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Friday, 22 June 2001

# Buitengewone Provinsiale Koerant

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*(\*Herdrukke is verkrygbaar by Kamer 12-06, Provinsiale-gebou, Dorpstraat 4, Kaapstad 8001.)*

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**PROVINCIAL NOTICE**

The following Provincial Notice is published for general information.

L. D. BARNARD,  
DIRECTOR-GENERAL

Provincial Building,  
Wale Street,  
Cape Town.

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P.N. 187/2001

22 June 2001

**REGULATIONS GOVERNING  
PRIVATE HEALTH ESTABLISHMENTS**

The Minister of Health of the Province of Western Cape, by virtue of the powers vested in him by section 44 of the Health Act, 1977 (Act 63 of 1977), which were assigned to the Province of Western Cape by Proclamation No. R.152, 1994, has made the Regulations set out in the Schedule below.

**SCHEDULE****ARRANGEMENT OF REGULATIONS**

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## Definitions

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

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

“bed-count” means the number of beds, including day beds, cribs and cots actually available for the accommodation of patients, but excluding—

- (a) all trolleys, including recovery trolleys;
- (b) all waiting, preparation, first-stage and labour room beds and cots in maternity wards;

“Certificate of Registration” means a Certificate of Registration issued in terms of regulation 16;

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

“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;

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

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

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

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

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

“Minister” means the Provincial Minister of the Western Cape responsible for health;

“non-acute care establishment” means any health care establishment, whether of a multidisciplinary or a specifically nursing nature, 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;

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

- (a) a hospital or any such facility, a building or place or an agency conducted by an organ of state or a quasi-organ of state, including province-aided facilities;
- (b) any consulting room, surgery or dispensary of a medical practitioner or dentist without any bed accommodation;
- (c) a hospital or any other institution licensed for the reception and detention of mentally ill persons in terms of section 46 of the Mental Health Act, 1973 (Act 18 of 1973);
- (d) an old age home as defined in the Aged Persons Act, 1967 (Act 81 of 1967); or
- (e) an institution or a building or place licensed for the treatment and care of people with drug and alcohol dependencies as defined in the Treatment and Prevention of Drug Dependency Act , 1992 (Act 20 of 1992);

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

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

“sub-acute care” means goal-orientated, comprehensive, co-ordinated and multidisciplinary health care for an in-patient immediately after or instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process requiring frequent patient assessment of the clinical course and treatment plan, and 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.

## Application of regulations

2. (1) Subject to regulation 27 and subregulation (2), these Regulations apply to all private health establishments in the Province of Western Cape.
- (2) The Minister may grant a private health establishment exemption from all or any of the provisions of these Regulations, but only if good grounds exist for doing so.

**Requirement that private health establishments should be registered**

3. A person may not—
- (a) erect, establish, conduct, maintain, manage or control a private health establishment; or
  - (b) render or permit to be rendered a service in a private health establishment, or
  - (c) extend or alter a private health establishment or the service or services rendered in that establishment,
- unless, in the case of—
- (i) paragraph (a), the establishment has been registered with the Head of Department and that person has been issued with a Certificate of Registration in terms of regulation 16; or
  - (ii) paragraph (b), the registration and Certificate of Registration permit the rendering of the relevant service or services, or
  - (iii) paragraph (c), the person has successfully applied for the extension or alteration of the establishment or service or services and the extension or alteration has been recorded in the relevant register and on the Certificate of Registration.

**Application for registration and Registration Certificate**

4. (1) A person who wishes to obtain the registration of a public health establishment and the concomitant Certificate of Registration or the amendment thereof contemplated by regulation 3 (“an applicant”) must submit to the Head of Department an application on the appropriate form prescribed in Annexure “A” together with the supporting documents the applicant considers necessary.
- (2) An application submitted in terms of subregulation (1) must be an original application which is delivered by hand or mailed to the Office of the Head of Department, and may not be sent by any other means such as by facsimile or e-mail.
- (3) An applicant may withdraw the application at any time before it has been adjudicated by the Head of Department.

**Obtaining of additional information**

5. (1) The Head of Department must within 30 days of receipt of an application contemplated by regulation 4(1) review the application to determine whether it has been properly completed or whether any additional information is required.
- (2) If the Head of Department considers that the application has not been properly completed or that any additional information is required, he or she must in writing inform the applicant of the incompleteness of the application and request the applicant to correct such incompleteness 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 complete an incomplete application or to supply any additional information by the date specified by the Head of Department in terms of subregulation (2), the applicant will be regarded as having withdrawn the application.

**Publication and comments**

6. (1) The Head of Department must, within 30 days of the number of days or the date referred to in regulation 5(1) or (2), as the case may be—
- (a) publish a notice of the receipt of the application and request written comments on such application in—
    - (i) the Provincial Gazette;
    - (ii) at least two newspapers in general circulation in the applicable area of the Province, and
    - (iii) at least two newspapers in general circulation in any of the other provinces potentially affected by such application;
  - (b) submit a copy of the application to all—
    - (i) heads of departments of the Province and other provinces potentially affected by the application;
    - (ii) municipal councils potentially affected by the application; and
    - (iii) authorities or institutions deemed necessary.
- (2) A notice contemplated by subregulation (1)(a) must—
- (a) be published in all three official languages of the Western Cape;
  - (b) specify that any interested party has 30 days from the date of publication of the notice to submit written comments to the Head of Department; and
  - (c) provide that a copy of the application may be obtained at a nominal fee from an office or offices specified in the notice.
- (3) On receipt of a copy of an application in terms of subregulation (1)(b), a provincial head of department, a municipal council, or an authority or institution may submit written comments to the Head of Department within 30 days.
- (4) If any comments are received in terms of subregulation (2)(b) or (3), the Head of Department must, within 10 days of the lapsing of the period permitted for the submission of the comments—
- (a) notify the applicant in writing that the comments have been received; and

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

- (5) The applicant has 15 days from receipt of a notice and the copy of the comments in terms of subregulation (4), in which to respond in writing to the Head of Department, failing which the applicant will be regarded as not wishing to respond.

#### **Advisory committee**

7. (1) The Head of Department must appoint an advisory committee to formulate recommendations on the adjudication of applications in terms of these Regulations.
- (2) The committee must also advise the Head of Department on all matters concerning registrations.
- (3) The committee must be comprised of—
- (a) three members of the Department not lower than the rank of Director; and
  - (b) two persons selected from nominations by the head of a department in the national government, the provincial government of Western Cape and local government in the Province of Western Cape respectively; and
  - (c) two persons with expertise in the field of private health establishments.
- (4) The Head of Department must designate one of the members referred to in subsection (3)(a) as the chairperson of the committee.
- (5) At the first meeting of the committee, the chairperson must determine meeting procedures, and the committee must establish a code of conduct for members.
- (6) The chairperson may at any stage in the consideration of an application call upon any person to participate in the committee if the chairperson is satisfied that that person will be able to assist the committee to make a recommendation but that person may not vote.
- (7) The chairperson must ensure that a full record is kept of attendance at, the proceedings of, and of any resolutions taken at, any meeting of the committee.
- (8) A quorum for a meeting is four members of the committee, but the chairperson must always be present.
- (9) 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.
- (10) The Minister may pay to the two members contemplated in subregulation (3)(c) remuneration and allowances determined in concurrence with the Provincial Minister responsible for finance.

#### **Prohibition concerning members of committee**

8. (1) A member of the committee may not be present during or take part in any discussion of or the making of decisions on any application before the committee in which—
- (a) that member or the spouse, an immediate family member, a business partner or an associate or employer (other than the State) of that member; or
  - (b) a business partner or an associate, immediate family member or employer (other than the State) of the spouse of that member, has a direct or an indirect financial interest or has had such an interest during the previous 12 months.
- (2) For the purposes 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.
- (3) A person may not, while she or he is a member of the committee, accept any form of employment, gift or reward from a body, an organisation or a company, close corporation or person which or who has a direct financial interest in a private health establishment.

#### **Consideration of application**

9. (1) Following receipt of comments and responses in respect of an application in terms of these Regulations the Head of Department must submit the application to the committee within 10 days together with all comments and responses received in respect of that application.
- (2) When considering an application, the committee must consider all comments and responses received in respect of the application in order to determine whether there is a need for the proposed private health establishment and may take into account the following:
- (a) the need to ensure consistency of health service development in terms of national, provincial and municipal planning;
  - (b) the need to promote equitable distribution and rationalisation of health services with a view to correcting inequities based on racial, gender, economic and geographical factors;
  - (c) the need to promote an appropriate mix of public and private health care services with a view to the demographic and epidemiological characteristics of the populations to be served, the total and target population in the area, their ages and gender composition, their morbidity and mortality profiles;
  - (d) the need to promote the optimal use of spare capacity in provincial health establishments;

- (e) the need to promote the optimal mix of levels 1, 2 and 3 beds;
- (f) 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;
- (g) the availability of alternative sources of health care;
- (h) the need to promote high-quality services which are accessible, affordable, cost-effective and safe;
- (i) the potential advantages and disadvantages of the application for existing public and private health services and for any affected communities;
- (j) the need to protect or advance persons or categories of persons designated in terms of the Employment Equity Act, 1998 (Act 55 of 1998) and the emerging small, medium and micro enterprise sector;
- (k) the potential benefits of training, research and development with a view to the improvement of health service delivery;
- (l) the need to ensure that ownership of facilities does not create perverse incentives for health service providers to overservice patients or refer them inappropriately;
- (m) where applicable, the quality of health services rendered by the applicant in the past; and
- (n) whether the private health establishment has or proposes to have a proven complaints mechanism in place which is made available to all users of the establishment.

#### **Committee's recommendations**

10. (1) The committee must render its recommendation to the Head of Department within 90 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;
  - (b) that the application should be granted subject to conditions which the committee considers appropriate, including but not limited to—
    - (i) the nature, type or quantum of services to be provided by the private health establishment;
    - (ii) requirements for insurance cover to be carried by any health care practitioner in that private health establishment;
    - (iii) personnel;
    - (iv) types of training to be provided to staff at that private health establishment;
    - (v) inspections or monitoring by the Department or an accreditation body;
    - (vi) appropriate complaints mechanisms which must be made available to all users of the private health establishment; or
    - (vii) appropriate data-reporting mechanisms on key indicators; or
  - (c) that the application should be refused.
- (3) Irrespective of the recommendation which the committee makes in terms of subregulation (2), it must submit written reasons for the recommendation.

#### **Head of Department's decision on application**

11. (1) The Head of Department must, within 10 days of receipt of a recommendation of the committee contemplated by regulation 10(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 may, prior to taking a decision in terms of subregulation (1), refer an application back to the committee for reconsideration of its recommendation.
- (3) The Head of Department must give reasons for referring an application back to the committee in terms of subregulation (2).
- (4) Pursuant to subregulation (2), the committee must make its final recommendation on an application referred back to it within 30 days of receipt thereof.
- (5) The Head of Department must, within five days of receipt of a final recommendation in terms of subregulation (4), decide that application in accordance with subregulation (1).
- (6) The Head of Department must, within 10 days of deciding an application as contemplated by subregulation (1) or (5), inform the applicant in writing of the decision and, if the application is refused, give written reasons for the refusal and inform the applicant of the right of appeal in terms of regulation 12.

- (7) 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**

12. (1) An applicant may, within seven days of being notified of a refusal in terms of regulation 11(6), lodge an appeal in writing with the Minister and must include the grounds of the appeal.
- (2) The Minister must, within seven 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 30 days of receipt of a copy of an appeal, submit a response thereto to the Minister.
- (4) The Minister may appoint up to three persons who are not employees in the Department or members of the advisory committee to advise the Minister on the appeal.
- (5) (a) The Minister 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.
- (b) An appeal must be finally adjudicated within 90 days of the date on which the Head of Department submits a response to Minister in terms of subregulation (3).
- (6) The Minister must communicate the decision on the appeal in writing to the appellant and, if the appeal is refused, give the reasons therefor.
- (7) If the Minister 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.

#### **Submission of building plans**

13. (1) If an application to erect or extend or otherwise alter a private health establishment has been approved, the relevant building plans must be submitted to the Head of Department within six months of the date on which the applicant was informed that the application had been approved.
- (2) (a) 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.
- (b) Room names, dimensions and square measurements must be attached in the form of a schedule to the plan.
- (c) All plans must be drawn to the scale of 1:100 and must be submitted in duplicate.
- (d) 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.
- (3) If the building plans contemplated by this regulation are not submitted within the relevant six months, the approval of the application will lapse, but the Head of Department may, if good grounds exist, grant an extension of time not succeeding three months.

#### **Approval of building plans**

14. (1) The Head of Department must, within 30 days of receipt of building plans contemplated by regulation 13, 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.

#### **Commencement of building activities**

15. (1) Visible building activities must have commenced within 12 months of the date of approval of the building plans contemplated by regulation 14.
- (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 and will be regarded as having been cancelled.
- (3) Once visible construction has commenced as required by subregulation (1), the Head of department may, whenever it is considered necessary, in writing request from the applicant progress reports on the construction.

#### **Certificate of Registration for private health establishment**

16. (1) Once a private health establishment for which approval has been granted in terms of these Regulations has been finally constructed, the applicant must request the Head of Department in writing to inspect, or cause to be inspected by a duly authorised inspecting officer, the establishment in order to establish that it meets with the specifications set out in Annexure "B".



- (2) 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 Certificate of Registration for the private health establishment.
- (3) A Certificate of Registration contemplated by subregulation (2) 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) Where applicable, 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 pursuant to regulation 11(1)(c) which the Head of Department considers should be stated on the Certificate of Registration.

#### **Amendment of Certificate of Registration**

17. (1) Where the holder of a Certificate of Registration has successfully applied for the extension or alteration of the private health establishment or the extension or alteration of the services to be rendered in that establishment and the relevant extension or alteration has been effected, that holder must submit the Certificate of Registration to the Head of Department with a request that the Certificate be amended accordingly.
- (2) If the Head of Department is satisfied that the extension or extensions contemplated by subregulation (1) have been satisfactorily effected, the Head of Department must issue an amended Certificate of Registration to the holder concerned.
- (3) If the ownership of a private health establishment changes, the owner of the establishment must submit the Certificate of Registration to the Head of Department who must issue an amended Certificate of Registration.
- (4) The provisions of subregulation (3) apply, with the necessary changes, if the name of a private health establishment is changed.

#### **Display of Certificate of Registration**

18. The person to whom a Certificate of Registration is issued must ensure that that certificate is at all times so displayed on the premises of that establishment that it is easily visible to members of the public.

#### **Inspections of private health establishments**

19. The Head of Department must, at least once in every calendar year, inspect, or cause to be inspected by a duly authorised inspecting officer, every private health establishment registered or regarded as being registered in terms of these Regulations.

#### **Carrying out of inspections and reporting by duly authorised inspecting officers**

20. (1) Subject to patients' rights to privacy and confidentiality, the proprietor of a private health establishment or any other person responsible for the management or control thereof or who is in charge of the nursing services thereof must render to an inspecting officer acting in terms of regulation 19 all information that that officer may require with regard to the organisation and management of that private health establishment and the accommodation, nursing and treatment of the patients. All registers, clinical records and any other records in connection with patients and staff must also be available for inspection. The inspecting officer may, if 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 that officer or to show any apparatus or place or thing or to unlock any cupboard.
- (3) A duly authorised inspecting officer in terms of regulation 19 must within 30 days of completing an inspection submit a written report on the findings to the Head of Department and to the holder of the Certificate of Registration.

#### **Closure of private health establishment**

21. 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.

#### **Sanctions and remedies**

22. (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 Certificate of Registration 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 concomitant Certificate of Registration is no longer valid and must be returned to the Head of Department immediately.

#### **Structural and installation requirements**

- 23. Annexure "B" sets out the minimum structural and installation requirements for a private health establishment to be registered in terms of these Regulations.

#### **Consequence of refusal of an application**

- 24. If an application in terms of these Regulations is refused, the applicant may not for a period of two years after the refusal lodge an application which the Head of Department considers to be substantially the same as the application which was refused.

#### **Delegations**

- 25. 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 Regulation R.158 of 1 February 1980**

- 26. The Regulations Governing Private Hospitals and Unattached Operating Theatre Units, Regulation No. R.158 of 1 February 1980 published in Government Gazette No. 6832, are hereby repealed in so far as they apply or relate to private hospitals and unattached operating-theatre units in the Province.

#### **Transitional provisions**

- 27. (1) (a) Subject to paragraphs (b) and (c), a private health establishment which, at the commencement of these Regulations, was validly registered in terms of the Regulations Governing Private Hospitals and Unattached Operating Theatre Units, Regulation No. R.158, promulgated on 1 February 1980 in Government Gazette No. 6832, is regarded as being registered in terms of these Regulations.
  - (b) A private health establishment contemplated in paragraph (a) will be regarded as remaining registered in terms of these Regulations only if it continues to comply with the requirements of Regulation No. R.158 referred to in that paragraph.
  - (c) Any alteration to a private health establishment referred to in paragraph (a) or the services rendered therein must be applied for in terms of these Regulations, the provisions of which apply to such alteration.
- (2) The proprietor of a private health establishment not already registered in terms of the regulations referred to in subregulation (1)(a) has six months from the date of commencement of these Regulations in which to ensure that the private health establishment complies with the provisions of these Regulations, but in the case of establishments contemplated by this subregulation the specifications set out in Annexure "B" serve only as guidelines and not as absolute requirements.

#### **Savings**

- 28. 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 No. R.158 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.

#### **Title and date of commencement**

- 29. These Regulations are called the Private Health Establishment Regulations and come into operation on 1 July 2001.

## ANNEXURE A

## DEPARTMENT OF HEALTH: PROVINCE OF THE WESTERN CAPE

## APPLICATION FOR A LICENCE AS A PRIVATE HEALTH ESTABLISHMENT IN TERMS OF REGULATION P.N. 187 OF 2001

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

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

## FORM 1

## PART A

## NEW APPLICATIONS FOR 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.

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2. In which area will the private health establishment be built?

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3. Has the site already been acquired for the said establishment?

If a site has not been acquired the applicant must provide full details of the site to the Department when such a site is acquired.

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

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5. Name, address and contact details of applicant.

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

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(Use separate sheet if necessary)

7. Name, address and contact details of developer.

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8. Registration number of company or close corporation.

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**PART B**

**NEW ACUTE PRIVATE HEALTH ESTABLISHMENTS**

9. Number of beds/theatres applied for:

Adult:	i).	Medical	_____
	ii).	Surgical	_____
Maternity:	i).	Obstetrics	_____
	ii).	Babies	_____
Intensive care:	i).	Adult	_____
	ii).	Pediatric	_____
	iii).	Neonatal	_____
High Care:	i).	Adult	_____
Pediatric:			_____
Day beds:			_____
Isolation beds:			_____
Psychiatric:			_____
Substance abuse:			_____
Specialised Units:			_____
Others:			_____
<b>TOTAL</b>			_____
Minor theatre			_____
Major theatre			_____
First stage rooms			_____
Delivery rooms			_____
Emergency units			_____
Resuscitation rooms			_____
Lazer unit			_____
Cath lab			_____
Haemodialysis			_____
Procedure room			_____
Specialised Units			_____
Other			_____

10. Number of medical staff to be employed.

	MEDICAL	DENTAL	SPECIALISTS (SPECIFY AREA OF SPECIALITY)
FULL TIME			
PART TIME			

11. Number of nursing staff employed.

	REGISTERED PROFESSIONAL	STUDENT (REGISTERED)	ENROLLED	ENROLLED PUPIL	ENROLLED ASSISTANT	ENROLLED PUPIL ASSISTANT
FULL TIME						
PART TIME						

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

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

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14. Do you intend to do nursing training in basic and post basic courses? If yes, specify.

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15. Supplementary health services personnel:

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

16. State how the number of beds was determined.

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(Use separate sheet if necessary)

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

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(Use separate sheet if necessary)

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

---

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(Use separate sheet if necessary)

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

---

---

(Use separate sheet if necessary)

20. In what measure will the proposed establishment meet the demand for such services?

---

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(Use separate sheet if necessary)

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

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22. 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.

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

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24. Provide detailed reasons in accordance with the criteria as set out in regulation 9 as to why this proposed establishment should be approved.

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(Use separate sheet if necessary)

25. Any other information deemed necessary for this application.

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(Use separate sheet if necessary)

**PART C:**

**NEW NON- ACUTE PRIVATE HEALTH ESTABLISHMENTS**

**(to be completed by all non- acute health establishments which are in existence but yet to be licensed and non acute health establishments which are not yet in existence)**

**DO NOT ANSWER WHERE NOT APPLICABLE**

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

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

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

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29. Number of beds applied for and the categories of services to be rendered.

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(Use separate sheet if necessary)

30. Number of medical staff to be employed.

	MEDICAL	DENTAL	SPECIALISTS (SPECIFY AREA OF SPECIALITY)
FULL TIME			
PART TIME			

31. Number of nursing staff employed.

	REGISTERED PROFESSIONAL	STUDENT (REGISTERED)	ENROLLED	ENROLLED PUPIL	ENROLLED ASSISTANT	ENROLLED PUPIL ASSISTANT
FULL TIME						
PART TIME						

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

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

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---

34. Do you intend to do nursing training in basic and post basic courses? If yes, specify.

---

---

35. Supplementary health services personnel:

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

36. State how the number of beds was determined.

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---

(Use separate sheet if necessary)

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

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(Use separate sheet if necessary)

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

---

---

(Use separate sheet if necessary)

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

---

---

(Use separate sheet if necessary)

40. In what measure will the proposed establishment meet the demand for such services?

---

---

(Use separate sheet if necessary)

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

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---

42. 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.

---

---

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

---

---

44. Please attach reasons for the establishment and supporting documentation to guide the adjudication of the application in respect of regulation 9.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use separate sheet if necessary)

45. Will you provide any outpatient services?

\_\_\_\_\_  
\_\_\_\_\_

46. Any 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)**

47. Name of private health establishment.

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48. Street address.

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49. Erf no: \_\_\_\_\_

50. Name, address and contact details of applicant.

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51. Registration number of company or close corporation.

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52. If available, name and address of medical practitioner or registered nurse and midwife who will be in charge.

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

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**PRIVATE HEALTH ESTABLISHMENTS**

54. Number and type of existing licensed beds:

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55. Number of existing operating theatres:

(i) Minor	_____
(ii) Major	_____
(iii) Obstetric	_____
(iv) First stage rooms	_____
(v) Delivery rooms	_____
(vi) Emergency units	_____
(vii) Resuscitation rooms	_____
(viii) Lazer unit	_____
(ix) Cath lab	_____
(x) Haemodialysis	_____
(xi) Procedure rooms	_____
(xii) Specialised Units	_____
(xiii) Other	_____
Total	_____

56. Number of beds/theatres applied for:

Adult:	(i).	Medical	_____
	(ii).	Surgical	_____
Maternity:	(i).	Obstetrics	_____
	(ii).	Babies	_____
Intensive care:	(i).	Adult	_____
	(ii).	Pediatric	_____
High Care:	(i).	Adult	_____
Day beds:			_____
Isolation beds:			_____
Psychiatric:			_____
Substance abuse:			_____
Specialised Units:			_____
Emergency units			_____
Procedure rooms			_____
Other:			_____
TOTAL			_____
Minor theatre			_____
Major theatre			_____
TOTAL			_____

57. Provide reasons for the need for additional beds and/or theatres and/or changes in the clinical function applied for as well as documentation to guide the adjudication of your application in respect of regulation 9.

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

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

	REGISTERED PROFESSIONAL	REGISTERED STUDENT	ENROLLED	ENROLLED PUPIL	ENROLLED ASSISTANT	ENROLLED PUPIL ASSISTANT
FULL TIME						
PART TIME						

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

	MEDICAL	DENTAL	SPECIALISTS (SPECIFY AREA OF SPECIALITY)
FULL TIME			
PART TIME			

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

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

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**PART B****EXISTING NON- ACUTE PRIVATE HEALTH ESTABLISHMENTS**

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

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64. How long has this establishment been operating?

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

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66. Date of original licence in terms of these Regulations.

