the transmission of infections to

patients as a result of equipment that has not been appropriately decontaminated and reprocessed. Equipment to be cleaned using the following 3 methods:

4.6.1. Cleaning

This is a process that physically removes soil (dust, dirt and organic matter such as body fluids) from environmental surfaces and equipment

4.6.2. Disinfection

This is a process where disinfectants are used to reduce the number of microorganisms present but cannot be guaranteed to remove all e.g. spores. Efficiency of this process is dependent on:

- Efficient prior cleaning
- Appropriate disinfectant for the micro-organisms present
- Appropriate strength of the disinfectant
- Compatibility of the equipment
- Appropriate contact time

4.6.3. Sterilization

This is the only process that destroys all microorganisms including spores. Two methods are commonly used:

- Autoclave (steam under pressure)
- High level disinfectant (Glutaraldehyde)

4.6.4. General principles

- The type of equipment, environment, and its intended use determines the level of decontamination required
- Disposable/single use items are preferred
- Single use items to be discarded properly
- Organic matter to be removed from equipment before sterilization
- Reusable equipment is not to be used for the care of another patient until it has been cleaned and reprocessed appropriately
- Handle used patient care equipment in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of micro-organisms to other patients and the environment
- Designated staff to be assigned specific responsibilities for cleaning and disinfecting
- Assigned staff to be trained on appropriate cleaning/disinfecting procedures
- Appropriate disinfection methods to be used

4.7. Environmental control (cleaning of environment and potentially contaminated surfaces)

4.7.1. House-keeping

- All areas to be kept clean, orderly and in a sanitary condition
- Housekeeping personnel to be instructed in proper precautionary measures

4.7.2. Treatment of spills of blood or body fluid

- Wear latex gloves and plastic apron when wiping up the spill with a paper towel
- Discard the towel into the hazardous waste box
- Cover the spill area with paper towels, then cover area with Hypochlorite 10 000 ppm
- Leave for 2 minutes
- Wipe up with disinfectant and discard paper
- Place gloves and apron into hazardous waste box
- Wash hands thoroughly

4.8. Handling clean and dirty linen

- Handle all contaminated linens with minimum agitation to avoid contamination of air, surfaces and persons
- Handle, transport and process used linen soiled with blood or body fluids in a manner that prevents skin and mucous membrane exposure and contamination of clothing and that avoids transfer of micro-organisms to other patients and the environment
- Do not sort or rinse linens in patient-care areas
- Bag soiled linen considered contaminated at point of origin and place in soiled linen container
- Place linen contaminated with blood or body substances in a regular trash bag before depositing it in a cloth bag to ensure no leakage during transport
- Roll or fold linen to contain the heaviest soil in the centre
- Never place soiled linen on the floor or any clean surface
- When linen is commercially laundered, adequate separation of clean and dirty linen in the truck is essential to ensure that there is no opportunity for mixing of clean and dirty linen
 - Clean and dirty linen to use different carts
 - Carts used to transport soiled linen to be cleaned with a recommended cleaning product after each use
 - Transport and store clean linen in a manner that prevents its contamination to ensure cleanliness

4.9. Airborne precautions

These precautions apply to patients infected with, or suspected to be infected with a virus or bacterium that can be transmitted via airborne route. These include TB, measles and chickenpox.

- Patients to enter establishment via a separate entrance (e.g. a dedicated isolation entrance)
- Healthcare staff to wear a fit-tested N95 respirator when caring for these patients (see section 4.2)
- Wash hands before and after touching patients and after contact with respiratory secretions and/or body fluids (see section 4.1)
- Instruct patient to wear a face-mask when exiting the exam room, to avoid coming into close contact with other patients and to practice respiratory hygiene and cough etiquette (see section 4.10)

4.10. Respiratory hygiene or cough etiquette

These precautions apply to patients infected with, or suspected to be infected with a virus or bacterium that can be transmitted via the droplets of mucous and saliva. To prevent the transmission of respiratory infections, the following infection prevention measures are to be implemented for all persons with signs and symptoms of a respiratory infections:

Healthcare staff to inform patients of cough etiquette as follows:

- Cover the mouth and nose with a tissue when coughing or sneezing
- Dispose of the used tissue in the nearest waste bin
- Wash hands thoroughly after contact with respiratory secretions and contaminated objects/materials

4.11. Droplet precautions

These precautions apply to healthcare workers when they are in a room with a patient infected with, or suspected to be infected with a virus or bacterium that can be transmitted via the droplets of mucous and saliva. These droplets are generated when the patient coughs, sneezes or talks. The most common are influenza and other respiratory viruses like the common cold. A few bacteria, including pertussis (whooping cough), meningococcal, and streptococcus, are also transmitted by droplets.

