

Provincial Gazette

Free State Province

Provinsiale Koerant

Provinsie Vrystaat

Published by Authority

Uitgegee op Gesag

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PROVINCIAL NOTICE

[No. 60 of 2014]

FOR COMMENT: REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS

I, Dr Benjamin Malakoane, Member of the Executive Council responsible for Health in the Province, in terms of section 16(1)(i) of the Free State Hospital Act, 1996 (Act No. 13 of 1996), hereby publish the Regulations in the Schedule, for comment.

Interested persons are invited to submit comments or representations on the proposed Regulations not later than **18 August 2014** to:

The Head of Department
PO Box 227
4th Floor Block A West Bophelo House
BLOEMFONTEIN
9300

E-mail: FingerMJ1@fshhealth.gov.za

Fax: (051) 408 1761

Any comments or representations received after the due date will be disregarded.

SCHEDULE

REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS

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Definitions

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

“acute care” means short-term medical treatment, usually in a hospital, for patients having an acute illness or injury or conditions that may change within a few hours or days and that require prompt investigation, diagnosis and treatment, or recovering from surgery;

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

“attending side” means the side of a bed on the patient’s right hand side when lying supine;

“B-BBEE Act” means the Broad-based Black Economic Empowerment Act, 2003 (Act No. 53 of 2003);

“bed accommodation” means the accommodation of clients, patients or mental health users in a bed, including day beds, cribs, cots and chairs in which the client, patient or mental health user receives clinical or psychiatric treatment for which intermittent or continuous clinical or psychiatric observation is required;

“bed-count” means the number of beds, including Intensive Care Unit beds, day beds, cribs and cots actually available for the accommodation of patients, but excluding trolleys;

“chronic care” means long term inpatient care and or treatment of patients relating to chronic conditions that require extended care of over 90 days;

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

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

“clinical” in general, pertaining to observation, investigation, diagnoses and treatment of health conditions;

“clinical hand washing-basin” means a hands-free washing basin with hand drying facilities adjacent to it;

“committee” means the committee appointed in terms of regulation 7;

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

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

“day beds” means beds used for the accommodation of patients for a limited period of time and which does not include overnight accommodation;

“day ward” means a ward that accommodates patients in beds or chairs that require post-operative admission or observation, or other forms of care for any period less than 12 hours;

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

“Department” means the Provincial Department of the Free State responsible for health services;

“dialysis facility” means a facility that provides for haemo and peritoneal renal care;

“dirty utility room” means a room used for collection and temporary storage of used equipment and general ward material;

“drainage area” means the geographical area/s from which clients, patients or mental health users travel or are referred to for treatment;

“emergency unit” is a unit where emergency medical services are rendered to members of the public;

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

“floor area per bed” refers to the bed area and the surrounding area dedicated to that bed;

“floor area” refers to the intended net floor area;

“hand washing-basin” means a hand washing-basin with hand drying facilities adjacent to it;

“Head of Department” means the head of the Department responsible for health services in the Free State;

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

“health establishment” means the whole or part of a private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services;

“holding area” or **“induction room”** means an area or room where pre-operative patients in transit to a procedure room/theatre are identified, continuously monitored by nursing personnel and prepared for surgery/invasive procedures until such time as such patients are transferred to the theatre unit;

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

“impervious” means impenetrable to liquid substances;

“inpatient” means a patient admitted to a health facility for observation, investigation, diagnoses and treatment of a health condition;

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

“level 1 care” means delivered by general practitioners, medical officers or a primary healthcare nurse in the absence of any specialist other than a family medicine specialist;

“level 2 care” means care that requires the expertise of specialist led teams which include general surgery, orthopaedics, general medicine, paediatrics, obstetrics and gynaecology, psychiatry, emergency medicine, radiology and anaesthetics;

“level 3 care” means care that requires the expertise of a specialist working in a registered sub-specialty;

“outpatient care” means services provided by and requiring the skills of a general medical practitioner, a medical specialist or an allied health professional to which patients are referred, usually by appointment, for more specialised opinions or care. These will include referrals to general medical or surgical etc outpatients as well as referrals to specialist clinics. They will also include referrals within a primary health care facility with or without appointment where these professionals deliver outreach services and/or where they provide services from private rooms or “surgeries”;

“licence” means a licence issued in terms of regulation 21;

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

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

“maternity unit” means a unit where babies are delivered and postnatal care is given to mothers and infants;

“MEC” means the Provincial Member of the Executive Council of the Free State responsible for health;

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

“minor theatre” means an operating theatre in which minor surgical procedures are performed under local anaesthesia, anxiolysis, conscious sedation and deep sedation, but excluding regional and general anaesthesia;

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

“non-attending side” means the side of a bed opposite the attending side;

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

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

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

“plan dimensions” means the horizontal dimensions between finished wall surfaces excluding projections;

“private health establishment” means a health establishment that is not owned or controlled by the state;

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

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

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

“sluice room” means a room used for the emptying, cleaning and storage of bedpans and urine bottles;

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

“special care facility” means a designated room or rooms in which clients, patients or mental health care users are accommodated in order to receive constant, direct or indirect observation or clinical treatment by clinical personnel due to the unstable nature of their medical or psychiatric condition;

“step-down facility” means a facility that provides care for short-stay, transitional units, being a substitute for continued hospital stay and serving patients whose illness demands significant medical involvement and skilled nursing care of more than three hours on average per day, as well as pharmaceutical and laboratorial support;

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

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

“visible building activities” means an erf on which a foundation has been laid or a building structure, with progressive building, has been erected;

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

Application of regulations

2. (1) Subject to regulation 31 and subregulation (2), these Regulations apply to all private health establishments in the Free State.
- (2) The MEC may grant a private health establishment exemption from all or any of the provisions of these Regulations, if good grounds exist for doing so.

- (3) The MEC may proclaim in the *Provincial Gazette* and designate certain areas in the Province as priority areas requiring establishment of private health facilities and declare other areas as oversubscribed.

Registration requirements of a private health establishment

3. (1) A person may not –
- (a) erect, establish, maintain, manage or control a health establishment; or
 - (b) render or permit to be rendered a service in a private health establishment; or
 - (c) establish, maintain, control or manage Step Down Facility, Rehabilitation Facility, Dialysis Unit; or
 - (d) extend or alter a private health establishment or the service or services rendered in that establishment,
- unless, such person's application in terms of subregulations (a), (b) or (c) has been approved and registered in the Register for Private Health Establishments as contemplated in regulation 15(7) and a licence has been issued in terms of regulation 20(3).
- (2) An approval granted in terms of this regulation is subject to Regulation 21(3), not transferable.
- (3) A license issued in terms of these Regulations is valid for one calendar year.

Application for registration of licence

4. (1) A person who wishes to obtain the registration of a private health establishment and the concomitant licence or the amendment thereof contemplated by regulation 3, must submit to the Head of Department an application on the appropriate form prescribed in Annexure "A" together with the prescribed supporting documents.
- (2) An application must be an original which must be hand delivered or mailed to the Office of the Head of Department.
- (3) An applicant may withdraw the application at any time and the Department is not liable for any costs incurred by the applicant.

Obtaining of additional information

5. (1) The Head of Department must within 7 working days of receipt of an application contemplated by regulation 4(1) consider the application to determine whether it has been properly completed or whether any additional information is required.

- (2) If the Head of Department decides that the application has not been properly completed or that additional information is required, he or she must in writing inform the applicant and request the applicant to rectify the application or supply the additional information required, as the case may be, by the date specified for this to be done.
- (3) If an applicant fails to correctly complete an application or to supply any additional information by the date specified by the Head of Department in terms of subregulation (2) or any extension granted, the applicant will be regarded as having withdrawn the application.

Publication and comments

- 6. (1) The applicant must within 30 days prior to submission of an application for a license, publish notification in a section of a daily newspaper circulating in the area where the service exists or is to be provided or the project exists or is to be located.
- (2) The notice must specify that any interested party has 30 days from the date of publication of notice to submit written comments to the Head of Department.
- (3) The Head of Department must notify the applicant where comments have been received and provide the applicant with copies of the comments.
- (4) No application may be accepted unless accompanied by proof that the publication has been made within the prior 30 day period.

Advisory Committee

- 7. (1) The Head of Department must appoint an advisory committee.
- (2) (a) Appointment of members of the committee must be in writing.
- (b) The Head of Department must appoint a chairperson from the members referred to in regulation 8 after consultation with the MEC.
- (c) The Members must in the absence of the Chairperson appoint a Chairperson from among member to must preside over a meeting.

Composition of Members of the Advisory Committee

- 8. The Advisory Committee shall consist of at least 7 members who must have experience and knowledge in either of one of the following fields or qualifications:

- (a) Members of Senior Management of the Department with relevant expertise in –
 - (i) Standard Compliance;
 - (ii) Health Economics;
 - (iii) Finance;
 - (iv) Private Facilities;
 - (v) Law;
 - (vi) Infrastructure;
- (b) Any other person appointed by the MEC;
- (c) Co-opted members provided they will not have a casting vote; and
- (d) Standard Compliance Unit will provide Secretariat and administrative Support Unit to the Committee.

Functions of the Committee

- 9. (a) To provide advisory role regarding compliance and governance with regard to private facilities;
- (b) To recommend to the Head of Department regarding the outcomes of assessment on applications for private facilities licences;
- (c) To conduct inspections of facilities providing private health care and monitor the adherence to classification, number of beds, bed utilization, services rendered and compliance to prescribed norms and standards as well as quality of services;
- (d) To recommend to the Head of Department to consider approval or disapproval of applications;
- (e) To recommend to the Head of Department a partial or total closure of a private health care facility that violates the conditions of the licence and requirements specified for operation;
- (f) When considering an application, the committee must consider all relevant laws, by-laws, rules, regulations and ethical standards applicable to the application;
- (g) To render advice regarding policy development and review applicable health provincial legislation;

- (h) To adjudicate on all applications for licensing of private facilities;
- (i) To draw up and comply with the code of conduct for all its members;
- (j) To formulate and revise policies as the need arise;
- (k) To prepare annual reports and recommendations; and
- (l) To provide report of compliance of all licenced private facilities.

Meetings of the Committee

10. (1) At the first meeting of the committee, the chairperson must determine meeting procedures, and the committee must establish a code of conduct for members.
- (2) The chairperson may, in the consideration of an application call upon any person to participate in the committee if the chairperson is satisfied that the person will be able to assist the committee to make a recommendation but that person may not vote.
- (3) A quorum for a meeting is 4 members of the committee.
- (4) A decision of the majority of members present at a meeting of the committee is a decision thereof, and in the event of an equality of votes the chairperson has a casting vote in addition to a deliberative vote.
- (5) The members of the committee must declare their interest before the meeting.

Term of Office

11. (1) The term of office of the Advisory Committee is 5 years.
- (2) A member of the Advisory Committee is eligible for re-appointment.
- (3) A member may resign by giving 14 days written notice to the Head of Department of his or her intention to resign.
- (4) The Head of Department may terminate membership of a member on good cause shown.
- (5) If a vacancy occurs as a result of events stated at subregulation (3) and (4), the Head of Department must ensure that it is filled by appointing a replacement member qualified for the category of the vacant position.

Allowance for members of the Committee

12. (1) Members of the Committee who are not public servants will be given a sitting allowance for each sitting, which is determined by the MEC in consultation with the MEC for Finance; and
- (2) Members of the Committee who are public servants may submit their claims for reasonable and necessary subsistence and travelling allowances.

Prohibition concerning members of committee

13. (1) A member of the committee may not be present during, or take part in, any discussion of or the making of decisions or recommendations on, any application before the committee in which –
- (a) that member or a spouse, immediate family member, business partner, associate or employer (other than the State) of that member; or
- (b) a business partner, associate, immediate family member or employer (other than the State) of the spouse of that member, has a direct or indirect financial interest or had such an interest during the previous 12 months.
- (2) For the purpose of subregulation (1) –
- (a) “spouse” includes a person with whom the member lives as if they were married or with whom the member habitually cohabits; and
- (b) “immediate family member” means a parent, child, brother or sister, whether or not such a relationship results from birth, marriage or adoption.
- (3) A person may not, while he or she is a member of the committee, accept any form of employment, gift or reward from any person who has a direct financial interest in a Private Facility, or a person who has applied for a licence in terms of regulation 3.

Consideration of application

14. (1) When considering an application in order to determine whether there is a need for the proposed private health establishment the committee may take into account the following:
- (i) the need to ensure consistency of health service development in terms of national, provincial and municipal planning;
- (ii) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;

- (iii) the need to promote an appropriate mix of public and private health care services with a view to the demographic and epidemiological characteristics of the populations to be served, the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles;
- (iv) the need to promote the optimal use of spare capacity in provincial health establishments;
- (v) the need to promote the optimal mix of levels 1, 2 and 3 beds;
- (vi) the bed-to-population ratios and public-to-private bed ratios in the establishment's feeder areas and in the surrounding health district, region and province;
- (vii) the availability of alternative sources of health care;
- (viii) the need to promote high-quality services which are accessible, affordable, cost-effective and safe;
- (ix) the potential advantages and disadvantages of the application for existing public and private health services and for any affected communities;
- (x) the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act No. 55 of 1998) and the emerging small, medium and micro-enterprise sector;
- (xi) the potential benefits of training, research and development with a view to the improvement of health service delivery;
- (xii) the need to ensure that ownership of facilities does not create perverse incentives for health service providers to overservice patients or refer them inappropriately;
- (xiii) where applicable, the quality of health services rendered by the applicant in the past;
- (xiv) the probability of the financial sustainability of the health establishment or health agency;
- (xv) the need to ensure the availability and appropriate utilisation of human resources and health technology;
- (xvi) whether the private health establishment is for profit or not;
- (xvii) compliance by the holder with national operational norms and standards for health establishments and health agencies, as the case may be; and

- (xviii) any condition regarding –
 - (aa) the nature, type or quality of services to be provided by the health establishment or health agency;
 - (bb) human resources and diagnostic and therapeutic equipment and the deployment of human resources or the use of such equipment;
 - (cc) public private partnerships; and
 - (dd) types of training to be provided by the health establishment or health agency.
- (2) The Committee must adhere to the B-BBEE Principles in the processing of applications in the following manner:
 - (a) Applicants must comply with all five (5) Codes of the B-BBEE Code of Good Practice;
 - (b) The department will enforce strict compliance to all five (5) Codes of the B-BBEE Code of Good Practice;
 - (c) As part of the application process, applicants will be required to make a presentation to the Advisory Committee for verification of ownership and Management Control Codes;
 - (d) The Committee shall, when it is deemed necessary, conduct its own investigation during the processing of the application which may include interviews with the B-BBEE Partners/Directors;
 - (e) BEE Status, Level of contributor: Preference points will be awarded to an applicant for attaining the B-BBEE status level of contribution;
 - (f) Points in paragraph (e) above must be substantiated by means of valid B-BBEE certificate issued by an accredited verification agency;
 - (g) Consortium or Joint Venture must submit a consolidated B-BBEE status level Certificate;
 - (h) Any authorisation awarded on account of false information knowingly furnished by or on behalf of the applicant in respect of its broad-based black economic empowerment status or where there is fronting, will be cancelled.