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

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

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

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(Use separate sheet if necessary)

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

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71. 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 \_\_\_\_\_

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

- (i) 3 months \_\_\_\_\_
- (ii) 6 months \_\_\_\_\_
- (iii) 1 year \_\_\_\_\_

73. 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 — eg. Dementia, hemiplegic) \_\_\_\_\_
- (iv). Terminally ill (end stage) \_\_\_\_\_
- (v). For respite care \_\_\_\_\_
- (vi). Other general rehabilitation \_\_\_\_\_
- (vii). Patients admitted instead of acute hospitalisation for an acute illness, injury or exacerbation of a disease process \_\_\_\_\_
- (viii). Patients requiring nursing care of low intensity who are likely to remain for a long period of time \_\_\_\_\_
- (ix). Other \_\_\_\_\_

74. 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 \_\_\_\_\_

75. Number of additional adult and/or pediatric beds applied for: State the categories of services to be provided in respect of the additional beds

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76. Please attach reasons for the additional beds and supporting documentation to guide the adjudication of the application in respect of regulation 9.

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(Use separate sheet if necessary)

77. 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) Enrolled Nurses			
(c) ENA			
(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.

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

Mark Full time (F/T), Part Time (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)	

79. 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	

80. 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	
Ventilation	
Electrocardiograph	
Intubation	
Defibrillation	
Naso-gastric feeding	

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

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

82. Do you provide any out- patient services?

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

Place .....

Date .....

Office/Position held .....

.....  
Signature

**ANNEXURE B****MINIMUM PHYSICAL AND BUILDING SERVICES REQUIREMENTS****Definitions**

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

“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;

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

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

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

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

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

“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;

“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;

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

“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;

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

“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.

“impervious” means impenetrable to liquid substances;

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

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

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

“National Building Regulations” means National Building Regulations SABS 0400;

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

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

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

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

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

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

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

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

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

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

“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;

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

2. For the purposes of these requirements—

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

**All Applicable Regulations and Laws**

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

- (1) SABS 0142 — Wiring of Premises,
- (2) SABS 0400 — National Building Regulations,
- (3) SABS 051 — Part 3 Handling and storage of Medical Gas,
- (4) SABS 1409 — Outlet Sockets for Medical Gas,
- (5) SABS 0224 — Non flammable medical gas pipeline,
- (6) SABS 0114 — Lighting Requirements,
- (7) Occupational Health and Safety Act,
- (8) All local Municipal by — laws and regulations,
- (9) Regulations of the Local Electrical Authority,
- (10) Any other applicable Laws or Regulations

**Certification of engineering service requirements**

4. A proprietor of a private health establishment must obtain certification every twelve calendar months from an appropriately qualified engineer that the requirements stated in requirements 6 to 22 have been met. The proprietor must furnish an inspecting officer with such valid certification on request.
5. All air conditioning systems must be maintained and inspected at intervals of time not exceeding one month between each inspection. The owner must submit inspection reports to an inspecting officer on request. The inspection report must indicate the 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. 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 1,2 m wide.
- (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.
- (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, sterilizing 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.
- (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 non-slip surface.
- (7) The floor, wall and ceiling of any operating theatre unit, delivery room and endoscopy unit must be of impervious material and so laid as to provide a continuous and smooth impervious antibacterial surface including the junction between the wall and floor and the wall and the ceiling.
- (8) The entire inside walls must be covered with a smooth finish and must be painted with a durable impervious antibacterial washable paint or covered with a similar washable antibacterial impervious material.



- (9) The wall behind every wash hand basin, clinical basin, sink and slop-hopper must have an additional washable impervious covering panel up to a height of at least 500 mm 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 medical waste.
- (11) An incinerator, macerator or other safe disposal system or arrangement must be provided for the disposal of medical waste and must comply with relevant SABS standards and all statutory regulations.
- (12) Multi-storied buildings must have sufficient lifts, provided that—
- (i) at least one lift must have dimensions to safely transport patients in beds with traction apparatus attached; and
  - (ii) adequate provision must be made for 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 SABS 0218, Part 1 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.
  - (iii) Service areas that include kitchens, elevators, lift machine rooms; laundries, garages, maintenance rooms, boiler and mechanical equipment rooms, and similar spaces generating high noise levels must receive acoustical treatment. Mechanical equipment located on the same floor or above patient rooms, offices, nurse stations, and similar occupied space shall be effectively isolated from the floor in order to achieve the desired sound transmission levels.

### Ventilation

7. All areas of a private health establishment, other than those specifically addressed in requirements 8 and 9 are to have either natural or artificial ventilation in compliance with National Building Regulations.
8. All kitchens, laundries and areas where patients are accommodated or treated must comply with the Occupational Health and Safety Act of 1993's comfort requirements.
9. (1) All operating theatre units must be air conditioned with the following minimum standards—

#### Major theatre

##### Laminar flow theatre — class 100

Air quantity approximately 2000l/s depending on the CALP size.

Fresh Air 5 Changes per hour.

Filtration 0.5 microns at 99,97%—class 100 theatre as measured according to EU 12 standard DIN SPEC 24185.

Particle counts and smoke test once per year.

##### Non Laminar Flow — Clean Air Class 1000

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

Fresh Air 5 changes per hour.

Filtration 0.5 microns at 99,97%—class 1000 theatre as measured according to EU 12 standard DIN SPEC 24185.

Particle counts and smoke test once per year.

#### Minor Theatre

##### Minor Procedures General Theatre — Class 10000

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

Fresh Air 5 Changes per hour.

Filtration 90 — 95% class 10000 theatre as measured according to EU 12 standard DIN SPEC 24185.

Particle counts and smoke test once per year.

- (2) Temperatures in the operating theatre unit should be controlled between 22 and 25°C with a maximum deviation of 1,5°C. The provision of an adjustable set point is required only in operating theatre units where major burn cases and operating procedures in excess of 45 minutes on infants under 2 years are undertaken on a regular basis.
- (3) Temperatures in Pharmacies should be controlled between 24 to 25°C.

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

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

#### Electrical Installations

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

AREA OR TASK	MIN AVERAGE ILLUMINANCE (LUX)	REMARKS
<b>Reception and Waiting;</b>		
General	160	
Desk and Reading	320	Task lighting
<b>Office:</b>		
Reading and writing	320	
Machine work	500	Intermittent by Task lighting
Filing	320	Task lighting
<b>Laboratory:</b>		
General	400	Good colour rendering
Close work	500	Task lighting
<b>Pharmacy:</b>		
General	400	Good colour rendering
Close work	500	Task lighting
<b>Corridor:</b>		
Minor	100	
General	160	
Ward	200	
Theatre Suite	200	
Emergency and Trauma	320	Good colour rendering
Ward at night	10	
<b>Patient Bedhead:</b>		Good colour rendering optional
General	160	
Reading	50	
Night	5	
<b>High Care Bedhead:</b>		Good colour rendering
General	160	
General Examination	320	Switched locally
Relaxing	50	
Night	5	General and Task light
<b>ICU Bedhead:</b>		Good colour rendering
General	160	
General Examination	400	Switched locally
Relaxing	50	
Night	5	General and Task light
<b>Paediatric Bedhead:&gt;</b>		Good colour rendering optional
General	160	
Relax	50	
Night	100	Dimmable for night nursing
<b>Nursery:</b>		Good colour rendering optional
General	160	
Relax	50	
Night	100	Dimmable for night nursing

<b>Nurse Station:</b>		
General	320	
Night	100	Dimmable for night nursing
<b>Store, Linen, Sluice:</b>		
General	200	
<b>Examination Couch:</b>		Good colour rendering
General	320	
<b>Resuscitation Bedhead:</b>		Good colour rendering
General	160	
General Examination	400	
<b>Scrub:</b>		Good colour rendering
General	320	
<b>Setting Out:</b>		Good colour rendering
General	400	
<b>Theatre Holding Room:</b>		Good colour rendering
General	320	
Relax	160	
<b>Anaesthetic Induction Room:</b>		Good colour rendering
General	320	
Relax	160	
<b>Operating Theatre:</b>		Good colour rendering
General	400	
General for scope work	100	Dimmable
Operating light		Special
<b>Recovery Room Bedhead:</b>		Good colour rendering
<b>General</b>	320	
<b>General Examination</b>	400	
<b>X-ray:</b>		
General Preparation, Cleaning	200	
Working	100	Dimmable
<b>X-ray Diagnostics:</b>		
General Setting up, Cleaning	320	
Working and Screening	50	Dimmable
<b>Radiation Therapy:</b>		
General Setting up, Cleaning	320	
Working and Screening	100	Dimmable

<b>Photographic Dark Room:</b>		
General Cleaning	160	
Non Processing	10	Safety Light
Processing		
<b>Delivery Room:</b>		Good colour rendering
General	150	
General examination	400	
Delivery		Special mobile
<b>Labour Ward:</b>		Good colour rendering
General	150	
General examination	400	Where applicable
<b>Kitchen:</b>		
General	329	
Food Preparation	400	Good colour rendering
<b>Workshops:</b>		
General	320	
Work station	400	
<b>Plant Rooms:</b>		
General	100	
Work Areas	200	Task lighting

<b>Stairs:</b>	160	
<b>Lifts:</b>	160	
<b>Toilets and Cloakrooms:</b>	100	
<b>Mortuary:</b>		
Body Store	160	
General	320	
Dissecting table		Special
<b>Telephone Exchange:</b>		
General	320	
Operating	100	Dimmable
Frame and Battery Room	320	

11. 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) all switched socket outlets used for patient life support anywhere in the facility;
  - (5) at least one patient lift or lift that can accommodate a bed for every 200 patients; and
  - (6) medical air compressors, vacuum pumps and gas alarm systems.
12. Power supply to switched socket outlets in intensive care units and operating theatre units and recovery rooms must be on an earth monitoring system. Double pole miniature circuit breakers must be used for supply points in these areas.
13. When an emergency generator is being used, the operating theatre unit luminaries must be served by an uninterrupted power supply or battery system.
14. Uninterrupted Power Systems must be provided for operating theatre luminaries and all life support systems and computer systems where a break in electrical supply cannot be tolerated.

#### Gases

15. 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.
16. Sub-acute facilities must have one mobile oxygen cylinder per 10 patients and one suction machine for every 10 patients.
17. 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.
18. All piped vacuum and oxygen systems must have mobile back-up systems with staff adequately trained to handle them.
19. 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.
20. 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

21. Every bed must have a call system that will enable the patient to call a nurse to the bedside.
22. An emergency call system must be provided in ablution facilities.
23. 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****General Requirements**

24. 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.
25. A nursing unit, which shall be comprised of a maximum of 36 beds, must comply with the following requirements—
- (1) Beds in patient wards must be provided with natural light and ventilation.
  - (2) A 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 m<sup>2</sup>, which must be increased by 1,5 m<sup>2</sup> 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 m<sup>2</sup>, work surfaces and a basin.
  - (9) A procedure room may be provided and, where provided, must have a minimum floor area of 10 m<sup>2</sup>, 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.
26. A sluice room required in terms of requirement 25(11) must have a minimum floor area of 5 m<sup>2</sup>, 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 m<sup>2</sup>; or
  - (2) both the cleaners' room and the soiled linen and waste room are incorporated into the sluice room, in which case it must have a minimum floor area of 9 m<sup>2</sup>.
27. The cleaner's room and the soiled linen and waste room must both have a minimum floor area of 5 m<sup>2</sup> unless incorporated in the sluice room.

**Patient Rooms**

28. Patient rooms must comply with the following requirements—
- (1) The minimum floor area of any single patient room must be 10 m<sup>2</sup> and multiple patient room must be 7,5 m<sup>2</sup> 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***

29. An ablution facility for persons with disabilities, containing a freestanding bath or wheelchair shower, and wheel chair toilet must be provided per nursing unit. At least one assisted toilet must be provided for visitors per floor.
30. 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**

31. 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.

#### **Pediatric Units**

32. In addition to the requirements set out in requirements 24 to 27, pediatric 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 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 (MOU)**

33. 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 (MOU)**

- (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
- (12) Cubicles/Particians 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; and
  - (5) adequate security measures at entrances, exits and windows.
  - (6) Staff changing rooms and scrub facility.
34. Subject to these requirements, a maternity unit may include—
- (1) ante natal beds;
  - (2) rooms for first stage of labour;
  - (3) a nursery; and
  - (4) a neonatal intensive care unit.

**Service areas**

35. 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**

36. If only one delivery room is provided, at least one additional room must be provided for the first stage of labour.
37. If more than one delivery room is provided, an additional room for the first stage of labour is optional.
38. Each delivery room must have a floor area of not less than 17 m<sup>2</sup> and a minimum wall length at bed head of 3,6 m.
39. Each delivery room must contain a clinical basin.
40. Vacuum and oxygen must be provided and suitably positioned in each delivery room for both mother and baby.
41. Infant warming must be provided in each caesarean/delivery room with a minimum floor area of 3,6 m<sup>2</sup> in addition to the required area of each room.
42. 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**

43. The surface floor area of a room for the first stage of labour must be 10 m<sup>2</sup> for one bed and 15 m<sup>2</sup> for two beds.
44. Each first stage room must be provided with a clinical basin.

**Preparation rooms**

45. A preparation room in a maternity unit must have—
- (1) a minimum floor surface area of 6 m<sup>2</sup>;
  - (2) access to a patient toilet, wash hand basin and bath or shower, which is suitable for patient use with staff assistance;
  - (3) access to a sluice room;
  - (4) a clinical basin.

**Post-natal wards**

46. 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**

47. 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 m<sup>2</sup> per crib, exclusive of an auxiliary work area must be provided, with a minimum floor area of 6 m<sup>2</sup>.
  - (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 m<sup>2</sup> 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) Provision must be made for access to isolation facilities that must contain—
    - (i) a clinical basin;
    - (ii) a separate bathing facility, as per sub requirement (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.
  - (11) A viewing panel through which babies can be observed must be provided.
  - (12) Temperature control in this area is essential.
  - (13) Properly screened areas must be available within the nursery for breastfeeding.
  - (14) Adequate noise control.
48. 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****Ward space**

49. Ward space in a neonatal intensive care unit must conform to the following requirements—
- (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.
  - (8) Adequate noise control.
50. 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.
51. 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.
52. 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 m<sup>2</sup> 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 m<sup>2</sup>.
  - (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***

53. 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**

54. Requirements 55 to 57 apply to all intensive care units other than neonatal intensive care units.
55. Ward space in an intensive care unit must conform to the following requirements—
- (1) A wall length of 3,4 m must be provided at the head of each bed.
  - (2) Each patient bed space must have a minimum floor area of 15 m<sup>2</sup>.
  - (3) The entrance to the intensive care unit must have a clear opening width of not less than 1,8 m<sup>2</sup>.
  - (4) All beds in the intensive care unit must be clearly visible from the nurses' station.
  - (5) At least one clinical basin 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.
56. 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. At least one bed in an intensive care unit must be in an isolation cubicle.
58. 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 m<sup>2</sup>, 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 4,2 m long.
  - (4) The isolation cubicle door must have a clear opening width of not less than 1,4 m.
  - (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**

59. 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**

60. 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 m<sup>2</sup> per bed.
  - (2) The entrance to the high care unit must have a clear opening width of not less than 1,8 m<sup>2</sup>.
  - (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

#### General requirements

- 61. 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.
- 62. 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.
- 63. An operating theatre unit may not be used for any purpose other than to perform surgical or related procedures.
- 64. No curtaining or built-in cupboards are permitted in an operating theatre unit.

#### Operating theatre

- 65. Operating theatres must comply with the following dimensions—
  - (1) A minor theatre must have a minimum floor area of 20 m<sup>2</sup>, 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 m<sup>2</sup>, 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 m<sup>2</sup>, 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 m<sup>2</sup>, 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 m<sup>2</sup> 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. 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

67. 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. 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.
69. A recovery area must have a minimum unobstructed floor area of 12 m<sup>2</sup> and a wall length of not less than 3 m per operating room and 6 m<sup>2</sup> floor area for every additional operating theatre served by such recovery area.
70. 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***

71. A nursing station must be so situated, constructed and equipped within the restricted access area of an operating theatre unit that it is possible for the nursing staff to observe all patients directly. The duty station must have a floor area of not less than 6 m<sup>2</sup> 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. A scrubbing-up area outside but adjacent to the operating room must be provided. This area must have direct access to the operating room.
73. 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.
74. 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. 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.
76. A cleaning and disposal area must have an unobstructed floor area of not less than 5 m<sup>2</sup> and a minimum wall length of 2 m for the first operating room. An additional 2 m<sup>2</sup> for each additional operating theatre unit up to a maximum of 14 m<sup>2</sup> must be provided.
77. 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. Suitable change room facilities must be provided separately for male and female staff of an operating theatre unit, provided that the change room must have—
- (1) one door which opens into the restricted access area, and must have a separate entrance from outside the restricted access area;
  - (2) a floor area of not less than 9 m<sup>2</sup> for the first two operating rooms and thereafter 2 m<sup>2</sup> 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.

79. Rest rooms for operating theatre unit staff must be located within the operating theatre unit.
80. 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*

81. 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*

82. 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. 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.
84. In large multi-story 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.
85. A sterilisation and disinfection unit must have a minimum floor space of 30 m<sup>2</sup> for the first two operating theatre units or delivery rooms served by it, and thereafter an additional 2 m<sup>2</sup> 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.
86. If soiled linen is to be held or sluiced in the washing and decontamination area contemplated in requirement 89, additional floor space of 4 m<sup>2</sup> for the first two operating theatre units or delivery rooms and 1 m<sup>2</sup> for each additional operating theatre unit or delivery room served by the sterilisation and disinfection area must be provided.
87. The design of the sterilizing and disinfection unit and layout of equipment must ensure a clear flow of work from the soiled to the clean side of the unit.
88. No curtaining is permitted in the sterilizing and disinfection unit.
89. 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; and
  - (3) a sterilisation processing area;
  - (4) a storage area for sterile packs.
90. 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.
91. 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 sterilizing 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. 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;
  - (5) a blood transfusion service.
93. 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 m<sup>2</sup> 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<sup>2</sup>, 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; and
  - (v) a work surface;
  - (vi) vacuum;
  - (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 m<sup>2</sup> 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 story 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**

94. 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 m<sup>2</sup> for 10 patients, and an additional 1,5 m<sup>2</sup> for every additional patient.
  - (4) Separate facilities must be supplied for paediatric patients.
  - (5) Ablution ratios as per general wards.

#### **Rehabilitation units**

95. 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.
96. 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 m<sup>2</sup> for 10 patients, and thereafter 1,5 m<sup>2</sup> 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 m<sup>2</sup> with two electric switched socket outlets and a washbasin.
  - (ii) A clean work room with a minimum floor area of 10 m<sup>2</sup> with two electric switched socket outlets and a hand basin.
  - (iii) A dirty work room with a minimum floor area of 10 m<sup>2</sup> with three electric switched socket outlets and a hand basin.
  - (iv) A cognitive room with a minimum floor area of 10 m<sup>2</sup> and three switched socket outlets.
  - (v) A splint room, with a minimum floor area of 10 m<sup>2</sup>, 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 m<sup>2</sup> per area or 15 m<sup>2</sup> if the space is shared between the areas.
  - (vii) An area for daily living activities.
  - (viii) A kitchen for daily living activities with a minimum floor space of 10 m<sup>2</sup>.
- (8) The clean workroom, dirty work room and cognitive room contemplated in sub requirement 7 may be combined in a room with a minimum floor area of 30 m<sup>2</sup>.
- (9) A family or group conference room for social work facilities must be provided, with a minimum floor space of 20 m<sup>2</sup>.
- (10) A group psychology therapy room with a minimum floor area of 20 m<sup>2</sup> must be provided, although this room may be shared with the room contemplated in sub requirement 9.
- (11) An emergency room with a minimum floor area of 16 m<sup>2</sup> 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 m<sup>2</sup> with one electric switched socket outlet and a screening facility;
  - (ii) a gym area with a minimum floor area of 45 m<sup>2</sup>, with a washbasin, three switched socket outlets and a wheelchair parking area of 10 m<sup>2</sup>;
- (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 1m 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

97. 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. 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.
99. 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**

100. 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.

#### **101. Diagnostic imaging**

- (1) In a Private hospital, diagnostic imaging could include:
  - (i). fluoroscopy,
  - (ii). radiography,
  - (iii). mammography,
  - (iv). tomography,
  - (v). computerized tomography scanning,
  - (vi). ultrasound,
  - (vii). magnetic resonance,
  - (viii). angiography, and other similar techniques.
- (2) Equipment related to the above procedures must be accommodated as required below, but subject to the development of new technology. It must comply with the following requirements:

- i. Layouts should be developed in compliance with manufacturer's recommendation, because area requirements may vary according to the equipment.
- ii. Most imaging equipment requires radiation protection: a physicist or other qualified expert shall certify the type, location and amount of radiation shielding to be installed.
- iii. Beds and trolleys must have ready access to and from other departments of the hospital.
- iv. Ceiling mounted equipment must have properly designed rigid support structures.
- v. Other standards e.g. SABS and all other relevant municipal and national regulations.

**(3) Angiography**

- i. The procedure room must have a minimum clear floor area of 35 m<sup>2</sup>.
- ii. A control room shall be provided with a viewing window, which permits full view of the patient.
- iii. A scrub sink located outside the staff entry to the procedure room shall be provided for use by staff.
- iv. A patient holding area must be provided to accommodate two patient trolleys with additional spaces for additional procedure rooms.
- v. Storage for portable equipment and catheters shall be provided.

**(4) Computerized Tomography (CT) Scanning**

- i. The procedure room must have a minimum clear floor area of 30 m<sup>2</sup>.
- ii. A control room shall be provided, which is designed to accommodate the computer and other controls for the equipment. A viewing window shall be provided to permit full view of the patient.
- iii. A patient toilet shall be provided. It shall be convenient to the procedure room, and if directly accessible to the scan room, arranged so that a patient may leave the toilet without having to re-enter the scan room.

**(5) Diagnostic X-ray**

The procedure room should be a minimum of clear floor area of 25 m<sup>2</sup>.

**(6) Mammography**

The procedure room should be a minimum of clear floor area of 15 m<sup>2</sup>. Each X-ray room shall include a shielded control alcove. This area shall be provided with a protective-viewing window than is designed to provide full view of the examination table and the patient at all times. Mammography equipment with built-in shielding for the operator and the shielding alcove may be omitted if a certified physicist or state radiation protection agency approves this.

**(7) Magnetic Resonance Imaging (MRI)**

The procedure room should have a minimum of clear floor area of 30 m<sup>2</sup>.  
This facility must have:

- i. control room with a minimum clear floor area of 9 m<sup>2</sup>;
- ii. computer room with a minimum clear floor area of 12 m<sup>2</sup>;

**(8) Ultrasound**

The procedure room should have a minimum clear floor area of 12 m<sup>2</sup>.  
The facility must have:

- i. Easy access to a patient toilet facilities.
- ii. Medical basin.

**(9) Diagnostic imaging service accommodation**

Diagnostic imaging shall have:

- i. Patient waiting area,
- ii. Control desk and reception area,
- iii. Holding area to accommodate inpatients on stretchers or trolleys,
- iv. Patient toilet facilities,
- v. Patient change room/cubicle,
- vi. Film storage,
- vii. Clean utility,

- viii. Cleaner's room,
- ix. Dirty linen store.

#### 102. Cardiac Catheterisation Laboratory (Cardiology)

- (1) This facility must have easy access to the cardio-thoracic operating theatre. The procedure room should have a minimum of clear floor area of 37 m<sup>2</sup>.
- (2) This facility must have:
  - i. control room with view window permitting full visibility of the patient,
  - ii. equipment room,
  - iii. scrub facilities,
  - iv. staff change area,
  - v. patient preparation, holding, and recovery area,
  - vi. easy access to clean utility, sluice and cleaners room.

#### 103. Chemotherapy units

- (1) Chemotherapy units must comply with the following:
  - i. Not more than 6 patients may be accommodated per treatment room.
  - ii. Each treatment room must be provided with natural light.
  - iii. Mixing room provided with extractor fan.
  - iv. Bulk store.
- (2) Unless in common with imaging, radiotherapy or outpatient departments, the following areas must be provided.
  - i. Patient waiting area provided with natural light.
  - ii. Patient lounge and dining room with natural light.
  - iii. Holding area adjacent to the treatment rooms for patients on gurneys and wheelchairs, adequately private and separated from the waiting area for outpatients. Direct view for the nursing staff to this area must be provided. It must be provided with natural light.
  - iv. Control desk and reception area.
  - v. Patient toilets.
  - vi. Staff restroom.
  - vii. Staff toilet.
  - viii. Equipment store.
  - ix. Clean utility.
  - x. Dirty linen store.
  - xi. Sluice room.
  - xii. Cleaner's room.