- Wear a face mask when in a room with a person who has a respiratory infection
- Standard precautions still apply (using a face shield/goggles; gown and gloves if in contact with blood/body fluids)
- Wash hand before and after touching the patient and after contact with respiratory secretions and contaminated objects/materials

- Patient to wear a facemask when exiting the exam room and to avoid coming into close contact with other patients
- Patient to practice respiratory hygiene and cough etiquette (see section 4.10)
- Clean and disinfect the exam room (see section 4.7)

4.12. Contact precautions (Hand washing; protective clothing; wearing of masks; gloves; etc.)

Preventing contact with blood and bodily fluids during the following procedures are essential:

- Handling and carrying bedpans and urinals
- Wound care on patients with extensive wounds
- Bathing a patient with broken skin (skin lesions)
- Internal examinations such as vaginal or rectal

The use of personal protective equipment prevents contact with infectious agents, or body fluid that may contain infectious agents, by creating a barrier between the healthcare worker and the infectious material

- Correct hand washing will minimize resident and transient microorganisms on the hands from being transferred to patients (see section 4.1)
- Gloves, protect the hands; gowns or aprons protect the skin and/or clothing; masks and respirators protect the mouth and nose; and goggles protect the eyes (see section 4.2)
- If a glove is torn or punctured or injury occurs during an invasive procedure from a sharp object:
 - Replace the glove with a new one as soon as possible
 - Remove or replace the instrument or needle involved
- Soiled aprons/gowns to be removed as soon as possible, and hands to be washed to avoid the transfer of micro-organisms

4.13. Formidable Epidemic Precautions (All precautionary measures in place to arrest progression and prevent spread and complications)

When a patient has been diagnosed as being infected or colonised with an antibiotic resistant organism, the patient should immediately be placed on contact precautions, and where possible be nursed in a single cubicle. Dedicated patient care equipment is needed. If nursed in isolation, the equipment should not leave the room. If it is not possible to have dedicated equipment, then all patient care items must be disinfected appropriately before use on another patient.

The patient should be counselled about the reasons for the actions taken and their role in supporting the necessary precautions. The folders, bedside documents and any other relevant documents of such patients should immediately be clearly marked. The patients themselves should also have some form of identification such as a wrist band indicating that they are colonised with a resistant organism, especially when being moved around a hospital to x-rays or other wards.

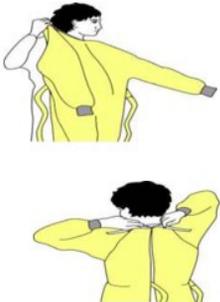
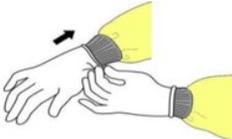
Annexure 1 – Appropriate use of Protective Equipment

Procedure	Hand Hygiene 	Gloves 	Aprons 	Masks 	Eye Cover 
IV cannulation	✓	✓			
Wound dressing	✓	Aseptic technique			
Insertion of NG tube	✓	✓			
Insertion of airway	✓	✓		✓	✓
Dental procedures	✓	✓	Coats	✓	High speed drills ✓
Suturing	✓	Sterile ✓	✓	✓	
CVP lines	✓	Sterile ✓		✓	✓
Insertion of urinary catheter	✓	Sterile ✓	✓	✓	✓
Fiberoptic procedures	✓	✓	✓	✓	✓
Delivery labour	✓	✓	Sterile gowns ✓	✓	✓
Surgery (clean and dirty)	✓	Sterile ✓	Sterile gowns ✓	✓	✓

The appropriate use of PPE outlined here is based on the level of infection prevention control risk from particular procedures. During emergencies it may not be possible to fully adhere to PPE recommendations but all efforts should be made to do so.

Annexure 2 – Safe donning and removal of PPE

CORRECT SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

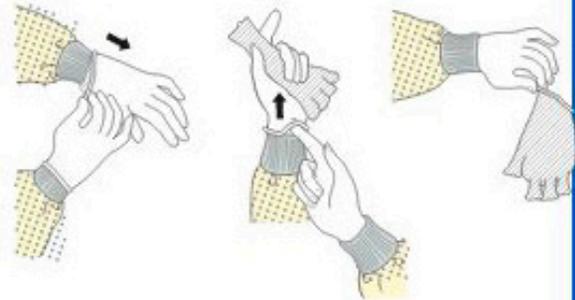
	<p>GOWNS</p> <ul style="list-style-type: none"> Wear long sleeved cuffed gown if contamination of skin, uniform or clothing is anticipated. Fully cover your body from neck to knees and wrap around the back. Made of water resistant material can be re-usable or disposable. Fasten in back of neck and waist. Remove immediately if wet. Use only once!
	<p>APRONS</p> <ul style="list-style-type: none"> Wear apron when limited exposure is anticipated. Worn for short periods of time. Water proof. Protects clothes. Disposable-use only once!
	<p>PROCEDURE MASKS</p> <ul style="list-style-type: none"> Wear mask to protect nose and mouth from likely splashes and sprays of blood or body fluids. Wear within 2 metres of a coughing client/patient/resident Large enough to cover nose and mouth. Secure ties or elastic bands at middle of head and neck. Fit flexible band to the bridge of your nose. Disposable-use only once!
	<p>N95 MASKS</p> <ul style="list-style-type: none"> Wear fit tested N95 respirator to protect against airborne diseases i.e. TB, or when performing aerosolizing procedures i.e. intubation, nebulized medications. Fit snug to face and below chin. Fit check respirator: <ul style="list-style-type: none"> Inhale – respirator should collapse Exhale – check for leakage around face Disposable-use only once!
	<p>EYE PROTECTION AND FACE SHIELDS</p> <ul style="list-style-type: none"> Wear to protect the mucous membranes of the eyes, nose and mouth. Use face shields or safety glasses. Prescription eye glasses are not suitable eye protection (face shields or safety glasses must fit over prescription glasses). Place over face and eyes and adjust to fit. Can be reusable, must be cleaned and disinfected between use i.e. disinfectant wipes.
	<p>GLOVES</p> <ul style="list-style-type: none"> Wear to protect skin. For adequate protection must have a good fit. May use a good quality vinyl, latex or nitrile glove. Extend to cover wrist of isolation gown. Disposable-use only once!