- (i) The Department may, on its own discretion, advise or direct on change of ownership of the enterprise or change of management as a condition for processing of application in order to advance certain categories of persons in compliance with the B-BBEE Act.
- (3) Scoring and qualification criteria are set out in Annexure "C".

Committee's recommendations

15. (1) Subject to regulation 5.1, the committee must render its recommendation to the Head of Department within 30 working days of receipt of the application concerned.
- (2) The committee may, in respect of an application in terms of these Regulations, recommend to the Head of Department –
- (a) that the application should be granted, subject to certain conditions or unconditionally;
 - (b) that the application should be granted subject to conditions requiring –
 - (i) inspections or monitoring by the Inspectorate;
 - (ii) that appropriate data-reporting mechanisms on key indicators; or
 - (iii) that the applicant changes its ownership or Management to advance the principles of B-BBEE Act
 - (c) that the application should be refused.

Head of Department's decision on application

16. (1) The Head of Department must, within 5 working days of receipt of a recommendation of the committee contemplated by regulation 13(1), decide the application by –
- (a) confirming the committee's recommendation; or
 - (b) reversing the committee's recommendation if there is sufficient reason for doing so; or
 - (c) in the event that the committee has recommended that the application should be approved subject to conditions, confirm the recommendation but may amend the conditions.
- (2) The Head of Department must, within 5 working days of receipt of a final recommendation in terms of subregulation (4), decide in accordance with subregulation (1) and inform the applicant accordingly.

- (3) If the application is refused or conditionally granted, give written reasons for the refusal and inform the applicant of the right of Appeal in terms of regulation 16.
- (4) If the Head of Department has confirmed the committee's recommendation that an application should be approved, the Head of Department must cause the private health establishment to be registered in a Register of Private Health Establishments and inform the applicant in writing that this has been done.

Appeal

17. (1) An applicant may lodge an appeal in writing with the MEC against any decision made by the Head of Department and must include the grounds of the appeal. An appeal must be lodged within 14 working days of being notified of the decision of the Head of Department.
- (2) The MEC must, within 5 working days of receipt of an appeal, submit a copy thereof to the Head of Department and must request the Head of Department to respond to the appeal.
 - (3) The Head of Department must within 5 days of receipt of a copy of an appeal, submit a response thereto to the MEC.
 - (4) The MEC may appoint a committee to advise him / her on the appeal.
 - (5) The MEC may uphold or refuse an appeal and may, in the event that the appeal is upheld, replace the decision of the Head of Department with any decision to grant the application which the Head of Department could have taken.
 - (6) The MEC must communicate the decision on the appeal in writing to the appellant and, if the appeal is refused, give the reasons therefore.
 - (7) If the MEC upholds an appeal, this fact must be communicated in writing to the Head of Department who must make the necessary entry in the Register of Private Health Establishments.
 - (8) If the MEC has refused an appeal, he or she must advise the applicant of his or her right to take the matter on review in the High Court.

Submission of building plans

18. (1) If an application to erect or extend or otherwise alter a private health establishment has been approved, the building plans approved by the relevant Municipality must be submitted to the Head of Department within 12 months of the date on which the applicant was informed that the application had been approved.

- (2) If the building plans contemplated by this regulation are not submitted within the relevant 12 months, the approval of the application will lapse, but the Head of Department may, if good grounds exist, grant an extension of time not exceeding 12 months.
- (3) An application for the extension of time to submit building plans must be submitted to the Head of Department before the lapse of the initial 12 month period.
- (4) The building plans must be accompanied by a confirmation from the local authority that land is available for the purpose of erecting a private health establishment.
- (5) The building plans contemplated by subregulation (1) must show clearly the nature and construction of the building or buildings or the extension or alteration, as the case may be. All relevant services such as electrical, sewer, and mechanical, including the legend for the nature of services that will be provided by the health facility must be included in separate site plan layout.
- (6) Room names, dimensions and square measurements must be attached in the form of a schedule to the plan.
- (7) All plans must be drawn to the scale of 1:100 and must be submitted in duplicate.
- (8) The building plans must be drafted on the basis that the building or buildings or extension or alteration, as the case may be, when completed will comply with the specifications set out in Annexure "B" to these Regulations.
- (9) The applicant shall furnish the Head of Department with proof, in writing, that the local authority concerned has no objection to the private hospital or unattached operating-theatre unit being conducted on the premises concerned. In the case of a building still to be erected or converted, the applicant shall furnish proof, in writing, that the plan has been passed by the local authority concerned.

Approval of building plans

- 19. (1) The Head of Department must, within 30 working days of receipt of building plans contemplated by regulation 18, inform the person submitting the building plans in writing whether the plans are approved.
- (2) In the event that the Head of Department informs the person submitting the building plans that they are not approved, the Head of Department must supply written reasons therefor.
- (3) Approval of building plans by the Head of Department in terms of these Regulations does not free the person concerned from the requirements of any other law regarding the submission of building plans for approval.
- (4) No person may proceed with construction of the building unless building plans have been approved by the Head of Department.

Commencement of building activities

20. (1) Visible building activities must have commenced within 12 months of the date of approval of the building plans contemplated by regulation 19.
- (2) If the visible building activities –
- (a) have not commenced as required by subregulation (1); or
 - (b) having commenced as so required have ceased for a period of 12 months, both the approval of the original application and the approval of the building plans will lapse.
- (3) A building approved in terms of regulation 19(1) must be completed and inspected within a period of three years, failing which both the approval of the original application and the approval of the building plans will lapse and the Department shall not be held liable for any cost incurred by the applicant thus far.
- (4) The Head of Department may, if good grounds exist, grant an extension of time not exceeding 12 months for the completion and the inspection of the building.

Licence for private health establishment

21. (1) Once a private health establishment for which approval has been granted in terms of these Regulations has been finally constructed, the applicant must within 30 days of such completion, request the Head of Department in writing to inspect by a duly authorised inspecting officer, the establishment in order to establish that it meets with the specifications set out in Annexure "B".
- (2) The building may not be occupied before an inspection is done.
- (3) If the Head of Department is satisfied that a private health establishment contemplated by subregulation (1) meets with the specifications set out in Annexure "B", the Head of Department must issue to the applicant a licence for the private health establishment.
- (4) A licence contemplated by subregulation (3) must contain the following:
- (a) The name of the owner of the private health establishment;
 - (b) The name of the private health establishment;
 - (c) The geographical location of the private health establishment;
 - (d) Type of service or types of services to be rendered in the private health establishment;

- (e) The number of beds, theatres, procedure rooms and delivery rooms the private health establishment may operate;
- (f) The functional classification of beds permitted in the private health establishment; and
- (g) Any other condition which the Head of Department considers should be stated on the licence.

Amendment of licence and of building plans

22. (1) Where the holder of a licence has successfully applied for the extension, alteration or relocation of the private health establishment or the extension, alteration or relocation of the services to be rendered in that establishment and the relevant extension, alteration or relocation has been effected, that holder must submit the licence to the Head of Department with a request that the licence be amended accordingly.
- (2) If the Head of Department is satisfied that the extension(s), alteration(s) or relocation contemplated by subregulation (1) have been satisfactorily effected, the Head of Department must issue an amended licence to the holder concerned.
- (3) If the ownership of a private health establishment changes, the owner of the establishment must surrender the licence to the Head of Department who may re-issue a licence after being satisfied that the new applicant complies with the requirements for licensing.
- (4) The provisions of subregulation (3) apply, with the necessary changes, if the name of a private health establishment is changed.
- (5) If an applicant wants to amend his or her original building plans, he or she should submit such amended building plans to the Head of the Department before the lapse of the initial 12 month period by which time visible building activities should have commenced, as contemplated in regulation 20(1).
- (6) Where the holder of a licence wishes to amend his or her original building plans, the procedure as contemplated in regulation 18 would apply.

Display of licence

23. The person to whom a licence is issued must ensure that the licence is at all times displayed on the premises of that establishment that it is easily visible to members of the public.

Application for renewal

24. (1) An application for renewal of a licence to operate a private health establishment service shall be submitted not earlier than 90 days and not later than 60 days prior to the date of expiry of the licence. The application must be accompanied by proof of payment of fees as contemplated in Annexure "D".
- (2) On receipt of an application for renewal and prior to issuing a licence, the Head of Department shall cause an inspection to be made of the private establishment. The private health establishment shall be responsible for the costs of the inspection as contemplated in Annexure "D".
- (3) In addition to the inspection prescribed in subregulation (2), the Head of Department may cause periodic inspections to be made of any private establishment before or at any time after a licence is issued, provided the proprietor will not responsible for the fees.
- (4) If the Head of Department is satisfied that the application for renewal meets the requirement, he/she must issue the applicant with a licence: provided that whenever such a licence is issued after 30 October, such a licence shall be issued for a period up to 31 December of the following year.

Findings and recommendations of inspecting officers

25. (1) Subject to patients' rights to privacy and confidentiality, the proprietor or the management of a private health establishment must render to an inspecting officer acting in terms of regulation 24 all information that the officer may require with regard to the organisation and management of that private health establishment and the accommodation, nursing and treatment of the patients. All registers, clinical records and any other records in connection with patients and staff must also be available for inspection. The inspecting officer may, if authorised by the Head of Department to do so, call for any other information, including but not limited, to facility performance data.
- (2) Subject to patients' rights to privacy and confidentiality, a person may not in any way obstruct any inspecting officer carrying out her or his inspection or refuse to furnish to the best of her or his knowledge any information requested by the officer or to show any apparatus or place or thing or to unlock any storage area.
- (3) A duly authorised inspecting officer acting in terms of regulation 24 must within 30 working days of completing an inspection submit a written report on the findings to the Head of Department and to the holder of the licence.

Fees

26. (1) An application for a licence must be accompanied by a fee of as set out in "Annexure D".
- (2) The fees referred to in Regulation 24(1) and (2) are as set out in Annexure "D".
- (3) The fee for the renewal of a licence becomes payable each year on completion of the annual inspection contemplated in regulation 24 (2).
- (4) Fees as contained in Annexure "D" are reviewable each year by the MEC in consultation with Member of the Executive Council responsible for Finance.
- (5) The MEC may exempt an applicant from payment of fees on 'good cause shown'.

Liability insurance

27. The applicant shall maintain liability insurance with a limit of indemnity not less than R10 000 000.00 (Ten Million Rand) for any claim in respect of any neglect, error or omission on the part of the applicant in the performance of its obligations under these Regulations for the duration of the licence.

Closure of private health establishment or withdrawal of licence

28. (1) The proprietor of a private health establishment registered or regarded as being registered in terms of these Regulations must give not less than three months' notice in writing of the intended closure of that facility to the Head of Department, but in exceptional circumstances, the Head of Department may authorise a shorter period of notice.
- (2) Subject to subregulation (3), the Head of Department may, after having considered the report of a duly authorised inspecting officer, decide to suspend the licence, close a facility or withdraw the licence if she or he is of the view that the private health establishment -
- (a) compromises patient safety;
 - (b) compromises staff safety;
 - (c) compromises public safety; or
 - (d) contravenes provisions of these Regulations or any other relevant provincial or national health legislation or policy.
- (3) Before closing the establishment the Head of Department must, unless it is an emergency, inform the establishment of the reasons for the proposed action and provide it with an opportunity to respond in writing thereto. The written response from the establishment must be delivered within 14 working days of receipt of the Head of Department's notice.

- (4) The Head of Department may only decide to close a private health establishment after considering the merits of the situation and concluding that the only available option is to close the private health establishment. This decision and the reasons therefore must be submitted by the Head of Department to the private health establishment within 14 working days after receiving the relevant written response to the notice contemplated by subregulation (3).
- (5) If a facility ceases to operate for more than 6 months, such facility shall be closed down, but the Head of Department may grant an extension if good grounds exist.
- (6)
 - (a) A person whose licence has been cancelled or suspended may at any time apply for the reinstatement of the licence or the lifting of its suspension.
 - (b) Regulation (3) applies, with the changes required by the context, in respect of an application for the reinstatement of a licence.
 - (c) Before the Head of Department reinstates a licence or lifts its suspension, an inspecting officer must inspect the Private Establishment concerned and make a recommendation to the Head of Department.

Sanctions and remedies

29. (1) If a registered private health establishment does not comply with –
- (a) any provision of these Regulations; or
 - (b) any condition of registration,
- the Head of Department must issue a written notice of the defect or non-compliance to the holder of the licence applicable to the establishment concerned.
- (2) A written notice of non-compliance issued in terms of subregulation (1) must state –
- (a) the nature and extent of the defect or non-compliance which must be rectified, and
 - (b) that failure to rectify the defect or non-compliance within the specified time will lead to the removal of the name of the private health establishment from the Register of Private Health Establishments.
- (3) In the event that, at the expiry of the time period specified in terms of subregulation (2)(b), the relevant defect or non-compliance has not been rectified to the satisfaction of the Head of Department, she or he may remove the name of the private health establishment from the Register of Private Health Establishments.

- (4) The Head of Department must in writing inform the person in control of a private health establishment which has been removed from the Register of Private Health Establishments of that fact and that the licence is no longer valid and must be returned to the Head of Department immediately.

Offences and penalties

30. Any person who contravenes a provision of these Regulations or fails to comply with Regulation 3 (1), 13 (3), 19 (4), 21 (2), 25 (1) and (2) thereof is guilty of an offence and on conviction is liable to a fine of R100 000.00 or to imprisonment not exceeding five years or both such fine and such imprisonment.