#### 104. Radiation therapy

- (1) In private hospitals, radiation therapy could include:
  - i. Cobalt unit.
  - ii. Linear accelerator.
  - iii. Simulation room.
- (2) Equipment related to the above procedures is to be accommodated as stipulated below, but subject to the development of new technology:
  - i. Radiation protection: a physicist or other qualified expert must certify the type, location and amount of radiation shielding to be installed.
  - ii. Layouts must be developed in compliance with manufacturer's recommendations, because area requirements may vary according to the equipment. Simulator, accelerator, and cobalt rooms must be sized to accommodate the equipment, a patient on a gurney, medical staff and service access.

- iii. Layouts must provide for the prevention of escape of radioactive particles.
- iv. Wall, ceiling, floor and door must be built for preventing the escape of radioactive particles.
- v. Beds and gurneys must have ready access to and from other departments of the hospital.
- vi. Ceiling mounted equipment must have properly designed rigid support structures.
- vii. CT scanner facility, which must be able to communicate with the planner computer.
- viii. Dark room.

**105. Radiotherapy unit service accommodation**

(1) Unless in common with imaging, chemotherapy or outpatient department, the following areas must be provided:

- i. Patient waiting area provided with natural light.
- ii. Patient lounge and dining room with natural light.
- iii. Patient restroom.
- iv. Holding area adjacent to the treatment rooms for patients on gurneys and wheelchairs, adequately private and separated from the waiting area for outpatients. Direct view for the nursing staff to this area must be provided. It must be provided of natural light.
- v. Control desk and reception area.
- vi. 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 m<sup>2</sup> and it must be provided with hand washing facilities.
- ix. Staff restroom.
- x. Staff conference room.
- xi. Kitchen.
- xii. Staff toilet.
- xiii. Equipment store.
- xiv. Radio pharmacy store.
- xv. Film store.
- xvi. Clean utility.
- xvii. Dirty linen store.
- xviii. Sluice room.
- xix. Cleaner's room.

(2) Additional support areas for linear accelerator are:

- i. Mould room with extractor fan and hand washing facility.
  - ii. Block room with storage. It can be combined with the mould room.
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**PROVINSIALE KENNISGEWING**

Die volgende Provinsiale Kennisgewing word vir algemene inligting gepubliseer.

L. D. BARNARD,  
DIREKTEUR-GENERAAL

Provinsiale-gebou,  
Waalstraat,  
Kaapstad.

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P.K. 187/2001

22 Junie 2001

**REGULASIES BETREFFENDE  
PRIVATE GESONDHEIDSINSTELLINGS**

Die Minister van Gesondheid van die Provinsie Wes-Kaap het uit hoofde van die gesag hom verleen by artikel 44 van die Wet op Gesondheid, 1977 (Wet 63 van 1977), wat aan die Provinsie Wes-Kaap opgedra is by Proklamasie No. R.152 van 1994, die volgende Regulasies in die Bylae hieronder gemaak.

**BYLAE****RANGSKIKKING VAN REGULASIES****Woordomskrywings**

1. Woordomskrywings
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4. Aansoek om registrasie en Sertifikaat van Registrasie
5. Verkryging van bykomende inligting
6. Publikasie en kommentaar
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8. Verbod aangaande lede van komitee
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17. Wysiging van Sertifikaat van Registrasie
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24. Gevolge van weiering van aansoek
25. Delegasies
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27. Oorgangsbepalings
28. Voorbehoudsklausule
29. Titel en datum van inwerkingtreding

## Woordomskrywings

1. Vir die toepassing van hierdie Regulasies, tensy uit die samehang anders blyk, beteken—

“akkrediteringsliggaam” enige liggaam, maatskappy of organisasie wat deur die Departement aangestel is om inspeksie- en moniteringsfunksies ingevolge hierdie Regulasies te verrig;

“bedtelling” die getal beddens, insluitende dagbeddens, bababedjies en wiegies, wat werklik beskikbaar is om pasiënte te akkommodeer, maar uitgesonderd—

(a) alle trollies, insluitende herstelrollies;

(b) alle wag-, voorbereidings-, eerstestadium- en bevallingskamerbeddens en wiegies in verloskundige sale;

“Departement” die Provinsiale Departement van die Wes-Kaap wat vir gesondheidsdienste verantwoordelik is;

“Departementshoof” die hoof van die Departement wat vir gesondheidsdienste in die Wes-Kaap verantwoordelik is;

“herstelsorg” binnepatiëntdienste vir pasiënte met mediese toestande wat lae-intensiteitverpleegsorg vir ’n beperkte tydperk nodig het, gedurende welke tydperk ’n verbetering in die pasiënt se kliniese toestand verwag word en die verblyfsduur deur die verbetering in die pasiënt se toestand bepaal word;

“hospitiumsorg” multidissiplinêre binnepatiëntdienste of residensiële sorg wat spesialiseer in die mediese en psigo-maatskaplike behandeling van mense wat terminaal siek is;

“inspeksiebeampte” ’n beampte wat ingevolge die Staatsdienswet, 1994 aangestel is of enige behoorlik gemagtigde beampte van ’n aangewese akkrediteringsliggaam wat skriftelik deur die Departementshoof gemagtig is om inspeksies uit te voer;

“komitee” die advieskomitee wat ingevolge regulasie 7 aangestel is;

“langtermynsorg” hoofsaaklik lae-intensiteitverpleegsorg vir binnepatiënte ten opsigte van wie betekenisvolle verbetering in die kliniese toestand en ’n terugkeer na ’n onafhanklike leefwyse onwaarskynlik is, of ten opsigte van wie sulke verbetering oor ’n tydperk van lange duur sal plaasvind;

“Minister” die Provinsiale Minister van die Wes-Kaap wat vir gesondheid verantwoordelik is;

“nieakutesorg-instelling” enige gesondheidsorginstelling, hetsy van ’n multidissiplinêre of ’n spesifieke verpleegaard, wat versorging ná of in plaas van akute hospitalisasie aan ’n binnepatiënt verskaf óf na ’n akute siekte, besering of verergering van ’n bestaande siekte óf as gevolg van ’n langdurige chroniese toestand, en kan dit subakute sorg, rehabilitasiesorg, oorgangsort, hospitiumsorg, herstelsorg en langtermynsorg omvat;

“oorgangsort” sorg wat verskaf word deur kortverblyf-oorgangseenhede, wat ’n plaasvervanger is vir langdurige hospitaalverblyf en pasiënte bedien wie se siektetoestand betekenisvolle mediese betrokkenheid en vaardige verpleegsorg van meer as gemiddeld vyf uur per dag, asook farmaseutiese en laboratoriumsteun, vereis;

“private gesondheidsinstelling” enige hospitaal of nieakutesorg-instelling of enige ander fasiliteit, gebou, plek of agentskap, insluitende dagsale, wat binne- of buitepatiëntdienste of binne- en buitepatiëntdienste verskaf, insluitende mediese, chirurgiese of verpleegsorg, subakute sorg, oorgangsort, herstelsorg, langtermynsorg, hospitiumsorg, of rehabilitasiesorg vir enige individu, maar met uitsluiting van—

(a) ’n hospitaal of enige so ’n fasiliteit of ’n gebou, plek of agentskap wat bedryf word deur ’n staatsorgaan of kwasistaatsorgaan, insluitende provinsie-ondersteunde fasiliteite;

(b) enige spreekkamer, operasiekamer of apteek van ’n mediese praktisyn of tandarts sonder enige bedakkommodasie;

(c) ’n hospitaal of enige ander inrigting wat gelisensieer is vir die opneem en aanhouding van geestelik ongestelde persone ingevolge artikel 46 van die Wet op Geestesgesondheid, 1973 (Wet 18 van 1973);

(d) ’n ouetehuis soos omskryf in die Wet op Bejaarde Persone, 1967 (Wet 81 van 1967); of

(e) ’n instelling, gebou of plek wat gelisensieer is vir die behandeling en versorging van persone met dwelm- en alkoholafhanklikheid, soos omskryf in die Wet op die Behandeling en Voorkoming van Dwelmafhanglikheid, 1992 (Wet 20 van 1992);

“rehabilitasiesorg” sorg wat onder toesig plaasvind en doelgeoriënteer en multidissiplinêr is en wat daarop gemik is om die vlak waarop ’n pasiënt funksioneer, te verbeter tot die punt waar die pasiënt ontslaan kan word of na ’n ander vlak van versorging verskuif kan word, en waar die verblyfsduur beperk is en deur die rehabilitasieprogram bepaal word;

“Sertifikaat van Registrasie” ’n Sertifikaat van Registrasie wat ingevolge regulasie 16 uitgereik word;

“subakute sorg” doelgeoriënteerde, omvattende, gekoördineerde en multidissiplinêre gesondheidsorg vir ’n binnepatiënt onmiddellik na of in plaas van akute hospitalisasie vir ’n akute siektetoestand, besering of verergering van ’n siekteproses wat telkens pasiëntevaluering van die kliniese gang en behandelingsplan vereis en waarvan die duur vir ’n beperkte tydperk is wat bepaal word deur die tydperk wat dit vir ’n toestand neem om te stabiliseer of vir die voltooiing van ’n voorafbepaalde kursus.

## Toepassing van regulasies

2. (1) Behoudens regulasie 27 en subregulasie (2) is hierdie Regulasies op alle private gesondheidsinstellings in die Provinsie Wes-Kaap van toepassing.

(2) Die Minister kan vrystelling van alle of enige van die bepalings van hierdie Regulasies aan ’n private gesondheidsinstelling verleen, maar slegs as daar goeie redes is om dit te doen.

**Vereiste dat private gesondheidsinstelling geregistreer moet word**

3. 'n Persoon mag nie—
- (a) 'n private gesondheidsinstelling oprig, instel, bedryf, in stand hou, bestuur of beheer nie; of
  - (b) 'n diens in 'n private gesondheidsinstelling lewer of toelaat dat 'n diens daarin gelewer word nie; of
  - (c) 'n private gesondheidsinstelling of die diens of dienste wat in daardie instelling gelewer word, uitbrei of verander nie;
- tensy, in die geval van—
- (i) paragraaf (a), die instelling by die Departementshoof geregistreer is en daar 'n Sertifikaat van Registrasie ingevolge regulasie 16 aan daardie persoon uitgereik is;
  - (ii) paragraaf (b), die registrasie en Sertifikaat van Registrasie toelaat dat die betrokke diens of dienste gelewer word; of
  - (iii) paragraaf (c), die persoon met welslae aansoek gedoen het om die uitbreiding of verandering van die instelling of diens of dienste, en die uitbreiding of verandering in die betrokke register en op die Sertifikaat van Registrasie opgeteken is.

**Aansoek om registrasie en Sertifikaat van Registrasie**

4. (1) 'n Persoon wat die registrasie van 'n private gesondheidsinstelling en die gepaardgaande Sertifikaat van Registrasie of die wysiging daarvan by regulasie 3 beoog, wil verkry (" 'n aansoeker") moet 'n aansoek op die gepaste vorm in Aanhangsel "A" beoog, tesame met die stawende dokumente wat die aansoeker nodig ag, by die Departementshoof indien.
- (2) 'n Aansoek wat ingevolge sugregulasie (1) ingedien word, moet 'n oorspronklike aansoek wees wat per hand afgelewer word by of gepos word aan die kantoor van die Departementshoof en mag nie op enige ander wyse, soos per faksimilee of e-pos, gestuur word nie.
- (3) 'n Aansoeker kan die aansoek te eniger tyd voordat dit deur die Departementshoof beoordeel is, terugtrek.

**Verkryging van bykomende inligting**

5. (1) Die Departementshoof moet die aansoek by regulasie 4(1) beoog, binne 30 dae vanaf ontvangs bestudeer om te bepaal of dit volledig ingevul is of enige bykomende inligting verlang word.
- (2) Indien die Departementshoof van mening is dat die aansoek nie behoorlik ingevul is nie of dat enige bykomende inligting verlang word, moet sy of hy die aansoeker skriftelik meedeel dat die aansoek onvolledig is en die aansoeker versoek om dié onvolledigheid reg te stel of die bykomende inligting wat verlang word, te verskaf, na gelang van die geval, teen die datum wat gespesifiseer word daarvoor.
- (3) Indien 'n aansoeker versuim om 'n onvolledige aansoek in te vul of om enige bykomende inligting te verskaf teen die datum ingevolge subregulasie (2) deur die Departementshoof gespesifiseer, sal die aansoeker geag word die aansoek terug te getrek het.

**Publikasie en kommentaar**

6. (1) Die Departementshoof moet binne 30 dae vanaf die getal dae of die datum in regulasie 5(1) of (2) vermeld, na gelang van die geval—
- (a) 'n kennisgewing van ontvangs van die aansoek publiseer en skriftelike kommentaar op die aansoek aanvra in—
    - (i) die *Provinsiale Koerant*;
    - (ii) minstens twee koerante in algemene omloop in die toepaslike gebied van die Provinsie; en
    - (iii) minstens twee koerante in algemene omloop in enige van die ander provinsies wat potensieel deur die aansoek geraak word;
  - (b) 'n kopie van die aansoek voorlê aan alle—
    - (i) departementshoofde van die Provinsie en ander provinsies wat potensieel deur die aansoek geraak word;
    - (ii) munisipale rade wat potensieel deur die aansoek geraak word; en
    - (iii) owerhede of instellings soos nodig geag.
- (2) 'n Kennisgewing beoog in subregulasie (1)(a) moet—
- (a) in al drie amptelike tale van die Wes-Kaap gepubliseer word;
  - (b) spesifiseer dat enige belanghebbende party 30 dae vanaf die datum van publikasie van die kennisgewing het om skriftelike kommentaar by die Departementshoof in te dien; en
  - (c) bepaal dat 'n kopie van die aansoek teen 'n nominale bedrag by 'n kantoor of kantore in die kennisgewing gespesifiseer, verkry kan word.
- (3) By ontvangs van 'n kopie van 'n aansoek ingevolge subregulasie (1)(b), moet 'n provinsiale departementshoof, munisipale raad, of 'n owerheid of instelling binne 30 dae skriftelike kommentaar by die Departementshoof indien.
- (4) Indien enige kommentaar ingevolge subregulasie (2)(b) of (3) ontvang word, moet die Departementshoof binne 10 dae vanaf die verstryking van die tydperk wat vir die indiening van die kommentaar toegelaat word—
- (a) die aansoeker skriftelik in kennis stel dat die kommentaar ontvang is; en

(b) die aansoeker van 'n kopie van die kommentaar voorsien.

(5) Die aansoeker het 15 dae vanaf ontvangs van 'n kennisgewing en die kopie ingevolge subregulasie (4) om skriftelik op die Departementshoof te reageer, by versuim waarvan die aansoeker geag sal word nie te wil reageer nie.

#### Advieskomitee

7. (1) Die Departementshoof moet 'n advieskomitee aanstel om aanbevelings oor die beoordeling van aansoeke ingevolge hierdie Regulasies te formuleer.
- (2) Die komitee moet ook die Departementshoof oor alle sake rakende registrasies adviseer.
- (3) Die komitee moet bestaan uit—
  - (a) drie lede van die Department met die rang van minstens dié van Direkteur; en
  - (b) twee lede wat gekies word uit nominansies word deur die hoof van 'n departement in die nasionale regering, die provinsiale regering van die Wes-Kaap en plaaslike regering in die Provinsie Wes-Kaap; en
  - (c) twee persone met kundigheid op die gebied van private gesondheidsinstellings is.
- (4) Die Departementshoof moet een van die lede bedoel in subregulasie (3)(a) aanwys as die voorsitter van die komitee.
- (5) Op die eerste vergadering van die komitee moet die voorsitter vergaderingsprosedures bepaal, en die komitee moet 'n gedragskode vir lede vasstel.
- (6) Die voorsitter kan in enige stadium van die oorweging van 'n aansoek enige persoon oproep om aan die komitee deel te neem indien die voorsitter tevrede is dat dié persoon die komitee sal kan help om 'n aanbeveling te doen maar dié persoon mag nie stem nie.
- (7) Die voorsitter moet toesien dat volledig rekord gehou word van bywoning van, die verrigtinge van, en van enige besluite wat geneem word op, enige vergadering van die komitee.
- (8) 'n Korum vir 'n vergadering is vier lede van die komitee, maar die voorsitter moet altyd aanwesig wees.
- (9) 'n Besluit van die meerderheid van lede wat aanwesig is op 'n vergadering van die komitee, is 'n besluit daarvan, en in die geval van 'n staking van stemme het die voorsitter 'n beslissende stem benewens 'n beraadslagende stem.
- (10) Die Minister kan aan die twee lede in subregulasie (3)(c) beoog, vergoeding en toelaes met die instemming van die Provinsiale Minister wat vir finansies verantwoordelik is, betaal.

#### Verbod aangaande lede van komitee

8. (1) 'n Lid van die komitee mag nie aanwesig wees tydens of deelneem aan enige bespreking van of die neem van besluite oor enige aansoek voor die komitee waarin—
  - (a) daardie lid of die gade, 'n onmiddellike familielid, 'n sakevennoot of genoot of werkgewer (uitgesonderd die Staat) van daardie lid; of
  - (b) 'n sakevennoot, genoot, onmiddellike familielid of werkgewer (uitgesonderd die Staat) of die gade van daardie lid,
 'n regstreekse of onregstreekse finansiële belang het of so 'n belang gedurende die voorafgaande 12 maande gehad het nie.
- (2) Vir die toepassing van subregulasie (1)—
  - (a) sluit “gade” 'n persoon in met wie die lid saamleef asof hulle getroud is of met wie die lid gewoonlik saamwoon; en
  - (b) beteken “onmiddellike familielid” 'n ouer, kind, broer of suster.
- (3) 'n Persoon mag nie, terwyl sy of hy 'n lid van die komitee is, enige vorm van werk, geskenk of beloning ontvang van 'n liggaam, organisasie, maatskappy, beslote korporasie of persoon wat 'n regstreekse finansiële belang in 'n private gesondheidsinstelling het nie.

#### Oorweging van aansoek

9. (1) Na ontvangs van kommentaar en reaksies op 'n aansoek ingevolge regulasie 13(1), moet die Departementshoof die aansoek binne 10 dae aan die komitee voorlê tesame met alle kommentaar en reaksies wat ten opsigte van daardie aansoek ontvang is.
- (2) Wanneer 'n aansoek oorweeg word, moet die komitee alle kommentaar en reaksies wat op daardie aansoek ontvang is, oorweeg ten einde te bepaal of daar 'n behoefte aan die voorgestelde private gesondheidsinstelling is en kan hy die volgende in aanmerking neem:
  - (a) die noodsaaklikheid om konsekwentheid van gesondheidsdiensontwikkeling ingevolge nasionale, provinsiale en munisipale beplanning te verseker;
  - (b) die noodsaaklikheid om die ewerdige verspreiding en rasionalisasie van gesondheidsdienste te bevorder met die oog daarop om ongelykhede gebaseer op rasse- en geslagsfaktore asook ekonomiese en geografiese faktore reg te stel;
  - (c) die noodsaaklikheid om 'n geskikte samestelling van openbare en private gesondheidsorgdienste te bevorder met die oog op die demografiese en epidemiologiese kenmerke van die bevolking wat bedien moet word, die totale en teikenbevolking in die gebied, hul ouderdom- en geslagsamestelling, hul siekte- en sterfteprofiel ;
  - (d) die noodsaaklikheid om die optimale gebruik van onbenutte kapasiteit in provinsiale gesondheidsinstellings te bevorder;



- (e) die noodsaaklikheid om die optimale samestelling van vlakke 1-, 2- en 3-beddens te bevorder;
- (f) die verhoudings van bed tot bevolking en openbare tot private beddens in die instellings se toevoergebiede en die omliggende gesondheidsdistrik, streek en provinsie;
- (g) die beskikbaarheid van alternatiewe bronne van gesondheidsorg;
- (h) die noodsaaklikheid om hoëgehalte-gesondheidsdienste wat toeganklik, bekostigbaar, koste-effektief en veilig is, te bevorder;
- (i) die potensiële voordele en nadele van die aansoek vir bestaande openbare en private gesondheidsdienste en vir enige gemeenskappe wat geraak word;
- (j) die noodsaaklikheid om persone of kategorieë van persone wat ingevolge die Wet op Billike Indiensneming, 1998 (Wet 55 van 1998) aangewys is en die opkomende klein, medium en mikro ondernemingsektor te beskerm en vooruit te help;
- (k) die potensiële voordele van opleiding, navorsing en ontwikkeling met die oog op die verbetering van gesondheidsdienslewering;
- (l) die noodsaaklikheid om te verseker dat eienaarskap van fasiliteite nie dien tot perverse aansporing van óórbehandeling van pasiënte of onpaslike verwysing deur gesondheidsdiensverskaffers nie;
- (m) waar toepaslik, die gehalte van gesondheidsdienste wat die aansoeker vantevore gelewer het;
- (n) of die private gesondheidsinstelling 'n bewese klagtemeganisme, wat vir alle gebruikers van die instelling beskikbaar is, in plek het of voornemens is om dit in plek te hê.

#### **Komitee se aanbevelings**

10. (1) Die komitee moet sy aanbevelings binne 90 dae vanaf ontvangs van die betrokke aansoek aan die Departementshoof besorg.
- (2) Die komitee kan, ten opsigte van 'n aansoek ingevolge hierdie Regulasies by die Departementshoof aanbeveel—
- (a) dat die lisensie toegeken behoort te word;
  - (b) dat die aansoek toegeken behoort te word onderworpe aan die voorwaardes wat die komitee paslik ag, insluitende, sonder om beperk te wees tot—
    - (i) die aard, tipe of kwantum dienste wat deur die private gesondheidsinstelling gelewer gaan word;
    - (ii) vereistes ten opsigte van versekeringsdekking wat deur enige gesondheidsorgpraktisyn in daardie private gesondheidsinstelling gedra moet word;
    - (iii) personeel;
    - (iv) tipes opleiding wat aan personeel by daardie private gesondheidsinstelling verskaf moet word;
    - (v) inspeksies of monitering deur die Departement of 'n akkrediteringsliggaam;
    - (vi) geskikte klagtemeganismes wat aan alle gebruikers van die private gesondheidsinstelling beskikbaar gestel moet word; of
    - (vii) geskikte dataverslagmeganismes oor sleutelaanwysers; of
  - (c) dat die lisensie geweier behoort te word.
- (3) Ongeag of die aanbeveling wat die komitee ingevolge subregulasie (2) doen, moet hy skriftelike redes vir die aanbeveling voorlê.

#### **Departementshoof se besluit oor aansoek**

11. (1) Die Departementshoof moet binne 10 dae vanaf ontvangs van 'n aanbeveling van die komitee beoog by regulasie 10(1) oor die aansoek besluit deur—
- (a) die komitee se aanbeveling te bekragtig; of
  - (b) die komitee se aanbeveling in te trek indien daar voldoende rede is om dit te doen; of
  - (c) in die geval dat die komitee aanbeveel het dat die aansoek goedgekeur behoort te word onderworpe aan voorwaardes, die aanbeveling bekragtig maar die voorwaardes wysig.
- (2) Die Departementshoof kan, voordat sy of hy 'n besluit ingevolge subregulasie (1) doen, 'n aansoek na die komitee terugverwys vir heroorweging van sy aanbeveling.
- (3) Die Departementshoof moet redes verskaf vir die terugverwysing van 'n aansoek na die komitee ingevolge subregulasie (2).
- (4) Ingevolge subregulasie (2) moet die komitee sy finale aanbeveling oor 'n aansoek wat na hom terugverwys is, binne 30 dae vanaf ontvangs daarvan doen.
- (5) Die Departementshoof moet binne vyf dae vanaf ontvangs van 'n finale aanbeveling ingevolge subregulasie (4) oor daardie aansoek besluit.
- (6) Die Departementshoof moet binne 10 dae vandat sy of hy oor 'n aansoek besluit het soos by subregulasie (1) of (5) beoog, die aansoeker skriftelik in kennis stel van die besluit en, indien die aansoek geweier word, skriftelike redes vir die weiering verskaf en die aansoeker in kennis stel van die reg van appèl ingevolge regulasie 12.

- (7) Indien die Departementshoof die komitee se aanbeveling dat 'n aansoek goedgekeur behoort te word, bekragtig het, moet die Departementshoof die private gesondheidsinstelling in 'n Register van Private Gesondheidsinstellings laat registreer en die aansoeker skriftelik meedeel dat dit gedoen is.