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



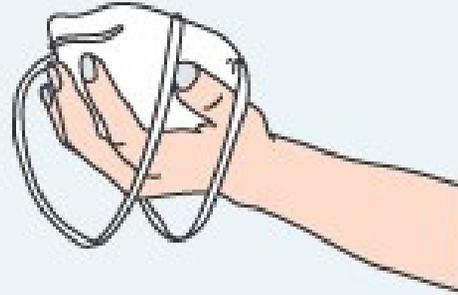
**PERFORM HAND HYGIENE BETWEEN STEPS
IF HANDS BECOME CONTAMINATED AND
IMMEDIATELY AFTER REMOVING ALL PPE**



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Annexure 3 – Seal checking/checking of N95 particulate filter

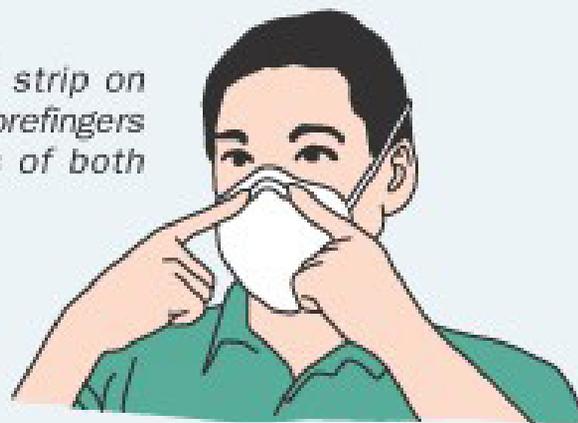
- 1** Choose a small or medium-sized face-piece that fits the face. Pull the head bands loose. The metallic strip should be uppermost. Pass the hand through the head bands.



- 2** Put on the mask. The head bands should be around the head and neck.



- 3** Press the metallic strip on both sides with the forefingers and middle fingers of both hands.



- 4** **Seal Check:**

Positive pressure checking – cover the mask lightly with both hands. Breathe with deliberation. Air should not leak out from the side of the mask.

Negative pressure checking – cover the mask lightly with both hands. Suck in air with deliberation. The mask should depress slightly inward.



Needle Stick Injury Policy

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Signature	
Date	
Related Documents	
<ol style="list-style-type: none"> 1. Occupational Health and Safety Act, 1993 2. National Health Act, 61 of 2003 	

1. Introduction

- 1.1. Patient safety is a priority in a healthcare delivery system
- 1.2. The risk to healthcare workers is 3 per 1000 injuries from HIV-infected patients and 1 per 1000 injuries from blood and blood stained fluids in the eyes
- 1.3. Follow-up to be done until 1 year after exposure as serious conversion can occur
- 1.4. Accidental injuries resulting from exposure to blood and blood stained body fluids refer to
 - 1.4.1. Needle stick injuries
 - 1.4.2. Injury from a sharp, blood stained object
 - 1.4.3. Splashes of blood/blood stained fluids into eyes and mouth
 - 1.4.4. Exposure of non-intact skin to blood or blood stained fluids

2. Objectives

- 2.1. To ensure that healthcare workers and clients are protected against transmission of infectious diseases
- 2.2. To facilitate the writing of incidents in a standardised format with complete documentation of the facts as they occurred

3. Legal Framework

- 3.1. Accidental injuries resulting from exposure to blood or blood stained body fluids must be reported with an accurate recording of the facts in the Incident Report Form (Annexure 1)
- 3.2. All needle stick injuries to be reported immediately to promote investigative and remedial measures being implemented

4. Procedure

- 4.1. Squeeze the area immediately to encourage bleeding
- 4.2. Wash the wound and surrounding area with soap and water
- 4.3. Clean with Webcol 70% alcohol swab
- 4.4. If the incident involves exposure to the eyes or mucous membranes, rinse the exposed area immediately with normal saline or clean water