Maintenance of Records

31. (1) Every private health establishment shall ensure that written record relating to history, assessment and treatment of each patient are kept appropriately.
- (2) Each Private Establishment shall retain a copy of the records described in subregulation (1) for a period of 5 years from the date of service of the patient. In the case of minor children, for a period of 22 years.
- (3) The Head of Department may request routine statistics relating to the treatment of patients and, or clients, as the case may be, in health establishments registered in terms of these Regulations. The private health establishment must comply with such request.

Structural and installation requirements

32. Registered private health establishments must comply with the minimum structural and installation requirements that are set in Annexure "B".

Delegations

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

Repeal of legislation

34. The Regulations Governing Private Hospitals and Unattached Operating Theatre Units, Regulation R158 of 1 February 1980 published in *Government Gazette* No. 6832 of 1980, are hereby repealed in so far as they apply or relate to private hospitals and unattached operating-theatre units in the Province.

Transitional provisions

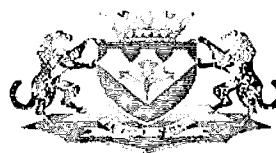
35. (1) (a) Subject to the provisions of subregulation (b), a health establishment which, at the commencement of these Regulations, was validly registered in terms of any applicable legislation, is deemed as being registered in terms of these Regulations.
- (b) Any alteration to a private health establishment referred to in subregulation (a) or the services rendered therein must be applied for in terms of these Regulations, the provisions of which apply to such alteration.
- (c) Applications for establishment of new private health facilities as well as applications for renewals must comply with the provisions of these Regulations.
- (2) The proprietor of a private health establishment not registered in terms of the regulations referred to in subregulation (1)(a) must within 90 days ensure that the private health establishment complies with the provisions of these Regulations, but the specifications set out in Annexure "B" serve only as guidelines and not as absolute requirements.

Savings

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

Short title and date of commencement

37. These Regulations are called the Private Health Establishment Regulations, 2014.



health

Department of
Health
FREE STATE PROVINCE

ANNEXURE A

DEPARTMENT OF HEALTH: PROVINCE OF THE FREE STATE

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

THE HEAD OF DEPARTMENT
PO BOX 227
BLOEMFONTEIN
9300

Application is hereby made for a licence for the following private health establishment, details of which are supplied below for the year ending 31 December 20.....

FORM 1

PART A

APPLICATIONS FOR NEW ACUTE AND NON - ACUTE PRIVATE HEALTH ESTABLISHMENTS

(This section is compulsory and must be completed by all applicants)

1. Name of proposed private health establishment

2. In which area will the private health establishment be built (Town and Suburb)?

3. Has the site already been acquired for the said establishment (Provide Erf Number)?
If a site has not been acquired, full details of the site must be provided to the Department immediately when such a site is acquired.

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

5. PPP Venture

Is the applicant willing to enter into partnership with the Department for future ventures?

6. List of Board of Directors and B-BBEE status

7. Provide applicable details of applicant.

Title: _____ **Initials:** _____ **Surname:** _____

Company: _____ **Trust/CC:** _____

Postal Address: _____

Office Phone: _____ **Fax:** _____

E-mail: _____ **Emergency Phone:** _____

8. How many other private health establishment licences do you or CC's/Trusts to whom you are affiliated hold nationally? Provide details of other licensed establishment, such as (a) when the licence was granted, (b) when the license expires, (c) composition of licenses e.g. number of beds and theatres etc., (d) location.

(Use separate sheet if necessary)

9. Name, address and contact details of developer.

Title: _____ Initials: _____ Surname: _____

Company: _____ Trust/CC: _____

Postal Address: _____

Office Phone: _____ Fax: _____

E-mail: _____ Emergency Phone: _____

10. Registration number of company or close corporation.

11. Name, address and contact details of service provider (if different to applicant).

Title: _____ Initials: _____ Surname: _____

Company: _____ Trust/CC: _____

Postal Address: _____

Office Phone: _____ Fax: _____

E-mail: _____ Emergency Phone: _____

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

(Use separate sheet if necessary)

PART B

NEW ACUTE PRIVATE HEALTH ESTABLISHMENTS

(This section must only be completed by applicants applying for an Acute Establishment Licenses)

13. Number of beds/treatment stations applied for:

Adult:	i).	Medical	_____
	ii).	Surgical	_____
	iii).	Day	_____
Maternity:	i).	Obstetrics	_____
	ii).	Babies	_____
Intensive care:	i).	Adult	_____
	ii).	Pediatric	_____
	iii).	Neonatal	_____
High Care:	i).	Adult	_____
	ii).	Pediatric	_____
	iii).	Neonatal	_____
Paediatric	i).	Medical	_____
	ii).	Surgical	_____
	iii).	Day	_____
Isolation beds:	i).	Adult	_____
	ii).	Pediatric	_____
	iii).	Neonatal	_____
Other Specialized Beds:	_____		_____
	_____		_____
	_____		_____
	_____		_____
	_____		_____
TOTAL BEDS APPLIED FOR			_____

14. Number of theatres/treatment rooms applied for:

Minor theatre	_____
Major theatre	_____
Cardiac Theatre	_____
Cardiac Catheterization Laboratory	_____
General Procedure room/s	_____

First stage rooms _____

Delivery rooms _____

Other Specialized Units/Suites:
(I.e. Emergency, Endoscopy etc)

Unit Name:

(1) _____ Room Name: _____ Total: _____
(2) _____ Room Name: _____ Total: _____
(3) _____ Room Name: _____ Total: _____
(4) _____ Room Name: _____ Total: _____
(5) _____ Room Name: _____ Total: _____
(6) _____ Room Name: _____ Total: _____
(7) _____ Room Name: _____ Total: _____
(8) _____ Room Name: _____ Total: _____
(9) _____ Room Name: _____ Total: _____
(10) _____ Room Name: _____ Total: _____

15. Number of medical staff to be employed.

	MEDICAL	DENTAL	SPECIALISTS (Specify area of specialty)
FULL TIME			
PART TIME			

16. Number of nursing staff employed.

	Registered	Student	Enrolled	Enrolled pupil	Enrolled assistant	Enrolled pupil assistant
FULL TIME						
PART TIME						

17. Other full-time registered staff employed. If any, specify.

18. Other part-time registered staff employed. If any, specify.

19. Do you intend to do nursing training in basic and post basic courses? If yes, specify details of professional organization accreditation (e.g. SANC, HPC etc)

20. Supplementary health services personnel

- | | | |
|-------|--------------------------|-------|
| i). | Administrative personnel | <hr/> |
| ii). | Management | <hr/> |
| iii). | General assistant/s | <hr/> |
| iv). | Maintenance staff | <hr/> |

21. Provide a map indicating the drainage area as well as an indication of all other health care establishments (public and private) in the drainage area.

(Use separate sheet and attach as addendum to this application)

22. Provide a copy of your feasibility study. If a copy has not been provided, give reasons for this.

23. Provide detailed reasons in accordance with the criteria as set out in 9(2)(a) to (n) as to why this application should be approved.

(Use separate sheet and attach as addendum to this application)

24. Any other information deemed necessary for this application.

(Use separate sheet if necessary)

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

Place _____

Date _____

Office/Position held _____

Signature

PART C

NEW NON-ACUTE PRIVATE HEALTH ESTABLISHMENTS (This section must only be completed by applicants applying for a Non-Acute Establishment License)

25. State what type of establishment is applied for (i.e. step-down, sub-acute, rehabilitation, long-term, hospice, convalescent)

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

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

28. Number of beds/treatment stations applied for:

Adult:	i).	Medical	<hr/>
	ii).	Surgical	<hr/>
	iii).	Day	<hr/>
Paediatric	i).	Medical	<hr/>
	ii).	Surgical	<hr/>
	iii).	Day	<hr/>
Other Specialized Beds:			<hr/>
			<hr/>
			<hr/>
			<hr/>
			<hr/>
TOTAL BEDS APPLIED FOR			<hr/>

29. Number of treatment rooms applied for:

General Procedure room/s _____

Emergency Room/ Resuscitation Room _____

30. Will you provide any outpatient services?

31. Number of medical staff to be employed.

	MEDICAL	DENTAL	SPECIALISTS (Specify area of specialty)
FULL TIME			
PART TIME			

32. Number of nursing staff employed

	Registered	Student	Enrolled	Enrolled pupil	Enrolled assistant	Enrolled pupil assistant
FULL TIME						
PART TIME						

33. Other full-time registered staff employed. If any, specify.

34. Other part-time registered staff employed. If any, specify.

35. Do you intend to do nursing training in basic and post basic courses? If yes, specify details of professional organization accreditation (e.g. SANC, HPC etc.)

36. Supplementary health services personnel

- | | | |
|-------|--------------------------|-------|
| i). | Administrative personnel | _____ |
| ii). | Management | _____ |
| iii). | General assistant/s | _____ |
| iv). | Maintenance staff | _____ |

37. Provide a map indicating the drainage area as well as an indication of all other health care establishments (public and private) in the drainage area.

(Use separate sheet and attach as addendum to this application)

38. Provide a copy of your feasibility study. If a copy has not been provided, give reasons for this.

39. Provide detailed reasons in accordance with the criteria as set out in (9)(2)(a) to (n) as to why this application should be approved.

(Use separate sheet and attach as addendum to this application)

40. Any other information deemed necessary for this application.

(Use separate sheet if necessary)

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

Place _____

Date _____

Office/Position held _____

Signature

FORM 2

PART A

APPLICATIONS FOR EXTENSIONS TO EXISTING ACUTE PRIVATE HEALTH ESTABLISHMENTS

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

1. Name of private health establishment

2. **Physical address**

3. Erf no:

4. **Provide applicable details of applicant.**

Title:

 Initials:

 Surname:

Company:

 Trust/CC:

Postal Address:

Office Phone:

 Fax:

E-mail:

 Emergency Phone:

5. Registration number of company or close corporation.

6. Applicable details of service provider

Title: _____ **Initials:** _____ **Surname:** _____

Company: _____ **Trust/CC:** _____

Postal Address: _____

Office Phone: _____ **Fax:** _____

E-mail: _____ **Emergency Phone:** _____

PART B

ACUTE PRIVATE HEALTH ESTABLISHMENTS

(This section must only be completed by applicants applying for an extension to an Acute Establishment License)

7. Attach a copy of the existing licenses certificate as an addendum to this application:

41. Number of beds/treatment stations applied for:

Type of beds, theatres, units, rooms	Existing services	New services	Variance
Adult medical beds			
Adult surgical beds			
Obstetric beds			
Adult ICU beds			
Neonatal ICU beds			
Adult High Care beds			
Pediatric beds			
Day beds			
TOTAL NUMBER OF BEDS			
Minor theatres			
Major theatres			
First stage rooms			
Delivery rooms			
Emergency units			
Resuscitation rooms			
Lazer units			
Cath labs			
Haemodialysis unit			
Procedure rooms			

8. Number of theatres/treatment rooms applied for:

Minor theatre	_____
Major theatre	_____
Cardiac Theatre	_____
Cardiac Catheterization Laboratory	_____
General Procedure room/s	_____
First stage rooms	_____
Delivery rooms	_____

**Other Specialized Units/Suites:
(i.e. Emergency, Endoscopy etc.)**

Unit Name:

(1) _____	Room Name: _____	Total: _____
(2) _____	Room Name: _____	Total: _____
(3) _____	Room Name: _____	Total: _____
(4) _____	Room Name: _____	Total: _____
(5) _____	Room Name: _____	Total: _____
(6) _____	Room Name: _____	Total: _____
(7) _____	Room Name: _____	Total: _____
(8) _____	Room Name: _____	Total: _____
(9) _____	Room Name: _____	Total: _____
(10) _____	Room Name: _____	Total: _____

9. Provide detailed reasons in accordance with the criteria as set out in (9)(2)(a) to (n) as to why this application should be approved.

(Use separate sheet and attach as addendum to this application)

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

(Use separate sheet if required and attach as addendum to this application)

11. Number of nursing staff employed at the date of application.

	Registered	Student	Enrolled	Enrolled pupil	Enrolled assistant	Enrolled pupil assistant
FULL TIME						
PART TIME						

12. Number of medical practitioners employed at the time of application

	MEDICAL	DENTAL	SPECIALISTS (Specify area of speciality)
FULL TIME			
PART TIME			

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

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

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

Place _____

Date _____

Office/Position held _____

Signature

PART C

NON- ACUTE EXISTING PRIVATE HEALTH ESTABLISHMENTS

(This section must only be completed by applicants applying for extensions to Non-Acute Establishment Licenses)

15. State what **service you wish to extend** (i.e. step-down, sub-acute, rehabilitation, long-term, hospice, convalescent)

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

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

18. Number of beds/treatment stations applied for:

Adult:	i).	Medical	<hr/>
	ii).	Surgical	<hr/>
	iii).	Day	<hr/>

Paediatric	i).	Medical	<hr/>
	ii).	Surgical	<hr/>
	iii).	Day	<hr/>

Other Specialized Beds:

TOTAL BEDS APPLIED FOR

19. Number of treatment rooms applied for:

General Procedure room/s

Emergency Room/ Resuscitation Room

19. Will you provide any outpatient services?

20. Number of medical staff to be employed.

	MEDICAL	DENTAL	SPECIALISTS (Specify area of speciality)
FULL TIME			
PART TIME			

22. Number of nursing staff employed

	Registered	Student	Enrolled	Enrolled pupil	Enrolled assistant	Enrolled pupil assistant
FULL TIME						
PART TIME						

23. Other full-time registered staff employed. If any specify

24. Other part-time registered staff employed. If any specify

25. Do you intend to do nursing training in basic and post basic courses? If yes, specify details of professional organization accreditation (e.g. SANC, HPC etc)

26. Supplementary health services personnel

- i). Administrative personnel
- ii). Management
- iii). General assistant/s
- iv). Maintenance staff

27. Provide a map indicating the drainage area as well as an indication of all other health care establishments (public and private) in the drainage area.

(Use separate sheet and attach as addendum to this application)

28. Provide a copy of your feasibility study. If a copy has not been provided, give reasons for this.

29. Provide detailed reasons in accordance with the criteria as set out in (9)(2)(a) to (n) as to why this application should be approved.