#### **Appèl**

12. (1) 'n Aansoeker kan binne sewe dae vanaf inkennisstelling van 'n weiering ingevolge regulasie 11(6), skriftelik appèl by die Minister aanteken, en moet die redes vir appèl insluit.
- (2) Die Minister moet binne sewe dae vanaf ontvangs van 'n appèl, 'n kopie daarvan aan die Departementshoof voorlê en die Departementshoof versoek om op die appèl te reageer.
- (3) Die Departementshoof moet binne 30 dae vanaf ontvangs van 'n kopie van 'n appèl 'n antwoord daarop aan die Minister voorlê.
- (4) Die Minister kan tot drie persone wat nie werknemers in die Departement of lede van die advieskomitee is nie, aanstel om die Minister oor die appèl te adviseer.
- (5) (a) Die Minister kan 'n appèl handhaaf of van die hand wys en kan, indien die appèl gehandhaaf word, die besluit van die Departementshoof vervang deur enige besluit wat die Departementshoof kon geneem het om die aansoek toe te staan.
- (b) 'n Appèl moet finaal beslis word binne 90 dae vanaf die datum waarop die Departementshoof 'n antwoord aan die Minister voorlê ingevolge subregulasie (3).
- (6) Die Minister moet die besluit oor die appèl skriftelik aan die appellant oordra en, indien die appèl geweier word, die redes daarvoor verskaf.
- (7) Indien die Minister 'n appèl handhaaf, moet hierdie feit skriftelik oorgedra word aan die Departementshoof, wat die nodige inskrywing in die Register van Private Gesondheidsinstelling moet doen.

#### **Voorlegging van bouplanne**

13. (1) Indien 'n aansoek om 'n private gesondheidsinstelling op te rig of uit te brei of andersins te verander, goedgekeur is, moet die betrokke bouplanne aan die Departementshoof voorgelê word binne ses maande vanaf die datum waarop die aansoeker meegedeel is dat die aansoek goedgekeur is.
- (2) (a) Die bouplanne beoog by subregulasie (1) moet die aard en konstruksie van die gebou of geboue of die uitbreiding of verandering, na gelang van die geval, duidelik aantoon.
- (b) Die name, afmetings en vierkante mate van kamers moet in die vorm van 'n bylae aan die plan geheg word.
- (c) Alle planne moet op 'n skaal van 1:100 geteken wees en moet in duplo voorgelê word.
- (d) Die bouplanne moet opgestel word op die grondslag dat die gebou of geboue of uitbreiding of verandering, na gelang van die geval, by voltooiing sal voldoen aan die spesifikasies soos in Aanhangsel "B" van hierdie Regulasies uiteengesit.
- (3) Indien die planne beoog by hierdie regulasie nie binne die betrokke ses maande voorgelê word nie, sal die goedkeuring van die aansoek verval, maar die Departementshoof kan, as daar goeie redes is, uitstel van hoogstens drie maande verleen.

#### **Goedkeuring van bouplanne**

14. (1) Die Departementshoof moet binne 30 dae vanaf ontvangs van bouplanne beoog by regulasie 15 die persoon wat die bouplanne ingedien het, skriftelik meedeel of die planne goedgekeur is.
- (2) In die geval dat die Departementshoof die persoon wat die bouplanne ingedien het, meedeel dat hulle nie goedgekeur is nie, moet die Departementshoof skriftelike redes daarvoor verskaf.
- (3) Die goedkeuring van bouplanne deur die Departementshoof ingevolge hierdie Regulasies stel die betrokke persoon nie vry van die vereistes van enige ander wet betreffende die voorlegging van bouplanne vir goedkeuring nie.

#### **Aanvang van bouaktiwiteit**

15. (1) Sigbare bouaktiwiteit moet 'n aanvang geneem het binne 12 maande vanaf die datum van goedkeuring van die bouplanne by regulasie 14 beoog.
- (2) Indien die sigbare bouaktiwiteit—
- (a) nie 'n aanvang geneem het soos by subregulasie (1) vereis nie, of
- (b) nadat dit 'n aanvang geneem het soos aldus vereis, dit vir 'n tydperk van 12 maande ophou het,
- sal sowel die oorspronklike aansoek as die goedkeuring van die bouplanne verval en sal dit geag word ingetrek te gewees het.
- (3) Sodra sigbare konstruksie 'n aanvang geneem het soos by subregulasie (1) vereis, kan die Departementshoof, wanneer dit ook al nodig geag word, die aansoeker skriftelik om vorderingsverslae oor die konstruksie versoek.

#### **Sertifikaat van Registrasie vir private gesondheidsinstelling**

16. (1) Wanneer 'n private gesondheidsinstelling waarvoor goedkeuring ingevolge hierdie Regulasies verleen is, voltooi is, moet die aansoeker die Departementshoof skriftelik versoek om die instelling te inspekteer of te laat inspekteer ten einde vas te stel of dit voldoen aan die spesifikasies soos in Aanhangsel "B" uiteengesit.

- (2) As die Departementshoof tevrede is dat 'n private gesondheidsinstelling beoog by subregulasie (1) voldoen aan die spesifikasies soos in Aanhangsel "B" uiteengesit, moet die Departementshoof 'n Sertifikaat van Registrasie vir die private gesondheidsinstelling aan die aansoeker uitreik.
- (3) 'n Sertifikaat van Registrasie beoog by subregulasie (2) moet die volgende bevat:
- Die naam van die eienaar van die private gesondheidsinstelling;
  - Die naam van die private gesondheidsinstelling;
  - Die geografiese ligging van die private gesondheidsinstelling;
  - Tipe diens of tipes dienste wat in die private gesondheidsinstelling gelewer sal word;
  - Waar toepaslik, die getal beddens, teaters, prosedurekamers en bevallingskamers wat die private gesondheidsinstellings kan bedryf;
  - Die funksionele klassifikasie van beddens wat in die private gesondheidsinstelling toegelaat word; en
  - enige ander voorwaarde ingevolge regulasie 11(1)(c) wat na die mening van die Departementshoof op die Sertifikaat van Registrasie gemeld behoort te word.

### Wysing van Sertifikaat van Registrasie

17. (1) Waar die houer van 'n Sertifikaat van Registrasie met welslae aansoek gedoen het om die uitbreiding of verandering van die private gesondheidsinstelling of die uitbreiding of verandering van die dienste wat in daardie instelling gelewer sal word en die betrokke uitbreiding of verandering aangebring is, moet daardie houer die Sertifikaat van Registrasie aan die Departementshoof voorlê met 'n versoek dat die Sertifikaat dienoreenkomstig gewysig moet word.
- (2) Indien die Departementshoof tevrede is dat die uitbreiding of uitbreidings beoog by subregulasie (1) bevredigend aangebring is, moet die Departementshoof 'n gewysigde Sertifikaat van Registrasie aan die betrokke houer uitreik.
- (3) Indien die eienaarskap van 'n private gesondheidsinstelling verander, moet die eienaar van die private gesondheidsinstelling die Sertifikaat van Registrasie indien by die Departementshoof, wat 'n gewysigde Sertifikaat van Registrasie moet uitreik.
- (4) Die bepaling van subregulasie (3) is met die nodige veranderings van toepassing indien die naam van 'n private gesondheidsinstelling verander word.

### Vertoning van Sertifikaat van Registrasie

18. Die persoon aan wie 'n Sertifikaat van Registrasie uitgereik word, moet toesien dat daardie sertifikaat te alle tye só op die perseel van die instelling vertoon word dat dit maklik sigbaar is vir lede van die publiek.

### Inspeksies van private gesondheidsinstellings

19. Die Departementshoof moet minstens een keer elke kalenderjaar elke private gesondheidsinstelling wat ingevolge hierdie Regulasies geregistreer is of geag word geregistreer te wees, inspekteer, of dit deur 'n behoorlik gemagtigde inspeksiebeampte laat inspekteer.

### Uitvoering van inspeksies en verslagdoening deur behoorlik gemagtigde inspeksiebeamptes

20. (1) Behoudens pasiënte se regte op privaatheid en vertroulikheid moet die eienaar van 'n private gesondheidsinstelling of enige ander persoon wat vir die bestuur of beheer daarvan verantwoordelik is, of wat in bevel is van die verpleegdienste daarvan, aan 'n inspeksiebeampte wat ingevolge regulasie 19 optree, alle inligting verskaf wat daardie beampte in verband met die organisasie en bestuur van daardie private gesondheidsinstelling en die akkommodasie, verpleging en behandeling van die pasiënte verlang. Alle registers, kliniese rekords en enige ander rekords in verband met pasiënte en personeel moet ook beskikbaar wees vir inspeksie. Die inspeksiebeampte kan, indien sy of hy deur die Departementshoof daartoe gemagtig is, enige ander inligting verlang, insluitende, maar sonder om beperk te wees tot, fasiliteitsprestasiedata.
- (2) Behoudens pasiënte se regte op privaatheid en vertroulikheid mag 'n persoon nie 'n inspeksiebeampte wat haar of sy inspeksie uitvoer, op enige wyse dwarsboom, of weier om enige inligting wat daardie beampte verlang, na haar of sy beste vermoë te verskaf, of enige apparaat of plek of ding te wys of enige kas oop te sluit nie.
- (3) 'n Inspeksiebeampte wat ingevolge regulasie 19 behoorlik gemagtig is, moet binne 30 dae vanaf die voltooiing van 'n inspeksie 'n skriftelike verslag oor die bevindings by die Departementshoof en by die houer van die Sertifikaat van Registrasie indien.

### Sluiting van private gesondheidsinstelling

21. Die eienaar van 'n private gesondheidsinstelling wat geregistreer is of geag word geregistreer te wees ingevolge hierdie Regulasies, moet minstens drie maande skriftelike kennis van die voorgenome sluiting van daardie fasiliteit aan die Departementshoof gee, maar in uitsonderlike omstandighede kan die Departementshoof 'n korter kennisgewingstydperk magtig.

### Sanksies en regstellings

22. (1) Indien 'n private gesondheidsinstelling nie voldoen nie aan—

- enige bepaling van hierdie Regulasies; of
- enige voorwaarde van registrasie

moet die Departementshoof 'n skriftelike kennisgewing met betrekking tot die defek of nie-voldoening aan die houer van die Sertifikaat van Registrasie wat op die betrokke instelling van toepassing is, uitreik.

- (2) 'n Skriftelike kennisgewing van nie-voldoening wat ingevolge subregulasie (1) uitgereik word, moet—

- die aard en omvang van die defek of nie-voldoening noem; en

- (b) bepaal dat versuim om die defek of nie-voldoening binne die gespesifiseerde tyd reg te stel, tot gevolg sal hê dat die naam van die private gesondheidsinstelling van die Register van Private Gesondheidsinstellings verwyder sal word.
- (3) In die geval dat die betrokke defek of nie-voldoening nie by die verstryking van die tydperk ingevolge subregulasie (2)(b) gespesifiseer, tot genoeg van die Departementshoof reggestel is nie, kan sy of hy die naam van die private gesondheidsinstelling van die Register van Private Gesondheidsinstellings verwyder.
- (4) Die Departementshoof moet die persoon in beheer van 'n private gesondheidsinstelling wat van die Register van Private Gesondheidsinstellings verwyder is, skriftelik van daardie feit verwittig en dat die gepaardgaande Sertifikaat van Registrasie nie meer geldig is nie en onmiddellik aan die Departementshoof terugbesorg moet word.

#### **Strukturele en instelleringsvereistes**

- 23. Aanhangsel "B" gee 'n uiteensetting van die minimum strukturele en instelleringsvereistes vir 'n private gesondheidsinstelling wat ingevolge hierdie Regulasies geregistreer moet word.

#### **Gevolge van weiering van aansoek**

- 24. Indien 'n aansoek ingevolge hierdie Regulasies geweier word, mag die aansoeker vir 'n tydperk van twee jaar na die weiering nie 'n aansoek indien wat na die mening van die Departementshoof wesenlik dieselfde is as die aansoek wat geweier is nie.

#### **Delegasies**

- 25. Die Departementshoof kan enige bevoegdheid of funksie wat ingevolge hierdie Regulasies aan haar of hom verleen of opgelê is, uitgesonderd die bevoegdheid om oor 'n aansoek ingevolge hierdie Regulasies te besluit, deleger aan enige beampte wat in die diens van die Departement is.

#### **Herroeping van Regulasie R.158 van 1 Februarie 1980**

- 26. Die Regulasies betreffende Private Hospitale en Losstaande Operasietateereenhede, Regulasie No. R.158 van 1 Februarie 1980, gepubliseer in Staatskoerant N. 6832, word hierby herroep vir sover hulle van toepassing is of betrekking het op private hospitale en losstaande operasietateereenhede in die Provinsie.

#### **Oorgangsbepalings**

- 27. (1) (a) Behoudens paragrawe (b) en (c) word 'n private gesondheidsinstelling wat ten tyde van die inwerkingtreding van hierdie Regulasies geldig gelisensieer was ingevolge die Regulasies betreffende Private Hospitale en Losstaande Operasietateereenhede, Regulasie No. R.158, afgekondig op 1 Februarie 1980 in Staatskoerant No. 6832, geag ingevolge hierdie Regulasies geregistreer te wees;
- (b) 'n Private gesondheidsinstelling beoog in paragraaf (a) sal geag word aan te hou om ingevolge hierdie Regulasies geregistreer te wees slegs indien dit bly voldoen aan die vereistes van Regulasie No.R.158 in daardie paragraaf bedoel.
- (c) Daar moet ten opsigte van enige verandering aan 'n private gesondheidsinstelling in paragraaf (a) bedoel of die dienste daarin gelewer, aansoek gedoen word ingevolge hierdie Regulasies, waarvan die bepaling op daardie verandering van toepassing is.
- (2) Die eienaar van 'n private gesondheidsinstelling wat nie reeds ingevolge die regulasie bedoel in subregulasie (1)(a) geregistreer is nie, het ses maande vanaf die datum van inwerkingtreding van hierdie Regulasies om te verseker dat die private gesondheidsinstelling aan die bepaling van hierdie Regulasies voldoen, maar in die geval van instellings by hierdie subregulasie beoog, dien die spesifikasies in Aanhangsel "B" beoog, slegs as riglyne en as absolute vereistes nie.

#### **Voorbehoudsklousule**

- 28. Enige kennisgewing, bevel, besluit, goedkeuring, toestemming, magtiging, inligting of dokument uitgereik, geneem, verleen of verskaf en enige ander stappe gedoen kragtens enige bepaling van Regulasie No. R.158, indien nie onbestaanbaar met die bepaling van hierdie Regulasies nie, moet geag word uitgereik, geneem, verleen, verskaf of gedoen te gewees het kragtens die ooreenstemmende bepaling van hierdie Regulasies.

#### **Titel en datum van inwerkingtreding**

- 29. Hierdie Regulasies heet die Regulasies betreffende Private Gesondheidsinstellings en tree in werking op 1 Julie 2001.

## AANHANGSEL A

## DEPARTEMENT VAN GESONDHEID: PROVINSIE WES-KAAP

## AANSOEK OM 'N LISENSIE AS 'N PRIVATE GESONDHEIDSINSTELLING INGEVOLGE REGULASIE P.K. 187 VAN 2001

DIE DEPARTEMENTSHOOF  
DEPARTEMENT VAN GESONDHEID  
POSBUS 2060  
KAAPSTAD  
8000

Aansoek word hierby gedoen om 'n lisensie vir die volgende private gesondheidsinstelling, waarvan besonderhede vir die jaar eindigende 31 Desember 20\_\_ hieronder verskaf word.

## VORM 1

## DEEL A

**NUWE AANSOEKE TEN OPSIGTE VAN AKUTE EN NIEAKUTE PRIVATE GESONDHEIDSINSTELLINGS**  
(Hierdie afdeling is verpligtend en moet deur alle aansoekers ingevul word)

1. Naam van voorgestelde private gesondheidsinstelling

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2. In watter gebied sal die private gesondheidsinstelling gebou word?

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3. Is die perseel reeds aangekoop vir genoemde instelling?

Indien 'n perseel nog nie aangekoop is nie, moet die aansoeker volle besonderhede van die perseel aan die Departement verskaf wanneer so 'n perseel aangekoop is.

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4. Sal daar enige ander geboue en/of aktiwiteite as die voorgestelde private gesondheidsinstelling op die perseel wees? Indien wel, verskaf besonderhede.

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5. Naam, adres en kontakbesonderhede van aansoeker.

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6. Hoeveel ander lisensies vir private gesondheidsinstellings besit u nasionaal? Verskaf besonderhede van ander gelisensieerde instellings, soos wanneer die lisensies toegestaan is en vir watter tydperk, die getal beddens en operasiesale en die ligging.

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(Gebruik aparte vel, indien nodig)

7. Naam, adres en kontakbesonderhede van ontwikkelaar.

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8. Registrasienommer van maatskappy of beslote korporasie.

## AFDELING B

### NUWE AKUTE PRIVATE GESONDHEIDSINSTELLINGS

9. Getal beddens/operasiesale waarvoor aansoek gedoen word:

Volwassenes:	(i).	Medies	_____
	(ii).	Sjirurgies	_____
Kraam:	(i).	Obstetrie	_____
	(ii).	Babas	_____
Intensiewe sorg:	(i).	Volwassenes	_____
	(ii).	Pediatrics	_____
	(iii).	Neonataal	_____
Hoërsorg:	(i).	Volwassenes	_____
Pediatrics:			_____
Dagbeddens:			_____
Isolasiebeddens:			_____
Psigiatrics:			_____
Dwelmmisbruik:			_____
Gespesialiseerde eenhede:			_____
Ander:			_____
TOTAAL			_____
Klein teater			_____
Groot teater			_____
Eerstestadiumkamers			_____
Bevallingskamer			_____
Noodeenhede			_____
Resussiteringskamers			_____
Lasereenheid			_____
Kat.lab.			_____
Hemodialise			_____
Prosedurekamer			_____
Gespesialiseerde eenhede			_____
Ander			_____

10. Getal mediese personeel wat in diens geneem gaan word.

	MEDIES	TANDHEELKUNDIG	SPESIALISTE (SPESIFEER SPESIALITEITSTERREIN)
VOLTYDS			
DEELTYDS			

11. Getal verpleegpersoneel in diens.

	GEREGI- STREERDE PROFESIONEEL	GEREGIS- TREERDE STUDENT	INGESKREWE	INGESKREWE LEERLING	INGESKREWE ASSISTENT	INGESKREWE LEERLING- ASSISTENT
VOLTYDS						
DEELTYDS						

12. Ander voltydse geregistreerde personeel in diens. As daar is, spesifiseer.

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13. Ander deelytdse geregistreerde personeel in diens. As daar is, spesifiseer.

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14. Is u voornemens om verpleegopleiding in basiese en na-basiese kursusse aan te bied? Indien wel, spesifiseer.

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15. Personeel van aanvullende gesondheidsdiens

- (i) Administratiewe personeel \_\_\_\_\_
- (ii) Bestuur \_\_\_\_\_
- (iii) Algemene assistent(e) \_\_\_\_\_
- (iv) Instandhoudingspersoneel \_\_\_\_\_

16. Meld hoe die getal beddens vasgestel is.

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(Gebruik aparte vel, indien nodig)

17. Watter kliniese dissiplines gaan in die voorgestelde instelling beoefen word?

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(Gebruik afsonderlike vel, indien nodig)

18. Wat is die omvang van die huidige aanvraag na die dienste wat verskaf sal word?

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(Gebruik afsonderlike vel, indien nodig)

19. Verskaf gedetailleerde inligting oor elke diens wat verskaf gaan word en hoe die aanvraag bereken word.

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(Gebruik afsonderlike vel, indien nodig)

20. In watter mate sal die voorgestelde instelling voorsien in die aanvraag na sulke dienste?

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(Gebruik afsonderlike vel, indien nodig)

21. Het u in u berekenings en projeksies rekening gehou met bestaande private- asook openbaresektor-fasiliteite?

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22. Verskaf 'n kaart van die toevoergebied en dui alle ander gesondheidsinstellings (openbaar en privaat) in die toevoergebied aan.

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23. Verskaf 'n kopie van u doenlikheidstudie. Indien 'n kopie nie verskaf word nie, gee redes waarom nie.

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24. Verskaf gedetailleerde redes wat ooreenstem met die maatstawwe in regulasie 9 uiteengesit, waarom hierdie voorgestelde instelling goedgekeur behoort te word.

(Gebruik aparte vel, indien nodig)

25. Enige ander inligting wat as nodig beskou word vir hierdie aansoek.

(Gebruik 'n afsonderlike vel, indien nodig)

#### AFDELING C:

#### NUWE NIEAKUTE PRIVATE GESONDHEIDSINTELLINGS

(moet ingevul word deur alle nieakute gesondheidsinstellings wat bestaan maar nog gelisensieer moet word en nieakute gesondheidsinstellings wat nog nie bestaan nie)

#### MOENIE ANTWOORD WAAR NIE VAN TOEPASSING NIE

26. Meld tipe instelling waarvoor aansoek gedoen word (bv. oorgang, subakuut, rehabilitasie, langtermyn, hospitium, herstel)

27. Is u lid van 'n gehalte-versekeringsgroep? Indien wel, verskaf besonderhede.

28. Het u enige bestuurde sorg of dergelike reëling met enige gesondheidsbepofndser/ werkgewer?

29. Getal beddens waarvoor aansoek gedoen word en die kategorieë van dienste wat gelewer gaan word?

(Gebruik aparte vel, indien nodig)

30. Getal mediese personeel wat in diens geneem gaan word.

	MEDIES	TANDHEEL- KUNDIG	SPESIALISTE (SPESIFISEER SPESIALITEITERRREIN)
VOLTYDS			
DEELTYDS			

31. Getal verpleegpersoneel in diens.

	GEREGIS- TREETE PROFESSIONEEL	STUDENT	INGESKREWE	INGESKREWE STUDENT	INGESKREWE ASSISTENT	INGESKREWE LEERLING- ASSISTENT
VOLTYDS						
DEELTYDS						

32. Ander voltydse geregistreeerde personeel in diens. As daar is, spesifiseer.



33. Ander deelytdse geregistreerde personeel in diens. As daar is, spesifiseer.

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34. Is u voornemens om verpleegopleiding in basiese en na-basiese kursusse aan te bied? Indien wel, spesifiseer.

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35. Personeel van aanvullende gesondheidsdienste:

- (i). Administratiewe personeel \_\_\_\_\_
- (ii). Bestuur \_\_\_\_\_
- (iii). Algemene assistent(e) \_\_\_\_\_
- (iv). Instandhoudingspersoneel \_\_\_\_\_

36. Meld hoe die getal beddens vasgestel is.

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(Gebruik aparte vel, indien nodig)

37. Watter kliniese dissiplines gaan in die voorgestelde instelling beoefen word?

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(Gebruik afsonderlike vel, indien nodig)

38. Wat is die omvang van die huidige aanvraag na die dienste wat verskaf sal word?

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(Gebruik afsonderlike vel, indien nodig)

39. Verskaf gedetailleerde inligting oor elke diens wat verskaf gaan word en hoe die aanvraag bereken word.

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(Gebruik afsonderlike vel, indien nodig)

40. In watter mate sal die voorgestelde instelling voorsien in die aanvraag na sulke dienste?

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(Gebruik afsonderlike vel, indien nodig)

41. Het u in u berekenings en projeksies rekening gehou met bestaande private- asook openbaresektor-fasiliteite?

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---

42. Verskaf 'n kaart van die toevoergebied en dui alle ander gesondheidsinstellings (openbaar en privaat) in die toevoergebied aan.

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43. Verskaf 'n kopie van u doenlikheidstudie. Indien 'n kopie nie verskaf word nie, gee redes waarom nie.

---

---

44. Verskaf asseblief redes vir die instelling en heg stawende dokumentasie aan om die beoordeling van die aansoek aan die hand van regulasie 9 te rig.

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(Gebruik aparte vel, indien nodig)

45. Sal u enige buitepatiëntdienste verskaf?

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46. Enige ander inligting wat as nodig beskou word vir hierdie aansoek.

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(Gebruik 'n afsonderlike vel, indien nodig)

**Ek sertifiseer hierby dat bostaande besonderhede waar en juis is.**

**Plek**

**Datum .....**

**Kantoor/Posisie bekleer .....**

**Handtekening.....**

**VORM 2****AFDELING A****AANSOEKE VIR DIE UITBREIDING VAN BESTAANDE AKUTE PRIVATE GESONDHEIDSINSTELLINGS  
(moet ingevul word deur aansoekers wat om die uitbreiding van hul gelisensieerde private gesondheidsinstelling aansoek doen)**

47. Naam van private gesondheidsinstelling.

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48. Straatadres.