- 4.5. The healthcare worker to report the incident to the operational manager or supervisor immediately
- 4.6. The operational manager or supervisor to report the incident to the sub-district manager telephonically before the shift ends or first thing the following day
- 4.7. The exposed person to access prophylactic treatment at the clinic, hospital or maternity obstetric unit (MOU) nearest to where the incident occurred. Treatment to be started within 2 to 6 hours and definitely not later than 72 hours after incident
- 4.8. The exposed person to be pre-counselled before HIV and Hepatitis B testing is done
- 4.9. The exposed person to give informed consent before being tested. If testing is refused, the consequences to be explained such as forfeiting compensation of Injury on Duty
- 4.10. Both rapid and laboratory testing to be done
- 4.11. If the source person is available, the person is to be pre-counselled for HIV and Hepatitis B testing
- 4.12. The source person to give consent before testing
- 4.13. If the exposed person tests positive for HIV or Hepatitis B, the person must be post-counselled and referred to their preferred healthcare provider
- 4.14. If the exposed person tests negative for HIV, whether the results of the source person is available or not, Post-Exposure Prophylaxis (PEP) must be resumed (PEP to be taken for 1 month), as prescribed according to the level of risk
- 4.15. If the exposed person experiences side effects to the medication, the doctor to determine the time period during which the exposed person may be given sick leave and be monitored closely
- 4.16. If the exposed person tests negative for HIV, it is necessary to do a follow-up test after 6 weeks, 3 months, then 6 months when the doctor completes the final report
- 4.17. Responsibilities of the Occupational Health Nurse/operational manager
 - Within 6 to 24 hours (office hours)
 - Check if immediate First Aid measures were applied
 - Ensure that the exposed person has reported the incident
 - Ensure that the exposed person has started prophylactic treatment
 - Ensure that the incident report (Annexure 1) is completed
 - Ensure that the necessary papers reach Human Resources

Annexure 1 – Incident Report

Name of Health Establishment			
Details of healthcare worker affected by the incident			
Name		Rank	
Age		Date of Birth	Sex
Date of incident		Time of incident	
Describe the incident			
Name of patient involved (if applicable)		Patient folder number (if applicable)	
Condition of healthcare worker after the incident (if applicable)			
Describe procedure followed after incident (to be completed by the doctor)			
Name of Doctor Notified		Date	Time
Name of Immediate Supervisor notified		Date	Time
Other relevant stakeholders notified		Date	Time
Signature of healthcare worker		Date	

Standard Operating Procedure for PHCs: Procurement, Controlling and Issuing of Schedule 5 and 6 Medication

Policy Number	West Coast
Health Establishment	
Review date	Every 3 Years
Signature	
Date	
Related Documents <ol style="list-style-type: none"> 1. Good Pharmacy Practice in South Africa, 4th Edition 2. Pharmacy Act 153 of 1974 as amended 3. Medicines and Related Substances Act 101 of 1965 as amended 4. National Core Standards 	

Purpose

To standardise and regulate the management of schedule 5 and 6 medication at Primary Healthcare (PHC) facilities

Procedure

1. Ordering and receiving

1.1. Schedule 5 medication

- Schedule 5 medication to be ordered using a normal computer generated order form
- A post-basic pharmacists' assistant (PBPA) may place an order, receive and control medication
- Any discrepancy in orders received to be reported within 72 hours
- Invoices to be recorded in the schedule 5 register (obtained on order from the depot)
- Non-erasable pens to be used to make any entries in the register
- Upon the receipt and issuing of medication the correct register to be completed
- Original copies of invoices to be signed and dated by a pharmacist
- All stock received to be entered on the computer system
- Schedule 5 invoices to be kept in a designated file

1.2. Schedule 6 medication

- Medication is ordered using two forms (1) a normal computer generated order form and (2) a designated schedule 6 order form
- Designated order forms to be hand-written and fully completed (copies of both the computer generated order and schedule 6 order form to be kept in the pharmacy)
- Signatures of all pharmacists authorized to order schedule 6 medication to be sent to the depot at the beginning of the year and when there are changes
- Pharmacists ordering medication to keep a register (order-receipt register) containing the order number and date on which the order was handed over to the delivery truck driver
- The order-receipt register to be signed by the delivery truck driver to acknowledge receipt
- No other documents to be included in the envelope containing the order form
- Envelopes to be addressed to the relevant pharmacist at the depot as well as contain the date on which the order was given to the delivery truck driver

- The relevant pharmacist to phone the depot to confirm receipt of the order form the day after it was collected
- As per legislation, schedule 6 orders are not allowed to be faxed
- Receipt of schedule 6 medication to be recorded by the pharmacist in the schedule 6 register immediately
- Discrepancies to be reported to the depot pharmacist within 24 hours
- Original invoices to be signed and dated by a pharmacist
- All stock received to be entered on the computer system
- Schedule 6 invoices to be kept in a designated file

2. Storing and controlling

- All schedule 5 and 6 medication to be stored in locked cupboards
- A running balance to be kept following all entries
- Physical quantities to tally with records in the register
- The register to be balanced once a month, ensuring compliance with the Medicines and Related Substance Act 101 of 1965
- The schedule 6 register to be balanced quarterly
- An official hand-over to follow a change of pharmacist responsible for schedule 6 medication
- Storage of medication should be according to FEFO (first expiry, first out) and FIFO (first in, first out) principles
- Orders, invoices and schedule 5 and 6 registers to be kept in the pharmacy for 5 years