(Use separate sheet and attach as addendum to this application)

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

31. What proportion (%) of patients were discharged from the establishment in the last calendar year?

- | | | |
|-------|---|-------|
| i). | Less than one week | _____ |
| ii). | More than three days but less than one week | _____ |
| iii). | One to three months | _____ |
| iv). | More than three months | _____ |
| v). | No potential for discharge | _____ |

32. What proportion (%) of admissions were re admissions within:

- | | | |
|-----|----------|-------|
| (a) | 3 months | _____ |
| (b) | 6 months | _____ |
| (c) | 1-year | _____ |

33. What proportion (%) of patients admitted over the last calendar year were:

- | | | |
|-------|--|-------|
| i). | Post-surgical (requiring traction, drainage, or wound care?) | _____ |
| ii). | Post-medical illness (e.g. stroke) or requiring low-grade medical interventions (rehydration, IV, antibiotics, oxygen) | _____ |
| iii). | Chronically disabled (mental, physical – e.g. Dementia, hemiplegic) | _____ |
| iv). | Terminally ill (end stage) | _____ |
| v). | For respite care | _____ |
| vi). | Other general rehabilitation | _____ |
| vii). | Patients admitted instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process | _____ |

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

34. Of patients discharged over the last calendar year, what proportion (%) were discharged: (not to be filled in by hospices)

- i). Directly home _____
- ii). Other community-based facility _____
- iii). To a hospice _____
- (iv) Other _____

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

Category of staff	No. of personnel	Full-time	Part-time
(a) Professional Nurse			
(b) ENA			
(c) Enrolled nurses			
(d) Care workers			

*Care workers are workers who deliver basic support and assistance and who assist with activities of daily living and who are not registered with the SANC.

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

Mark F/T, P/T, SESSIONAL

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

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

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

38. Are the following treatments provided at the establishments?

Y/N

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

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

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

40. Do you provide any out- patient services?

Place _____

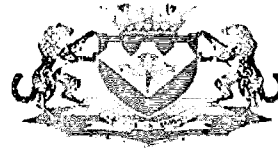
Date _____

Office/Position held _____

Signature

CHECK-LIST OF DOCUMENTS THAT SHOULD BE SUBMITTED WITH THE APPLICATION FORMS

DOCUMENTS	TICKS
Motivational letter	
Proof of payment of application fee	
Proof that the applicant has advertised in the relevant local paper the intention to build the private facility	
Proof of community endorsement of the project	
A letter from the Municipality stating that the desired land has been granted and is suitable for the intended business	
Feasibility study	
Business Plan	
Proof of financial viability	
Human resource recruitment plan	
B-BBEE certificate and list of Directors	
Community Involvement/social responsibility plan	



ANNEXURE B

MINIMUM PHYSICAL AND BUILDING SERVICES REQUIREMENTS

1

For the purposes of these requirements, where a requirement for daylight is stated, this may be met if the room opens onto an atrium or courtyard, or if a roof light is incorporated providing privacy within the room or space is maintained. In addition, daylight may be borrowed from an adjacent room by means of glazing the wall in between, providing the adjacent room is within the same unit. Glazing in walls is a sufficient barrier between units unless sterilisation/hygiene is compromised.

ALL APPLICABLE REGULATIONS AND LAWS (2)

2

Save where otherwise required in these requirements, the construction of a private health establishment must comply with the general building regulations of –

- (1) SANS 1042-1 X2 — Wiring of Premises,
- (2) SANS 10400 — National Building Regulations,
- (3) SANS 7396-1 — Part 3 Handling and storage of Medical Gas,
- (4) SANS 1409— Outlet Sockets for Medical Gas,
- (5) SANS 1453 — Non flammable medical gas pipeline,
- (6) SANS 10114-1 — Lighting Requirements,
- (7) Occupational Health and Safety Act,
- (8) National Environmental Management Waste Act 59 of 2008,
- (9) All local Municipal by-laws and regulations,
1 set of plans to determine taxa
- (10) Regulations of the Local Electrical Authority,
Plans submitted for indication of connection of power
- (11) Any other applicable Laws or Regulations,

12) Certificates of compliance (COC):

- (1) **Occupancy Certificate from local Municipality indicating that building is safe for public use. Partial Occupancy certificate needs to be submitted where the building is occupied in phases**
- (2) **Electrical COC**
- (3) **Termite and pest control COC**
- (4) **COC for Insulation of buildings (Roof and ceilings)**
- (5) **Fire protection and safety services COC**
- (6) ***Medical gases COC**
- (7) **COC for Smoke detection**

CERTIFICATION OF ENGINEERING SERVICE REQUIREMENTS (3-4)

3

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

4

All air conditioning systems must be maintained and inspected at intervals of time not exceeding one month between each inspection. The owner must submit inspection reports to an inspecting officer on request. The inspection report must indicate the 6 monthly records of tests of the condition of filters, ahu's, coils, ducting, gauges, controls, chiller and heating systems. Air volumes and temperatures to be compared with design figures. Any defects are to be rectified immediately.

GENERAL BUILDING REQUIREMENTS (6)

5

Unless otherwise stated in these requirements, a private health establishment must comply with the following requirements -

- (1) Doorways or entrances giving access to rooms, in which patients are or are to be accommodated or treated, must be at least 1,032 m for single doors and 1.350 m for double-leaf doors.
- (2) Doors from patient ablution and toilet facilities must be equipped with a standard emergency release lock. The doors must be able to be opened from the outside. The floor opening underneath the door must be at least 0,15 m. Louvres should be installed on ablution doors even when mechanical ventilation is provided.

- (3) Corridors where patients are being transported must have a minimum unobstructed width measured between walls of 2,5 m clear in respect of operating theatre units and delivery units and 1,9 m clear in respect of all other areas.
- (4) The floors of all rooms and corridors, not fitted with a carpet, must be constructed of a concrete base and finished with a smooth impervious washable surface or covered with a suitable impervious washable material.
- (5) No carpets or wooden skirting are permitted in the operating theatre unit, sterilising department, sluice room, kitchen, ablution rooms, procedure room, laundry, cleaners room, clean linen room, soiled linen room, sluice, delivery room, treatment room or emergency unit.

Carpets and wooden skirtings are only permitted in administrative offices. The floors of wet areas must be covered with a hard, washable surface. Patient treatment areas must be covered with vinyl sheeting (no tiles).

All floor coverings must run up against the wall for at least 100 mm with a 20 mm coving.

- (6) Floor materials shall be easily cleanable and appropriately wear-resistant for the location. In areas like bathrooms, toilets, kitchens and similar work areas, floors must be impervious. In all areas subject to frequent wet-cleaning methods, floors must not be physically affected by germicidal cleaning solutions. Floors subject to traffic whilst wet shall have a slip resistant surface.
- (7) The floor, wall and ceiling of any operating theatre unit, delivery room and endoscopy unit surfaces must comply with good Infection Control practices.
- (8) The entire inside walls must be covered with a smooth finish and the paint must comply with good Infection control practices.
- (9) The wall behind every wash hand basin, clinical basin, sink and slophopper must have an additional washable impervious covering panel up to a height of at least 500mm to the width of the basin and a distance of at least 150 mm on each side of such fitting.
- (10) Separate, enclosed rooms with appropriate ventilation and lockable doors must be provided for the temporary storage of "Healthcare Risk Waste". These rooms must be kept clear of rodents.

- (11) "Healthcare Risk Waste" must be dealt with by a registered medical waste contractor according to legislation. The generator of medical waste stays responsible for the total management of the medical waste.
- (12) Multi-storeyed buildings must have sufficient lifts, provided that –
 - (i) at least one lift must have dimensions to safely transport patients in beds with traction apparatus attached; and
 - (ii) adequate provision must be made for suitable removal of soiled linen, waste and refuse.
- (13) The way-finding system must comply with the primary function of guiding the visitor/patient to the areas/departments/wards/rooms, which are their normal destinations, and to indicate the fire exits clearly, and all restricted access areas or rooms must be clearly indicated by an appropriate sign.
- (14) Acoustic and noise control requirements:
 - (i) Sound transmission limits and general acoustic properties in General Hospitals shall comply with the SANS 10218, Part I Standard (HG-Health Buildings" category).
 - (ii) Sound transmission (DnT, w) shall be determined by tests in accordance with methods set out in ISO R140 and R717 standards.

VENTILATION (6-8)

6

All areas of a private health establishment, other than those specifically addressed in requirements 8 and 9 are to have natural or artificial ventilation in compliance with National Building Regulations. Cross ventilation must be allowed for by having doors and windows on opposite sides or grids.

7

Machinery and equipment must comply with the Occupational Health and Safety Act, Act 85 of 1993.

8

- (1) All operating theatre units must be air conditioned with the following minimum standards –

Major theatre

Laminar flow theatre — class 100 for theatres dedicated for high risk operations like brain operations and spinal theatres –

Air quantity approximately 2000 litre/s depending on the CALP size (compartment size cubicle).

Fresh Air changes must comply with SANS 10400

Filtration 0.5 microns at 99,97% class 100 theatre as measured according to ISO Standards

Particle counts and smoke test every six months.

Non Laminar Flow — Clean Air Class 1000

Air quantity approximately 600-900 litre/s depending on the size of the theatre (20 changes per hour).

Fresh Air changes must comply with SANS 10400.

Filtration 0.5 microns at 99,97%-class 1000 theatre as measured according to ISO Standards.

Particle counts and smoke test every six months.

Minor Theatre

Minor Procedures General Theatre-Class 10000.

Air quantity approximately 600-900 l/s depending on the size of the theatre (20 changes per hour).

Fresh Air Changes must comply with SANS 10400.

Filtration 90-95% class 10000 theatre as measured according to ISO Standards

Particle counts and smoke test once per year.

- (2) Temperatures in the operating theatre unit should be controlled between 22 and 25(degrees)C with a maximum deviation of 1,5(degrees)C except where lower temperatures are required for specialist procedures." . The provision of an adjustable set point is required only in operating theatre units where major burn cases and operating procedures in excess of 45 minutes on infants under 2 years are undertaken on a regular basis.

- (3) A relative humidity in the range of 40% to 60% must be maintained.

ELECTRICAL INSTALLATIONS (9-13)

9

Save as otherwise provided for in the requirements, private health establishments must comply with the following -

AREA OR TASK	MIN AVERAGE ILLUMINANCE (LUX)	REMARKS
Reception and Waiting; General Desk and Reading	160 320	Task lighting
Office: Reading and writing Machine work Filing	320 500 320	Intermittent by Task lighting Task lighting
Laboratory: General Close work	400 500	Good colour rendering Task lighting
Pharmacy: General Close work	400 500	Good colour rendering Task lighting
Corridor: Minor General Ward Theatre Suite Emergency and Trauma Ward at night	100 160 200 200 320 10	Good colour rendering

Patient Bedhead: General Reading Night	160 50 5	Good colour rendering optional
High Care Bedhead: General General Examination Relaxing Night	160 320 50 5	Good colour rendering Switched locally General and Task light
ICU Bedhead: General General Examination Relaxing Night	160 400 50 5	Good colour rendering Switched locally General and Task light
Paediatric Bedhead: General Relax Night	160 50 100	Good colour rendering optional Dimmable for night nursing
Nursery: General Relax Night	160 50 100	Good colour rendering optional Dimmable for night nursing
Nurse Station: General Night	320 100	Dimmable for night nursing

Store, Linen, Sluice: General	200	
Examination Couch: General	320	Good colour rendering
Resuscitation Bedhead: General General Examination	160 400	Good colour rendering
Scrub: General	320	Good colour rendering
Setting Out: General	400	Good colour rendering
Theatre Holding Room: General Relax	320 160	Good colour rendering
Anaesthetic Induction Room: General Relax	320 160	Good colour rendering
Operating Theatre: General General for scope work Operating light	400 100	Good colour rendering Dimmable Special
Recovery Room Bedhead:		Good colour rendering

General General Examination	320 400	
X-ray: General Preparation, Cleaning Working	200 100	Dimmable
X-ray Diagnostics: General Setting up, Cleaning Working and Screening	320 50	Dimmable
Radiation Therapy: General Setting up, Cleaning Working and Screening	320 100	Dimmable
Photographic Dark Room: General Cleaning Non Processing Processing	160 10	Safety Light
Delivery Room: General General examination Delivery	150 400	Good colour rendering Special mobile
Labour Ward: General General examination	150 400	Good colour rendering Where applicable

Kitchen:		
General	329	
Food Preparation	400	Good colour rendering
Workshops:		
General	320	
Work station	400	
Plant Rooms:		
General	100	
Work Areas	200	Task lighting
Stairs:	160	
Lifts:	160	
Toilets and Cloakrooms:	100	
Mortuary:		
Body Store	160	
General	320	
Dissecting table		Special
Telephone Exchange:		
General	320	
Operating	100	
Frame and Battery Room	320	Dimmable

10

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

- (1) Surgical operating theatre unit luminaries;

- (2) All switched socket outlets and lights in operating theatres, intensive care units, high care wards, neo-natal nursery, recovery room, and delivery rooms, duty stations, fire escapes and emergency units;
- (3) Night light in wards and ward corridors;
- (4) There must be at least one roof light in each ward, and one in each ablution facility;
- (5) All staircases must have lights on emergency power;
- (6) All switched socket outlets used for patient life support anywhere in the facility;
- (7) At least one patient lift or lift that can accommodate a bed for every 200 patients; and
- (8) Medical air compressors, vacuum pumps and gas alarm systems.

11

Power supply to switched socket outlets in Intensive care units and operating theatre units and recovery rooms must be on an earth monitoring system. Earth leakage protected units must be used as a protective measure.

12

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

13

Uninterrupted power systems must be provided for operating theatre lights and all life support systems and computer systems where a break in electrical supply cannot be tolerated.

GASES (14-19)

14

All units of a private health establishment where patients are accommodated or treated except sub-acute and hospice facilities that may have piped oxygen and suction or mobile systems, must have medical gases and vacuum provided by piped services. Mobile gas services must be available for crisis situations.

The minimum services to be supplied are:

- (1) operating theatre units: Oxygen, Nitrous Oxide, medical air, vacuum and scavenging;

- (2) intensive care units and neonatal intensive care units: medical air, oxygen and vacuum; and
- (3) all other patient areas to be provided with oxygen and vacuum piped services.