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49. Erfno. \_\_\_\_\_

50. Naam, adres en kontakbesonderhede van aansoeker.

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51. Registrasienommer van maatskappy of beslote korporasie.

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52. Indien beskikbaar, naam en adres van mediese praktisyn of geregistreerde verpleegkundige en vroedvrou wat in bevel sal wees.

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53. Indien 'n mediese praktisyn in beheer sal wees, naam en kwalifikasie van die geregisreerde verpleegkundige en vroedvrou wat in beheer van verpleegdienste sal wees.

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**PRIVATE GESONDHEIDSINSTELLINGS**

54. Getal en tipe bestaande gelisensieerde beddens:

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55. Getal bestaande operasiesale:

- |                                |       |
|--------------------------------|-------|
| (i) Klein                      | _____ |
| (ii) Groot                     | _____ |
| (iii) Kraam                    | _____ |
| (iv) Eerstestadiumkamers       | _____ |
| (v) Bevallingskamers           | _____ |
| (vi) Noodeenhede               | _____ |
| (vii) Resussiteringskamers     | _____ |
| (viii) Lasereenheid            | _____ |
| (ix) Kat.lab                   | _____ |
| (x) Hemodialise                | _____ |
| (xi) Prosedurekamers           | _____ |
| (xii) Gespesialiseerde eenhede | _____ |
| (xiii) Ander                   | _____ |
| Totaal                         | _____ |

56. Getal beddens/operasiesale waarvoor aansoek gedoen word:

Volwassenes:	(i).	Medies	_____
	(ii).	Sjirurgies	_____
Kraam:	(i).	Obstetrie	_____
	(ii).	Babas	_____
Intensiewe sorg:	(i).	Volwassenes	_____
	(ii).	Pediatrics	_____
	(iii).	Neonataal	_____
Hoërsorg:	(i).	Volwassenes	_____
	(ii).	Pediatrics	_____
Dagbeddens:			_____
Isolasiebeddens:			_____
Psigiatry:			_____
Dwelmmisbruik:			_____
Gespesialiseerde eenhede:			_____
Noodeenhede			_____
Prosedurekamers			_____
Ander:			_____
TOTAAL			_____
Klein teater			_____
Groot teater			_____
TOTAAL			_____

57. Verskaf redes vir die noodsaaklikheid van bykomende beddens en/of operasiesale en/of veranderings in die kliniese funksie waarvoor aansoek gedoen word asook dokumentasie om die beoordeling van u aansoek aan die hand van regulasie 9 te rig.

(Gebruik afsonderlike vel, indien nodig)

58. Was daar enige strukturele en/of funksionele veranderings in pasiëntakkommodasie in die huidige jaar?

59. Getal verpleegpersoneel in diens op die datum van aansoek.

	GEREGI-STREERDE PROFESIONEEL	GEREGI-STREERDE STUDENT	INGESKREWE	INGESKREWE STUDENT	INGESKREWE ASSISTENT	INGESKREWE LEERLING-ASSISTENT
VOLTYDS						
DEELTYDS						

60. Getal mediese personeel in diens ten tyde van die aansoek.

	MEDIES	TANDHEELKUNDIG	SPESIALISTE (SPESIFISEER SPESIALITEITSTERREIN)
VOLTYDS			
DEELTYDS			

61. Ander voltydse geregistreerde personeel in diens. As daar is, spesifiseer

62. Ander deelydse geregistreerde personeel in diens. As daar is, spesifiseer.

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## AFDELING B

### BESTAANDE NIEAKUTE PRIVATE GESONDHEIDSINTELLINGS

(hierdie afdeling sal vir eers nie op die meeste nieakute private gesondheidsinstellings van toepassing wees nie, maar voorsiening moet gemaak word vir die insluiting daarvan aangesien dit toepaslik sal word na mate nieakute instellings gelisensieer word)

63. Tipe instelling: oorgang, subakuut, rehabilitasie, langtermyn, hospitium, herstel, ens.

---

64. Hoe lank word hierdie instelling reeds bedryf?

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65. Is u lid van 'n gehalte-versekeringsgroep? Indien wel, verskaf besonderhede.

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66. Datum van oorspronklike lisensie ingevolge hierdie Regulasies.

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67. Is enige vrystellings van nakoming van hierdie Regulasies aan die instelling verleen? Indien wel, verskaf besonderhede.

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68. Het u enige bestuurde sorg of dergelike reëling met enige gesondheidsbefondser/ werkgewer?

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69. Getal bestaande gelisensieerde beddens en die kategorieë van dienste gelewer.

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(Gebruik afsonderlike vel, indien nodig)

70. Wat was die gemiddelde bedbesetting en gemiddelde verblyfsduur vir die vorige kalenderjaar?

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71. Watter verhouding (%) pasiënte is in die afgelope kalenderjaar uit die instelling ontslaan

- (i). In minder as een week \_\_\_\_\_
- (ii). In meer as drie dae maar minder as een week \_\_\_\_\_
- (iii). In een tot drie maande \_\_\_\_\_
- (iv). In meer as drie maande \_\_\_\_\_
- (v). Geen moontlikheid van ontslag nie \_\_\_\_\_

72. Watter verhouding (%) pasiënte wat opgeneem is, is gevalle wat weer opgeneem is binne:

- (i) 3 maande \_\_\_\_\_
- (ii) 6 maande \_\_\_\_\_
- (iii) 1 jaar \_\_\_\_\_

73. Watter verhouding (%) pasiënte wat oor die afgelope kalenderjaar opgeneem is, was:

- (i) Post-sjirurgies (wat traksie, dreinerings of wondversorging nodig gehad het?)
- (ii) Post-mediesesiektetoestand (bv beroerte) of wat laegraadse medieseingrypings (rehidrasie, IV, antibiotika, suurstof) nodig gehad het?

- (iii) Chroniese ongeskiktheid (geestelik, fisiek, bv dementia, hemiplegies)
- (iv) Terminaal siek (eindstadium)
- (v) Vir respytsorg
- (vi) Ander algemene rehabilitasie
- (vii) Pasiënte wat, pleks van akute hospitalisasie, opgeneem is vir 'n akute siektetoestand, besering of verergering van 'n siekteproses
- (viii) Pasiënte wat laeintensiteit-verpleegsorg nodig gehad het en wie se verblyfwaarskynlik langdurig sal wees
- (ix) Ander
74. Van pasiënte wat oor die afgelope kalenderjaar ontslaan is, watter verhouding (%) is ontslaan (moet nie deur hospitiums ingevul word nie): (moet nie deur hospitiums ingevul word nie)
- (i) Regstreeks huis toe \_\_\_\_\_
- (ii) Na 'n ander gemeenskapsgebaseerde fasiliteit \_\_\_\_\_
- (iii) Na 'n hospitaal \_\_\_\_\_
- (iv) Ander \_\_\_\_\_
75. Getal bykomende beddens vir volwassenes en pediatriese beddens waarvoor aansoek gedoen word: Meld die kategorieë van dienste wat ten opsigte van die bykomende beddens verskaf gaan word.
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- 
- 

76. Verskaf asseblief redes vir die bykomende beddens en heg stawende dokumentasie aan om die beoordeling van die aansoek aan die hand van regulasie 9 te rig.
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(Gebruik afsonderlike vel, indien nodig)

77. Getal voltydse en deeltydse verpleegkundiges by die instelling ten tyde van die aansoek:

KATEGORIE VAN PERSONEEL	GETAL PERSONEELLEDE	VOLTYDS	DEELTYDS
(a) Professionele Verpleegkundige			
(b) Ingeskrewe verpleegkundige			
(c) Ingeskrewe verpleegassistent			
(d) Sorgwerkers			

\* Sorgwerkers is werkers wat basiese steun en hulp verleen en help met daaglike leefaktiwiteite maar wat nie by die SARV geregistreer is nie.

78. Verskaf die instelling dienste wat deur ander professionele gelewer word?

Merk voltyds (VT)/deeltids (DT), SESSIONEEL

Geneeshere (spesifiseer)	
Fisioterapeute	
Beroepsterapeute	
Spraak- en gehoorterapeute	
X-straaldienste (spesifiseer)	
Reëlins vir 'n laboratoriumdiens vir patologiesdienste (spesifiseer)	
Mediese spesialiste (bv ortopediese chirurgie, psigiaters)	
Maatskaplike werker	
Apteker	
Dieetkundige	
Ander (spesifiseer)	

79. Hoe dikwels word u pasiënte gemiddeld geëvalueer?  
(Merk die mees toepaslike kategorie)

Halfuurliks	
Uurliks	
Tussen 1 en 4-uurliks	
Tussen 4 en 8-uurliks	
Tussen 8 en 24-uurliks	
Een keer daagliks	
Tussen een keer daagliks en een keer weekliks	
Minder as een keer weekliks	

80. Word die volgende behandelings by die instelling verskaf?

J/N

Orale antibiotika op voorskrif	
Binnearse medikasie	
Urinêre kateterisasie	
Monitering van bloeddruk	
Voorsiening van suurstof en suiging	
Ventilasie	
Elektrokardiografie	
Intubasie	
Defibrillasie	
Neus-maag-voeding	

81. Van die 100 pasiënte wat mees onlangs opgeneem is, watter persentasie is verwys deur:

'n Private hospitaal	
'n Private mediese praktisyen	
'n Private praktisyen uitgesonderd 'n private mediese praktisyen	
'n Openbare hospitaal	
'n Residensiële fasiliteit soos 'n ouetehuis	
'n Maatskaplike instelling uitgesonderd 'n residensiële fasiliteit	
'n Tradisionele geneser	
Regstreeks deur die familie	
Deur pasiënt self verwys	
Gevallebestuurder (bv Gehalteversekeringsorg)	
Ander (spesifiseer)	

82. Verskaf u enige buitepasiëntdienste?

Ek sertifiseer hiermee dat bostaande besonderhede waar en juis is.

Plek .....

Datum .....

Kantoor/posisie beklee .....

.....

**Handtekening**

**BYLAE B****MINIMUM FISIESE EN BOUVEREISTES****Woordskrywings**

1. In hierdie vereistes, tensy uit die samehang anders blyk, beteken:

“administratiewe beheergebied” ’n vertrek met ’n aparte ingang wat apart staan van die verpleegeenheid en wat vir administratiewe beheer, navrae, die opneem van pasiënte en die bewaring van rekords gebruik word;

“afgebakende gebied” ’n gebied waar toegang sowel beperk as beheer word om maksimum privaatheid en die veiligheid van pasiënte te verseker;

“dagsaal” ’n saal wat pasiënte wat vir ’n tydperk van minder as 12 uur postoperatief opgeneem moet word of postoperatiewe waarneming of ander soorte sorg nodig het, in beddens of stoele akkommodeer;

“handwasbak” ’n wasbak met langsaan fasiliteite om die hande droog te maak;

“herstelkamer” of “herstelgebied” die deel van die operasiesaaleenheid wat spesiaal vir onmiddellike postoperatiewe herstel, resussitering, verpleging en spesiale versorging van pasiënte opsy gesit is, totdat die pasiënte geag word genoegsaam te herstel het om veilig uit die operasiesaaleenheid verwyder te word;

“hoofkombuis” ’n fasiliteit wat vir die ontvangs, stoor en bereiding van maaltye, spesiale diëte en drinkgoed toegerus is;

“hoogte” die vertikale afmeting van die bokant van die afgewerkte vloer tot by die onderkant van die plafon;

“hougebied” of “induksiekamer” ’n gebied of vertrek waar voor-operatiewe pasiënte onderweg na ’n prosedurekamer/operasiesaal geïdentifiseer, deurlopend deur verpleegpersoneel gemoniteer en vir sjirurgiese/ingrypende prosedures voorberei word totdat daardie pasiënte na die operasiesaaleenheid oorgeplaas word;

“kliniese handwasbak” ’n wasbak waarvoor die hande nie gebruik word nie, met fasiliteite om die hande droog te maak langsaan;

“kraameenheid” ’n eenheid waar babas verlos word en moeders en babas nageboortesorg ontvang; “Nasionale Bouregulasies” Nasionale Bouregulasies SABS 0400;

“nieverpleegkant” die kant van ’n bed oorkant die verpleegkant;

“noodeenheid” ’n eenheid waar mediese nooddienste aan lede van die publiek gelewer word;

“omvattende binnepatiëntrehabilitasie-eenheid” ’n fasiliteit wat voorsiening maak vir terapeutiese programme wat post-akute en medies stabiele pasiënte met oorblywende ongeskikthede weens sjirurgie, siekte of trauma in staat stel om hul optimale fisieke, sensoriese, intellektuele en sosiaal-funksionele vlakke te herwin en te handhaaf en hulle dus die maksimum onafhanklikheid bied;

“ondeurdringbaar” ondeurdringbaar vir vloeistowwe;

“operasiekamer” ’n vertrek in ’n operasiesaaleenheid waar sjirurgiese of ander ingrypende prosedures uitgevoer word;

“operasiesaaleenheid” vertrekke in die afgebakende gebied waar sjirurgiese ingrepe uitgevoer word of steun vir dié sjirurgiese bedrywighede gebied word;

“plattegrondafmetings” die horisontale afmetings tussen afgewerkte muuropervlakke buiten uitsteeksels;

“prosedurekamer” ’n vertrek waarin bepaalde beperkte prosedures wat gewoonlik minder as ’n uur duur, uitgevoer kan word sonder om van algemene narkose gebruik te maak, onder meer die toewerk van snye, endoskopie-ondersoeke, plaaslike verdoving, verwydering van vel-latsels, biopsies, geslote reduksies en soortgelyke prosedures;

“saalkombuis” die vertrek wat ’n geïntegreerde deel van ’n verpleegeenheid of—eenhede uitmaak en gebruik word vir die bereiding van versnaperings en drinkgoed, maar nie die bereiding en gaarmaak van maaltye nie; dit sluit ook die gebied vir die verhitting, stoor en verkoeling van maaltye in;

“skoon nuskamer” ’n vertrek waarin daar aparte en toe kasruimte is om onderskeidelik skoon linne, gesteriliseerde pakke, verbande, steriele toerusting en farmaseutiese voorrade te stoor;

“skoonmakerskamer” ’n vertrek waar skoonmaaktoerusting gestoor, skoon water getap, met vuil water weggedoen word, en skoonmaaktoerusting gewas en gedroog word;

“spoeikamer” ’n vertrek waar bedpanne en urinebottels geleë, skoongemaak en gestoor word; “steriliserings- en ontsmettingseenheid” ’n fasiliteit om steriele en ontsmette instrumente en ander herbruikbare materiaal te ontvang, te dekontamineer, voor te berei, te verpak, te steriliseer, te stoor en uit te reik;

“toerustingstoorkamer” ’n vertrek waar toomkettings, traksiegerei en ander algemene toerusting gestoor word;

“verpleegkant” die kant van ’n bed aan die regterkant van ’n pasiënt wat op sy of haar rug lê;

“verpleegsterspos” die beheerpunt vir alle bedrywighede in die pasiëntversorgingsgebiede;

“vloeroppervlakte per bed” die bedgebied en die omringende gebied wat aan daardie bed toegewy is;

“vuilinne- en afvalkamer” ’n vertrek waar vuil linne en afval byeengebring en tydelik gestoor word;

“wegdoening met mediese afval” die veilige, doeltreffende en higiëniese wegdoening met mediese afval.



2. Vir die doeleindes van hierdie vereistes, waar daglig ter sprake is, word daaraan voldoen as die vertrek op 'n atrium of binnehof uitloop, of as daar 'n dakvenster is, mits dit die privaatheid van die vertrek of ruimte nie in die gedrang bring nie. Boonop kan daglig deur middel van 'n glasmuur uit 'n aangrensende vertrek verkry word, mits die aangrensende vertrek binne dieselfde eenheid is. Glas in 'n muur is genoeg versperring tussen eenhede, tensy sterilisasie/higiëne in gedrang kom.

#### Alle toepaslike regulasies en wette

3. Uitgesonderd waar hierdie vereistes anders lui, moet die oprigting van 'n private gesondheidsinstelling aan die volgende algemene bouregulasies voldoen:
- (1) SABS 0142—Bedrading van Persele
  - (2) SABS 0400—Nasionale Bouregulasies
  - (3) SABS 051—Deel 3 Hantering en Stoor van Mediese Gas
  - (4) SABS 1409—Uitgangskokke vir Mediese Gas
  - (5) SABS 0224—Nievvlambare mediese gas-pypleiding
  - (6) SABS 0114—Beligtingsvereistes
  - (7) Wet op Beroepsgesondheid en Veiligheid;
  - (8) Alle plaaslike munisipale verordeninge en regulasies
  - (9) Regulasies van die Plaaslike Elektrisiteitsowerheid
  - (10) Enige ander toepaslike wette en regulasies

#### Sertifisering van vereistes vir ingenieursdienste

4. Die eienaar van 'n private gesondheidsinstelling moet elke 12 kalendermaande laat sertifiseer dat daar aan vereistes 6 tot 22 voldoen is. Die eienaar moet op versoek 'n geldige sertifikaat aan 'n inspeksiebeampte toon.
5. Alle lugversorgingstelsels moet met tussenposes van hoogstens een maand tussen inspeksies versien en geïnspekteer word. Die eienaar moet inspeksieverslae op versoek aan 'n inspeksiebeampte toon. Die inspeksieverslag moet die sesmaandelikse rekords van toetse ten opsigte van die toestand van filters, die waaierkamer, leibane, meters, beheerpanele en verkoelings- en verhitingsstelsels aandui. Lugvolumes en temperature moet met ontwerpsyfers vergelyk word. Enige gebreke moet onmiddellik reggestel word.

#### Algemene bouvereistes

6. Tensy waar hierdie vereistes anders lui, moet 'n private gesondheidsinstelling aan die volgende vereistes voldoen:
- (1) Deure wat toegang verleen tot vertrekke waar pasiënte geakkommodeer of behandel word of gaan word, moet minstens 1,2 m breed wees.
  - (2) Die deure van was- en toiletgeriewe vir pasiënte moet met standaardnoodvrystellingslotte toegerus wees. Die deure moet van buite af oopgemaak kan word.
  - (3) Gange waarlangs pasiënte vervoer word, moet 'n minimum onbelemmerde breedte (tussen mure gemeet) van 2,5 m vir operasiesaaleenhede en kraameenhede, en 1,9 m vir alle ander gebiede hê.
  - (4) Die vloere van alle vertrekke en gange wat nie met tapyt bedek is nie, moet van beton wees, met 'n gladde, ondeurdringbare, wasbare oppervlak of met 'n geskikte ondeurdringbare, wasbare materiaal bedek.
  - (5) Geen matte of vloerlyste van hout word in die operasie-saaleenheid, steriliseringseenheid, spoelkamer, kombuis, waskamers, prosedurekamers, wassery, skoonmakerskamer, skoonlinne-kamer, vuillinne-kamer, kraamkamer, behandelingskamers of noodeenheid toegelaat nie.
  - (6) Vloermateriale moet maklik skoongemaak kan word, met gepaste slytbestandheid na gelang van die besondere vereistes van 'n spesifieke gebied. In gebiede soos badkamers, toilette, kombuise en dergelyke werkgebiede moet vloere waterdig wees. In alle gebiede wat dikwels aan nat skoonmaakmetodes blootgestel word, moet vloere nie fisies benadeel word deur kiemdodende skoonmaakmiddels nie. Vloere wat aan verkeer blootgestel word terwyl hulle nat is, moet 'n glyvaste oppervlak hê.
  - (7) Die vloer, mure en plafon van enige operasiesaaleenheid, kraamkamer en endoskopie-eenheid moet van 'n ondeurdringbare materiaal wees wat só aangebring word dat dit 'n aaneenlopende en gladde ondeurdringbare antibakteriële oppervlak bied, met inbegrip van die aansluiting van die muur en die vloer.
  - (8) Die binnemure moet in hul geheel met 'n gladde afwerking bedek wees, en met 'n duursame, ondeurdringbare bakteriewerende, wasbare verf geverf word, of met 'n soortgelyke wasbare bakteriewerende materiaal bedek wees.
  - (9) Agter elke handwasbak, kliniese handwasbak, opwasbak en vuilwatertregter moet daar tot 'n hoogte van minstens 500 mm, oor die breedte van die wasbak en vir 'n afstand van minstens 150 mm weerskante van dié montering 'n bykomende wasbare ondeurdringbare dekpaneel wees.
  - (10) Aparte, ingeslote vertrekke met geskikte ventilasie en sluitbare deure moet vir die tydelike stoor van mediese afval beskikbaar wees.
  - (11) 'n Verasser, deurweker of ander veilige wegdoenstelsel of reëling moet vir die wegdoening met mediese afval verskaf word, en dit moet aan die betrokke SABS-standaarde en alle statutêre regulasies voldoen.

- (12) Veelvlakgeboue moet voldoende hysbakke hê, met dien verstande dat —
- (i) minstens een hysbak groot genoeg moet wees om pasiënte in beddens met traksieapparaat daaraan veilig te vervoer; en
  - (ii) voldoende voorsiening gemaak moet word vir die geskikte verwydering van vuil linne, afval en vullis.
- (13) Die rigtingtekenstelsel moet voldoen aan die primêre funksie om besoekers/pasiënte die weg te wys na gebiede/departemente/sale/kamers wat hul normale bestemmings is, en om die branduitgange duidelik aan te dui. Alle gebiede of vertrekke met beperkte toegang moet duidelik met 'n toepaslike teken aangedui word.
- (14) Vereistes ten opsigte van akoestiek en geraasbeheer:
- (i) Klanktransmissie perke en algemene akoestiese in private gesondheidsinstelling moet ooreenstem met SABS 0218, Deel 1 Standard (G.G — “Gesondheidsgeboue” kategorie)
  - (ii) Klanktransmissie (DnT, w) moet bepaal word deur middel van toetse wat in ooreenstemming is met toetse soos uiteengesit in ISO R140 en R717 standaarde.
  - (iii) Diensgebiede, onder meer kombuise, hystoestelle, hysbak-masjienkamers, wasserye, garages, onderhoudskamers, ketels en werktuigkundigetoerusting-kamers en dergelike ruimtes waar hoë geraasvlakke gegenereer word, moet akoestiese behandeling kry. Werktuigkundige toerusting wat geleë is bo, of op dieselfde verdieping as, pasiëntkamers, kantore, verpleegstersposte en dergelike geokkupeerde ruimtes moet effektief van die vloer geïsoleer word ten einde die gewenste klanktransmissievlakke te verkry.

### Ventilasie

7. Alle dele van 'n private gesondheidsinstelling, buiten dié wat spesifiek in vereistes 8 en 9 gemeld word, moet natuurlike of kunsmatige ventilasie hê wat in ooreenstemming met die Nasionale Bouregulasies is.
8. Alle kombuise, wasserye en gebiede waar pasiënte geakkommodeer of behandel word, moet voldoen aan die gemakvereistes waarvoor in die Wet op Beroepsgeondheid en Veiligheid, 1993 (Wet 85 van 1993) voorsiening gemaak word.
9. (1) Alle operasiesaaeenhede moet lugversorging hê wat aan die volgende minimumstandaarde voldoen:

#### **Hoofoperasiesaal**

##### Laagstromingteater—klas 100

Hoeveelheid lug ongeveer 20001/s afhangende van die CALP-grootte.

Vars lug 5 wisselings per uur.

Filtrasie 0.5 mikron teen 99.97%—klas-100-teater, soos gemeet volgens EU 12 standaard DIN SPEC 24185.

Deeltjietellings en rooktoets een keer 'n jaar.

##### Nie-laagstroming—Skoon Lug Klas 1000

Hoeveelheid lug ongeveer 600—9001/s afhangende van die grootte van die teater (20 wisselings per uur)

Vars lug 5 wisselings per uur.

Filtrasie 0.5 mikron teen 99.97%—klas-1000-teater soos gemeet volgens EU 12 standaard DIN SPEC 24185.

Deeltjietellings en rooktoets een keer 'n jaar.

#### **Klein operasiesaal**

##### Minder belangrike prosedures, algemene teater—Klas 10000

Hoeveelheid lug ongeveer 600—9001/s afhangende van die grootte van die teater (20 wisselings per uur)

Vars lug 5 wisselings per uur.