3. Issuing to and control in wards

- Schedule 6 prescriptions to be dispensed on the day it was prescribed
- The professional nurse (PN) in wards to order schedule 5 and 6 medication from a designated order book
- Prescriptions to be signed by an authorised prescriber and the prescriber's qualifications clearly written
- The required quantity to be written in words and figures
- Remaining blank lines to be ruled off and crossed out
- All orders to be authorised by the operational manager or prescribing doctor
- Medical officers who are interns cannot authorise schedule 6 orders
- A PN is responsible for taking the order form and register to the pharmacy
- Schedule 5 and 6 medication to be locked in a specially designated container and collected by the ward's PN
- The PN to complete the relevant section of the ward schedule 5 and 6 register in red. The pharmacist to sign for issuing
- Non-erasable pens to be used to make entries in the schedule 5 and 6 registers
- The PN to sign receipt of medication in the presence of the pharmacist
- The pharmacist to complete the pharmacy register and file the original copy of the order form
- The clinical manager and PN to check and balance the ward register every three months. The clinical manager may delegate this function in writing to the RP

4. Issuing to outpatients and to-take-out (TTO)

- The prescribing doctor to prescribe schedule 6 medication in the patient file, clearly indicating his/her qualifications
- The pharmacist to record the issuing of medication in the register and sign the prescription

Standard Operating Procedure for CHCs: Procurement, Controlling and Issuing of Schedule 5 and 6 Medication

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Signature	
Date	
Related Documents <ol style="list-style-type: none"> 1. Good Pharmacy Practice in South Africa, 4th Edition 2. Pharmacy Act 153 of 1974 as amended 3. Medicines and Related Substances Act 101 of 1965 as amended 4. National Core Standards 	

Purpose

To standardise and regulate the management of schedule 5 and 6 medication at Primary Healthcare (PHC) facilities

Procedure

1. Ordering and receiving

1.1. Schedule 5 medication

- Medication is ordered from the depot on the PHC Schedule 5 Order Form
- A post-basic pharmacists' assistant (PBPA) or professional nurse (PN) may place an order, receive and control medication
- Any discrepancy in orders received to be reported within 72 hours
- Invoices to be recorded in the schedule 5 register (obtained on order from the depot or from the hospital pharmacy)
- Non-erasable pens to be used to make any entries in the register
- The correct register to be fully completed, immediately on receipt and issuing of medication
- Original copies of invoices to be signed and dated by a operational manager, PBPA or PN

1.2. Schedule 6 medication

- Schedule 6 medication to be ordered using the appropriate form which is to be completed and submitted to the relevant hospital
- The quantity of medication ordered to be written in words and numbers
- All schedule 6 orders to be authorized by a medical doctor
- A PBPA or PN may place an order, receive and control schedule 6 medication
- Any discrepancy in schedule 6 orders to be reported immediately
- Invoices to be recorded in the schedule 6 register (obtained on order from the depot or from the hospital pharmacy)
- Non-erasable pens to be used to make any entries in the register
- The correct register to be fully completed, immediately on receipt and issuing of medication
- Original copies of invoices to be signed and dated by a operational manager, PBPA or PN

2. Storing and controlling

- Medication to be locked in schedule 5 and 6 cupboards at all times
- A running balance to be kept following all entries
- As with any medication kept in the clinic, the physical quantities to tally with the records in the register
- It is a legal requirement for schedule 5 and 6 medication to be fully accounted for by the operational manager
- The register to be balanced once a month and countersigned by the operational manager, thereby ensuring compliance with the Medicines and Related Substance Act 101 of 1965
- The PHC coordinator or the designated pharmacist (e.g. sub-district pharmacist) to balance the schedule 6 register on a quarterly basis
- Medication to be stored according to FEFO (first expired, first out) and FIFO (first in, first out) principles
- Orders, invoices and schedule 5 and 6 registers to be kept in the establishment for 5 years
- The PBPA or PN is responsible for recording breakages or damages of schedule 5 and 6 medicines in a PHC establishment

3. Dispensing schedule 5 and 6 medicine to patients

- An authorized prescriber to prescribe the scheduled medication on the patients' prescription (in patient file)
- The prescription is to be signed and the prescriber's qualifications clearly written
- The PBPA or PN to record the dispensed medication in the schedule 5 and 6 register and sign the prescription
- Due to the prescriber level, schedule 6 medication will be pre-packed at the hospital. The designated person to dispense in the prescribed manner, but this does not need to be recorded in the register

Standard Operating Procedure for Community Healthcare Centres: Safe Dispensing of Medication

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Signature	
Date	
Related Documents <ol style="list-style-type: none"> 1. Good Pharmacy Practice in South Africa, 4th Edition 2. Medicines Control Act 101 of 1965 3. Pharmacy Act 153 of 1974 as amended 4. National Core Standards 	

Purpose

To dispense legal prescriptions according to Good Pharmacy Practice (GPP) requirements

Procedure

1. General Rules

- Prescriptions to be in a legal and valid format
- Prescriptions to be dispensed timeously
- Correctly identified patients to receive the correct medication in the correct quantity
- Patients to be counselled on how to store and take their medication

2. Individual in-patients in the wards

- Patients to receive a maximum of 5 days of medication
- For injections, patients to receive a maximum of 48 hours supply. Prescription for injections may be repeated after 48 hours
- In the case of public holidays and weekends, sufficient stock to be supplied to last until the next supply date