15

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

16

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

17

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

18

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

19

Anaesthetic gas scavenging, which is a low-pressure suction system that removes exhaled anaesthetic gases from the patient circuit, must be provided. Each outlet point must have its own balancing valve to allow the system to be balanced progressively from the furthest outlet point towards the fan motor.
Nurse Call System Requirements (20-22)

20

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

21

An emergency call system must be provided in ablution facilities.

22

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

NURSING UNITS (23-29)***GENERAL REQUIREMENTS (23-26)*****23**

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

24

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

- (1) Beds in patient wards must be provided with natural light and natural or mechanical ventilation.
- (2) A nurse's station must be central and so placed that physical access to any patient requiring care is not impeded or delayed. It must contain a nurse call system, a counter and work surface, a telephone for internal and external communication and a clinical basin.
- (3) Sufficient lockers must be provided for personal belongings of staff while on duty and patients.
- (4) If a general restroom is not available, a rest room must be provided for staff, which must be located in a private area, and must be provided with natural light and ventilation.
- (5) Adequate ablution and toilet facilities for patients must be provided.
- (6) A staff toilet must be provided, and must contain a wash hand basin.
- (7) A ward kitchen must be provided with a minimum floor area of 4 m², which must be increased by 1,5 m² for every 10 beds above 20 beds. It must contain a minimum of a single bowl sink, work surface, and a hand washbasin and may be shared by adjacent nursing units.
- (8) A clean utility room must be provided with a minimum floor area of 5 m², work surfaces and a basin.

- (9) A procedure room may be provided and, where provided, must have a minimum floor area of 10 m², and must contain durable and impervious work surfaces and a clinical basin.
- (10) Separate storage space must be provided for ward equipment, patients, belongings and such sundry items as may be necessary for the management and equipping of the nursing unit. Such storage may be shared between adjacent nursing units.
- (11) A sluice room must be provided with at least a wash hand basin, a sluice sink and wall mounted bedpan and urinal racks. Urinal racks are not required in female wards. A bedpan washer/disposal unit together with a domestic sink may substitute the sluice sink.
- (12) A cleaners' room containing shelves, low level sink or slop hopper with suitable tap height for bucket filling and hooks for mops, but this facility may be incorporated in the sluice room.
- (13) A soiled linen and waste disposal and storage room must be provided, but this facility may be incorporated into the sluice room.

25

A sluice room required in terms of requirement 24(11) must have a minimum floor area of 5 m², unless -

- (1) either the cleaners' room or the soiled linen and waste room are not incorporated into the sluice room, in which case it must have a minimum floor area of 7 m²; or
- (2) both the cleaners' room and the soiled linen and waste room are incorporated into the sluice room, in which case it must have a minimum floor area of 9 m².

26

The cleaner's room and the soiled linen and waste room must both have a minimum floor area of 5 m² unless incorporated in the sluice room.

PATIENT ROOMS (27)

27

Patient rooms must comply with the following requirements -

- (1) The minimum floor area of any single patient room must be 10 m² and multiple patient room must be 7,5 m² per bed.

- (2) Not more than 6 patients may be accommodated per patient room except for intensive care units, high care units and nurseries.
- (3) Single patient rooms must have a minimum wall length of 2.6m at bed head.
- (4) In all patient rooms provision must be made for a minimum space of -
 - (i) 600 mm between the non-attending side of any bed and the nearest wall on that side;
 - (ii) 900 mm between the attending side of any bed and the nearest wall on that side;
 - (iii) 900 mm between the sides of any adjacent beds;
 - (iv) 1,2 m between the foot of any bed and the opposite wall or 1,5 m between the foot of any bed and the opposite bed.
- (5) Proper screening facilities must be provided between beds.
- (6) Except in the case of a parent and child, adults and children under the age of 12 years must be accommodated in separate rooms. However, if separate accommodation for adults and children under the age of 12 years is impractical for reasons of treatment, proper screening facilities must be available.
- (7) Each patient room must have access to a corridor or passageway.
- (8) Each patient room must be provided with a clinical basin.

ABLUTION FACILITIES (28-29)

28

An ablution facility for persons with disabilities, containing a freestanding bath or wheelchair shower, and wheel chair toilet must be provided per nursing unit Each floor must be provided with disabled toilets in the public foyer.

29

Where several patient rooms share ablution and toilet facilities, the following must be provided –

- (1) At least one bath or shower per 12 patients or part of such number;
- (2) One wash hand basin per 6 patients or part of such number in the ablution area, if ablution facilities and toilets are not located in the same area;

- (3) At least one toilet per 6 patients or part of such number; and
- (4) At least one wash hand basin for every two toilets, unless toilets are located singly in which case one wash hand basin for each toilet is required.
- (5) Separate ablution facilities for male and female patients must be provided.

DAY WARDS (30)

30

A day ward must meet the requirements of a nursing unit, as set out in requirements 24 to 27, except that –

- (1) At least one assisted bath or shower is required per 12 patients;
- (2) Separate rooms for patients are not required provided that proper screening facilities are available.

PAEDIATRIC UNITS (31)

31

In addition to the requirements set out in requirements 24 to 27, paediatric units must comply with the following requirements –

- (1) At least one baby bath for every 10 babies must be provided. Thereafter one baby bath for each additional 15 babies must be provided. Mobile bassinets with bathing facilities may be used, in which case a tap for filling of bassinets and a low basin for draining of bassinets must be provided.
- (2) A dedicated milk kitchen is required if the institution has more than 20 paediatric beds or cots. This may be shared with a nursery. If the unit contains less than 20 beds or cots, infant feeds may be prepared in a special area within the ward kitchen. A double basin wash-up facility and wash hand basin must be supplied.
- (3) A treatment room must be provided.
- (4) An isolation facility must be provided for every 15 cots or beds. Each such facility must be fitted with a clinical hand wash basin and ventilation so designed to prevent airborne cross infection. There must be access of such isolation facilities to a sluice room, which does not pass through other areas where patients are treated or accommodated.

- (5) There must be direct visibility of all beds/cots from the nurse's station or from the adjacent corridor, via glass walls or viewing panels.
- (6) Special safety features applicable to children in respect of electric sockets and switches, heaters, door and window locks and hot water supplies.
- (7) Adequate access and security control measures must be provided at entrances, exits, emergency exits and windows.
- (8) Suitable lounge and play areas to be provided with a viewing panel for nursing supervision where necessary.
- (9) Properly screened areas for breastfeeding, must be available within the ward.

MATERNITY UNIT AND MIDWIFE OBSTETRIC UNITS (MOW) (32-47)

32

In addition to the requirements of nursing units, as prescribed in requirements 24 to 27, a maternity or midwife obstetric unit must include, at minimum –

MIDWIFE OBSTETRIC UNITS (MOW)

- (1) an antenatal clinic with a waiting area and single consultation cubicles;
- (2) a diagnostic room;
- (3) an antenatal ward;
- (4) preparation room;
- (5) delivery room;
- (6) infant resuscitation area;
- (7) postnatal ward;
- (8) nursery;
- (9) long stay ward (e.g. Kangaroo mother care);
- (10) postnatal examination room;
- (11) immediate access to ambulance service; and
- (12) cubicles/partitions for breastfeeding.

MATERNITY UNIT

- (1) at least one preparation room with an ablution facility;
- (2) at least one delivery room;
- (3) a postnatal ward with rooming in facilities;
- (4) access to a theatre;
- (5) adequate security measures at entrances, exits and windows; and
- (6) staff changing rooms and scrub facility.

33

Subject to these requirements, a maternity unit may include –

- (1) antenatal beds;
- (2) rooms for first stage of labour;
- (3) a nursery; and
- (4) a neonatal intensive care unit.

SERVICE AREAS (34)

34

Service area must be provided in a maternity unit in accordance with requirements 24 to 27, provided that the dirty utility room must make additional provision for equipment and for the examination, preservation or disposal of placentas.

DELIVERY ROOMS (35-41)

35

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

36

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

37

Each delivery room must have a floor area of not less than 17 m² and a minimum wall length at bed head of 3,6 m.

38

Each delivery room must contain a clinical basin.

39

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

40

Infant warming must be provided in each caesarean/delivery room with a minimum floor area of 3,6 m² in addition to the required area of each room.

41

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

ROOMS FOR FIRST STAGE OF LABOUR (42)

42

- (1) The surface floor area of a room for the first stage of labour must be 10 m² for one bed and 15 m² for two beds.
- (2) access to a patient toilet, wash hand basin and bath or shower, which is suitable for patient use with staff assistance;
- (3) access to a sluice room; and
- (4) a clinical hand wash basin.

POST-NATAL WARDS (43)

43

Nursing units in post-natal wards must comply with the regulation for general nursing units as set out in requirements 24 to 27, provided that -

- (1) The minimum measurements specified in guideline 28(4)(ii) and (iii) must be increased by an additional 1 m to allow for accommodation of infants with their mothers.
- (2) A dedicated milk kitchen must be provided, which may be shared with a paediatric unit.

NURSERIES (44-45)

44

Nurseries must comply with the requirements for general nursing units as set out in requirements 24 to 27, provided that -

- (1) There is a single entrance, which has adequate security measures, to control access.
- (2) A floor area of at minimum 2 m² per crib, exclusive of an auxiliary work area must be provided, with a minimum floor area of 6 m².
- (3) Each nursery room must contain no more than 16 infants in the same room.
- (4) At least one incubator per 15 mother beds, or part thereof, must be provided, where provision is made for additional space of 1,5 m² per incubator.
- (5) At least one baby bath for the first 10 babies must be provided. Thereafter one baby bath for each additional 15 babies must be provided. Mobile bassinets with bathing facilities may be used, in which case a tap for filling of bassinets, and a low basin for draining of bassinets must be provided.
- (6) When a rooming-in program is used, the total number of cribs provided in these units may be appropriately reduced, but the nursery may not be omitted in its entirety from any facility than includes maternity services.
- (7) A work surface for washing, drying and changing of babies must be provided.
- (8) Vacuum and oxygen must be provided.
- (9) An emergency call system must be provided.
- (10) A viewing panel through which babies can be observed must be provided.
- (11) Temperature control in this area is essential.
- (12) Properly screened areas must be available within the nursery for breastfeeding.
- (13) Adequate noise control.

45

A room for isolation contemplated in requirement 47(10) must be directly visible from the nurses' station. There must be access of such an isolation room to a sluice room, which does not pass through other areas where patients are treated or accommodated.

NEONATAL INTENSIVE CARE UNIT (46-50)**WARD SPACE (46-50)****46**

- (1) A wall length of 2 m must be provided at the head of each crib.
- (2) The clear space between the walls at the head of the crib to the foot including circulation space at the foot must not be less than 2,5 m.
- (3) At least one clinical basin must be provided for every six cribs, or part thereof, within the open ward.
- (4) Each crib in the ward must be provided with the following minimum piped services –
 - (i) 2 oxygen outlets;
 - (ii) 1 low-pressure medical air outlet;
 - (iii) 2 vacuum outlets; and
 - (iv) six 15 Amp electrical power plug outlets.
- (5) Daylight must be provided.
- (6) A nurse's station must be provided within the ward space providing an unobstructed view of all cribs.
- (7) Mechanical ventilation or air conditioning must be provided. The air pressure within the ward area must be positive in relation to other areas within the neonatal intensive care unit must be at 25-27 degrees Celcius.
- (8) Adequate noise control.
- (9) Provision must be made for access to isolation facilities that must contain -
 - (i) a clinical hand wash basin;

- (ii) a separate bathing facility, as per subrequirement (5);
- (iii) cupboard space;
- (iv) a work surface;
- (v) oxygen and vacuum; and
- (vi) an extraction ventilation system, or the room must be so designed to avoid air borne cross infections.
- (vii) Access to sluice facilities.

47

Services required in terms of requirement 49(4) must be provided from a wall, floor pedestal, ceiling suspended panel, or from an articulation arm from the wall or ceiling. In all cases the service panel must be at a height to provide unobstructed access to the patient.

48

The dimensions of the sluice room, cleaners' room and soiled linen and waste room in a neonatal intensive care unit must comply with requirement 27.

49

LDP (labour-delivery-postnatal) and LDPR (labour-delivery-postnatal-recovery facilities).

- (1) Delivery procedures in accordance with birthing concepts may be performed in the LDP or LDPR rooms. LDP room(s) may be located in a separate LDP suite or as part of the caesarean/delivery suite. The *post partum* unit may contain LDPR rooms.
- (2) The LDP/LDPR rooms must be for single occupancy.
- (3) These rooms shall have a minimum of 25 m² of clear floor area with a minimum wall length at bed-head of 4,8 m, exclusive of toilet, alcoves, and lobbies.
- (4) Direct access to toilet and shower or bath must be provided.
- (5) An area within the room, excluding the mother's area, shall be provided for infant resuscitation with a minimum floor area of 3,6 m².
- (6) An equipment storage room for every three LDP/LDPR rooms must be provided.

- (7) Each LDP/LDPR room must contain a clinical basin and a sink.
- (8) Infant warming must be provided for every three LDP/LDPR room.
- (9) At least twelve electrical socket outlets must be provided for each bed, suitably positioned for both mother and baby.
- (10) Two outlets for oxygen and two outlets for vacuum. The outlets should be located in the room so that they are accessible to the mother's delivery area and infant resuscitation area.
- (11) Windows or doors must be located so as not to compromise patient privacy or adequate curtaining or screening must be provided.

SERVICE FACILITIES (50)

50

The following service facilities must be provided in a neonatal intensive care unit:

- (1) A clean supplies room or cupboard must be provided. Alternatively mobile clean supply systems may be provided.
- (2) A rest room or area must be provided for staff, which must be located in a private area, and must be provided with natural light and ventilation.
- (3) A staff toilet must be provided, and must contain a wash hand basin.
- (4) Adequate equipment storage space must be provided.
- (5) A sluice room must be provided with at least a wash hand basin as well as a sluice sink and slop hopper or combination sluice unit.
- (6) A cleaners' room containing shelves, a low level sink with suitable tap height for bucket filling and hooks for mops, but this room may be incorporated in the sluice room.
- (7) A soiled linen and waste room must be provided, but may be incorporated in the sluice room.

INTENSIVE CARE UNITS (51-53)

51

Requirements 55 to 57 apply to all intensive care units other than neonatal intensive care units.