Filtrasie 90—95% klas 10000 soos gemeet volgens EU standaard DIN SPEC 24185.

Deeltjietellings en rooktoets een keer 'n jaar.

- (2) Temperature in die operasiesaaeenheid moet tussen 22 en 25°C konstant bly, met 'n afwyking van hoogstens 1,5°C. 'n Verstelbare stelpunt is slegs nodig in operasiesaaeenhede waar gevalle van ernstige brandwonde behandel en operasieprosedures van langer as 45 minute gereeld op kinders onder 2 jaar uitgevoer word.
- (3) Temperature in apteke moet tussen 24 en 25°C konstant gehou word.
- (4) 'n Relatiewe humiditeit van 40-70% moet in stand gehou word.
- (5) Die omgewingstemperatuur in neonatale sale en kraamkamers mag nie onder 18°C wees nie.

**Elektriese installasies**

10. Uitgesonderd waar hierdie vereistes anders lui, moet private gesondheidsinstelling aan die volgende voldoen:

<b>AREA OF TAAK</b>	<b>MINIMUM GEMIDDELDE ILLUMINASIE (LUX)</b>	<b>OPMERKINGS</b>
<b>Ontvangs en Wagkamer:</b> Algemeen Werksoppervlakte en lesing	160 320	Taakbeligting
<b>Kantoor:</b> Lees en skryf Masjien werk Liassering	320 500 320	Wisselbaar by Taak beligting Taakbeligting
<b>Laboratorium:</b> Algemeen Geslote werk	400 500	Goeie kleurverskaffing Taakbeligting
<b>Aptek:</b> Algemeen Geslote werk	400 500	Goeie kleurverskaffing Taakbeligting
<b>Gange:</b> Klein Algemeen Saal Teater suite Ongevalle Saal gedurende die aand	100 160 200 200 320 10	Goeie kleurverskaffing
<b>Pasiënt koppenent:</b> Algemeen Lees Aand	160 50 5	Goeie kleurverskaffing opsioneel
<b>Hoërsorg koppenent:</b> Algemeen Algemene ondersoek Ontspanning Aand	160 320 50 5	Goeie kleurverskaffing opsioneel Lokaal beheerbaar Algemeen en taakbeligting
<b>ISE koppenent:</b> Algemeen Algemene ondersoek Ontspanning Aand	160 400 50 5	Goeie kleurverskaffing Lokaal beheerbaar Algemeen en taakbeligting
<b>Pediatrie koppenent:</b> Algemeen Ontspanning Aand	160 50 100	Goeie kleurverskaffing opsioneel Wisselbaar vir nag verpleging
<b>Neonatale saal:</b> Algemeen Ontspanning Aand	160 50 100	Goeie kleurverskaffing opsioneel Wisselbaar vir nag verpleging

<b>Verpleegsters Stasie:</b>		
Algemeen	320	
Aand	100	Wisselbaar vir nag verpleging
<b>Stoor Linne Sluice:</b>		
<b>Algemeen</b>	200	
<b>Ondersoek bank:</b>		Goeie kleurverskaffing
Algemeen	320	
<b>Prosedure kamer:</b>		Goeie kleurverskaffing
Algemeen	400	
<b>Resusitasie koppenent:</b>		Goeie kleurverskaffing
Algemeen	160	
Algemene ondersoek	400	
<b>Opskrop:</b>		Goeie kleurverskaffing
Algemeen	320	
<b>Uitsetting:</b>		Goeie kleurverskaffing
Algemeen	400	
<b>Teater Wagkamer:</b>		Goeie kleurverskaffing
Algemeen	320	
Ontspanning	160	
<b>Narkose Induksie Kamer:</b>		Goeie kleurverskaffing
Algemeen	320	
Ontspanning	160	
<b>Operasie Teater:</b>		Goeie kleurverskaffing
Algemeen	400	
Algemeen vir endoskopie werk	100	Wisselbaar
Operasie lig		Spesiaal
<b>Herstel kamer koppenent:</b>		Goeie kleurverskaffing
<b>Algemeen</b>	320	
<b>Algemene ondersoek</b>	400	
<b>X-straal:</b>		
Algemene voorbereiding,	200	
skoonmaak	100	Wisselbaar
Werk		

<b>X-straal Diagnosties:</b>		
Algemene voorbereiding,	320	
skoonmaak	50	Wisselbaar
Werk en stralings		
<b>Stralings terapie:</b>		
Algemene uitset, skoonmaak	320	
Werk en bestralings	100	Wisselbaar
<b>Bevallings kamer:</b>		Goeie kleurverskaffing
Algemeen	150	
Algemene ondersoek	400	
Bevalling		Spesiale mobiele eenheid
<b>Kraam saal:</b>		Goeie kleurverskaffing
Algemeen	150	
Algemene ondersoek	400	Waar van toepassing
<b>Kombuis:</b>		
Algemeen	320	
Voedsel voorbereiding	400	Goeie kleurverskaffing
<b>Werkswinkel:</b>		
Algemeen	320	
Werk stasie	400	
<b>Masjien kamers:</b>		
Algemeen	100	
Werk Areas	200	Taakbeligting
<b>Trappe:</b>	160	
<b>Hysers:</b>	160	
<b>Toilette en kleedkamers:</b>	100	

<b>Lykshuis:</b>		
Liggaam stoor	160	
Algemeen	320	
Ontleed Tafel		Spesiaal
<b>Telefoon Sentrale:</b>		
Algemeen	320	
Operatief	100	Wisselbaar
Struktuur en batery kamer	320	

11. Private gesondheidsinstellings moet 'n noodopwekker hê wat outomaties aanskakel en genoeg krag kan lewer om in die geval van 'n onderbreking in die hooftoevoer alle kritieke gebiede van die gesondheidsinstelling van elektrisiteit te kan voorsien. Kritieke gebiede is onder meer die volgende:
- (1) Beligtingseenhede in operasiesaaleenhede;
  - (2) Alle uitgangskokke met skakelaars asook ligte in operasiesale, intensiewesorg-eenhede, hoërsorgsale, neonatale sale, herstelkamers, kraamkamers, diensposte, branduitgange en noodeenhede;
  - (3) Nagligte in sale en saalgange.
  - (4) Alle uitgangskokke met skakelaars wat op enige plek in die gesondheidsinstelling vir lewensondersteuning gebruik word.
  - (5) Minstens een pasiënthysbak of hysbak wat 'n bed kan akkommodeer vir elke 200 pasiënte; en
  - (6) medieselugkompressors, vakuumpompe en gasalarm-stelsels.
12. Die kragtoevoer na uitgangskokke met skakelaars in intensiewesorg-eenhede en operasiesaaleenhede en herstelkamers moet aan 'n aardmoniteringstelsel gekoppel wees. Miniatuur-dubbelpoolstroombrekers moet vir toevorpeunte in dié gebiede gebruik word.
13. Wanneer 'n noodopwekker gebruik word, moet die beligtingseenhede vir 'n operasiesaaleenheid deur 'n ononderbreekbare kragtoevoer of batterystelsel bedien word.
14. 'n Ononderbreekbare kragstelsel moet vir beligtingseenhede in operasiesale en alle lewensondersteuning en rekenaarsstelsels voorsien word waar 'n kragonderbreking ontoelaatbaar is.

#### Gasse

15. In alle eenhede van 'n private gesondheidsinstelling waar pasiënte geakkommodeer of behandel word, buiten subakute en hospiesfasiliteite, wat moontlik 'n suurstofpypleiding en suigstelsel of 'n mobiele stelsel het, moet mediese gasse en vakuum deur pypleidings gelewer word. Mobiele gasdienste moet vir krisis beskikbaar wees.
- Die minimum dienste wat voorsien moet word, is:
- (1) Operasiesaaleenhede: suurstof, distikstofoksied, mediese lug, vakuum en opruiming;
  - (2) Intensiewesorg-eenhede en neonatale intensiewesorg-eenhede: mediese lug, suurstof en vakuum;
  - (3) Alle ander pasiëntgebiede: suurstof- en vakuum- pypleidingdienste.
16. Vir subakutesorgfasiliteite moet een mobiele suurstofsilinder per 10 pasiënte en een suigmasjien vir elke 10 pasiënte voorsien word.
17. 'n Gasalarmstelsel om gasse, buiten opruiming, te monitor moet geïnstalleer word in alle verpleegstersposte in die siekesaalkompleks waar personeel 24 uur per dag aan diens moet wees. 'n Slaafpaneel moet ook geïnstalleer word in die intensiewesorg-eenheid of in enige ander posisie waar dit duidelik sigbaar is. Dié alarmstelsel moet aan die noodkragtoevoer gekoppel wees.
18. Alle vakuum- en suurstofpypleidingstelsels moet 'n mobiele rugsteunstelsel hê, met personeel wat voldoende opgelei is om dit te bedien.
19. Mediese lug (lae druk) vir respiratoriese doeleindes moet teen 'n vaste pyplyndruk van 400 kPa voorsien word. Mediese lug (hoë druk) vir die aandrywing van sjirurgiese kraggereedskap moet teen 'n terminale gebruikdruk van tussen 700 kPa en 1000 kPa gelewer word, afhangende van die gereedskap/toerusting wat gebruik gaan word. Intensiewesorg-eenhede en operasiesaaleenhede moet van 'n rugsteunstelsel voorsien word.
20. Vir die opruiming van narkosegas moet 'n laedruk-suigstelsel wat uitgeasemde narkosegasse uit die pasiëntkringloop verwyder, voorsien word. Elke uitgangskok moet sy eie balanseerklap hê sodat die stelsel opeenvolgend van die verste uitgangskokpunt na die waaiermotor gebalanseer kan word.

#### Verpleegster-roepstelsels vereistes

21. 'n Roepstelsel by elke bed sodat die pasiënt 'n verpleegster na die bed kan ontbied.
22. 'n Noodroepstelsel in wasfasiliteite.

23. 'n Noodroepstelsel na die intensiewesorg-eenheid vanaf die hoërsorg-eenheid, neonatale intensiewesorg-eenheid, noodeenheid en operasiesaaieenhede en vanaf alle ander verpleegeenhede sodat bystand op die vlotste moontlike manier verleen kan word.

### **Verpleegeenhede**

#### *Algemene vereistes*

24. In 'n private gesondheidsinstelling moet voorsiening gemaak word vir pasiëntakkommodasie in een of meer verpleegeenhede of—sale, waar 'n saal uit een of meer verpleegeenhede kan bestaan.
25. 'n Verpleegeenheid wat uit hoogstens 36 beddens moet bestaan, moet aan die volgende vereistes voldoen:
- (1) Beddens in pasiëntsale moet natuurlike lig en ventilasie hê.
  - (2) 'n Verpleegsterspos moet sentraal wees en só geplaas wees dat fisiese toegang tot enige pasiënt wat sorg nodig het, nie belemmer of vertraag word nie. Dit moet 'n verpleegsters-roepstelsel, 'n toonbank en werkblad bevat, 'n telefoon vir interne en eksterne kommunikasie en 'n kliniese handwasbak.
  - (3) Daar moet genoeg sluitkaste vir die personeel se persoonlike besittings wees terwyl hulle aan diens is.
  - (4) Indien daar geen algemene ruskamer is nie, moet 'n ruskamer vir die personeel voorsien word. Dit moet in 'n private gebied wees en natuurlike lig en ventilasie hê.
  - (5) Daar moet voldoende was- en toiletfasiliteite vir pasiënte wees.
  - (6) 'n Personeeltoilet met 'n handwasbak moet voorsien word.
  - (7) 'n Saalkombuis moet voorsien word. Dit moet 'n vloeroppervlakte van minstens 4 m<sup>2</sup> hê, wat vir elke 10 beddens bo 20 beddens met 1,5 m<sup>2</sup> vergroot moet word. Dit moet minstens 'n enkel-opwasbak, werkblad en handwasbak bevat en kan met aanliggende verpleegeenhede gedeel word.
  - (8) 'n Skoon nutskamer met 'n vloeroppervlakte van minstens 5 m<sup>2</sup>, werkvlakke en 'n wasbak moet voorsien word.
  - (9) 'n Prosedurekamer kan voorsien word, in welke geval dit 'n vloeroppervlakte van minstens 10 m<sup>2</sup> moet hê en duursame en ondeurdringbare werkoppervlakke en 'n kliniese handwasbak moet bevat.
  - (10) Aparte stoorruimte vir saaltoerusting, pasiënte se besittings en die diverse items wat vir die bestuur en uitrusting van die verpleegeenheid nodig is, moet voorsien word. Dié stoorplek kan met aanliggende verpleegeenhede gedeel word.
  - (11) 'n Spoelkamer met minstens 'n handwasbak, 'n spoelbak en bedpan- en urinebottelrakke teen die muur moet voorsien word. Urinebottelrakke is nie in vrouesale nodig nie. Die spoelbak kan deur 'n bedpanwas-/wegdoeneenheid tesame met 'n huishoudelike opwasbak vervang word.
  - (12) 'n Skoonmakerskamer met rakke, lae opwasbak of vuilwatertregter met krane op 'n geskikte hoogte om emmers vol te tap, en hake vir dweile moet voorsien word, maar hierdie fasiliteit kan deel uitmaak van die spoelkamer.
  - (13) Daar moet 'n vuillinne- en afvalkamer wees, maar dit kan deel uitmaak van die spoelkamer.
26. Die vloeroppervlakte van 'n spoelkamer wat ingevolge vereiste 25(11) voorsien moet word, moet minstens 5 m<sup>2</sup> wees, tensy —
- (1) óf die skoonmakerskamer óf die vuillinne- en afvalkamer by die spoelkamer ingesluit is, in welke geval die vloeroppervlakte minstens 7 m<sup>2</sup> moet wees; of
  - (2) sowel die skoonmakerskamer as die vuillinne- en afvalkamer by die spoelkamer ingesluit is, in welke geval die vloeroppervlakte minstens 9 m<sup>2</sup> moet wees.
27. Die vloeroppervlakte van die skoonmakerskamer en die vuillinne- en afvalkamer moet albei minstens 5 m<sup>2</sup> wees, tensy hulle deel uitmaak van die spoelkamer.

#### *Pasiëntkamers*

28. Pasiëntkamers moet aan die volgende vereistes voldoen:
- (1) Die vloeroppervlakte van enige enkelbedkamer moet minstens 10 m<sup>2</sup> wees, en vir 'n veelbedkamer moet dit 7,5 m<sup>2</sup> wees.
  - (2) Hoogstens 6 pasiënte per pasiëntkamer word toegelaat, buiten in die geval van intensiewesorgeenhede, hoërsorgeenhede en neonatale sale.
  - (3) In enkelbedkamers moet die muurlengte minstens 2,6 m by die koppenent van die bed wees.
  - (4) In alle pasiëntkamers moet voorsiening gemaak word vir 'n minimum ruimte van—
    - (i) 600 mm tussen die nieverpleegkant van 'n bed en die naaste muur aan daardie kant;
    - (ii) 900 mm tussen die verpleegkant van 'n bed en die naaste muur aan daardie kant;
    - (iii) 900 mm tussen die kante van beddens wat langs mekaar staan;
    - (iv) 1,2 m tussen die voet van 'n bed en die oorkantse muur of 1,5 m tussen die voet van 'n bed en die oorkantse bed.
  - (5) Voorsiening moet gemaak word vir behoorlike afskerming tussen beddens.

- (6) Behalwe in die geval van 'n ouer en kind moet volwassenes en kinders onder 12 jaar in aparte kamers geakkommodeer word. Indien aparte akkommodasie vir volwassenes en kinders onder 12 jaar egter onprakties is vir behandelingsdoeleindes, moet daar behoorlike afskerming wees.
- (7) Elke pasiëntkamer moet toegang tot 'n gang hê.
- (8) 'n Kliniese handwasbak moet in elke pasiëntkamer aangebring word.

#### **Wasfasiliteite**

29. 'n Wasfasiliteit vir persone met ongeskikthede, met 'n vrystaande bad of rolstoelstort en 'n rolstoeltoilet, moet per verpleegeenheid voorsien word. Vir besoekers moet daar op elke verdieping minstens een toilet waar hulp aan die gebruiker daarvan verleen kan word, voorsien word.
30. Waar verskeie pasiëntkamers was- en toiletfasiliteite deel, moet die volgende voorsien word:
  - (1) minstens een bad of stort per 12 pasiënte of gedeelte daarvan;
  - (2) een handwasbak per 6 pasiënte of gedeelte daarvan in die wasgebied indien wasfasiliteite en toilette nie in dieselfde gebied geleë is nie;
  - (3) minstens een toilet per 6 pasiënte of gedeelte daarvan;
  - (4) minstens een handwasbak vir elke twee toilette, tensy toilette een-een geplaas is, in welke geval een handwasbak vir elke toilet nodig is; en
  - (5) aparte wasfasiliteite vir manlike en vroulike pasiënte.

#### **Dagsale**

31. 'n Dagsaal moet voldoen aan vereistes 24 tot 27, wat op 'n verpleegeenheid van toepassing is, behalwe dat —
  - (1) daar minstens een bad of stort wat toelaat dat hulp aan die pasiënt verleen kan word, vir elke twaalf pasiënte moet word;
  - (2) aparte kamers vir pasiënte nie nodig is nie, mits daar behoorlike afskerming is.

#### **Pediatriese eenhede**

32. Bo en behalwe wat in vereistes 24 tot 27 uiteengesit is, moet pediatriese eenhede aan die volgende vereistes voldoen:
  - (1) Daar moet minstens een bababad vir elke 10 babas wees. Daarna moet een bababad vir elke bykomende 15 babas voorsien word. Draagbare wiegies met wasfasiliteite kan gebruik word, in welke geval daar 'n kraan moet wees om die waswiegies te vul, en 'n lae wasbak om die waswiegies in te ledig.
  - (2) 'n Toegewyde melkkombuis is nodig indien daar meer as 20 pediatriese beddens of wiegies in die gesondheidsinstelling is. Dit kan met 'n neonatale saal gedeel word. As daar minder as 20 beddens of wiegies in die eenheid is, kan babakos in 'n spesiale deel van die saalkombuis berei word. Daar moet 'n wasfasiliteit met 'n dubbele opwasbak en handwasbak wees.
  - (3) 'n Behandelingskamer moet voorsien word.
  - (4) 'n Isolasiemasie moet vir elke 15 wiegies of beddens voorsien word. 'n Kliniese handwasbak moet in elke fasiliteit aangebring word, en ventilasie moet so ontwerp word dat kruisinfeksie deur die lug verhoed word. Sulke Isolasiemasie moet toegang tot 'n spoelkamer hê, en toegang mag nie verkry word deur gebiede waar pasiënte behandel of geakkommodeer word nie.
  - (5) Alle beddens/wiegies moet deur middel van glasmure of sigpaneel regstreeks vanaf die verpleegsterspos of vanaf 'n aanliggende gang sigbaar wees.
  - (6) Met die oog op kinders moet voorsiening gemaak word vir spesiale veiligheidsmaatreëls ten opsigte van elektriese kragsokke en skakelaars, deurslotte en vensterknippe en warmwatertoevoer.
  - (7) Toereikende toegangs- en sekuriteitsbeheermaatreëls moet by ingange, uitgange, nooduitgange en vensters voorsien word.
  - (8) Voorsiening moet gemaak word vir geskikte sit- en speelgebiede, met 'n sigpaneel vir toesig deur verpleegpersoneel, waar nodig.
  - (9) Behoorlik afgeskermdede dele vir borsvoeding moet in die saal beskikbaar wees.

#### **Kraameenhede en obstetriese eenhede in private gesondheidsinstellings**

33. Bo en behalwe vereistes 24 tot 27, soos op verpleegeenhede van toepassing, moet 'n kraameenheid minstens die volgende hê:

#### **Kraameenhede**

- (1) 'n voorgeboortekliniek met 'n waggebied en enkel- konsultasiekamers
- (2) diagnoseerkamer
- (3) voorgeboortesaal
- (4) voorbereidingskamer;
- (5) kraamkamer;
- (6) babaresussiteringsgebied

- (7) nageboortesaal
- (8) neonatale saal
- (9) saal vir langdurige verblyf (bv Kangaroo-moedersorg)
- (10) postnatale ondersoek kamer
- (11) onmiddellike toegang tot ambulansdiens
- (12) hokkies/afskortings vir borsvoeding.

#### **Obstetriese eenhede in private gesondheidsinstelling**

- (1) minstens een voorbereidingskamer met wasfasiliteite;
  - (2) minstens een kraamkamer
  - (3) 'n nageboortesaal met verblyfgeriewe;
  - (4) toegang tot operasiesaal
  - (5) toereikende versekeringsmaatreëls by ingange, uitgange en vensters
  - (6) Personeelkleedkamers en skropfasiliteit.
34. Behoudens hierdie vereistes kan obstetriese eenhede die volgende insluit:
- (1) voorgeboortebeddens
  - (2) eerstestadiumkraamkamers
  - (3) 'n neonatale saal
  - (4) 'n neonatale intensiewesorg-eenheid.

#### ***Diensgebiede***

35. 'n Diensgebied moet in ooreenstemming met vereistes 24 tot 27 in 'n obstetriese eenheid voorsien word, mits die vuillinnekamer bykomende voorsiening moet maak vir toerusting en vir die ondersoek, behoud en wegdoening van plasentas.

#### ***Kraamkamers***

36. Indien daar net een kraamkamer is, moet minstens een bykomende kamer vir die eerste kraamstadium voorsien word.
37. Indien daar meer as een kraamkamer is, is 'n bykomende kamer vir die eerste kraamstadium opsioneel.
38. Die vloeroppervlakte van 'n kraamkamer moet minstens 17 m<sup>2</sup> wees, en die lengte van die muur by die koppenent van die bed minstens 3,6 m.
39. 'n Kliniese handwasbak moet in elke kraamkamer wees.
40. Vakuüm en suurstof moet in elke kraamkamer voorsien word, en die plasing daarvan moet vir sowel moeder as baba geskik wees.
41. In elke keisersnee-/kraamkamer met 'n minimum vloeroppervlakte van 3,6 m<sup>2</sup> bo en behalwe die vereiste vloeroppervlakte moet fasiliteite vir die verwarming van babas wees.
42. Vir elke bed moet minstens agt krag sokke met skakelaars beskikbaar wees. Dit moet so aangebring word dat dit geskik geleë is vir sowel moeder as baba.

#### ***Kamers vir die eerste kraamstadium***

43. 'n Kamer vir die eerste kraamstadium moet 'n vloeroppervlakte van 10 m<sup>2</sup> vir een bed en 15 m<sup>2</sup> vir twee beddens hê.
44. Daar moet 'n kliniese handwasbak in elke kamer vir die eerste kraamstadium wees.

#### ***Vorbereidingskamers***

45. 'n Voorbereidingskamer in 'n obstetriese eenheid moet die volgende hê:
- (1) 'n minimum vloeroppervlakte van 6 m<sup>2</sup>;
  - (2) toegang tot 'n pasiënttoilet, handwasbak en bad of stort wat met die hulp van die personeel deur die pasiënt gebruik kan word;
  - (3) toegang tot 'n spoelkamer;
  - (4) 'n kliniese handwasbak.



**Nageboortesale**

46. Verpleegeenhede in nageboortesale moet voldoen aan vereistes 24 tot 27, soos op algemene verpleegeenhede van toepassing; met dien verstande dat —

- (1) die minimum afmetings in vereiste 28(4)(ii) en (iii) gespesifiseer, vergroot moet word met 'n bykomende 1 m om babas by hul moeders te kan akkommodeer;
- (2) 'n toegewyde melkkombuis, wat met 'n pediatriese eenheid gedeel kan word, voorsien moet word.