3. Outpatients and to-take-out (TTO)

- Patients to receive a maximum of 28 days' supply of medication
- If medication is required for a period of more than 28 days, a Request for more than 28 days medication form to be completed by the authorized prescriber
- A greater or a lesser quantity of a schedule 1, 2, 3 or 4 medication than that prescribed may be dispensed, however the quantity not to exceed or be less than 25% of the specified prescription
- If patient medication was lost or stolen, an affidavit must be obtained from the nearest police station to confirm the reason for the request to re-issue medication
- Repeat prescriptions to be for a maximum of 6 months of medication i.e. the initial month with 5 repeats
- Repeat prescriptions may only be written by doctors

- Only CHC prescriptions in the patients' file to be dispensed
- No parenteral medication (IV Fluids, injections) to be dispensed to a patient to take home other than Insulin for diabetic patients, unless required as per treatment protocol
- Medication falling outside the referral category permitted for a CHC to be discussed with the prescriber. If no alternative is available, and funds exist, the item may be motivated for

4. Requirements of all prescriptions

- It is the prescriber's duty and responsibility to ensure that the prescription complies with the legal requirements
- Prescriptions to be legible and directions clearly understood
- Prescriptions to be written out in full every time the medication is prescribed i.e. "repeat as above" must never be written on a prescription
- Alterations made to the prescription to be initialized and dated by the prescribing doctor
- Prescriptions not dispensed, will expire after thirty (30) days for out-patients and three (3) days for in-patients, after which they should be re-prescribed
- Prescriptions to be prescribed in writing by the medical officer on the designated official form with the following information
 - Patient name, age, sex, weight
 - Patient address
 - Any known allergies or sensitivity
 - Date of prescription
 - Patient file number
 - CHC practice number
 - Approved generic name
 - Strength of medication
 - Dosage form of medication
 - Instructions for the administration of the dosage and frequency of administration
 - Quantity and/or duration of treatment
 - Prescribing doctor signature
 - Doctor's name and qualification to be written below the signature
 - Prescriptions to be written in permanent black ink

5. Dispensing process

5.1. The dispensing process is divided into three phases, namely:

- Phase 1: Interpretation and evaluation of the prescription
- Phase 2: Preparation and labelling of the prescribed medicine
- Phase 3: Provision of information and instructions to the patient

5.2. The three phases can be performed by a pharmacist intern, community service pharmacist under the direct personal supervision of a pharmacist

5.3. Phases 2 & 3 may be performed by a post-basic pharmacists' assistant (PBPA) under the direct personal supervision of a pharmacist. A PBPA may:

- Read and prepare the prescription
- Select, manipulate or compound the medication
- Label and supply the medication following the interpretation and evaluation by a pharmacist
- Provide instructions regarding the correct use of the medication supplied

6. Phase 1: Interpretation and evaluation of the prescription

6.1. On receipt of the prescription, confirm the integrity of the communication by

- Identifying the patient, and the prescriber
- Ensuring the legality/authenticity of the prescription
- Ensuring that the original prescription follows a faxed, e-mailed, telephonic or other electronically transmitted prescription within 7 working days
- Helping the patient to resolve the problem if the prescription cannot be dispensed
- Interpreting the type of treatment and the prescriber's intentions
- Identifying the medication, and checking the pharmaceutical form, strength and appropriate dosage
- Informing the patient about generic equivalent

6.2. Assess the prescription to ensure the optimal use of medicine as follows

- Therapeutic aspects (pharmaceutical and pharmacological) i.e. the safety of the medicine, possible contra-indications, drug-drug interactions, treatment duplications (polypharmacy)
- Appropriateness for the individual and the indication for which the medication is prescribed
- Social, legal and economic aspects
- Legality, legibility and completeness
- Potential adverse reactions to medicines, including allergies
- Possible drug-disease incompatibilities
- Correct dosage, route, dosage interval, dosage form and duration of treatment
- Problems relating to intravenous administration, including potential incompatibilities, medication stability, volume of intravenous fluid for medication administration and route of administration
- Compliance with any applicable formulary/treatment guidelines i.e. Essential Medicines List and Standard Treatment Guidelines (EML/STG's)

6.3. Assess prescription by using the following information sources

- Patient or caregiver
- Prescriber where doubts arise or further information is required
- Pharmacopoeias, formularies, technical books, electronic sources, professional journals, compendia of pharmaceutical legislation and medicine supply agreements with the health services
- Outside information from drug information centers, competent authorities and pharmaceutical manufacturers