52

Ward space in an intensive care unit must conform to the following requirements –

- (1) A wall length of 3,6 m must be provided at the head of each bed.
- (2) Each patient bed space must have a minimum floor area of 15 m².
- (3) The entrance to the intensive care unit must have a clear opening width of not less than 1,8 m².
- (4) All beds in the intensive care unit must be clearly visible from the nurses' station.
- (5) At least one clinical basin with elbow action taps must be provided for every 4 beds or part thereof.
- (6) All beds in the ward must be provided with the following piped/fixed services at the head of the bed(s) –
 - (i) three oxygen outlets for every 2 beds;
 - (ii) three low-pressure medical air outlets for every 2 beds;
 - (iii) three vacuum outlets for every 2 beds;
 - (iv) eight 15 amp electric power plug outlets for each bed, provided that no multi-plug adaptors may be used; and
 - (v) ten 15 amp electrical power plug outlets for each bed for cardio-thoracic and neuro-surgical intensive care units.
- (7) Screening facilities to ensure patient privacy must be provided between beds.
- (8) Each patient bed must have visual access, other than skylights, to the outside environment with not less than one outside window in each patient bed area. Distance from the patient bed to the outside window shall not exceed 15 meters. When partitioned cubicles are used, patients' view to outside window must be through no more than two separate clear vision panels.
- (9) A nurses' station must be provided within the ward space providing an unobstructed view of all the beds, and a central monitoring system must be provided with an unobstructed view of all consoles.

- (10) Air pressure within the ward area, except in the isolation cubicle, must be a positive pressure relative to other areas within the intensive care unit and in relation to other areas within the intensive care unit.
- (11) Noise control and sound attenuation must be a design factor.

53

The services required in terms of requirement 55(6) must be provided from the wall, or pedestal, or preferably from a ceiling suspended panel or an articulated arm from the wall or ceiling. In all cases the service panel must be at a height to provide unobstructed access to the patient.

ISOLATION CUBICLE (57-58)

54

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

55

An isolation cubicle in an intensive care unit must conform to the following requirements –

- (1) The isolation cubicle must be an enclosed space with a floor area of not less than 18 m², exclusive of lobbies, toilets, closets, lockers, wardrobes and or alcoves.
- (2) For every eight intensive care beds, there must be an isolation cubicle. There may not be more than one bed in an isolation cubicle.
- (3) The wall or partition at the head of the bed must not be less than 4,2m long.
- (4) The isolation cubicle door must have a clear opening width of not less than 1,4m.
- (5) The air pressure within the isolation cubicle must be negative in relation to the other bed areas within the ward.
- (6) A clinical basin must be provided within the isolation cubicle.
- (7) There must be access from such an isolation room directly to a sluice room without passing through other areas where patients are treated or accommodated.

SERVICE ACCOMMODATION (56)

56

In addition to complying with the provisions of requirements 24 to 27 the following service accommodation must also be provided for intensive care units –

- (1) ward kitchen;
- (2) staff restroom;
- (3) waiting area for visitors;
- (4) comfort lounge for visitors; and
- (5) access to staff restroom and staff toilet.

HIGH CARE UNITS (57)

57

Subject to the following requirements, high care wards must meet the requirements set out in requirements 24 to 27 –

- (1) High care beds must have a wall length of 3 m at the head of each bed and a floor area of not less than 12 m² per bed.
- (2) The entrance to the high care unit must have a clear opening width of not less than 1,8 m².
- (3) Each bed must be provided with the following piped services at the head of each bed –
 - (i) oxygen;
 - (ii) vacuum;
 - (iii) four 15 amp electric power plug outlets;
 - (iv) an approved nurse call system with an emergency call facility.
- (4) Screening facilities to ensure patient privacy must be provided between beds in multiple bed ward areas.
- (5) A clinical basin must be provided for every 6 beds or part thereof.
- (6) The nurses' station must be so positioned as to provide an unobstructed view of all beds.

- (7) Service accommodation; requirement 59 applies.

OPERATING THEATRE UNITS (61-82)

GENERAL REQUIREMENTS (61-64)

58

An operating theatre unit must consist of one or more operating rooms, serviced by the following facilities as detailed in the succeeding requirements:

- (1) Recovery area
- (2) Duty station
- (3) Scrub area
- (4) Setting-up area
- (5) Changing facilities
- (6) Cleaning and disposal area
- (7) Storage facilities
- (8) Rest rooms
- (9) A suitable induction/holding area for optimal patient privacy.

59

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

60

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

61

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

OPERATING THEATRE (62)

62

Operating theatres must comply with the following dimensions –

- (1) A minor theatre must have a minimum floor area of 20 m², a minimum length of 3,4 m and an operating theatre ceiling height of 3 m.
- (2) A major theatre must have a minimum floor area of 30 m², a minimum length of 5 m and an operating theatre ceiling height of 3 m.
- (3) A cardiac theatre must have a minimum floor area of 45 m², a minimum length of 5,8 m and an operating theatre ceiling height of 3 m.
- (4) A cardiac catheterization laboratory must have a minimum floor area of 42 m², a minimum length of 5,8 m and an operating theatre ceiling height of 3 m.
- (5) Endoscopy suite requirements:
 - (i) Each procedure room shall have a minimum floor area of 16 m² exclusive of built-in shelves.
 - (ii) A clinical basin must be available in the suite.
 - (iii) Station outlets for oxygen, vacuum (suction) and medical air.
 - (iv) The endoscopy suite must be designed for visual and acoustical privacy of the patient.
- (6) Instrument Processing Room(s)

Dedicated processing room(s) for cleaning and disinfecting Instrumentation must be provided. The size of the cleaning room(s) is dictated by the amount of equipment to be processed. The cleaning room should allow for unobstructed flow of instrumentation from the contaminated area to the clean area, and finally, to storage. The clean equipment rooms, including storage, should protect the equipment from contamination.

INSTALLATIONS (66-67)

63

Subject to requirement 65, theatres of the category listed in the first column of Table A must be serviced by the prescribed number of particular installations as per the corresponding columns in the table:

Table A

Theatre type	Oxygen Points	Nitrous oxide points	Vacuum points	Medical air points	Electrical points	Scavenging
Minor	2	1	2	0	6	1
Major	2	1	2	1	8	1
Cardiac	3	2	3	2	10	1
Cath Lab	1	1	1	0	8	1

64

One additional oxygen and one additional vacuum point and a neonatal resuscitation area or mobile resuscitation unit must be provided in an operating theatre unit where Caesarean sections are performed.

RECOVERY AREA WITHIN THE OPERATING THEATRE UNIT (68-70)

65

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

66

A recovery area must have a minimum unobstructed floor area of 12 m² and a wall length of not less than 3 m per operating room and 6 m² floor area for every additional operating theatre served by such recovery area.

67

The recovery room or area must be fitted with the following –

- (1) a clinical basin;
- (2) one oxygen, one vacuum point and low-pressure medical air for each bed to be accommodated;

- (3) three electrical switched socket outlets for every recovery bed or trolley;
- (4) facilities for screening off a minimum of one patient;
- (5) an emergency call system;
- (6) adequate lighting; and
- (7) a deep bowl sink.

DUTY STATIONS WITHIN OPERATING THEATRE UNITS (68)

68

A nursing station must be so situated, constructed and equipped within the restricted access area of an operating theatre unit that it is possible for the nursing staff to observe all patients directly. The duty station must have a floor area of not less than 6 m² and a minimum wall length of 2 m and must form an integral part of the main patient corridor, recovery area and patient receiving area.

SCRUBBING-UP AREA (72-74)

69

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

70

A scrubbing-up area or room must have a width of not less than 2,1 m and must be so equipped as to permit unhindered and simultaneous scrubbing-up, by at least two persons under hot and cold running water from elbow-operating taps or alternative method over splash-limiting basins or a stainless steel drainage trough, and gowning procedures prior to entering the operating room or within the operating room.

71

In the case of a minor theatre, provision need only be made for scrubbing-up by one person, and the scrub-up area may be within the theatre. In the case of a minor operating theatre a single scrub up facility only, is required.

CLEANING AND DISPOSAL AREA (75-77)

72

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

73

A cleaning and disposal area must have an unobstructed floor area of not less than 5 m² and a minimum wall length of 2 m for the first operating room. An additional 2 m² for each additional operating theatre unit up to a maximum of 14 m² must be provided.

74

The cleaning and disposal area contemplated in requirement 75 must be fitted with the following –

- (1) A deep sink and slop-hopper must be provided.
- (2) Adequate shelving and cupboards for storing cleaning materials and equipment.
- (3) A stainless steel wash sink with hot and cold water.
- (4) A wash hand basin with hot and cold water.
- (5) A cleaners' room or area for the storage of cleaning equipment and materials.

CHANGE AND REST ROOMS OF THE OPERATING THEATRE UNITS (78-80)

75

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

- (1) one door which opens into the restricted access area, and must have a separate entrance from outside the restricted access area;
- (2) a floor area of not less than 9 m² for the first two operating rooms and thereafter 2 m² per additional operating room with a minimum wall length of 2 m;
- (3) a wash hand basin;

- (4) partitioned off toilets in the ratio 1 toilet: 12 persons; and 1 shower: 12 persons;
- (5) storage facilities for the separate storage of personal clothing and effects, and clean theatre clothing, with provision for the storage of soiled theatre apparel.

76

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

77

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

STORAGE FACILITIES (78)

78

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

SETTING-UP SPACE (79)

79

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

STERILISATION AND DISINFECTION UNITS (83-91)

80

A sterilisation and disinfection unit should, where possible, be adjacent to or form part of the operating theatre unit. Where it is not adjacent to, or part of the operating theatre unit, suitable changing rooms must be provided according to the requirements of requirement 78.

81

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

82

A sterilisation and disinfection unit must have a minimum floor space of 30 m² for the first two operating theatre units or delivery rooms served by it, and thereafter an additional 2 m² for each additional operating theatre unit or delivery room served by it. In hospitals where re-sterilisation is done of items used in wards, a larger floor space may be required.

83

If soiled linen is to be held or sluiced in the washing and decontamination area contemplated in requirement 89, additional floor space of 4 m² for the first two operating theatre units or delivery rooms and 1 m² for each additional operating theatre unit or delivery room served by the sterilisation and disinfection area must be provided.

84

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

85

No curtaining is permitted in the sterilising and disinfection unit.

86

The following functional areas must be provided within a sterilisation and disinfection unit -

- (1) a washing and decontamination area;
- (2) a tray and pack preparation area;
- (3) a sterilisation processing area; and
- (4) a storage area for sterile packs.

87

A washing and decontamination area contemplated in requirement 89 must include the following -

- (1) a slop hopper;
- (2) stainless steel sinks with hot and cold water, of which at least one sink is at least 350mm deep; and
- (3) a trolley washing area with hot and cold water and a floor drain.

88

A tray and pack preparing area contemplated in requirement 89 must comply with the following requirements –

- (1) Floor space for packing must be provided.
- (2) Storage facilities for clean materials must be provided.
- (3) One or more autoclave(s) capable of sterilising porous loads (gowns, drapes and dressings), as well as wrapped and unwrapped instruments, must be provided.
- (4) Where liquids are sterilised, an autoclave with a fluid cycle and a reverse osmosis or distillation plant must also be provided.

EMERGENCY UNITS (92-93)**89**

An emergency unit must have –

- (1) arrangements for multidisciplinary admission facilities;
- (2) access to 24 Hour X-ray facilities;
- (3) facilities for stabilisation of major trauma cases prior to transfer;
- (4) a laboratory service; and
- (5) a blood transfusion service.

90

The physical facilities of an emergency unit must comprise the following requirements:

- (1) A reception area with office space must be provided.
- (2) A separate nursing station must be provided.
- (3) There must be access to a waiting area for patients and visitors.
- (4) There must be access to a public toilet with wash-hand basins, as well as access to a toilet to accommodate persons with disabilities.

- (5) The resuscitation room or area and the procedure room or area must each have a minimum floor area of 12 m² and a minimum wall length of 3 m. If they are combined in the same room, the combined room must have a minimum floor area of 20 m, and screening facilities must separate the procedure area and resuscitation area.
- (6) Resuscitation areas and procedure areas must include the following installations –
 - (i) piped or portable oxygen for each bed;
 - (ii) a minimum of 6 electrical switched socket outlets per bed;
 - (iii) a clinical basin;
 - (iv) built in cupboards or mobile units;
 - (v) a work surface;
 - (vi) vacuum; and
 - (vii) compressed air (in resuscitation rooms only).
- (7) An accessible sluice room must be provided with normal requirements as for general wards.
- (8) A clean utility area must be provided with separate enclosed storage place for pharmaceutical substances, sterile substances, linen, and general equipment respectively.
- (9) An accessible cleaner's room must be provided.
- (10) Accessible toilets and a restroom for personnel must be provided.
- (11) Rooms and/or cubicles with a minimum space of 6 m² and wash hand basins and work surfaces must be provided.
- (12) An alarm system must be provided to the intensive care unit.
- (13) The unit must have an external entrance.
- (14) An access ramp is to be provided of a suitable gradient where the ground floor level internally does not correspond with the external ground level.

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

NON-ACUTE ESTABLISHMENTS EXCEPT REHABILITATION FACILITIES (91)

91

Subject to the following requirements, chronic care units must also comply with the provisions of requirements 24 to 27 –

- (1) A maximum of 36 beds are permitted per nursing unit, at least 10% of which must be in single rooms.
- (2) Not more than 6 patients may be accommodated per patient room.
- (3) A separate recreational or dining area must be provided, with a minimum floor area of 20 m² for 10 patients, and an additional 1,5 m² for every additional patient.
- (4) Separate facilities must be supplied for paediatric patients.
- (5) Ablution ratios as per general wards.

REHABILITATION UNITS (95-96)

92

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

- (1) Corridors must have a minimum unobstructed width of 2,3 m, and must have handrails along both sides.
- (2) Windowsill heights must be positioned for unobstructed patient visibility from a wheelchair.

93

Subject to the following requirements, ward accommodation in rehabilitation units must comply with requirement 24 to 27 –

- (1) No room must contain more than 6 beds.
- (2) There must be a maximum of 36 beds per nursing unit.