**Neonatale sale**

47. Neonatale sale moet voldoen aan vereistes 24 tot 27, soos op algemene verpleegeenhede van toepassing; met dien verstande dat —

- (1) daar 'n enkele ingang met toereikende veiligheidsmaatreëls moet wees om toegang te beheer.
  - (2) 'n vloeroppervlakte van minstens 2 m<sup>2</sup> per babawiegie, wat nie 'n werkgebied insluit nie, voorsien moet word, met 'n minimum vloeroppervlakte van 6 m<sup>2</sup>.
  - (3) daar nie meer as 16 babas in dieselfde neonatale saal mag wees nie
  - (4) minstens een broeikas per 15 beddens van moeders of gedeelte daarvan voorsien moet word, met bykomende ruimte van 1,5 m<sup>2</sup> per broeikas.
  - (5) minstens een bababad vir die eerste 10 babas voorsien moet word, en daarna een bababad vir elke bykomende 15 babas. Draagbare wiegies met wasfasiliteite kan gebruik word, in welke geval daar 'n kraan moet wees om die waswiegies te vul, en 'n lae wasbak om die waswiegies in te ledig.
  - (6) wanneer 'n verblyfprogram gebruik word, die getal babawiegies wat in hierdie eenhede voorsien word, toepaslik verminder kan word, maar die neonatale saal in sy geheel nie weggelaat mag word uit enige fasiliteit wat kraamdienste insluit nie.
  - (7) 'n werkoppervlak verskaf moet word vir die was en afdroog van babas en vir die aansit van skoon luiers.
  - (8) vakuum en suurstof voorsien moet word..
  - (9) daar 'n noodroepstelsel moet wees.
  - (10) voorsiening gemaak moet word vir toegang tot isolasiefasiliteite wat die volgende moet insluit:
    - (i) 'n kliniese handwasbak;
    - (ii) 'n aparte badfasiliteit soos per paragraaf (5) van hierdie vereiste;
    - (iii) kasruimte;
    - (iv) 'n werkvlak;
    - (v) suurstof en vakuum; en
    - (vi) 'n suigventilasiestelsel, of anders moet die kamer ontwerp wees om kruisinfeksies deur die lug te verhoed.
    - (vii) toegang tot spoelfasiliteite.
  - (11) daar 'n sigpaneel moet wees om die babas waar te neem;
  - (12) in dié gebied temperatuurbeheer noodsaaklik is;
  - (13) behoorlik afgeskermd gebied in die neonatale saal beskikbaar moet wees vir borsvoeding;
  - (14) daar toereikende geraasbeheer moet wees.
48. 'n Kamer vir isolasie soos in vereiste 47(10) beoog, moet direk vanaf die verpleegsterspos sigbaar wees. Die isolasiekamer moet toegang hê tot 'n spoelkamer, en die toegang moet nie verkry word deur gebiede waar pasiënte behandel of geakkommodeer word nie.

**Neonatale intensiewesorg-eenheid****Saalruimte**

49. Saalruimte in 'n neonatale intensiewesorg-eenheid moet aan die volgende vereistes voldoen:

- (1) Minstens 'n 2m muurlengte moet aan die koppenent van elke wiegie gelaat word.
- (2) Die onbelemmerde ruimte tussen die muur aan die koppenent van die wiegie en die voet daarvan, insluitende beweegruimte aan die voet, moet minstens 2,5 m wees.
- (3) Minstens een kliniese handwasbak vir elke ses wiegies of gedeelte daarvan moet in die oop saal voorsien word.
- (4) Elke wiegie in die saal moet oor die volgende minimum pyleidingdienste beskik:
  - (i) 2 suurstofsokke;

- (ii) 1 sok vir mediese lug teen lae druk;
  - (iii) 2 vakuumsokke; en
  - (iv) ses 15-amp krag sokke.
- (5) Daglig moet voorsien word.
- (6) 'n Verpleegsterspos met onbelemmerde sig op al die wiegies moet binne die saalruimte wees.
- (7) Meganiese ventilasie of lugversorging moet voorsien word, en die lugdruk in die saalgebied moet positief wees ten opsigte van ander gebiede in die neonatale intensiewesorg-eenheid.
- (8) Doeltreffende geraas beheer.
50. Die dienste ingevolge vereiste 49(4) moet van 'n muur, vloersuil, plafonhangende paneel of draai-arm vanaf die muur of plafon voorsien word. In alle gevalle moet die hoogte van die dienspaneel onbelemmerde toegang tot die pasiënt toelaat.
51. Die afmetings van die spoelkamer, skoonmakerskamer en vuillinne- en afvalkamer in 'n neonatale intensiewesorg-eenheid moet aan vereiste 27 voldoen.
52. KBN (kraam-bevalling-nageboorte) en KBNH- (kraam-bevalling-nageboorte-herstel) fasiliteite.
52. (1) Bevallingsprosedures kan in oorstemming met verlossingskonsepte in die KBN- en KBNH-kamers uitgevoer word. 'n KBN-kamer(s) kan in 'n afsonderlike KBN-suite of as deel van die keisersnee/bevallingsuite geleë wees. Die post partum-eenheid kan KBNH-kamers insluit.
- (2) Die KBN/KBNH-kamers is vir enkel-okkupasie.
  - (3) Afgesien van toilette, alkove en portale moet hierdie kamers 'n minimum onbelemmerde vloeroppervlakte van 25 m<sup>2</sup> hê, met 'n minimum muurlengte by die koppenent van beddens van 4,8 m.
  - (4) Regstreekse toegang tot 'n toilet en stort of bad moet voorsien word.
  - (5) 'n Deel van die kamer, buiten die moeder se deel, moet voorsiening maak vir babaresussitering. Dit moet 'n vloeroppervlakte van 3,6 m<sup>2</sup> hê.
  - (6) 'n Toerustingstoorkamer moet vir elke drie KBN/KBNH-kamers voorsien word.
  - (7) Elke KBN/KBNH-kamer moet 'n kliniese handwasbak hê.
  - (8) Verwarming vir die babas moet vir elke drie KBN/KBNH-kamers voorsien word.
  - (9) Minstens twaalf kraguitgang sokke moet by elke bed aangebring word in 'n posisie wat vir sowel moeder as baba geskik is.
  - (10) Twee uitgange vir suurstof en twee vir vakuüm moet in die kamer aangebring word in 'n posisie wat geskik is vir die bevallingsdeel van die kamer asook vir die babaresussiteringsdeel.
  - (11) Vensters en deure moet so geplaas word dat die pasiënt se privaatheid nie in gedrang kom nie, of anders moet toereikende gordyne of afskerming voorsien word.

### **Diensgeriewe**

53. Die volgende diensgeriewe moet in 'n neonatale intensiewesorg-eenheid voorsien word:
- (1) 'n Skoonvoorradekamer of kas, of anders verskuifbare skoonvoorrade-stelsels.
  - (2) 'n Ruskamer of gebied wat in 'n private gebied geleë is en natuurlike lig en ventilasie het, vir die personeel.
  - (3) 'n Personeeltoilet met 'n handwasbak.
  - (4) Genoeg stoorplek vir toerusting.
  - (5) 'n Spoelkamer met minstens een handwasbak en 'n spoelbak en vuilwatertregter of 'n kombinasie-spoeleenheid.
  - (6) 'n Skoonmakerskamer met rakke, 'n lae wasbak met krane op 'n geskikte hoogte om emmers te vul, en hake vir dweile, maar dié kamer kan deel van die spoelkamer wees.
  - (7) 'n Vuillinne- en afvalkamer, wat ook deel van die spoelkamer kan wees.

### **Intensiewesorg-eenhede**

54. Vereistes 55 tot 57 is op alle intensiewesorg-eenhede buiten die neonatale intensiewesorg-eenhede van toepassing.
55. Saalruimte in 'n intensiewesorg-eenheid moet aan die volgende vereistes voldoen:
- (1) Daar moet 'n muurlengte van 3,4 m aan die koppenent van elke bed wees.
  - (2) Elke pasiëntbedruimte moet 'n vloeroppervlakte van minstens 15 m<sup>2</sup> hê.
  - (3) Die ingang van die intensiewesorg-eenheid moet 'n onbelemmerde oopmaakbreedte van minstens 1,8 m<sup>2</sup> hê.

- (4) Alle beddens in die intensiewesorg-eenheid moet duidelik sigbaar wees vanaf die verpleegsterspos.
  - (5) Minstens een kliniese handwasbak moet vir elke 4 beddens of gedeelte daarvan voorsien word.
  - (6) Voorsiening vir die volgende vir alle beddens in die saal moet by die koppenent van die beddens gemaak word:
    - (i) drie suurstofsokke vir elke 2 beddens;
    - (ii) drie sokke vir mediese lug teen lae druk vir elke 2 beddens;
    - (iii) drie vakuumsokke vir elke 2 beddens;
    - (iv) agt 15-amp krag sokke vir elke bed, maar geen veelproppastukke mag gebruik word nie; en
    - (v) tien 15-amp krag sokke vir elke bed vir kardiotorakale en neurosjirurgiese intensiewesorg-eenhede.
  - (7) Voorsiening moet gemaak word vir afskerming tussen beddens vir pasiënte se privaatheid.
  - (8) Elke pasiëntbed moet visuele toegang tot die omgewing buite bied, nie deur dakvensters nie, maar deur minstens een buitevenster in elke pasiëntbedgebied. Die afstand vanaf die pasiëntbed tot by die buitevenster mag nie meer as 15 m wees nie. In die geval van beddens in afgeskorte ruimtes moet pasiënte se uitsig op buitevensters deur hoogstens twee afsonderlike deursigtige panele wees.
  - (9) 'n Verpleegsterspos met 'n onbelemmerde uitsig op al die beddens in die saal moet in die saalruimte voorsien word, met 'n sentrale moniteringstelsel wat 'n onbelemmerde uitsig op al die beheerpanele bied.
  - (10) Lugdruk in die saalgebied, buiten in die isolasiekamer, moet positief ten opsigte van die ander dele van die intensiewesorg-eenheid wees.
  - (11) Voorsiening moet gemaak word vir ontwerp-geraasbeheer en geluidverswakking.
56. Die dienste wat ingevolge vereiste 55(6) gelewer moet word, moet van die muur, 'n vloersuil, of verkieslik 'n plafonhangende paneel of draai-arm vanaf die muur of plafon voorsien word. In alle gevalle moet die hoogte van die dienspaneel onbelemmerde toegang tot die pasiënt toelaat.

#### **Isolasiekamer**

57. Minstens een bed in 'n intensiewesorg-eenheid moet in 'n isolasiekamer wees.
58. 'n Isolasiekamer in 'n intensiewesorg-eenheid moet aan die volgende vereiste voldoen:
  - (1) Die isolasiekamer moet 'n ingeslote ruimte wees, met 'n vloeroppervlakte van minstens 18 m<sup>2</sup>, met uitsluiting van alle portale, toilette, kaste, sluitkaste, klerekaste en alkove.
  - (2) Vir elke agt intensiewesorgbeddens moet daar 'n isolasiekamer wees. Daar mag nie meer as een bed in 'n isolasiekamer wees nie.
  - (3) Die muur of afskorting by die koppenent van die bed moet minstens 4,2 m lank wees.
  - (4) Die deur van die isolasiekamer moet 'n onbelemmerde oopmaakbreedte van minstens 1,4 m hê.
  - (5) Die lugdruk in die isolasiekamer moet negatief ten opsigte van die ander bedgebiede in die saal wees.
  - (6) 'n Kliniese handwasbak moet in die isolasiekamer aangebring word.
  - (7) Die isolasiekamer moet regstreekse toegang tot 'n spoelkamer hê, en die toegang moet nie deur gebiede wees waar ander pasiënte behandel of geakkommodeer word nie.

#### **Diensakkommodasie**

59. Afgesien daarvan dat daar aan vereistes 24 tot 27 voldoen moet word, moet die volgende diensakkommodasie ook vir intensiewesorg-eenhede voorsien word:
  - (1) Saalkombuis
  - (2) Personeelruskamer
  - (3) Waggebied vir besoekers
  - (4) Sitkamer vir besoekers
  - (5) Toegang tot personeelruskamer en personeeltoilet.

#### **Hoësongeenheide**

60. Onderworpe aan die volgende vereistes moet hoësongeenheide aan vereistes 24 tot 27 voldoen:
  - (1) Hoësongebeddens moet elk 'n muurlengte van 3 m aan die koppenent daarvan hê, en die vloeroppervlakte moet minstens 12 m<sup>2</sup> per bed wees.
  - (2) Die ingang van die hoësongeenheid moet 'n onbelemmerde oopmaakbreedte van minstens 1,8 m hê.
  - (3) Die volgende pyleidingdienste moet by die koppenent van elke bed voorsien word:
    - (i) suurstof

- (ii) vakuüm
  - (iii) vier 15-ampère krag sokke
  - (iv) 'n goedgekeurde verpleegstersroepstelsel met 'n noodroep-fasiliteit
- (4) In veelbed-saalgebiede moet daar afskerming tussen beddens wees om pasiënte se privaatheid te verseker.
  - (5) Daar moet 'n kliniese handwasbak vir elke 6 beddens of gedeelte daarvan wees.
  - (6) Die verpleegsterspos moet só geplaas word dat dit 'n onbelemmerde gesig op al die beddens bied.
  - (7) Diensakkommodasie, vereiste 59, is van toepassing.

### **Operasiesaaeenhede**

#### ***Algemene vereistes***

61. 'n Operasiesaaeenheid moet uit een of meer operasiesale bestaan, met die volgende fasiliteite soos in die vereistes hieronder uiteengesit:
  - (1) Herstelgebied
  - (2) Dienspos
  - (3) Skropgebied
  - (4) Opstelgebied
  - (5) Verkleefasiliteite
  - (6) Opruim- en wegdoengebied
  - (7) Stoorfasiliteite
  - (8) Ruskamers
  - (9) 'n Geskikte induksie/hougebied vir optimale pasiëntprivaatheid.
62. 'n Operasiesaaeenheid moet 'n beperkte toegangsgebied wees wat só beplan en toegerus word dat daar beheer kan wees oor alle persone en materiale wat die gebied binnekom.
63. 'n Operasiesaaeenheid mag vir niks anders as sjirurgiese of verwante prosedures gebruik word nie.
64. Geen gordyne of ingeboude kaste word in 'n operasiesaaeenheid toegelaat nie.

#### ***Operasiesaal***

65. Operasiesale moet die volgende afmetings hê:
  - (1) Die vloeroppervlakte van 'n klein operasiesaal moet minstens 20 m<sup>2</sup> wees, met 'n minimum lengte van 3,4 m en 'n plafonhoogte van 3 m.
  - (2) Die vloeroppervlakte van 'n groot teater moet minstens 30 m<sup>2</sup> wees, met 'n minimum lengte van 5 m en 'n plafonhoogte van 3 m.
  - (3) Die vloeroppervlakte van 'n hartoperasiesaal moet minstens 45 m<sup>2</sup> wees, met 'n minimum lengte van 5,8 m en 'n plafonhoogte van 3 m.
  - (4) Die vloeroppervlakte van 'n hartkateterisielaboratorium moet minstens 42 m<sup>2</sup> wees, met 'n minimum lengte van 5,8 m en 'n plafonhoogte van 3 m.
  - (5) Vereistes vir 'n endoskopiesuite:
    - (i) Elke prosedurekamer moet 'n minimum vloeroppervlakte van 16 m<sup>2</sup> hê, wat nie ingeboude rakke insluit nie.
    - (ii) 'n Kliniese handwasbak moet in die suite beskikbaar wees.
    - (iii) Uitgangskokke vir suurstof, vakuüm (suig) en mediese lug.
    - (iv) Die endoskopiesuite moet ontwerp wees vir die visuele en akoestiese privaatheid van die pasiënt.
  - (6) Instrumentprosesseerkamer(s)
 

'n Toegewyde prosesseerkamer(s) vir die skoonmaak en ontsmetting van instrumente moet voorsien word. Die grootte van die skoonmaakkamer(s) word bepaal deur die hoeveelheid instrumente wat geprosesseer moet word. Die skoonmaakkamer moet 'n onbelemmerde vloei van instrumente vanaf die gekontameneerde gebied na die skoon gebied toelaat, en ten laaste na waar dit gestoor moet word. Die skoon-toerusting-kamers, insluitende die stoorgebied, moet die toerusting teen kontaminasie beskerm.

#### ***Installasies***

66. Behoudens vereiste 65, moet operasiesale in die kategorie in die eerste kolom van Tabel A gelys, bedien word deur die voorgeskrewe getal installasies soos in die ooreenstemmende kolomme van die Tabel aangetoon.

Tabel A

Soort operasiesaal	Suurstof-punte	Distikstof-oksied	Vakuumpunte	Punte vir mediese lug	Kragpunte	Opruiming
Klein	2	1	2	0	6	1
Groot	2	1	2	1	8	1
Hart-	3	2	3	2	10	1
Kat-lab	1	1	1	0	8	1

67. Een bykomende suurstofpunt en een bykomende vakuumpunt en 'n neonatale resussiteringsgebied of mobiele resussiteringseenheid moet voorsien word in 'n operasiesaaeenheid waar keisersneë uitgevoer word.

#### **Herstelgebied in die operasiesaaeenheid**

68. Die herstelgebied moet in die deel met beperkte toegang binne die operasiesaaeenheid wees, op 'n plek wat pasiënte die maksimum privaatheid bied.
69. 'n Herstelgebied moet 'n onbelemmerde vloeroppervlakte van minstens 12 m<sup>2</sup> en 'n muurlengte van minstens 3 m per operasiesaal hê, met 6 m<sup>2</sup> vloeroppervlakte vir elke bykomende operasiesaal wat deur die herstelgebied bedien word.
70. Die herstelkamer of—gebied moet met die volgende toegerus wees::
- (1) 'n kliniese handwasbak;
  - (2) een suurstofpunt, een vakuumpunt en laedruk mediese lug vir elke bed wat geakkommodeer gaan word
  - (3) drie krag sokke met skakelaars vir elke herstelbed of trollie;
  - (4) fasiliteite om minstens een pasiënt af te skerm;
  - (5) 'n noodroepstelsel;
  - (6) voldoende beligting; en
  - (7) 'n diep wasbak.

#### **Diensposte in operasiesaaeenhede**

71. 'n Verpleegsterspos moet só in die beperktetoegangsgebied van 'n operasiesaaeenheid geplaas en toegerus word en die konstruksie daarvan moet sodanig wees dat die verpleegpersoneel alle pasiënte regstreeks kan waarneem. Die vloeroppervlakte van die dienspos moet minstens 6 m<sup>2</sup> wees, en die muurlengte minstens 2 m, en dit moet 'n geïntegreerde deel van die hoofpasiëntgang, herstelgebied en pasiëntontvangsgebied uitmaak.

#### **Skropgebied**

72. Voorsiening moet gemaak word vir 'n skropgebied buite, maar langs, die operasiesaal. Dié gebied moet regstreekse toegang tot die operasiesaal hê.
73. 'n Skropgebied of—kamer moet minstens 2,1 m breed wees, en moet só toegerus wees dat minstens twee persone onbelemmerd en gelyktydig onder warm en koue lopende water uit krane met elmboogbeheer of 'n alternatiewe metode kan skrop oor spatbeperkende wasbakke of 'n dreineringsgrog van vlekvrystaal, en jasprosedures kan uitvoer voordat hulle die operasiesaal binnegaan.
74. In die geval van 'n klein operasiesaal moet voorsiening slegs gemaak te word vir een persoon om te skrop en kan die skropgebied binne die operasiesaal wees. In die geval van 'n klein operasiesaal is 'n enkele skropfasiliteit nodig.

#### **Skoonmaak- en wegdoengebied**

75. Daar moet 'n skoonmaak- en wegdoengebied wees wat slegs die operasiesaaeenheid bedien. Waar daar 'n spesiale wegdoegang is van waar die operasiesaaeenheid of operasiekamer(s) skoongemaak kan word, moet so 'n skoonmaak- of wegdoengebied nie in die beperktetoegangsgebied geleë wees nie, maar só geplaas wees dat dit 'n toegangsdeur slegs uit die gang het.
76. Die onbelemmerde vloeroppervlakte van 'n skoonmaak- en wegdoengebied moet minstens 5 m<sup>2</sup>, en die muurlengte minstens 2 m, vir die eerste operasiekamer wees. 'n Bykomende 2 m<sup>2</sup> tot 'n maksimum van 14 m<sup>2</sup>, moet vir elke bykomende operasiesaaeenheid, voorsien word.
77. Die skoonmaak- en wegdoengebied in vereiste 75 bedoel, moet met die volgende toegerus wees:
- (1) 'n Diep opwasbak en vuilwatertregter
  - (2) Genoeg rakke en kaste om skoonmaakmiddels en—toerusting te stoor
  - (3) 'n Opwasbak van vlekvrystaal met warm en koue water
  - (4) 'n Handwasbak met warm en koue water
  - (5) 'n Skoonmakerskamer of—gebied om skoonmaaktoerusting en—middels te stoor

**Verklee- en ruskamers vir die operasiesaaeenhede**

78. Daar moet geskikte aparte verkleefasiliteite vir die manlike en vroulike personeel van 'n operasiesaaeenheid wees, en die kleedamers moet die volgende hê:
- (1) een deur wat na die beperktetoegangsgebied lei, met 'n aparte ingang van buite die beperktetoegangsgebied;
  - (2) 'n vloeroppervlakte van minstens 9 m<sup>2</sup> vir die eerste twee operasiekamers en daarna 2 m<sup>2</sup> per bykomende operasiekamer met 'n minimum muurlengte van 2 m;
  - (3) 'n handwasbak;
  - (4) afgeskorte toilette in die verhouding 1 toilet : 12 persone en 1 stort : 12 persone;
  - (5) stoorfasiliteite om persoonlike klere en besittings apart te stoor, asook om skoon operasiesaaeklere te stoor, met stoorplek vir vuil operasiesaaeklere.
79. Ruskamers vir personeel van die operasiesaaeenheid moet in die operasiesaaeenheid geleë wees.
80. As ligte verversings bedien gaan word, moet daar vir die operasiesaaeenheid fasiliteite wees om sulke verversings te stoor, te berei en te bedien.

**Stoorfasiliteite**

81. Daar moet in die operasiesaaeenheid aparte stoorkamers met voldoende meganiese ventilasie of anders kaste wees om skoon linne, geneesmiddels, toerusting ten opsigte van steriele pakke en diverse items te stoor, maar geen poreuse rakmateriaal mag in die beperktetoegangsgebied gebruik word nie.

**Uitsetruimte**

82. Voldoende uitsetruimte moet in die beperktetoegangsgebied van 'n operasiesaaeenheid voorsien word. 'n Deel van die gebied vir operasies kan as uitset ruimte ingerig word.

**Steriliserings- en ontsmettingseenhede**

83. 'n Steriliserings- en ontsmettingseenheid moet, waar moontlik, langs die operasiesaaeenheid wees of deel daarvan uitmaak. Waar dit nie langs die operasiesaaeenheid is of deel daarvan uitmaak nie, moet daar geskikte kleedkamers in ooreenstemming met vereiste 78 voorsien word.
84. In groot veelvlakhospitale kan die steriliserings- en ontsmettingseenheid ontwerp word om op 'n afstand van die operasiesaaeenheid bedryf te word. Die stelsel vir die vervoer van die gesteriliseerde items moet só ontwerp word dat die integriteit van pakke en die steriliteit van produkte behoue bly.
85. Die vloeroppervlakte van 'n steriliserings- en ontsmettingseenheid moet minstens 30 m<sup>2</sup> wees vir die eerste twee operasiesaaeenhede of bevallingskamers wat daardeur bedien word, en dan 'n bykomende 2 m<sup>2</sup> vir elke bykomende operasiesaaeenheid of bevallingskamer wat daardeur bedien word. In hospitale waar items wat in sale gebruik word, weer gesteriliseer word, is 'n groter vloeroppervlakte moontlik nodig.
86. Indien vuil linne tydelik gehou of gespoel gaan word in die was- en dekontamineringsgebied wat in vereiste 89 beoog word, moet daar 'n bykomende vloeroppervlakte van 4 m<sup>2</sup> vir die eerste twee operasiesaaeenhede of bevallingskamers wees, en 1 m<sup>2</sup> vir elke bykomende operasiesaaeenheid of bevallingskamer wat deur die steriliserings- en ontsmettingsgebied bedien word.
87. Die ontwerp van die steriliserings- en ontsmettingseenheid en die uitleg van toerusting moet 'n onbelemmerde werkvloei vanaf die vuil na die skoon kant van die eenheid toelaat.
88. Geen gordyne word in die steriliserings- en ontsmettingseenheid toegelaat nie.
89. Die volgende funksionele gebiede moet in 'n steriliserings- en ontsmettingseenheid voorsien word:
- (1) 'n Was- en dekontamineringsgebied
  - (2) 'n Sterielepak-voorbereidingsgebied
  - (3) 'n Steriliseringsprosesseringsgebied
  - (4) 'n Stoorgebied vir steriele pakke.
90. 'n Was- en dekontamineringsgebied in vereiste 89 beoog, moet die volgende bevat:
- (1) 'n Vuilwatertregter
  - (2) Opwasbakke van vlekvrystaal met warm en koue water; waarvan minstens een minstens 350 mm diep moet wees
  - (3) 'n Gebied met warm en koue water en 'n afvoerpyp in die vloer vir die was van waentjies.
91. 'n Sterielepak-voorbereidingsgebied, soos in vereiste 89 beoog, moet oor die volgende beskik:
- (1) Vloerruimte vir verpakking.
  - (2) Stoorfasiliteite vir skoon materiale.
  - (3) Een of meer outoklawe wat poreuse ladings (jasse, behangsels en verbande), asook verpakte en nie-verpakte instrumente kan steriliseer.