7. Phase 2: Preparation and labelling of the prescribed medicine

7.1. Selecting or preparing the medication includes the following activities

- Patient-ready packs/pre-packed medicines are correctly selected
- Compounded medication to be done in accordance with the details laid down in section 2.18 of the Pharmacy Act
- Tablets to be counted on a clean counting tray and the final dosage form to be placed in a suitable container. If a mechanical pill counting machine is used, it is to be cleaned between counting different types of tablets
- The container of the medication to be clearly labelled with the correct directions along with any other information for the safe, proper and effective use. Cautionary/advisory labels and instructions to be used
- All dispensing procedures, whether performed by a pharmacist, pharmacist intern or a PBPA, to be carefully checked for accuracy and completeness
- The following people to sign the prescription on the designated sticker
 - the person who picks the items
 - the person who labels the items
 - the pharmacist who checked the prescription
- The date of dispensing to be recorded on the label
- The pharmacist to sign and date the prescription, thereby accepting accountability for the correctness of dispensing and confirming that the medication was supplied. (If an intern dispensed the prescription, a pharmacist must countersign)
- The quantity dispensed to be clearly recorded on the prescription next to the prescribed item. Any person that does not dispense what was prescribed must indicate on the prescription what was dispensed and in what quantity. If an item was not dispensed at all it must be clearly indicated
- A pharmacist intervention form must be completed if the need for an intervention is identified and the patient requested to take the form to the prescriber for alteration
- Any alterations to the prescription to be initialed and dated by the prescribing doctor. After telephonic consultation with the prescriber, the pharmacist may alter the prescription as directed by the prescriber. The pharmacist to sign alterations and the date and time recorded on the prescription
- Medication will only be issued to a patient after he/she has provided the dispenser with either the outpatient blue card or any other acceptable proof of identification
- If all the medication was not available at the time of dispensing, the patient is to be issued with an outstanding prescribed medicine note with the following information: Patient name, patient file number and generic name of the medication, strength and code
- A gate pass out form to be issued to patients who receive the following items on prescription: nappies, catheters, linen savers, colostomy bags and any other bulk pharmaceuticals

7.2. Labels

- Labelling of dispensed products to be clear, legible and indelible. If possible, lettering must be mechanically printed

- The following information to appear on the label in accordance with Regulation 8(4) of the General Regulations published in terms of the Medicine Act
 - Generic and trade name of the medicine
 - Quantity
 - Strength
 - Schedule
 - Patient name and number
 - Directions for use
 - Any warnings/additional information
 - Dispensing date
 - Name of dispenser
 - Name and address of the CHC
- The label to be attached to the medicine container in such a way that it does not cover the generic name
- Warning labels or labels indicating special storage conditions to be used
- Where pre-printed labels are not available, this information to be recorded on the medicine container by hand

7.3. Record-keeping regarding the dispensing of medication

- The number of items supplied to be recorded on the daily outpatient statistic sheet
- Separate statistics to be kept for outpatient and TTOs (including in-patients statistics)
- The following definitions applies to all prescriptions dispensed when tallying items:
 - Loose ampoules and vials (dispensed as single vials) = 1 vial/ampoule = 1x item
 - 1 x box of 10 vials/ampoules = 1 x item
 - One pack or pre-pack = 1 x item
 - For all Re-packs = 2 x items
 - Each pack size = 1 x item
 - One bottle = 1 x item
 - Reconstituted suspensions = 2 x items
 - One vacolitre = 1 x item
 - All controlled substances entered into registers (schedule 6 and donation items) and motivational items to be counted as single items e.g. 14 x Fluconazole caps = 14 x items
 - Every surgical item prescribed to be recorded as one item

7.4. Prescription book

- According to Regulation 11 of the Medicines Control Act, a prescription book or other permanent record in respect of schedule 2, 3, 4, 5 and 6 substances to be kept on all premises where prescribed medicines are dispensed and must contain the following details
 - Name of the medication or schedule substance
 - Date on which the prescription was dispensed
 - Dosage form and quantity of the medication or scheduled substance
 - Name and address of the patient
- Schedule 6 substances to be recorded in the schedule drug register

8. Phase 3: Provision of information and instructions to the patient to ensure safe and effective use of medication

- Pharmacists to provide advice to the patient or patient's caregiver
- A patient information leaflet, containing the information as prescribed in the General Regulations published in terms of the Medicine Act to be available at the point of dispensing
- Information to be structured to meet the needs of individual patients
- Pharmacists to ensure that any information or services offered by a pharmacy to patients in the area of health promotion are safe, up-to-date and in accordance with the relevant local and national guidelines
- Information provided to patients regarding their medication use to always be done with professional judgement and the prescriber to be contacted when necessary
- Dispensing errors to immediately be reported to the pharmacist in the dispensary as well as the RP or his/her deputy
- All possible efforts must be made to trace the patient and to rectify the error before the medication is consumed
 - The pharmacist responsible for the dispensing error to submit a report in writing to the RP within 24 hours of the incident
 - If the patient is not traced within an hour, the RP or his/her deputy to report the incident to the medical manager or his/her deputy telephonically, following it up with a written report within 24 hours

- The RP must follow disciplinary procedures with the staff member involved to prevent such an incident from recurring
- All possible steps to be taken by the RP and dispensary staff to prevent dispensing errors from taking place in future
- The container to be appropriate for the product dispensed and the following considered
 - Protecting the product from moisture and sunlight as well as mechanical stresses imparted by transport and use of the product
 - Protecting the containers from contamination
 - All solid dose oral preparations to be dispensed in containers that prevent humidity and light exposure as prescribed above, unless otherwise stated by manufacturer, e.g. Angised tablets
 - Advice to always be given about keeping medication out of reach of children
- Plastic containers and caps for solid or liquid dose preparations not to be re-used
- Used containers to be disposed according to waste disposal regulations
- No medicine returned by patients may be dispensed to another patient. Instead it must be condemned
- No information may be divulged about the affairs of any person obtained in the course of dispensing a prescription except to a person authorised to have access to such information and acting within his/her lawful jurisdiction
- Direct contact between the dispensed product and the operator's hands to be avoided
- Cuts or abrasions to be covered with a suitable occlusive dressing. A person with an open lesion or readily transmittable infection to report to the supervisory pharmacist, who will decide whether they may be engaged in the dispensing process.
- All equipment used for dispensing, and working surfaces in the dispensary to be properly cleaned and dust-and particle-free
- Expired medication not to be dispensed or supplied to the public
- Particular care to be taken with prescriptions for several months' treatment. Ideally, prescriptions should be for a maximum of 28 days' treatment but, where a quantity covering a longer period is dispensed, the pharmacist must ensure that the product will still be within the expiry date at the end of that period
- A record of the expiry dates of all medication procured must be kept