- (3) 10% of beds must be single rooms.
- (4) For every 8 patients or part of such number at least one wheelchair toilet, in accordance with SABS 0400 SS5, and an ablution facility for persons with disabilities, must be provided.
- (5) Piped or mobile oxygen and vacuum services must be available to each patient room.
- (6) A dining room or lounge must be provided with minimum floor space of 25 m² for 10 patients, and thereafter 1,5 m² for each additional patient.
- (7) Occupational therapy facilities must be provided with at least:
 - (i) A one-to-one workroom with a minimum floor area of 10 m² with two electric switched socket outlets and a washbasin.
 - (ii) A clean work room with a minimum floor area of 10 m² with two electric switched socket outlets and a hand basin.
 - (iii) A dirty work room with a minimum floor area of 10 m² with three electric switched socket outlets and a hand basin.
 - (iv) A cognitive room with a minimum floor area of 10 m² and three switched socket outlets.
 - (v) A splint room, with a minimum floor area of 10 m², three switched socket outlets and a washbasin.
 - (vi) Storage space for each of the clean workroom, the dirty work room and the cognitive rooms with a minimum space of 6 m² per area or 15 m² if the space is shared between the areas.
 - (vii) An area for daily living activities.
 - (viii) A kitchen for daily living activities with a minimum floor space of 10 m².
- (8) The clean workroom, dirty work room and cognitive room contemplated in subrequirement (7) may be combined in a room with a minimum floor area of 30 m².
- (9) A family or group conference room for social work facilities must be provided, with a minimum floor space of 20 m².

- (10) A group psychology therapy room with a minimum floor area of 20 m² must be provided, although this room may be shared with the room contemplated in subrequirement (9).
- (11) An emergency room with a minimum floor area of 16 m² must be provided, with four switched socket outlets, piped or mobile oxygen and vacuum, and double doors. Facilities to render emergency care must be provided.
- (12) Physiotherapy facilities must be provided with at least -
 - (i) a one-to-one workroom with a minimum floor area of 10 m² with one electric switched socket outlet and a screening facility;
 - (ii) a gym area with a minimum floor area of 45 m², with a washbasin, three switched socket outlets and a wheelchair parking area of 10 m².
- (13) If spinal and/or cranial rehabilitation is performed, the following additional requirements must be met –
 - (i) a hydrotherapy pool must be provided with –
 - (a) a hoist mechanism or ramp;
 - (b) a depth of at least 1 m and at most 1,5 m;
 - (c) 1 m walking space around the pool;
 - (d) change rooms and lockers; and
 - (e) a wheel chair toilet;
 - (ii) a respiratory high care unit must be provided for mechanical ventilation of patients, with a minimum of 2 beds that comply with the requirements for a high care unit as well as having one low-pressure medical air point per bed.

LAUNDRIES (94)

94

Laundries must comply with the National Building Regulations and the Occupational Health and Safety Act, Act 85 of 1993, and in addition must comply with the following requirements –

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

- (2) All clean laundered linen must be handled and stored on the clean side of the laundry to obviate soiling from the process of sorting, sluicing and washing of soiled linen.
- (3) The bulk storage of clean linen must be in a separate room, cupboard(s) or mobile storage units to obviate the settlement of dust or airborne lint on the clean linen.
- (4) Where laundry facilities are not provided on site a dirty/sluicing laundry holding facility/area is to be provided with on site storage for dirty laundry.
- (5) Sluicing of linen in wards is not permitted.
- (6) A hand washbasin must be provided.
- (7) The floors of the laundry must have a smooth washable and impervious finish.
- (8) Where floor drains are provided for in this area, outlets to these drains are to be installed in the soiled/washing area of the laundry and the floor must be sloped down to the waste outlet.
- (9) Lockers for staff on duty must be provided.
- (10) Access to a staff rest room or tearoom must be provided, though this may be shared with catering staff.

MAIN KITCHENS (98-99)

95

Kitchens must comply with the National Building Regulations and the Occupational Health and Safety Act, Act 85 of 1993, and in addition must comply with the following requirements –

- (1) Wash hand basins must be provided at the entrance to the kitchen.
- (2) The design of the kitchen and layout of equipment must ensure a clear flow of work from the delivery and preparation area, and scullery area, to the final food preparation and serving area.
- (3) Food preparation and plating area must be protected or separated from the dirty preparation area and scullery area.
- (4) There must be separate facilities for the bulk storage of dry goods, vegetables, meat and fish.

- (5) Refrigeration and deep-freezer space must be provided.
- (6) An adequate and effective pest control system must be provided.
- (7) The floors of the kitchen must have a concrete base and durable impervious, smooth, washable finish.
- (8) Where floor drains are provided for the washing of the floor, outlets to these drains are to be installed in the soiled/wash up area of the kitchen and the floor must be sloped down to the waste drain outlet. Alternatively, a suitable stainless steel grease trap with an anti-vac trap is to be installed in the cooking area.
- (9) Lockers for staff on duty must be provided.
- (10) Access to a staff rest room or tearoom must be provided, though this may be shared with laundry staff.

96

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

PHARMACIES

97

Pharmacies in private hospitals or unattached operating theatres must comply with the following requirements –

- (1) Pharmacies must provide dispensing facilities.
- (2) Pharmacies must be easily accessible to wards, operating theatre units, intensive care units, high care units, emergency units and patients.
- (3) A safe and secured area must be provided for storage of drugs in accordance with manufacturers' instructions or other legal requirements.
- (4) Pharmacies must have a secure external access for distribution, transport and deliveries.
- (5) Pharmaceutical products must be stored in accordance with the Pharmacy Act 1974 (Act 53 of 1974) as well as the Medicines and Related Substances Control Act 1965 (Act 101 of 1965). The temperature within the pharmacy must be monitored and recorded on a regular basis. All drugs must be stored in accordance with the manufacturers' recommendations. Air conditioning must be supplied.

DIAGNOSTIC IMAGING

98

- (1) In a private health establishment, diagnostic imaging could include:
 - (i) angiography, cardiac catheterisation and other similar techniques;
 - (ii) computerised tomography scanning and tomography;
 - (iii) fluoroscopy;
 - (iv) general radiography;
 - (v) magnetic resonance imaging;
 - (vi) mammography;
 - (vii) tomography; and
 - (viii) ultrasound.
- (2) Subject to the development of new technology, equipment related to the above procedures must be accommodated as required below. The unit must comply with the following requirements:
 - (i) Layouts must be developed in compliance with the manufacturer's recommendations, because area requirements may vary according to the equipment.
 - (ii) Most imaging instruments require radiation protection: a certified physicist or other qualified expert must certify the layout, type, location and amount of radiation shielding to be installed for adequate protection of the operator, staff, patients and the public.
 - (iii) Beds and trolleys must have ready access to and from other departments of the private health establishment.
 - (iv) Ceiling-mounted equipment must have properly designed rigid support structures.
 - (v) A protective viewing window which permits full view of the patient must be provided.
 - (vi) An adequate communication system between the patient and the operator must be provided.

(2.1) Angiography, cardiac catheterisation laboratories and other similar techniques

- (i) The procedure room must have a minimum floor area of 35 m².
- (ii) Where control equipment is separate from imaging equipment, a control room must be provided.
- (iii) A scrub sink located outside the staff entry to the procedure room must be provided.
- (iv) Staff change areas must be provided.
- (v) Easy access to clean the utility, sluice and cleaner's room must be provided.
- (vi) A patient holding area must be provided.
- (vii) Access to specific resuscitation facilities must be provided.
- (viii) A cardiac catheterisation laboratory must have immediate access to a cardiac theatre.
- (ix) Storage for portable equipment and catheters must be provided.
- (x) Ventilation must comply with the requirements for a minor theatre as set out in section 9 of Annexure B.
- (xi) Installations must comply with the requirements for a catheterisation laboratory as set out in section 66, Table A of Annexure B.

(2.2) Computerised tomography scanning and tomography

- (i) The procedure room must have a minimum floor area of 25 m².
- (ii) A control room must be provided.
- (iii) Easy access to a patient toilet must be provided.

(2.3) Fluoroscopy

The procedure room must have a minimum floor area of 25 m².

(2.4) General radiography

The procedure room must have a minimum floor area of 16 m².

(2.5) Magnetic resonance imaging

The procedure room must have a minimum floor area of 30 m². Magnetic field shielding must comply with State Protection Agency recommendations:

- (i) A control room must be provided.
- (ii) A computer room must be provided.

(2.6) Mammography

The procedure room must have a minimum floor area of 9 m².

(3) Diagnostic imaging service accommodation

The following must be provided for the diagnostic imaging service:

- (i) A patient waiting area.
- (ii) A control desk and reception area.
- (iii) A holding area to accommodate patients in wheelchairs and on trolleys.
- (iv) Easy access to patient toilets.
- (v) Patient change rooms/cubicles.
- (vi) Access to suitable film development and storage facilities.
- (vii) A clean utility room.
- (viii) A cleaner's facility.
- (ix) A dirty-linen store.
- (x) Staff rest facilities.

[Item 101 deleted by PN 259 of 2001 w.e.f. 17 August 2001 and added by PN 300 of 2003 w.e.f. 4 September 2003.]

CHEMOTHERAPY (99)

99

- (1) Chemotherapy units must comply with the following:
 - (i) Each treatment room must be provided with natural light.
 - (ii) The mixing room must be provided with an extractor fan.
 - (iii) There must be a bulk store.
- (2) The following areas must be provided if the chemotherapy unit is not situated within the imaging, radiotherapy or out-patient departments:
 - (i) A patient waiting area provided with natural light.
 - (ii) A patient lounge and dining room with natural light.
 - (iii) A holding area adjacent to the treatment rooms for patients on trolleys and in wheelchairs, and adequately private and separated from the waiting area for outpatients. The nursing staff must have a direct view of this area, which must be provided with natural light.
 - (iv) A control desk and reception area.
 - (v) Easy access to patient toilets.
 - (vi) Staff rest facilities.
 - (vii) Staff toilets.
 - (viii) An equipment store.
 - (ix) A clean utility room.
 - (x) A dirty-linen store.
 - (xi) A sluice room.
 - (xii) A cleaner's room.

[Item 102 deleted by PN 259 of 2001 w.e.f. 17 August 2001 and added by PN 300 of 2003 w.e.f. 4 September 2003.]

RADIATION THERAPY (100)

100

- (1) In private health establishments, radiation therapy could include the use of the following:
 - (i) A cobalt unit.
 - (ii) A linear accelerator.
 - (iii) A simulator.
 - (iv) Brachytherapy after loader.
 - (v) Orthovoltage equipment.
 - (vi) Radioactive nuclides.
- (2) Subject to the development of new technology, equipment related to the above procedures must be accommodated as required below. The unit must comply with the following requirements:
 - (i) Radiation protection: a certified physicist must certify the layout, type, location and amount of radiation shielding to be installed for adequate protection of the operator, staff, patients and the public.
 - (ii) Layouts must be developed in compliance with the manufacturer's recommendations, because area requirements may vary according to the equipment. The simulator, accelerator and cobalt rooms must be sized to accommodate the equipment, a patient on a trolley, medical staff and service access.
 - (iii) Layouts and ventilation must prevent the spread of radioactive contamination.
 - (vi) Beds and trolleys must have ready access to and from other departments of the hospital.
 - (v) Ceiling-mounted equipment must have properly designed rigid support structures.
 - (vi) There must be suitable access to computerised planning facilities.
 - (vii) There must be access to suitable film development and storage facilities.

- (viii) There must be easy access to a radio-pharmacy preparation, administration and storage area.
- (ix) There must be easy access to a radio-active waste store.
- (3) Radioactive nuclides in-patient facility:

Patients must be accommodated in single rooms as set out in section 28(3) of Annexure B.

- (a) Patient rooms must be provided with en suite ablution and toilet facilities.
- (b) Layouts and ventilation must prevent the spread of radioactive contamination.

[Item 103 deleted by PN 259 of 2001 w.e.f. 17 August 2001 and added by PN 300 of 2003 w.e.f. 4 September 2003.]

RADIOTHERAPY UNIT SERVICE ACCOMMODATION

101

- (1) The following areas must be provided if the radiotherapy unit is not situated within the imaging, chemotherapy or out-patient departments:
 - (i) A patient waiting area with natural day light.
 - (ii) A patient lounge and dining room with natural light.
 - (iii) A patient restroom with natural light.
 - (iv) A holding area adjacent to the treatment rooms for patients on trolleys and in wheelchairs, and adequately private and separated from the waiting area for outpatients. The nursing staff must have a direct view of this area, which must be provided with natural day light.
 - (v) A control desk and reception area.
 - (vi) Easy access to patient toilets.
 - (vii) Patient change rooms/cubicles.
 - (viii) One examination room for every two treatment rooms. The examination room must have a minimum floor area of 9 m² and it must be provided with a clinical hand-washing basin.

- (ix) Access to Staff rest facilities.
 - (x) A kitchen.
 - (xi) Staff toilet.
 - (xii) Secure equipment store.
 - (xiii) Radio pharmacy store.
 - (xiv) Film store.
 - (xv) Clean utility.
 - (xvi) Dirty linen store.
 - (xvii) Slulce room.
 - (xviii) Cleaner's store room.
- (2) Additional support areas for cobalt unit, linear accelerator or ortho-voltage equipment are:
- (i) Mould room with extractor fan and hand washing facility.
 - (ii) Block room with storage. It can be combined with the mould room.

[Item 104 deleted by PN 259 of 2001 w.e.f. 17 August 2001 and added by PN 300 of 2003 w.e.f. 4 September 2003.]

DIALYSIS UNIT (102)

102

- (1) Patient rooms
 - (i) In-patient rooms must comply with the general requirements as set out in section 28 of Annexure B.
 - (ii) Out-patient rooms must have a minimum floor area of 5 m² per patient.
- (2) Dialysis units must comply with the following:
 - (i) Suitable access to the unit.