- (4) Waar vloeistowwe gesteriliseer word, ook 'n outoklaaf met 'n vloeistofsiklus en 'n omkeer-osmose- of distilleringsinstallasie.

#### Noodeenhede

92. 'n Noodeenheid moet oor die volgende beskik:

- (1) reëlins vir multidissiplinêre opneemfasiliteite;
- (2) 24-uur- toegang tot X-straalgeriewe;
- (3) fasiliteite om ernstige traumagevalle voor oorplasing te stabiliseer;
- (4) 'n laboratoriumdiens;
- (5) 'n bloedoortappingsdiens.

93. Die fisiese fasiliteite in 'n noodeenheid moet soos volg wees::

- (1) 'n Ontvangsgebied met kantooruimte.
- (2) 'n Aparte verpleegsterspos.
- (3) Toegang tot 'n waggebied vir pasiënte en besoekers.
- (4) Toegang tot 'n openbare toilet met handwasbakke, asook tot 'n toilet vir persone met ongeskikthede.
- (5) 'n Vloeroppervlakte van minstens 12 m en 'n muurlengte van minstens 3 m vir elk van die resussiteringskamer of—gebied en die prosedurekamer of—gebied. Indien hulle in dieselfde vertrek is, moet die vloeroppervlakte van die gekombineerde vertrek minstens 20 m<sup>2</sup> wees, en moet die proseduregebied en die resussitasiegebied met skerms van mekaar geskei word.
- (6) Resussitasiegebiede en proseduregebiede met die volgende:
  - (i) pypleiding- of mobiele suurstof vir elke bed;
  - (ii) minstens 6 krag sokke met skakelaars per bed;
  - (iii) 'n kliniese handwasbak;
  - (iv) ingeboude kaste of verskuifbare eenhede;
  - (v) 'n werkblad;
  - (vi) vakuum; en
  - (vii) saamgeperste lug (slegs in resussiteringskamers).
- (7) 'n Toeganklike spoelkamer, wat soos dié van algemene sale ingerig is.
- (8) 'n Skoon nutsgebied met aparte ingeslote stoorplek onderskeidelik vir farmaseutiese middels, steriele items, linne en algemene toerusting.
- (9) 'n Toeganklike skoonmakerskamer.
- (10) Toeganklike toilette en 'n ruskamer vir personeel.
- (11) Kamers of ingeslote ruimtes met 'n minimum oppervlakte van 6 m<sup>2</sup> en handwasbakke en werkvlakke.
- (12) 'n Alarmstelsel na die intensiewesorg-eenheid.
- (13) 'n Buite-ingang.
- (14) 'n Toegangsvlak met 'n geskikte helling waar die binnevlak van die grondverdieping nie ooreenkom met die grondvlak buite nie.
- (15) Indien die eenheid op 'n ander verdieping of vlak as die hospitaalsale is, 'n hyser wat pasiënte, indien nodig, gerieflike toegang tot die operasiesaal-eenheid, sale, apteek of radiologie-eenhede sal bied.
- (16) Genoeg aflaairuimte vir ambulans.

#### Nieakute instellings buiten rehabilitasiegeriewe

94. Onderworpe aan die volgende stipulasies moet chroniesesorgeenhede aan vereistes 24 tot 27 voldoen:

- (1) 'n Maksimum van 36 beddens per verpleegeenheid word toegelaat, waarvan minstens 10% in enkelkamers moet wees.
- (2) Hoogstens 6 pasiënte mag per pasiëntkamer geakkommodeer word.
- (3) Voorsiening moet gemaak word vir 'n afsonderlike ontspannings- of eetgebied met 'n minimum vloeroppervlakte van 20 m<sup>2</sup> per 10 pasiënte en 'n bykomende 1,5 m<sup>2</sup> vir elke bykomende pasiënt.
- (4) Daar moet afsonderlike fasiliteite vir pediatriese pasiënte wees.

- (5) Die wasfasiliteite moet in die verhoudings soos dié vir algemene sale voorsien word.

### Rehabilitasie-eenhede

95. Onderworpe aan die volgende stipulasies is die algemene bouvereistes vir rehabilitasie-eenhede dieselfde as wat in vereiste 6 uiteengesit is:

- (1) Gange moet 'n minimum onbelemmerde breedte van 2,3 m hê, met handrelings aan weerskante.
- (2) Die vensterbankhoogtes moet sodanig wees dat dit 'n onbelemmerde uitsig na buite uit 'n rolstoel toelaat.

96. Onderworpe aan die volgende stipulasies moet saalakkommodasie in rehabilitasie-eenhede aan vereistes 24 tot 27 voldoen:

- (1) Geen vertrek moet meer as 6 beddens bevat nie.
- (2) Daar moet hoogstens 36 beddens per verpleegeenheid wees.
- (3) 10% van die beddens moet in enkelkamers wees.
- (4) Vir elke 8 pasiënte of gedeelte daarvan moet daar minstens een rolstoeltoilet wees wat aan die spesifikasies van SABS 0400 SS5 voldoen en 'n wasfasiliteit vir persone met ongeskiktheid.
- (5) Pyleiding- of mobiele suurstof en vakuum moet vir elke pasiëntkamer beskikbaar wees.
- (6) Daar moet 'n eet- of sitkamer met 'n vloeroppervlakte van minstens 25 m<sup>2</sup> per 10 pasiënte en daarna 1,5 m<sup>2</sup> vir elke bykomende pasiënt wees.
- (7) Voorsiening moet gemaak word vir arbeidsterapiefasiliteite, met minstens die volgende:
  - (i) 'n Een-op-een-werkkamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>, twee kragsoekuitgange met skakelaars en 'n wasbak.
  - (ii) 'n Skoon werkkamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>, twee kragsoekuitgange met skakelaars en 'n handwasbak.
  - (iii) 'n Vuil werkkamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>, drie kragsoekuitgange met skakelaars en 'n handwasbak.
  - (iv) 'n Kognitiewe kamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup> en drie kragsoekuitgange.
  - (v) 'n Spalkkamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>, drie kragsoekuitgange en 'n handwasbak.
  - (vi) Stoorplek vir elk van die skoon werkkamer, die vuil werkkamer en die kognitiewe kamer, met 'n oppervlakte van minstens 6 m<sup>2</sup> per kamer of 15 m<sup>2</sup> indien die kamers die stoorplek deel.
  - (vii) 'n Gebied vir daaglikse leefaktiwiteite.
  - (viii) 'n Kombuis vir daaglikse aktiwiteite met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>.
- (8) Die skoon werkkamer, vuil werkkamer en kognitiewe kamer in paragraaf (7) hierbo beoog, kan saamgevoeg word in 'n vertrek met 'n vloeroppervlakte van minstens 30 m<sup>2</sup>.
- (9) Voorsiening moet gemaak word vir 'n gesins- of groepkonferensiekamer vir maatskaplikewerk-fasiliteite met 'n vloeroppervlakte van minstens 20 m<sup>2</sup>.
- (10) Voorsiening moet ook gemaak word vir 'n psigiatriese groepterapiekamer met 'n vloeroppervlakte van minstens 20 m<sup>2</sup>, maar dié kamer en die kamer in paragraaf (9) hierbo beoog kan saamgevoeg word.
- (11) Daar moet 'n noodkamer wees met 'n vloeroppervlakte van minstens 16 m<sup>2</sup>, vier kragsoekuitgange met skakelaars, mobiele of pyleidingsuurstof en vakuum, en dubbeldeure. Fasiliteite vir noodbehandling moet voorsien word.
- (12) Fisioterapiefasiliteite moet voorsien word, met minstens:
  - (i) 'n een-op-een-werkkamer met 'n vloeroppervlakte van minstens 10 m<sup>2</sup>, een kragsoekuitgang met skakelaar en afskerming;
  - (ii) 'n gimgebied met 'n vloeroppervlakte van minstens 45 m<sup>2</sup>, 'n wasbak, drie kragsoekuitgange met skakelaars en 'n 10m<sup>2</sup> ruimte vir rolstoel;
- (13) Indien ruggraat- en/of kraniale rehabilitasie gedoen word, moet die volgende bykomende fasiliteite voorsien word:
  - (i) 'n Hidroterapiebad, met —
    - (a) 'n hysermeganisme of stygende loopvlak;
    - (b) 'n diepte van minstens 1 m en hoogstens 1,5 m;
    - (c) 'n loopstrook van 1 m rondom die bad;
    - (d) kleedkamers en sluitkaste; en
    - (e) 'n rolstoeltoilet.
  - (ii) 'n Respiratoriese hoërsorgeenheid vir die meganiese ventilasie van pasiënte, met minstens 2 beddens wat vir 'n hoërsorgeenheid geskik is en een sok vir mediese lug teen lae druk per bed.



**Wasserye**

97. Wasserye moet aan die Nasionale Bouregulasies en die Wet op Beroepsgeondheid en Veiligheid, 1993 (Wet 85 van 1993) voldoen, en die volgende bepalings is ook daarop van toepassing:
- (1) Die ontwerp van die wassery en uitleg van die toerusting moet 'n onbelemmerde werkvloei van die vuil na die skoon kant van die wassery verseker.
  - (2) Alle skoon gewaste linne moet aan die skoon kant van die wassery hanteer en gestoor word om te keer dat dit gedurende die proses van sortering, spoel en was van vuil linne weer vuil word nie.
  - (3) Al die skoon linne moet in 'n aparte vertrek, kas(te) of verskuifbare stooreenhede gestoor word om te verhoed dat stof of pluïesies uit die lug op die skoon linne kom lê.
  - (4) Waar wasserygeriewe nie op die perseel beskikbaar is nie, moet 'n vuil/spoelwasgoed-houfasiliteit/gebied voorsien word, met stoorplek vir vuil wasgoed op die perseel.
  - (5) Linne mag nie in die sale gespoel word nie.
  - (6) Daar moet 'n handwasbak wees.
  - (7) Die wassery se vloer moet 'n gladde, wasbare en ondeurdringbare afwerking hê.
  - (8) Waar daar in dié gebied voorsiening gemaak word vir afvoerpype in die vloer, moet uitlate na dié afvoerpype in die vuil-/wasgebied van die wassery geïnstalleer word, en moet die vloer skuins afloop na die afvoerpyp.
  - (9) Daar moet sluitkaste wees vir personeel wat aan diens is.
  - (10) Toegang moet voorsien word tot 'n personeelrus of teekamer, wat wel ook met spysenieringspersoneel gedeel kan word.

**Hoofkombuise**

98. Kombuise moet aan die Nasionale Bouregulasies en die Wet op Beroepsgeondheid en Veiligheid, 1993 (Wet 85 van 1993) voldoen, en die volgende bepalings is ook daarop van toepassing:
- (1) Handwasbakke moet by die ingang van die kombuis wees.
  - (2) Die ontwerp van die kombuis en uitleg van toerusting moet 'n onbelemmerde werkvloei van die aflewings- en voorbereidingsgebied en van die opwasgebied na die gebied vir finale voedselbereiding en bediening verseker.
  - (3) Die gebied vir die bereiding en opskep van voedsel moet beskerm word teen, of afgeskei word van, die vuil bereidings- en opwasgebied.
  - (4) Daar moet aparte fasiliteite vir die stoor van droë voorrade, groente, vleis en vis in groot maat wees.
  - (5) Voorsiening moet vir verkoelings- en diepvriesruimte gemaak word.
  - (6) 'n Toereikende en doeltreffende plaagbeheerstelsel moet gebruik word.
  - (7) Die kombuis se vloere moet van beton wees, met 'n duursame, ondeurdringbare, gladde, wasbare afwerking.
  - (8) Waar daar afvoerpype in die vloer is vir die was daarvan, moet die uitlate na dié afvoerpype in die vuil/opwasdeel van die kombuis wees, en die vloer moet skuins afloop na die afvoerpype. Anders moet 'n geskikte vlekkrystalvetvanger met 'n vakuumwerende vanger in die kookgebied geïnstalleer word.
  - (9) Sluitkaste vir personeel wat aan diens is, voorsien word.
  - (10) Toegang moet voorsien word tot 'n personeelrus- of teekamer, wat wel ook met die wasserypersoneel gedeel kan word.
99. Spysenieringsgeriewe mag uitbestee word, in welke geval daar vir die aflewering van maaltye voorsiening gemaak moet word met samestellingsfasiliteite en 'n gebied waar breekgoed, eetgerei en waentjies gewas kan word. Voorsiening moet gemaak word vir 'n onbelemmerde werkvloei.

**Apteke**

100. In private hospitale of losstaande operasieteatres moet apteke aan die volgende vereistes voldoen:

- (1) Apteke moet geneesmiddels uitreik.
- (2) Apteke moet maklik toeganklik wees vir sale en operasiesaaeenhede, intensiewesorg-eenhede, hoërsorg-eenhede, noodeenhede en pasiënte.
- (3) Daar moet 'n veilige gebied wees waar artsnymiddels ooreenkomstig vervaardigers se opdragte of ander regsvereistes gestoor kan word.
- (4) Apteke moet van 'n veilige toegang van buite voorsien word vir verspreiding, vervoer en aflewings.
- (5) Farmaseutiese produkte moet in ooreenstemming met die Wet op Aptekers, 1974 (Wet 53 van 1974) asook die Wet op Beheer van Medisyne en Verwante Stowwe, 1965 (Wet 101 van 1965) gestoor word. Die temperatuur in die apteek moet gereeld gemoniteer en opgeteken word. Alle artsnymiddels moet in ooreenstemming met die vervaardiger se aanbevelings gestoor word. Lugversorging moet voorsien word.

**101. Diagnostiese beelding**

(1) In 'n private hospitaal moet diagnostiese beelding die volgende insluit:

- (i) luoroskopie
- (ii) radiografie
- (iii) mammografie
- (iv) tomografie
- (v) gerekenariseerde tomografieskandering
- (vi) ultraklank
- (vii) magnetiese resonansie
- (viii) angiografie, en ander dergelike tegnieke.

(2) Toerusting wat met bogenoemde prosedures in verband staan, moet volgens die onderstaande vereistes geakkommodeer word, onderworpe aan die ontwikkeling van nuwe tegnologie. Dit moet aan die volgende vereistes voldoen:

- (i) Uitlegte moet ooreenkomstig vervaardiger se aanbevelings ontwikkel word, want gebiedsvereistes kan volgens die toerusting wissel.
- (ii) Die meeste beeldingstoerusting vereis stralingsbeskerming: 'n fisikus of ander gekwalifiseerde deskundige moet die tipe, ligging en hoeveelheid stralingsafskerming wat geïnstalleer moet word, sertifiseer.
- (iii) Beddens en pasiëntrollies moet gereedlike toegang tot en van ander departemente van die instelling hê.
- (iv) Plafongemonteerde toerusting moet behoorlik ontwerpte stewige steunstrukture hê.
- (v) Ander standaarde, bv SABS en alle ander tersaaklike munisipale en nasionale regulasies.

**(3) Angiografie**

- (i) Die prosedurekamer moet 'n onbelemmerde vloeroppervlakte van minstens 35 m<sup>2</sup> hê.
- (ii) 'n Beheerkamer met 'n sigvenster, sodat die pasiënt in volle sig is, moet voorsien word.
- (iii) 'n Skropwasbak wat buite die personeeltoegang tot die prosedurekamer is, moet vir gebruik deur die personeel voorsien word.
- (iv) 'n Pasiënthougebied moet voorsien word om twee pasiëntrollies te akkommodeer, met bykomende plek vir nog prosedurekamers.
- (v) Stoorplek vir mobiele toerusting en kateters moet voorsien word.

**(4) Gerekenariseerde (TM) tomografie-skandering**

- (i) Die prosedurekamer moet 'n onbelemmerde vloeroppervlakte van 30 m<sup>2</sup> hê.
- (ii) 'n Beheerkamer wat ontwerp is om die rekenaar en ander kontroles vir die toerusting te akkommodeer, moet voorsien word. 'n Sigvenster moet voorsien word sodat die pasiënt in volle sig is.
- (iii) 'n Pasiënttoilet moet voorsien word. Dit moet gerieflik geleë wees vir die prosedurekamer, en as dit direk toeganklik is van die skandeerkamer, moet die ligging sodanig wees dat 'n pasiënt die toilet kan verlaat sonder om die skandeerkamer weer binne te gaan.

**(5) X-straaldiagnose**

Die prosedurekamer moet 'n onbelemmerde vloeroppervlakte van minstens 25 m<sup>2</sup> hê.

**(6) Mammografie**

Die prosedurekamer moet 'n onbelemmerde oppervlakte van minstens 15m<sup>2</sup> hê. Elke X-straal-kamer moet 'n afgeskermdde beheeralkoof hê. Hierdie deel moet voorsien wees van 'n beskermende sigvenster wat ontwerp is sodat die ondersoektafel en die pasiënt te alle tye in volle sig is. Mammografietoerusting met ingeboude afskerming vir die operateur en die afskermingsalkoof kan weggelaat word as 'n gesertifiseerde fisikus of stralingsbeskermingsagentskap van die staat dit goedkeur.

**(7) Magnetieseresonansiebeelding (MRB)**

Die prosedurekamer moet 'n onbelemmerde oppervlakte van minstens 302 hê. Hierdie fasiliteit moet die volgende hê:

- (i) beheerkamer met 'n onbelemmerde vloeroppervlakte van 9m<sup>2</sup>
- (ii) rekenaarkamer met 'n onbelemmerde vloeroppervlak van minstens 12m<sup>2</sup>.

**(8) Ultraklank**

Die prosedurekamer moet 'n onbelemmerde vloeroppervlakte van minstens 12 m<sup>2</sup> hê.  
Die fasiliteit moet die volgende hê

- (i) Maklike toegang tot pasiënttoilette
- (ii) Mediese wasbak.

**(9) Akkommodasie vir diagnostiesebeeldingsdiens**

Dianostiese beelding moet die volgende hê:

- (i) Pasiëntwaggebied
- (ii) Beheerpunt en ontvangskamer
- (iii) Hougebied om binnepatiënte op draagbare of trollies te akkommodeer
- (iv) Pasiënttoiletfasiliteite
- (v) Pasiëntkleedkamer/afgeskorte ruimte
- (vi) Filmstoorplek
- (vii) Skoon nutskamer
- (viii) Skoonmakerskamer
- (ix) Vuillinnestoorplek

**102. Hartkateterisielaboratorium(Kardiologie)**

- (1) Hierdie fasiliteit moet maklike toegang tot die kardio-torakale operasiesaal hê. Die prosedurekamer moet 'n onbelemmerde vloeroppervlakte van minstens 37 m<sup>2</sup> hê.
- (2) Die fasiliteit moet die volgende hê
  - (i) beheerkamer met sigvenster sodat die pasiënt in volle sig is
  - (ii) toerustingkamer
  - (iii) skropfasiliteite
  - (iv) personeelverkleeggebied
  - (v) pasiëntvoorbereidings-, hou- en herstelgebied.
  - (vi) Maklike toegang tot skoon nutskamer, spoelkamer en skoonmakerskamer

**103. Chemoterapie-eenhede**

- (1) Chemoterapie-eenhede moet aan die volgende voldoen:
  - (i) Hoogstens 6 persone mag per behandelingskamer geakkommodeer word
  - (ii) Elke behandelingskamer moet natuurlike lig kry
  - (iii) Mengkamer moet voorsien wees van 'n suigwaaier
  - (iv) Grootmaatstoor
- (2) Tensy die volgende gebiede met die beeldings-, radioterapie- of buitepatiëntdepartement gedeel word, moet die volgende voorsien word:
  - (i) Pasiëntwaggebied met natuurlike lig
  - (ii) Pasiëntsit- en eetskamer met natuurlike lig
  - (iii) Hougebied langs die behandelingskamers vir pasiënte op trollies en in rolstoel. Dit moet voldoende privaat wees en afgeskei van die waggebied vir buitepatiënte. Die verpleegpersoneel moet in staat gestel word om hierdie gebied in volle sig te hê. Die gebied moet natuurlike lig kry.
  - (iv) Beheerpunt en ontvangsgebied
  - (v) Pasiënttoilette
  - (vi) Personeelruskamer
  - (vii) Personeeltoilet
  - (viii) Toerustingstoorkamer
  - (ix) Skoon nutskamer
  - (x) Vuillinnestoorkamer

- (xi) Spoelkamer
- (xii) Skoonmakerskamer

#### 104. Stralingsterapie

- (1) In private hospitale kan stralingsterapie die volgende insluit:
  - (i) Kobalteenheid
  - (ii) Lineêre versneller
  - (iii) Simuleringskamer
- (2) Toerusting wat met bogenoemde prosedures verband hou, moet geakkommodeer word soos hieronder gestipuleer, maar onderworpe aan die ontwikkeling van nuwe tegnologie:
  - (i) Stralingsbeskerming: 'n fisikus of ander gekwalifiseerde deskundige moet die tipe en hoeveelheid en die plasing van stralingsafskermining wat geïnstalleer moet word, sertifiseer.
  - (ii) Uitlegte moet ooreenkomstig die vervaardiger se aanbevelings ontwikkel word, omdat gebiedsvereistes volgens die toerusting kan wissel. Die grootte van simuleerder-, versneller- en kobaltkamers moet sodanig wees dat die toerusting, 'n pasiënt op 'n trolleybed, mediese personeel en dienstoegang geakkommodeer kan word.
  - (iii) Uitlegte moet voorsiening daarvoor maak dat die ontsnapping van radioaktiewe deeltjies voorkom word.
  - (iv) Die mure, plafon, vloer en deur moet sodanig wees dat die ontsnapping van radioaktiewe deeltjies voorkom word.
  - (v) Beddens en trolleybeddens moet geredelike toegang tot en van ander departemente van die hospitaal hê.
  - (vi) Plafongemonteerde toerusting moet behoorlik ontwerpte stewige steunstrukture hê.
  - (vii) beplanningsrekenaarfasiliteit
  - (viii) rekenaartomografie-skanderingsfasiliteit, wat met die beplannerrekenaar kan kommunikeer
  - (ix) Donkerkamer.

#### 105. Akkommodasie vir stralingsterapie-eenheidsdiens

- (1) Tensy die volgende gebiede met die beeldings-, chemoterapie- of buitepasiëntdepartement gedeel word, moet dit voorsien word van:
  - (i) Waggebied met natuurlike lig vir pasiënte
  - (ii) Sit- en eetkamer met natuurlike lig vir pasiënte
  - (iii) Ruskamer vir pasiënte
  - (iv) Hougebied langs die behandelingskamers vir pasiënte op trolleybeddens en in rolstoel;
  - (v) Dit moet privaat genoeg en afgeskei van die waggebied vir buitepasiënte wees. Verpleegpersoneel moet in staat gestel word om hierdie gebied in volle sig te hê. Dit moet natuurlike lig hê.
  - (vi) Beheerpunt en ontvangsgebied
  - (vii) Pasiënttoilette
  - (viii) Pasiëntverkleekamers/afgeskorte ruimtes
  - (ix) Een ondersoekkamer vir elke twee behandelingskamers. Die ondersoekkamer moet 'n onbelemmerde vloeroppervlakte van minstens 9m<sup>2</sup> hê en moet van handwasbakke voorsien word.
  - (x) Personeelruskamer
  - (xi) Personeelkonferensiekamer
  - (xii) Kombuis
  - (xiii) Personeeltoilet
  - (xiv) Toerustingstoorkamer
  - (xv) Radioapteekstoorkamer
  - (xvi) Filmstoorkamer
  - (xvii) Skoon nutskamer
  - (xviii) Vuillinnestoorkamer

- (xix) Spoelkamer
  - (xx) Skoonmakerskamer.
- (2) Bykomende steungebiede vir lineêre versneller:
- (i) Vormkamer met suigwaaier en handwasbak
  - (ii) Blokkamer met stoorplek. Die blokkamer en die vormkamer kan gekombineer word.

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