Standard Operating Procedure for Primary Healthcare Facilities: Safe Dispensing of Medication

Policy Number	West Coast
Health Establishment	
Review date	Every 3 years
Signature	
Date	
<p>Related Documents</p> <ol style="list-style-type: none"> 1. Good Pharmacy Practice in South Africa, 4th Edition 2. Pharmacy Act 153 of 1974 as amended 3. Medicines and Related Substances Act 101 of 1965 as amended 4. National Core Standards 	

Purpose

To dispense legal prescriptions according to Good Pharmacy Practice (GPP) requirements

Procedure

1. Interpretation and evaluation of the prescription

- A professional nurse (PN) or medical doctor is responsible for prescribing medication to patients
- A post basic pharmacists' assistant (PBPA) or PN is responsible for receiving the prescription and confirming its authenticity
- The prescription to be assessed to ensure the optimal use of medication
 - Repeat prescriptions to be for a maximum of 6 months of medication
 - Repeat prescriptions may only be written by a doctor
 - No private prescriptions to be dispensed

2. Preparation and labelling of the prescribed medication

2.1. Selecting or preparing the medication

- A pharmacist, PBPA or PN is responsible for the selection and preparation of prescribed medication
- Patient-ready packs should be correctly selected
- Containers for medication to be clearly labelled with the correct directions along with any other information for safe, proper and effective use
- The authorised prescriber is responsible for signing and dating the prescription
- After consultation with the prescriber, the PBPA may alter the prescription as directed. The PBPA must sign and date any alterations on the prescription
- If all the medication was not available at the time of dispensing, the patient must be issued with an *Outstanding prescribed medicine note*. The note must contain the following information:
 - Patient name
 - File number
 - Name of medication
 - Dose and duration

2.2. Labelling of medication

- A pharmacist, PBPA or PN is responsible for the labelling of prescribed medication
- The labels of dispensed products to be clear and legible
- The following information to be indicated on the label in accordance with Regulation 8(4) of the General Regulations published in terms of the Medicines and Related Substances Act:
 - Generic name
 - Quantity
 - Strength
 - Schedule
 - Patient name and folder number
 - Directions for use
 - Any warnings/additional information
 - Dispensing date
 - Name and address of clinic
- The label to be attached to the container in such a way that it does not cover the generic name, batch number or the expiry date
- Handwritten labels, as is often the practice, to be legible

3. Record keeping

- All prescriptions that have been dispensed must be recorded by the PBPA or PN, in a permanent record (manual or electronic), e.g. in the patient file (or dispensing programme in hospitals) and should contain the following information
- Name of medication
- Date of dispensing
- Dosage form and quantity
- Name and address of patient
- Name of the person who issued the prescription
- Reference number

4. Provision of information and instructions to the patient

- The patient must be identified by the PBPA or PN when dispensing medicine to ensure that the correct medicine is given to the correct patient
- A PBPA or PN to provide the information and instructions to the patient or the patients' caregiver
- A patient information leaflet (which accompanies the medicine packs from the vendor) containing the information as prescribed in the General Regulations published in terms of the Medicines and Related Substances Act to be available
- Information to be structured to meet the needs of individual patients, i.e. Paracetamol 120mg/ml 50ml for paediatric patients, and Paracetamol 500mg tablets for adult patients
- Appropriate dosage to be given per age group
- Patients to be told what each medication is used for in terms of their diagnosis
- Patients should be advised on potential drug interactions e.g. warnings such as "to be taken with food", "keep cool" and "finish the course" for antibiotics
- Patients to be appropriately advised on the correct times for taking medication, i.e. two or three times daily
- Professionals are advised to consult their reference guides to make sure that the correct information and reason for medication is communicated to patients
- The appropriate reference guide, i.e. South African Medicines Formulary (SAMF) or the package insert should be referred to in order to provide the correct counselling to patients
- Patients to be advised of the risks inherent in not taking medication properly, sharing with others, and inappropriate storage
- Patients to be advised on potential common side effects, and whether they can continue with treatment or not, should they experience these side effects
- In the event of a stock out of one particular dosage form, e.g. paracetamol tablets for adults, paracetamol syrup should not be dispensed instead. This practice will result in (1) a stock out of the syrup and (2) providing the incorrect medication to an adult. Consult the Essential Medication List (EML) for an alternative and if in doubt, contact the local hospital pharmacist or the PBPA based at the clinic for advice
- Patients should be given the opportunity to ask questions about dispensed medication