- (ii) Adequate access to emergency medical services.
 - (iii) Each treatment room must be provided with natural light.
 - (iv) Adequate screening facilities for patient privacy.
 - (v) Layouts should be developed in compliance with the manufacturer's recommendations, because area requirements may vary according to the equipment.
 - (vi) Water treatment systems and equipment must conform to the prescribed national, provincial and municipal requirements.
- (3) The following areas must be provided:
- (i) A patient waiting area provided with natural light.
 - (ii) A holding area adjacent to the treatment rooms for patients on trolleys and in wheelchairs, and adequately private and separated from the waiting area for outpatients. The nursing staff must have a direct view of this area, which must be provided with natural light.
 - (iii) A central nurses station with a clear and undisturbed view of all patients.
 - (iv) A private area for home care training with a counter, clinical basin and easy access to a separate drain for fluid disposal.
 - (v) Easy access to patient toilets.
 - (vi) At least one assisted toilet per unit.
 - (vii) Easy access to staff rest facilities.
 - (viii) Easy access to staff toilets.
 - (ix) Staff change facilities for males and females.
 - (x) Access to a kitchen.
 - (xi) An equipment store.
 - (xii) A sterile supply store.
 - (xiii) A clean utility room.
 - (xiv) A dirty-linen store.

(xv) A sluice room.

(xvi) A cleaner's room.

MENTAL HEALTH FACILITIES (103)

103

GENERAL REQUIREMENTS

Psychiatric Hospitals, care and rehabilitation centres and health establishments providing care to mental health users must comply with the provisions of the presiding Mental Healthcare Act as well as the regulations to this Act.

The following requirements must also be adhered to –

- (1) Provision must be made in a mental health institution for patient accommodation within one or more nursing units or wards, where a ward could consist of one or more nursing units.
- (2) A nursing unit, which shall be comprised of a maximum of 36 beds, must comply with the following requirements –
 - (i) Beds in patient wards must be provided with natural light and ventilation.
 - (ii) A nurse's station must be central and so placed that physical access to any patient requiring care is not impeded or delayed. It must contain a nurse call system, a counter and work surface, a telephone for internal and external communication and a clinical basin.
- (3) Sufficient lockers must be provided for personal belongings of patients and staff while on duty.
- (4) If a general restroom is not available, a rest room must be provided for staff, which must be located in a private area, and must be provided with natural light and ventilation.
- (5) A staff toilet must be provided, and must contain a wash hand basin.
- (6) A general dining facility for patients must be available.
- (7) Lounge space must be available for patients, although the general dining or indoor recreation facilities may serve this purpose.

- (8) An indoor facility of at least 20m² must be available for recreational purposes, and this facility must have access to an adequately secured outdoor area.
- (9) A facility for private interviews by members of the multi-professional team must be available in every nursing unit.
- (10) An occupational therapy unit with an activity or craft or group room with a minimum floor area of 20m² must be provided.
- (11) Safety glass and slip resistant floors must be used in all patient areas.
- (12) Separate facilities must be supplied for paediatric, adults and children under the age of 18.
- (13) Special safety features in respect of electric sockets and switches, heaters, door and window locks and hot water supplies and heaters and hot water supplies must be thermostatically controlled.
- (14) Adequate access and security control measures must be provided at entrances, exits, emergency exits and windows.
- (15) Clothing hooks in accommodation and ablution areas must have a breaking strain of not more than 5kg.
- (16) All internal doors must be equipped with a standard emergency release lock. The doors must be able to be opened from the outside.
- (17) A ward kitchen must be provided with a minimum floor area of 4m², which must be increased by 1,5m² for every 10 beds above 20 beds. It must contain a minimum of a single bowl sink, work surface, and a hand washbasin and may be shared by adjacent nursing units.
- (18) A general procedure room must be provided and must have a minimum floor area of 10m², and must contain durable and impervious work surfaces and a clinical basin.
- (19) At least one procedure room of not less than 12m² and one separate recovery area must be provided for electro convulsive therapy, provided that –
 - (i) At least one deep bowl sink must be available for each of the procedure rooms and at least one clinical wash hand basin must be available in the recovery area;

- (ii) An emergency call system connecting the recovery facility and the nurse's station must be provided.
 - (iii) Basic emergency facilities and equipment must be available and easily accessible for resuscitation purposes.
 - (iv) Installations in the procedure room must comply with that of a Minor theatre as prescribed in 66, Table A of Annexure B.
- (20) Separate storage space must be provided for ward equipment, patients, belongings and such sundry items as may be necessary for the management and equipping of the nursing unit. Such storage may be shared between adjacent nursing units.
- (21) A clean utility room must be provided with a minimum floor area of 5m², work surfaces and a basin.
- (22) A sluice room must be provided with at least a wash hand basin, a sluice sink and wall mounted bedpan and urinal racks. Urinal racks are not required in female wards. A bedpan washer/disposal unit together with a domestic sink may substitute the sluice sink.
- (23) A cleaners' room containing shelves, low level sink or slop hopper with suitable tap height for bucket filling and hooks for mops, but this facility may be incorporated in the sluice room.
- (24) A soiled linen and waste disposal and storage room must be provided, but this facility may be incorporated into the sluice room.
- (25) A sluice room contemplated in terms of requirement (23) must have a minimum floor area of 5m², unless –
- (i) either the cleaners' room or the soiled linen and waste room are not incorporated into the sluice room, in which case it must have a minimum floor area of 7m²; or
 - (ii) both the cleaners' room and the soiled linen and waste room are incorporated into the sluice room, in which case it must have a minimum floor area of 9m².
- (26) The cleaner's room and the soiled linen and waste room must both have a minimum floor area of 5m² unless incorporated in the sluice room.

PATIENT ROOMS

(27) Patient rooms must comply with the following requirements –

- (i) The minimum floor area of any single patient room must be 10m² and multiple patient room must be 7,5m² per bed.**
- (ii) Not more than 6 patients may be accommodated per patient room**
- (iii) Single patient rooms must have a minimum wall length of 2.6m at bed head.**
- (iv) In all patient rooms provision must be made for a minimum space of –**
 - (a) 600mm between the non-attending side of any bed and the nearest wall on that side;**
 - (b) 900mm between the attending side of any bed and the nearest wall on that side;**
 - (c) 900mm between the sides of any adjacent beds;**
 - (d) 1,2m between the foot of any bed and the opposite wall or 1,5m between the foot of any bed and the opposite bed.**
 - (e) Proper screening facilities must be provided between beds.**
 - (f) Except in the case of a parent and child, adults and children under the age of 12 years must be accommodated in separate rooms.**
 - (g) Children under the age of 12 years and adolescents must be accommodated in separate rooms.**
 - (h) If separate accommodation for adolescents and children under the age of 12 years or separate accommodation for adults and adolescents under the age of 18 years is impractical for reasons of treatment, proper screening facilities and constant direct supervision of mental health users must at all times be available.**
 - (i) Each patient room must have access to a corridor or passageway.**

- (j) Each patient room must have easy and direct access to a clinical basin.
- (k) At least one special care facility room with a minimum floor space of 10m² providing constant visual supervision must be available in every nursing unit. This can be achieved by a room next to the nurse's station with a safety one-way glass panel between them, or by the constant presence of a nurse in the room.
- (l) Where applicable, one nurse's call system must be available per bed;

ABLUTION FACILITIES

- (28) An ablution facility for persons with disabilities, containing a freestanding bath or wheelchair shower, and wheel chair toilet must be provided per nursing unit. Each floor must be provided with disabled toilets in the public foyer
- (29) Adequate ablution and toilet facilities for patients must be provided. Where several patient rooms share ablution and toilet facilities, the following must be provided –
 - (i) at least one bath or shower per 12 patients or part of such number;
 - (ii) one wash hand basin per 6 patients or part of such number in the ablution area, if ablution facilities and toilets are not located in the same area;
 - (iii) at least one toilet per 6 patients or part of such number; and
 - (iv) at least one wash hand basin for every two toilets, unless toilets are located singly in which case one wash hand basin for each toilet is required.
 - (v) Separate ablution facilities for male and female patients must be provided.

PAEDIATRIC MENTAL HEALTH UNITS

- (30) In addition to the requirements set out in requirements (1) to (29), paediatric units must comply with the following requirements –

- (i) At least one baby bath for every 10 babies must be provided. Thereafter one baby bath for each additional 15 babies must be provided. Mobile bassinets with bathing facilities may be used, in which case a tap for filling of bassinets and a low basin for draining of bassinets must be provided.
- (ii) A dedicated milk kitchen is required if the institution has more than 20 paediatric beds or cots. This may be shared with a nursery. If the unit contains less than 20 beds or cots, infant feeds may be prepared in a special area within the ward kitchen. A double basin wash-up facility and wash hand basin must be supplied.
- (iii) An isolation facility must be provided for every 15 cots or beds. Each such facility must be fitted with a clinical basin and ventilation so designed to prevent airborne cross infection. There must be access of such isolation facilities to a sluice room, which does not pass through other areas where patients are treated or accommodated.
- (iv) There must be direct visibility of all beds/cots from the nurse's station or from the adjacent corridor, via glass walls or viewing panels.
- (v) Special safety features applicable to children in respect of electric sockets and switches, heaters, door and window locks and hot water supplies.
- (vi) Suitable lounge and play areas to be provided with a viewing panel for nursing supervision where necessary.



ANNEXURE C

ADJUDICATION TOOL FOR CONSIDERATION OF PRIVATE FACILITIES APPLICATIONS

CRITERIA	DATA	NORM	SCORE	WEIGHT	ALLOCATED SCORE (Score X Weight)	NOT APPLICABLE (total score decrease, must provide motivation)	VERIFIED
Same type of bed utilization for private in that area		80% and above	No = 0 Yes = 1	5			
Same type of bed utilization for Public in that area		80% and above	No = 0 Yes = 1	5			
Compare number of public beds with private beds		Two third public and one third private	No = 0 Yes = 1	5			
Economic indicator to ensure economic viability of the area		Availability of at least one university and one university of technology in the area Unemployment rate below 25%	No = 0 Yes = 1	10 *Critical			

CRITERIA	DATA	NORM	SCORE	WEIGHT	ALLOCATED SCORE (Score X Weight)	NOT APPLICABLE (total score decrease, must provide motivation)	VERIFIED
		New developments in terms of new suburbs					
Insured/Uninsured population including the private paying patients estimated at 5% $\frac{\text{No. of Uninsured} \times 100}{\text{No. of Population}}$	Applicant	15% insured population Estimate of 5% private paying patients	0 if same or lower than 15%; 1 if higher than 15% Applicant to motivate if different	10 * Critical			
Burden of Disease HIV prevalence, TB prevalence, Mental Health Prevalence and Chronic disease prevalence	Prevalence in catchment area ^{Applicant}	Lowest prevalence of disease in a district (use stat as reference) HIV: TB: Mental Health: Chronic:	0 if prevalence below the lowest, 1 if above	5			
Availability of staff	Applicant	Viable staffing and recruitment strategy	0 if not available,	10 * Critical			

CRITERIA	DATA	NORM	SCORE	WEIGHT	ALLOCATED SCORE (Score X Weight)	NOT APPLICABLE (total score decrease, must provide motivation)	VERIFIED
			1 if availability; (must be proofed)				
Distance between the current facilities and envisaged facility.		Above 10km radius	No = 0 Yes = 1	5 *Critical			
Accessibility to the Disadvantage Communities	Applicant	Strategy to be available to support disadvantaged communities in catchment area.	No = 0 Yes = 1	5 *Critical			
Business plan to proof economic viability and financial resources	Applicant	Availability of guarantee of financial support from a credible company	No = 0 Yes = 1	10 *Critical			
B-BBEE Status, level of contributor	Applicant		No = 0 Yes = 1	20			

CRITERIA	DATA	NORM		SCORE	WEIGHT	ALLOCATED SCORE (Score X Weight)	NOT APPLICABLE (total score decrease, must provide motivation)	VERIFIED
		B-BEE status level of contributor	Number of points					
		1	10					
		2	9					
		3	8					
		4	5					
		5	4					
		6	3					
		7	2					
		8	1					
		N/C contributor	0					
PPP Venture (Is the applicant willing to enter into partnership with the Department for future venture)	Applicant	Availability of strategy to support PPP venture		No = 0 Yes = 1	5 *Critical			
Social Responsibilities/ Community Projects	Applicant	Proof of planned projects to support the community		No = 0 Yes = 1	5			

CRITERIA	DATA	NORM	SCORE	WEIGHT	ALLOCATED SCORE (Score X Weight)	NOT APPLICABLE (total score decrease, must provide motivation)	VERIFIED
TOTAL				100%			

SCORE: Applicant should score 80% and above and
 If applicant scored above 80% and proof of non-critical criteria was not available, applicant will be
 requested to submit the proof within 10 working days before consideration of application



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**ANNEXURE D
FEES PAYABLE IN TERMS OF REGULATIONS**

ITEMS	AMOUNT
Application Fee	R 5,000.00
Application forms and Administrative Processes	
Initial Site Confirmation (Municipality & Infrastructure)	R 1,000.00
Building Inspection (Architect and Infrastructure)	R 1,000.00
Initial Assessment for Patient Occupancy	R 1,000.00
Annual License Review	R 1,000.00
Annual Assessment Visit	Per Quote
Relocation Application	R 2,000.00
Change of Name (Unless done in December)	R 1,000.00
Any Changes or Alterations	R 1,000.00
All Visits Following Alterations	R 1,000.00
ADDITIONAL TARIFFS APPLICABLE FOR ANNUAL INSPECTION FOR RENEWAL	
ITEM	AMOUNT
Per Bed	R 236.00
Per Procedure room	R 707.00
Per Obstetric Delivery Room	R 707.00
Per Minor Theatre	R 707.00
Per Major Theatre	R 1 179.00
Per Cardiac Theatre	R 1 179.00
Per Endoscopy Suit	R 707.00
Per Resuscitation bed	R 236.00
Per Procedure Room Angiography	R 707.00
Per Cardiac catheterization laboratory (cardiology)	R 707.00
Per Procedure room for computerized tomography	R 707.00
Per Procedure room fluoroscopy	R 707.00
Per Procedure room general radiography	R 707.00
Per Procedure room magnetic resonance imaging	R 707.00
Per Procedure room mammography	R 707.00
Per Procedure room for ultrasound	R 707.00
Per Chemotherapy unit (per room)	R 707.00
Per Radiation therapy unit (per room)	R 707.00
Per Procedure room for cobalt unit	R 707.00
Per Procedure room for Linear Accelerator	R 707.00
Per Procedure room for simulator	R 707.00
Per Procedure room for Brachytherapy after loader	R 707.00
Per Procedure room for ortho voltage equipment	R 707.00
Per Dialysis unit	R 707.00
Per Intensive Care unit	R 707.00